

DATE: 05/06/22

PRINT TIME: 10:18 AM

PRINTED BY: Patterson, Sharann

PATIENT REGISTRATION SHEET

Name: BRONSON, DARRYL	Male	41 Years	UABN Exam Room 1
MR #: A001130259	Adm. Date: 03/11/2022 09:15		Attend MD: Pirofsky, Jeffry G, DO
CPI #: 004907876	Adm. MD:		Consult MD:
Working Diagnosis: None Found			PCP: No, PCP
Allergies:			Admit Type:

PATIENT INFORMATION

Address: APT C	State: AL	DOB: 05/02/1981
City: MONTGOMERY	County: Montgomery	Race: Unknown
Zip Code: 36116-1712		SSN: 131668843
Home Phone: (518) 250-8260		Financial Class: Medicare HMO
Alternate Phone:		Account #:
Mobile Phone: (518)250-8260		

NEXT OF KIN INFORMATION

Name: BRONSON, PORTIA	Relation to Pt: Friend
Address:	Home Phone: (518) 250-8270
City:	Alternate Phone:
Zip Code:	

NEXT OF KIN INFORMATION #2

Name:	Relation to Pt:
Address:	Home Phone:
City:	Alternate Phone:
Zip Code:	

GUARANTOR INFORMATION

Name: BRONSON, DARRYL	DOB: 05/02/1981	Male
Address #1: APT C	City: MONTGOMERY	State: AL
Address #2: 5621 CALMAR DR	Zip Code: 36116-1712	
Home Phone: (518) 250-8260	CPI #: 004907876	

EMPLOYER INFORMATION

Patient Employer	Guarantor
Employment Status:	Employment Status:
Name:	Name:

INSURANCE #1

Insurance Co. Name: Medicare HMO	Plan Code:
	Policy #: QAU807697835
	Precert #:
	Group Name:
Name of Insured: BRONSON, DARRYL	Group #: 37655
DOB: 05/02/1981	Coverage Effective Date: 01/01/2022

INSURANCE #2

Insurance Co. Name:	Plan Code:
	Policy #:
	Precert #:
	Group Name:
Name of Insured:	Group #:
DOB:	Coverage Effective Date:

BRONSON, DARRYL

PATIENT REGISTRATION SHEET

004907876

Baptist Health Neurosurgery
2065 East South Blvd
Montgomery, AL 36116
Suite 204

Name: BRONSON, DARRYL

MR#: A001130259

Sex: Male

DOB: 5/2/1981

Admitting Physician:

Account: A5001877131

Admit: 3/11/2022

Room/Bed: Exam Room 1 /

Admit Type: Ambulatory Outpatient

Discharge Date: 3/11/2022

Age: 41 years

Physician Documentation

DOCUMENT NAME:

Service Date/Time:

Result Status:

Performed Information:

Signed Information:

Physical Medicine _Rehabilitation Note

3/11/2022 10:19 CST

Auth (Verified)

Pirofsky,Jeffry G,DO (3/11/2022 10:19 CST)

Pirofsky,Jeffry G,DO (3/11/2022 10:19 CST)

Referring Physician

Referring Physician: BARTON, LINDSEY T, NP

Chief Complaint

Chronic neck, right shoulder and arm pain with numbness as well as chronic low back pain with radiation of pain, numbness and weakness bilateral legs right greater than left

History of Present Illness

Complaint: Chronic neck, right shoulder and arm pain with numbness as well as chronic low back pain with radiation of pain, numbness and weakness bilateral legs right greater than left

Symptoms: Pain, numbness and weakness

Location: Cervical, lumbar spine, right shoulder, right arm, bilateral legs

Quality: Stabbing burning

Severity: Moderately severe 5/10

Duration: Chronic with progressive worsening

Timing: Constant

Context: No recent precipitating event

Moderating Factors: Increased with physical activity and straining. Better with sitting and medication

History: 40-year-old male presents to this clinic at the request of nurse practitioner Barton. He is accompanied by a note from her dated 1/21/2022 secondary to follow-up regarding multiple complaints. He presents with chronic low back pain with radiation of pain and numbness into his bilateral legs. He was referred for an updated MRI scan as well as vascular studies. He recently saw Dr. Sellers for a vascular evaluation and additional studies are recommended. He feels that his pain and function are worsening.

Review of Systems

Constitutional: All Negative

Eyes: Blurred Vision

Problem List/Past Medical HistoryOngoing

No qualifying data

Home Medications

metFORMIN 500 mg oral tablet, 500 mg= 1

Tab, PO, DAILY

methocarbamol 750 mg oral tablet, 1500 mg= 2

Tab, PO, 3 Times A Day

Allergies

No active allergies

Social HistoryAlcohol

Alcohol Use: Yes. Frequency of Alcohol

Use: Special Occasions.

Substance Abuse

Drug Use: No.

Tobacco

Tobacco Use: Cigars or pipes but not daily

within last 30 days. Years Tobacco Use

BLACK A MILD. Cigarettes PPD 0.5.

Non-Smoking Literature: Yes.

Family History

Arthritis: Mother and Father.

Cancer - unknown origin: Grandmother (P).

DIABETES: Mother.

Gout: Grandfather (M).

Heart attack.: Grandmother (M).

Hypertension: Mother and Father.

Diagnostic Results

I was able to review the results of the following studies;

Arterial ultrasound performed

2/18/2022 reveals bilateral

dampening and monophasic flow in

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Report Request ID: 163755270

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Name: BRONSON, DARRYL

Physician Documentation

ENMT: All Negative
Respiratory: All Negative
Cardiovascular: Leg swelling
GI: Heartburn
GU: All Negative
Blood: All Negative
Endocrine: All Negative
Immune: All Negative
Musculoskeletal: Back Pain, Back stiffness
Skin: All Negative
Psychiatric: All Negative
Neurologic: Snoring, Headaches, Right arm weakness, Right arm numbness, Left arm weakness, Right leg numbness, Left leg numbness, Trouble sleeping

Physical ExamVitals and Measurements

HR(Monitored): 93 bpm(03/11/22 09:37:00)
RR: 16 br/min(03/11/22 09:37:00)
BP: 130/80 mmHg(03/11/22 09:37:00)

Height: 71 in(03/11/22 09:37:00)
Weight: 163.7 kg(03/11/22 09:37:00)
BMI: 50 (03/11/22 09:37:00)

General: Well Developed/morbidly obese African-American male
Psych: Alert and oriented X 3 in no acute distress. Speech coherent. Appearance and behavior appropriate.
Total Spine
Musculoskeletal:
Gait: The patient could heel and toe walk with difficulty. Antalgic.
Posture Palpation: The posture was erect with no palpable tenderness or muscle spasm over the cervical spine, bilateral trapezius area, thoracic spine, lumbar spine, or paralumbar musculature. The patient had normal muscle tone. Shoulder height, iliac crest, PSIS all symmetrical. No scoliosis was appreciated. No abnormality with respect to kyphosis or lordosis. No asymmetry was appreciated. There was no dermal stigmata. No tenderness was appreciated over the bilateral SI joints. No spinal deformities were appreciated.
Range of Motion: Cervical, thoracic and lumbar spine range of motion was decreased 40%. Bilateral hip range of motion was decreased 40%.
Straight Leg Raise: Negative in the seated and supine position. Leg length discrepancy, muscle atrophy, and pelvic asymmetry were not appreciated. Fabers's maneuver was negative bilaterally.
Neurologic:
Strength: Muscle testing bilateral upper and lower extremities 5/5 in all major muscle groups tested.
Reflexes: 2 and symmetrical throughout the bilateral upper and lower extremities.
Babinski, clonus, and Hoffman's were not noted. Spurling's sign negative bilaterally.
Sensation: Grossly intact to pinprick bilateral upper and lower extremities.

both dorsalis pedis arteries indicating peripheral arterial disease in the calf and ankle. MRI scan lumbar spine performed on 2/18/2022 revealing multilevel disc degeneration and most significant L4-S1. There is congenitally short pedicles. There is a moderate right-sided disc protrusion with moderate right and mild left-sided narrowing with moderate central stenosis at L4-L5. At L5-S1 there is a central disc protrusion with mild central and moderate bilateral narrowing right greater than left. X-rays of the cervical, lumbar spine and pelvis were ordered by me today. These were personally interpreted and reviewed by me with the patient. AP cervical spine reveals no acute malalignment. On flexion and extension views there is multilevel disc degeneration and spondylosis without acute instability. AP view of the lumbar spine reveals no acute malalignment. On flexion and extension views there is no acute instability with multilevel disc degeneration and spondylosis. Disc degeneration is most significant L4-S1. AP pelvis reveals moderate to severe hip joint degeneration bilaterally with elevation of the left iliac crest.

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Name: BRONSON, DARRYL

Physician Documentation

Assessment/Plan

1. Neck pain

Ordered:

Follow Up, as needed, 03/11/22, Future Order Indicator, Follow-up as needed, UAB
Medicine Neurosurgery, Neck pain | Degeneration of cervical disc without myelopathy |
Cervical spondylosis with radiculopathy | Right shoulder pain | Obesity, morbid, BMI 50
or higher

Office Visit Level 4 New 99204, 03/11/22 10:18:00 CST, Neck pain | Degeneration of
cervical disc without myelopathy | Cervical spondylosis with radiculopathy | Right
shoulder pain | Obesity, morbid, BMI 50 or higher

2. Degeneration of cervical disc without myelopathy

Ordered:

Follow Up, as needed, 03/11/22, Future Order Indicator, Follow-up as needed, UAB
Medicine Neurosurgery, Neck pain | Degeneration of cervical disc without myelopathy |
Cervical spondylosis with radiculopathy | Right shoulder pain | Obesity, morbid, BMI 50
or higher

Office Visit Level 4 New 99204, 03/11/22 10:18:00 CST, Neck pain | Degeneration of
cervical disc without myelopathy | Cervical spondylosis with radiculopathy | Right
shoulder pain | Obesity, morbid, BMI 50 or higher

3. Cervical spondylosis with radiculopathy

Ordered:

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Cervical spondylosis with radiculopathy | Right shoulder pain | Obesity, morbid, BMI 50
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shoulder pain | Obesity, morbid, BMI 50 or higher

4. Right shoulder pain

Ordered:

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Medicine Neurosurgery, Neck pain | Degeneration of cervical disc without myelopathy |
Cervical spondylosis with radiculopathy | Right shoulder pain | Obesity, morbid, BMI 50
or higher

Office Visit Level 4 New 99204, 03/11/22 10:18:00 CST, Neck pain | Degeneration of
cervical disc without myelopathy | Cervical spondylosis with radiculopathy | Right
shoulder pain | Obesity, morbid, BMI 50 or higher

5. Obesity, morbid, BMI 50 or higher

Ordered:

Follow Up, as needed, 03/11/22, Future Order Indicator, Follow-up as needed, UAB
Medicine Neurosurgery, Neck pain | Degeneration of cervical disc without myelopathy |
Cervical spondylosis with radiculopathy | Right shoulder pain | Obesity, morbid, BMI 50
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Physician Documentation

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6. Low back pain
7. Bilateral hip joint arthritis
8. Protrusion of lumbar intervertebral disc
9. Lumbar stenosis
10. Neuroforaminal stenosis of lumbar spine
11. Disc degeneration, lumbar
12. Other spondylosis with radiculopathy, lumbar region
13. Chronic pain syndrome

He presents with multiple chronic complaints which are unstable and progressively worsening. This is associated with systemic effects. With respect to his chronic lumbar radiculopathy we discussed the potential for elective major surgery versus aggressive nonsurgical care consisting of physical therapy and lumbar epidural injection. With respect to his chronic cervical radiculopathy we discussed physical therapy and the potential for MRI scan of the cervical spine. Continue prescription medication as discussed. At the present time he would like to complete his vascular evaluation before proceeding regarding his chronic cervical and lumbar radiculopathy. I will see him back when he is ready for treatment.

(Electronically Signed On 03.11.22 10:19 CST)

Pirofsky, Jeffry G, DO

D: 03.11.22 10:19 CST

Reviewed
5/6/22
P. Bronson, CRP

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