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

INITIAL INTAKE SHEET

	" (WC) NF	: LIEN	1 -
Patient Name: Arker	Mayan -	. F DOA:_	2/01/2022
	Height:		anded: L
Chief Complaint: R/SH	(ríkn) likn rili		ip R/Ank L/Ank
R/Wri b		Low-back	
Type of Injury: MVA Work-Re	lated Working Y	/ N Degree of Disability	<i>:</i> :%
Asymptomatic prior to accident:	Y / N History of prior	ortrauma: Y / N	
Pain in:			
Other:			-
	Material Due noon	DriverFront Pass	Dogr Pace
<del></del>	Front Driver-side from		Passenger side front
Vehicle hit: Rear Passenger side r		erzeide T-Bone Passenger sie	<u>-</u>
Airbags deployed: Y		<i>7</i> 1	
Went to Hospital: Y / N Ho	spital name:		Amb. Car
PMM: None Diabetes HTN HL	D Asthma Cardiac Thyroid	CA	
DOLL II			
Meds: None /Pain meds PRN	Henoil. 300 mg	1	
Drug Alleray: Y //N		exectional Drugs V (N)	
Soc. His: Smoke Y / N PT/Chiro: Y / N Duration:		Relief: Good Litt	le None
	s Stand: Y / Nmins	Sit Y / N	mins
Unable to: Garden	Play sports Drive Lif		Reach overhead
Laundry Shopping		uat Stairs Jog <u>Exercisa</u>	>
,	_		
PRESENT COMPLAINTS:	LSH Pain = 1/10	RKN Pain /10	<b>L KN</b> Pain/10
R´SH Pain/10 Constant Intermittent	Constant Intermittent	Constant Intermittent	Constant Intermittent
Constant Intermittent Stiff Weak Pop Click	Stiff Weak Pop Click	Stiff Weak	Stiff Weak
Reach overhead Y / N	Reach overhead Y / N	Diff rising from chair Y / N	Diff rising from chair Y / N
Reach back Y / N	Reach back Y / N	Diff w/ stairs Y / N	Diff w/ stairs Y / N
Unable to sleep at night	Unable to sleep at night	Click Pop Buckl Lock	Click Pop Buckl Lock
Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	1
Imp vvi stest ivida i i ide	Imp W Hoot Wise 1 1 100		<u> </u>
<b>R HIP</b> Pain/10	<b>L HIP</b> Pain/10	RANN Pain /10	<b>LANK</b> Pain/10
Constant Intermit Lock	Constant Intermit Lock	Constant Intermittent	Constant Intermittent
Pain w/ stand walk climb	Pain w/ stand walk climb	Pain w/ stand walk climb	Pain w/ stand walk climb
Standing from sitting	Standing from sitting	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice
Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice		·
Thip was treat treat it is			
R WRI Pain/10	<b>L WRI</b> Pain/10	<b>RELB</b> Pain/10	<u>L ELB</u> Pain/10
Constant Intermittent	Constant Intermittent	Constant Intermittent	Constant Intermittent
Weak Numb Tingle	Weak Numb Tingle	Weak Numb Tingle	Weak Numb Tingle
Pain w/ lift carry drive	Pain w/ lift_carry_drive	Pain w/ lift carry drive	Pain w/ lift carry drive
Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice
•			
Other Complaints:			

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
LSPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L Pain w/ stand walk sit bend Impoves 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 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 60 IR 690
IR: sacrum mid backno motor or sensory deficit  IXSN 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. 106/180 Add. 106/145 For Flex. 110/180 Ext. 110/60 IR 110/90 ER 110/90  IR: sacrum mid backno 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/5Stable 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 deficit
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  The description > Great Troch Groin Medial thigh ROM: Full Limited and painful
Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROS:

r 2	1 /4.0	0 Fut /20 IR	/45 FR /45		
ROM: Abd/45 Add.	/35 Flex/12	U EXT/30 III	Ctrocs 1VA - VA		
A/a also 10	o → Ant Post Lat Wall	IED AIILDIAW TVC VC "	,,, 0 0		
T I A malaction A 1	Mad aspect lat aspect.	MOIM Litting of	illa pairitair		
DOM: Darai florion /20	Plantar flex. /50	IUAGIZION	UII		
L/ANK: Swell /Hemato/ bruis	Not De Let Mal	loo Ant Draw +ve - ve li	nv Stress +ve - ve		
<b>L/ANK</b> : Swell/Hemato/bruise	e → Ant. Post. Lat. Mai	BOM. Full limited	and nainful		
<b>L/ANK</b> : Swell/Hemato/ Bruise → Ant. 103t. Lat. Inversion ROM: Full Limited and painful.  Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.  ROM: Dorsi flexion/15 Eversion/15					
ROM- Dorsi flexion /20	Plantar flex/50	Inversion/15 Eversi	011/ 13		
R/WRI: Pain to palp> Uln	ar etyl Distal rad. Scaph	oid /5 grip strength Sv	well Erythema Bruise		
R/WRI: Pain to paip> Oill	al Styl. Distartad. Coops.				
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					
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ROM: Flexion/80 Ex	vtension /70 Badial de	ev. /20 Ulnar dev	/30		
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R/ELB: Swell Erythema B		/5 musc stren Tender → M	led Epi Lat Epi Ole Pro		
R/ELB: Swell Erythema B	ruise Deitoid attohny	75 111030 317011 1011001 7 11	, ,		
Varus +ve -ve Valgus	+ve - ve linel +ve - v	/e /00 B - /00			
DOM: Flavion /150	Extension /150 Supin.	/90 Pron/90	- · · - · · - · · · · · · · · · · · · ·		
L/ELB: Swell Erythema Br	uise Deltoid atrophy	/5 musc stren Tender → M	ed Epi Lat Epi Ule Pro		
	T' 1				
Varus +ve -ve Valgus	Table 1 /150 Sunin	/90 Pron /90	Paris		
ROM: Flexion/150	Extension/150 Supin.		monthal ams		
	C	Ch-tool-	minimal Paini MP Jown RJ Tox Left Knee S83.242A Med. Men. tear		
Dx:		Po to Knoo	Left Knee		
Right Shoulder	Left Shoulder	S83.241A Med. Men. tear	S83.242A Med. Men. tear		
S46.011A Partial rot cuff tear	S46.012A Partial rol cult teal	\$83.281A Lat. Men. tear	S83.282A Lat. Men. tear		
M75.121 Complete rot cuff tear	M75.122 Complete rot cuff tear	M23.91 Internal derangement	M23.92 Internal derangement		
M24.811 Internal derangement	M24.812 Internal derangement	S83.519A ACL tear	\$83.519A ACL tear		
M75.01 Adhesive Capsulitis	M75.02 Adhesive Capsulitis M75.82 Shoulder tendinitis	S83.511A ACL sprain	S83.512A ACL sprain		
M75.81 Shoulder tendinitis		000.511717182 0875	000.01231110=00.0		
S43.431A Labral tear	CAD ADRIC Tobrottoot	S83 411 MCL sprain	S83.412A MCL sprain		
<u> </u>	S43.432A Labral teat	S83.411 MCL sprain M94.261 Chondromalacia			
S43.431A SLAP tear	S43.432A SLAP tear	M94.261 Chondromalacia	S83.412A MCL sprain		
S43.431A SLAP tear M75.41 Impingement	S43.432A SLAP tear M75.42 Impingement	M94.261 Chondromalacia S83.31XA Tear artic. cartilage	S83.412A MCL sprain M94.262 Chondromalacia S83.32XA Tear artic. cartilage M22.2X2 PF chondral injury		
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#### (08336)-Sarker Vhanjan

Date of Birth - 01/02/1981 Sex - Male Marital Status - Single

Address: 14329 Barclay Ave 6B, Flushing, NY, 11355

Phone #: (347) 891-5118

Social Security# - 305-43-5447

**Employer or Company Name: UBER** 

Address: Emergency Name: Work Phone #:

Date of Accident - 02/01/2022 Time/Place Accident - 278 I E/B Brooklyn Queens Exp Ramp Policy Report - Yes Date of Visit - 02/15/2022

Condition Related to : Auto Accident

Insurance Company: Black Car Fund

Address:

Phone: Fax:

Claim# - 22000136

Claim Address - 595 STEWART AVE SUITE 600 GRANDEN CITY NY 11530

NF-2 - Yes Sending Date - 02/22/2022

Policy Effective Date - Policy# - \*G3223472
Policy holder - Metro Livery Leasing WCB# - \*G3223472
Carrier case # -

Attorney - Edmund J. Hakimian Law Offices Firm Name - Edmund J. Hakimian Law Offices Attorney Address - 79-09A Northern Blvd Jackson Heights NY 11372
Attorney Phone - 718-362-3180 Fax - 718-362-3181
Contact Person - 718-535-3434

Other Insurance - Medicare -

## 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: 0008122

## **NF Forms**

1, VHANJAN SARKER 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)