

06/07/2022

(00399)-RODRIGUEZ JOANNE Q

Date of Birth - 03/10/1980 Sex - Female Marital Status - Married

Address: 42 CAMDIKE STREET, VALLEY STREAM ,NY, 11580
Phone #: (347) 338-7606

Social Security# - 074-83-0647

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 04/04/2022

Time/Place Accident -

Date of Visit - 04/06/2022

Condition Related to : Auto Accident

Insurance Company : NATIONWIDE INS CO

Address: P.O. Box 182055

Columbus, OH, 43218-2055

Phone: 877-444-8763 Fax: 315-451-4660

Claim# - 123653GN

Claim Address - PO BOX 182068

COLUMBUS, OH 43218

NF-2 - Yes Sending Date - 04/26/2022

Policy Effective Date -

Policy# - 6631J152889

Policy holder - JOANNE RODRIGUEZ

WCB# -

Carrier case # -

From Attorney - ELI BABAIEV Firm Name - THE LAW OFFICE OF ELI BABAIEV, P.C.

Attorney Address - 118-35 QUEENS BLVD, SUITE 1240 FOREST HILLS, NY 11375

Attorney Phone - 718-205-4477 Fax - 866-496-8046

Contact Person - 243-51 MERRICK BLVD ROSEDALE NY 11422

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

Tel:

usinhaorthopedics@gmail.com

Fax:

Date: 06/7/22

NF Forms

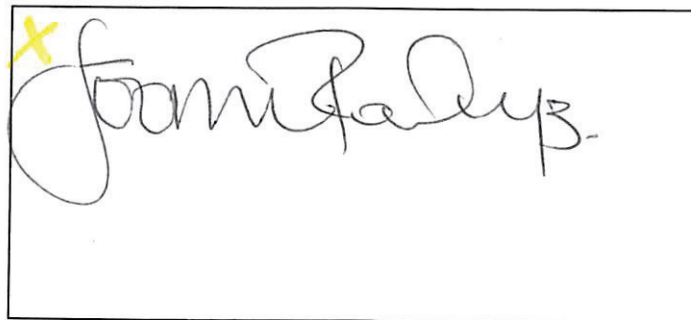
I, Joanne Rodriguez hereby authorize **UK Sinha Physician, P.C.**

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

WC Forms

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)



(Please sign within the box with black ink)

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: RODRIGUEZ, JOANNE M / F DOA: 04/04/2022

DOB: 03/10/1980 Age: 42 Height: 5'2 Weight: 170 Handed: R L

Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip R/Ank L/Ank

R/Wri L/Wri Neck Mid-back Low-back

Type of Injury: MVA Work-Related Working: Y N Degree of Disability: 25 %

Asymptomatic prior to accident: Y N History of prior trauma: Y N

Pain in: _____

Other: _____

____ Pedestrian ____ Bicyclist ____ Motorcyclist ____ Bus pass. X ____ Driver ____ Front Pass. ____ Rear Pass
Vehicle hit: Rear Front Driver-side front Driver side rear Passenger side front

Passenger side rear

T-Boned Driver side

T-Bone Passenger side

Airbags deployed: Y / N

EMS Arrived: Y N

Police at Scene: Y N

Went to Hospital: Y / N Hospital name: _____ Amb. Car

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA

PSH: None LAP cholecystectomy 2017 tubal ligation 2020

Meds: None Pain meds PRN

Drug Allergy: Y / N

Soc. His: Smoke Y / N ppd Alcohol Y / N Recreational Drugs Y / N

PT/Chiro: Y N Duration: 2 Weeks/Months/Years Relief: Good Little None

Walk: Y N 5 blocks Stand Y N 5 mins Sit Y N 5 mins

Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead

Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

PRESENT COMPLAINTS:

| | | | |
|--|--|--|--|
| R SH Pain <u>7</u> /10 Constant Intermittent Stiff <u>Weak Pop Click</u> Reach overhead <u>Y</u> / N Reach back <u>Y</u> / N Unable to sleep at night Imp w/ <u>Rest</u> Med PT Ice | L SH Pain <u> </u> /10 Constant Intermittent Stiff Weak Pop Click Reach overhead Y / N Reach back Y / N Unable to sleep at night Imp w/ Rest Med PT Ice | R KN Pain <u> </u> /10 Constant Intermittent Stiff Weak Diff rising from chair Y / N Diff w/ stairs Y / N Click Pop Buckl Lock Imp w/ Rest Med PT Ice | L KN Pain <u> </u> /10 Constant Intermittent Stiff Weak Diff rising from chair Y / N Diff w/ stairs Y / N Click Pop Buckl Lock Imp w/ Rest Med PT Ice |
|--|--|--|--|

| | | | |
|---|---|---|---|
| R HIP Pain <u> </u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice | L HIP Pain <u> </u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice | R ANK Pain <u> </u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice | L ANK Pain <u> </u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice |
|---|---|---|---|

| | | | |
|---|---|---|---|
| R WRI Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice | L WRI Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice | R ELB Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice | L ELB Pain <u> </u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice |
|---|---|---|---|

Other Complaints: _____

ROS:**General:** Fevers chills night sweats weight gain weight loss**HEENT:** Double vision eye pain eye red. hearing loss earache ear ringing nose bleeds sore throat hoarseness**Endocrine:** Cold intolerance appetite changes hair changes**Skin:** Clear no rashes or lesions**Neuro:** Headaches dizziness vertigo tremors**Respiratory:** Wheezing coughing shortness of breath difficulty breathing**Cardiovascular:** Chest pain murmurs irregular heart rate hypertension**GI:** Nausea vomiting diarrhea constipation jaundice change in bowel habits**GU:** Blood in urine painful urination loss of bladder control urinary retention**Hematology:** Active bleeding bruising anemia blood clotting disorders**Psychiatric:** Anxiety change in sleep pattern depression suicidal thoughts**PHYSICAL EXAMINATION:****C SPINE:** Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L

Pain w/ neck bend lift carry Improves w/ Rest Med PT Ice

ROM: Flex. ___/45 Ext. ___/45 R Lat Flex. ___/45 L Lat Ext. ___/45 Rot ___/60

L SPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L

Pain w/ stand walk sit bend Improves w/ Rest Med PT Ice

ROM: Flex. ___/80 Ext. ___/25 R Lat Flex. ___/35 L Lat Ext. ___/45 Sac Hip Flex ___/45

R /SH: Swelling /Tender to palp → Supraspinatus AC joint Trap. ~~Prox biceps~~ Coracoid Deltoid ScapulaHeat Erythema ~~Crepitus~~ DeformityDrop Arm ~~Cross-Over~~ Empty Can ~~Yergason~~ Deltoid AtrophyO'Brien's Impingement ~~Lift off test~~ ~~Hawkins~~ROM: Abd. 30/180 Add. 30/45 For Flex. 125/180 Ext. 40/60 IR 55/90 ER 30/90IR: sacrum mid back no motor or sensory deficit**L /SH:** Swelling/Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat Erythema Crepitus Deformity

Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. ___/180 Add. ___/45 For Flex. ___/180 Ext. ___/60 IR ___/90 ER ___/90

IR: sacrum mid back no motor or sensory deficit**R /KN:** Swelling /Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion ___/130 Extension ___/5 Stable varus/valgus no motor or sensory deficit**L /KN:** Swelling /Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion ___/130 Extension ___/5 Stable varus/valgus no motor or sensory deficit**R /HIP:** Swelling /Hematoma / Effusion / bruise no Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ___/45 Add. ___/35 Flex. ___/120 Ext. ___/30 IR ___/45 ER ___/45

L /HIP: Swelling /Hematoma / Effusion / bruise no Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ___/45 Add. ___/35 Flex. ___/120 Ext. ___/30 IR ___/45 ER ___/45

R/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ___/20 Plantar flex. ___/50 Inversion ___/15 Eversion ___/15

L/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve
Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ___/20 Plantar flex. ___/50 Inversion ___/15 Eversion ___/15

R/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ___/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ___/80 Extension ___/70 Radial dev. ___/20 Ulnar dev. ___/30

L/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ___/5 grip strength Swell Erythema Bruise
Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ___/80 Extension ___/70 Radial dev. ___/20 Ulnar dev. ___/30

R/ELB: Swell Erythema Bruise Deltoid atrophy ___/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ___/150 Extension ___/150 Supin. ___/90 Pron. ___/90

L/ELB: Swell Erythema Bruise Deltoid atrophy ___/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ___/150 Extension ___/150 Supin. ___/90 Pron. ___/90

Dx:

| Right Shoulder | Left Shoulder | Right Knee | Left Knee |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| S46.011A Partial rot cuff tear | S46.012A Partial rot cuff tear | S83.241A Med. Men. tear | S83.242A Med. Men. tear |
| M75.121 Complete rot cuff tear | M75.122 Complete rot cuff tear | S83.281A Lat. Men. tear | S83.282A Lat. Men. tear |
| M24.811 Internal derangement | M24.812 Internal derangement | M23.91 Internal derangement | M23.92 Internal derangement |
| M75.01 Adhesive Capsulitis | M75.02 Adhesive Capsulitis | S83.519A ACL tear | S83.519A ACL tear |
| M75.81 Shoulder tendinitis | M75.82 Shoulder tendinitis | S83.511A ACL sprain | S83.512A ACL sprain |
| S43.431A Labral tear | S43.432A Labral tear | S83.411 MCL sprain | S83.412A MCL sprain |
| S43.431A SLAP tear | S43.432A SLAP tear | M94.261 Chondromalacia | M94.262 Chondromalacia |
| M75.41 Impingement | M75.42 Impingement | S83.31XA Tear artic. cartilage | S83.32XA Tear artic. cartilage |
| M65.811 Tenosynovitis | M 65.812 Tenosynovitis | M22.2X1 PF chondral injury | M22.2X2 PF chondral injury |
| M75.51 Bursitis | M75.52 Bursitis | M25.461 Joint effusion | M25.462 Joint effusion |
| M75.21 Bicipital tendinitis | M 75.22 Bicipital Tendinitis | M12.569 Trauma. arthropathy | M12.569 Trauma. arthropathy y |
| M25.511 Pain | M25.512 Pain | S80.911A Injury | S80.912A Injury |
| S49.91XA Injury | S49.92XA Injury | M25.561 Pain | M25.562 Pain |
| S46.101A Biceps tendon tear | S46.102A Biceps tendon tear | M65.161 Synovitis | M65.162 Synovitis |
| M24.10 Glenoid chondr defect | M24.10 Glenoid chondr defect | M23.40 Loose body in knee | M23.40 Loose body in knee |
| M94.211 Chondromal, glen/HH | M94.212 Chondromal, glen/HH | M24.10 Chondral lesion | M24.10 Chondral lesion |
| M67.211 Hypertroph. synovitis | M67.212 Hypertroph. synovitis | M93.261 Osteochondral lesion | M93.262 Osteochondral lesion |
| M89.311 AC joint hypertrophy | M89.312 AC joint hypertrophy | M17.11 Osteoarthritis | M17.12 Osteoarthritis |
| M24.011 Loose Bodies | M24.012 Loose Bodies | M24.661 Adhesions | M24.662 Adhesions |
| M25.311 Shoulder instability | M25.312 Shoulder instability | M67.51 Medial plica | M67.52 Medial plica |
| M19.011 Primary osteoarthritis | M19.012 Primary osteoarthritis | M25.761 Osteophyte | M25.762 Osteophyte |
| M25.411 Joint Effusion | M25.412 Joint Effusion | M70.41 Prepatellar bursitis | M70.42 Prepatellar bursitis |

| | | | |
|-------------|------------|-------------|------------|
| Right Hip | Left Hip | Right Ankle | Left Ankle |
| Right Wrist | Left Wrist | Right Elbow | Left Elbow |
| C Spine | L Spine | | |

Plan:

☒ Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK
R/WRI L/WRI R/ELB L/ELB C Spine L Spine

Patient ☐ Accepts ☒ Refuses.

☐ Brace ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB

☐ MRI ordered R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☒ Follow up in 3/4 Weeks / Months / PRN.

☒ Discussed R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK R/WRI L/WRI
R/ELB L/ELB C Spine L Spine

☒ Proceed w/ Sx ☐ Wants to think about it ☐ Proceed with ☐ Sx after rehab on ☐

☐ Med Clearance needed prior to Sx. ☐ W/C authorization needed prior to Sx

☒ Patient consents to Right Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on 6/16 THURSDAY