(08363)-Ruiz Jose

Date of Birth - 9/29/1960 Sex - Male Marital Status - Married

Address: 6745 179 st, Queens, NY, 11365

Phone #: (347) 488-0759

Social Security# -

Employer or Company Name:

Address:

Emergency Name: WIFE GLADYES 646-657-5019

Work Phone #:

Date of Accident - 4/1/2022

Time/Place Accident - HORACE HARDING EXPRESSWAY

Policy Report - Yes Date of Visit - 4/7/2022

Condition Related to : Auto Accident

Insurance Company: GEICO

Address: PO Box 9507

Fredericksburg, VA, 22403

Phone: Fax: 518-560-3913

Claim# - 0642836180000001

Claim Address - GEICO NY PIP

PO Box 9507

Fredericksburg, VA 22403-9526

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

Policy Adjuster - Lucia Hernandez

Policy Effective Date -

Policy# - 4564746586

Policy holder - Ruiz Jose

WCB# -

Carrier case # -

Attorney - Meredith A. Yevin Firm Name - KURPINK LAW GROUP

Attorney Address - 108-18 Queens Blvd. Forest Hills, NY 11375

Attorney Phone - 718-532-4400 Fax -

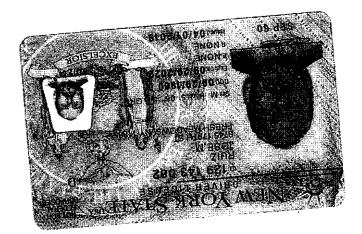
Contact Person - ANAHI@KLGTEAM.COM

Other Insurance -

Medicare -

Jen Dhare 347 - 488 - 0759





UK Sinha Physician, P.C. 102-31 Jamaica Ave. Richmond Hill, NY 11418

INITIAL INTAKE SHEET

DOB: S. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		WC	LIEN	0
DOB:	Patient Name: SC	RIVID		Aford Ish 200
Chief Complaint: AVN IVW Nov Mid-back Low-back Working: Y / N Degree of Disability: Work Work-Related Asymptomatic prior to accident: N History of prior trauma: Y / N Degree of Disability: N History of prior trauma: Y / N Degree of Disability: N History of prior trauma: Y / N Degree of Disability: N History of prior trauma: Y / N Degree of Disability: N History of prior trauma: Y / N Degree of Disability: N History of prior trauma: Y / N Degree of Disability: N History of prior trauma: Y / N Degree of Disability: N History of prior trauma: Y / N Police at Scene N Passenger side front Passenger side ront Passenger side		ge: 61 M Height:	<u>64</u> Weight: <u>t∪ 1</u> 2 H	anded: B / L
Type of Injury: Work-Related Working: Y / N Degree of Disability: % Asymptomatic prior to accident: N History of prior trauma: Y / N Degree of Disability: % Pain in:				
Asymptomatic prior to accident: N History of prior trauma: Y / N Perior Pass. Rear Pass Passenger side front Passanger side rear Passenger side front Physical Passanger side front Physical Passanger side rear Passenger side front Physical Passanger side passanger side front Physical Passanger side front Physical Pa	-	/Wri Neck Mid-back	Low-back	
Asymptomatic prior to accident:		~	•	t v : , %
Pain in: Other: Pedestrian Bicyclist Motorcyclist Bus pass. Driver Front Pass. Rear Pass Passenger side front Passenger side rear Passenger side front Passenger side rear Passenger side Fem Passenger s		V/ N History of price	or trauma: V / N Db.	course tuil time
Pedestrian Bicyclist Motorcyclist Bus pass. Driver Front Pass. Passenger side front Passenger side rear Passenger side front P	• •	7 / N Mistory or price	Tituama: 7, 11	many singer
Pedestrian Bicyclist Motorcyclist Bus pass. Driver Front Pass. Rear Pass Vehicle hit: Rear Pass Passenger side rear Passenger side front Passenger side rear Passenger				Ado
Driver-side front	Other:			
Driver-side front	Padastrian Ricyclist	Motorcyclist Bus nass	Driver Front Pass.	Rear Pass
Passenger side rear Front Driver side Transport of Transp	Vehicle hit: Rear	Front Driver-side fro		Passenger side front
Ment to Hospital:	Passenger side	rear Boned Drive		
Went to Hospital: // N PMH: None Diabetes HTN Hone Diabetes HTN Hone Diabetes HTN HID Asthma Cardiec Thyroid CA PSH: None Pain meds PBN Drug Allergy: Y / M PT/Chiro: // N Duration: Weeks /Months/Years Walk: Y / N Diabetes Stands / N Diamins Unable to: Weeks /Months/Years Walk: Y / N Diabetes Stands / N Diamins Laundry Shopping Errands Kneel Squat Stairs Jog Exercise PBESENT COMPLAINTS: RSH Pain / 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 RHIP Pain / 10 Constant Intermit Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice RWRI Pain / 10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice RWRI Pain / 10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice Im			Y / N Police at Se	cene: Y / N
PMH: None Diabetes HTN HLD Asthma Cardiec Thyroid CA PSH:Ngne PSH:Ngne Drug Allergy: Y / M Soc. His: Smoke Y / M PT/Chiro: Y N Duration: Weeks / Months/Years Walk: Y / N Duration: Weeks / Med Polic Laundry Weak Mulk: Climb Intermittent Week Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice Imp w/ Re	Went to Hospital: A / N Ho	ospital name: HUSIN Sh		
PSH-None / Pain meds PBN	PMH: None Diabetes HTN H	LD Asthma Cardiac Thyroid	CA	
Drug Allergy: Y / January Soc. His: Smoke Y / W	PSH:None	11	AHARK 200	2 5
Drug Allergy: Y / W	Meds: None /Pain meds PBN	MO HEAR	- Dlavit	1 ASYDERI'ME
Soc. His: Smoke Y / Wppd Alcohol Y / M Recreational Drugs Y / Wppd Alcohol Y / M Recreational Drugs Y / Wppd Models / Months/Years	Drug Allergy: Y / 🛶		041 1301	
Walk: Y / N blocks Stand St				1 7 127 13 3
Unable to: Description Play sports Errands Err	PT/Chiro: V/ N Duration: _	Weeks /Months/Years	Relief: Goed Lit	
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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 Impoves 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
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 Scapula
Heat Erythema Crepitus Deformity Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy O'Brien's Impingement Lift off test Hawkins ROM: Abd. 115 / 180 Add. 40 / 45 For Flex. 120 / 180 Ext. 45 / 60 IR 70 / 90 ER 70 / 90
IR: sacrum mid backno 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. 120 /180 Add. 45 /45 For Flex 133 /180 Ext. 5 /60 M 12 /30 En 2 / 60 M 12 /
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 (2°/130 Extension Lucy 5 _ Stable varus/valgusno 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/5Stable varus/valgusno motor or sensory defic
R/HIP: Swelling /Hematoma / Effusion / bruise 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 Trendelenburg +ve - ve
Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd/45 Add. R/ANK: Swell /Hemato/ bruise Tenderness to palpation → N ROM: Dorsi flexion [≤ _/20 L/ANK: Swell /Hemato/ bruise Tenderness to palpation → N ROM: Dorsi flexion/20	e → Ant. Post. Lat. Mal Ned. aspect Lat. aspect. Plantar flex. <u>U ○</u> /50 e → Ant. Post. Lat. Mal Ned. aspect Lat. aspect.	ROM: Full Limited a linversion leo Ant Draw +ve - ve leo Ant Draw +ve - ve leo ROM: Full Limited	and painful. ion <u>(o/</u> 15 nv Stress +ve - ve and painful.		
R/WRI: Pain to palp. → Ulna Tinel +ve -ve Phalen + ROM: Flexion/80 Ex L/WRI: Pain to palp. → Ulna Tinel +ve -ve Phalen + ROM: Flexion/80 Ex	ve - ve tension/70 Radial de er styl. Distal rad. Scaph ve - ve tension/70 Radial de	v/20 Ulnar dev oid/5 grip strength Si ev/20 Ulnar dev	/30 well Erythema Bruise /30		
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Right Shoulder S46.011A Partial rot cuff tear M75.121 Complete rot cuff tear M24.811 Internal derangement M75.01 Adhesive Capsulitis M75.81 Shoulder tendinitis S43.431A Labral tear S43.431A SHAP tear M75.41 Impingement M65.811 Tenosynovitis M75.51 Bursitis M75.51 Bursitis M75.21 Bicipital tendinitis M25.511 Pain S49.91XA Injury S46.101A Biceps tendon tear M24.10 Glenoid chondr defect M94.211 Chondromal, glen/HH M67.211 Hypertroph. synovitis M89.311 AC joint hypertrophy M24.011 Loose Bodies M25.311 Shoulder instability M19.011 Primary osteoarthritis M25.411 Joint Effusion	Left Shoulder 346.012A Partial rot cuff tear M75.122 Complete rot cuff tear M24.812 Internal derangement M75.02 Adhesive Capsulitis M75.82 Shoulder tendinitis S43.432A Labral tear S43.432A SLAP tear M75.42 Impingement M 65.812 Tenosynoyitis M75.52 Bursitis M 75.22 Bicipital Tendinitis M25.512 Pain S49.92XA Injury S46.102A Biceps tendon tear M24.10 Glenoid chondr defect M94.212 Chondromal, glen/HH M67.212 Hypertroph. synovitis M89.312 AC joint hypertrophy M24.012 Loose Bodies M25.312 Shoulder instability M19.012 Primary osteoarthritis M25.412 Joint Effusion	Right Knee S83.241A Med. Men. tear S83.281A Lat. Men. tear M23.91 Internal derangement S83.519A ACL tear S83.511A ACL sprain S83.411 MCL sprain M94.261 Chondromalacia S83.31XA Tear artic. cartilage M22.2X1 PF chondral injury M25.461 Joint effusion M12.569 Trauma. arthropathy S80.911A Injury M25.561 Pain M65.161 Synovitis M23.40 Loose body in knee M24.10 Chondral lesion M93.261 Osteochondral lesion M17.11 Osteoarthritis M24.661 Adhesions M67.51 Medial plica M25.761 Osteophyte M70.41 Prepatellar bursitis	Left Knee S83.242A Med. Men. tear S83.282A Lat. Men. tear M23.92 Internal derangement S83.519A ACL tear S83.512A ACL sprain S83.412A MCL sprain M94.262 Chondromalacia S83.32XA Tear artic. cartilage M22.2X2 PF chondral injury M25.462 Joint effusion M12.569 Trauma. arthropathy y S80.912A Injury M25.562 Pain M65.162 Synovitis M23.40 Loose body in knee M24.10 Chondral lesion M93.262 Osteochondral lesion M17.12 Osteoarthritis M24.662 Adhesions M67.52 Medial plica M25.762 Osteophyte M70.42 Prepatellar bursitis		

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Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine	7	
ο ομιιισ	2 opino		
Plan:Recommend steroid in			L/HIP R/ANK L/ANK C Spine L Spine
PatientAccepts	Refuses.		
Brace ordered R/S	H L/SH R/KN L/KN R	/HIP L/HIP R/ANK L/	/ANK R/WRI L/WRI
MRI ordered R /SH R /EL			ANK R/WRI L/WRI
Follow up in	Weeks / Months / PRN.		
Discussed R/SH R/ELB	L/SH R/KN L/KN R/HIF L/ELB C Spine L Spine		
Proceed w/ Sx	Wants to think about it	Proceed withS	cafter rehab on
	ed prior to SxW/C auth		
Potiont concents to		·	

Patient scheduled for R/SH L/SH R/KN L/KN Surgery on ______

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132
usinhaorthopedics@gmail.com

Date:	<u> </u>	122
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NF Forms

I, Jose Miguel Ruiz 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)