### (08310)-Obregon Alcides

Date of Birth - 2/18/1971 Sex - Male Marital Status - Single

Address: 31-27 100th Street, East Elmhurst, NY, 11369

Phone #: (347) 549-8625

Social Security# -

Employer or Company Name:

Address:

**Emergency Name:** 

Work Phone #:

Date of Accident - 12/22/2021

Time/Place Accident -

Date of Visit - 1/4/2022

Condition Related to : Auto Accident

Insurance Company: GECIO

Address:

Phone: Fax:

Claim# - 8722082350000001

Claim Address - GEICO NY PIP

PO Box 9507

Fredericksburg, VA 22403-9526

NF-2 - Yes Sending Date - 01/13/2022

Policy Effective Date -

Policy# - 6062299521

Policy holder - Obregon Rivero, D, A

WCB# -

Carrier case # -

Attorney - Jason Greenberg Firm Name - Law Offices of Jason A. Greenberg, P.C.

Attorney Address - 30 South Ocean Avenue, Suite 205

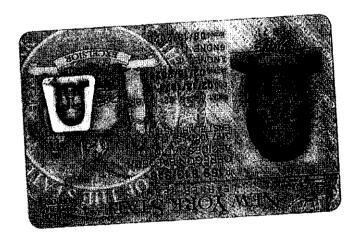
Attorney Phone - 516-730-5047 Fax - 516-730-5047

Contact Person - Miryam

Other Insurance -

Medicare -

Cey 549-347-8675



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

## INITIAL INTAKE SHEET

	WC , NE	LIEN			
Chief Complaint: R/SH L	e: Height:/ /SH R/KN L/KN 97/E Wri Neck Mid-back	Weight: 100 Ha  Ib L/Elb R/Hip L/Hi  Low-back	•		
Type of Injury: MVA Work-Rel			70		
Asymptomatic prior to accident	· · ·	r trauma: Y / W	is tull the		
Pain in: Other: S	handel	man	tance.		
Pedestrian Bicyclist Motorcyclist Bus pass. 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 / W EMS Arrived: Y / N Police at Scene: / N  Went to Hospital: Y / N Hospital name: Amb. Car  PMH: Note Diabetes HTN HLD Asthma Cardiac Thyroid CA  PSH:None  Meds Mone /Pain meds PBN  Drug Allergy: Y / W ppd Alcohol Y / M Recreational Drugs Y / N  PT/Chiro: / N Duration: 6 the Meeks / Months/Years Weeks / Months/Years Weeks / Months/Years Sit Y / N mins  Walk: Y / N blocks Stand: Y / N mins  Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead					
Laundry Shopping PRESENT COMPLAINTS:	Errands Kneel Sa	uat Stairs Jog Exercise			
R SH Pain 5 /10 Constant Intermittent Stiff Weak Pop Click Reach overhead Y / N Reach back Y / N Whable to sleep at night Imp w/ Rest Med PT Ice	LSH 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	RKN Pain/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	LKN Pain/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/10 Constant Intermit Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	LHIP Pain/10 Constant Intermit Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	RANK Pain/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	LANK Pain/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice		
R WRI Pain/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	LWRI Pain/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	RELB Pain/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	LELB Pain/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice		
Other Complaints:			•		

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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:
<u>C SPINE:</u> 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
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
<b>R/SH:</b> 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 Impringement Littoff test Hawkins
W Brien's Impingement Lift off test Hawkins  ROM: Abd. 95 / 180 Add. 90 / 45 For Flex. 20 / 180 Ext. 50 / 60 IR 60 / 90 ER 60 / 90  IR: sacrum mid back
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 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
D. /IIID. Corolling / Homotomo / Effusion / hyuiso
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
<b>L/HIP</b> : Swelling /Hematoma / Effusion / bruise Trendelenburg +ve - ve Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.
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ROM: Do	rsi flexion/20	Plantar flex/50	Inversion/15 Evers	
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			oid/5 grip strength S	Wen Erythema Braise
Tinel +ve	- ve Phalen -	⊦ve -ve		100
ROM: FI	exion/80 E:	xtension/70 Radial de	ev/20 Ulnar dev	/30
L AMRI: Pa	in to naln → ilin	ar styl - Distal rad Scaph	oid/5 grip strength S	well Erythema Bruise
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ROM: FI	exion /150	Extension/150 Supin.	/90 Pron/90	
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Dx:				
Dx:	ider	Left Shoulder	Right Knee	Left Knee
Right Shou	ider artial rot cuff tear	S46.012A Partial rot cuff tear	S83.241A Med. Men. tear	S83.242A Med. Men. tear
Right Show S46.011A P		S46.012A Partial rot cuff tear M75.122 Complete rot cuff tear	S83.241A Med. Men. tear S83.281A Lat. Men. tear	S83.242A Med. Men. tear S83.282A Lat. Men. tear
Right Show S46.011A F M75.121 Co	artial rot cuff tear	S46.012A Partial rot cuff tear M75.122 Complete rot cuff tear M24.812 Internal derangement	S83.241A Med. Men. tear S83.281A Lat. Men. tear M23.91 Internal derangement	S83.242A Med. Men. tear S83.282A Lat. Men. tear M23.92 Internal derangement
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Right Hip	Left Hip	Right Ankle	Left Ankle
		<u></u>	
Right Wrist	Left Wrist	Right Elbow	Left Elbow
C Spine	L Spine		
•			
Plan:			
Recommend steroid inj.		I R/KN L/KN R/HIP ./WRI R/ELB L/ELB	L/HIP R/ANK L/ANK C Spine L Spine
PatientAccepts	Refuses.		
Brace ordered R/SH R/EL		HIP L/HIP R/ANK L	ANK R/WRI L/WRI
MRI ordered R /SH R /ELB	L/SH R/KN L/KN R/H L/ELB C Spine L Spine		ANK R/WRI L/WRI
Follow up in	Weeks / Months / PRN.		
Discussed R/SH I R/ELB	./SH R/KN L/KN R/HIP L/ELB C Spine L Spine	L/HIP R/ANK L/AN	K R/WRI L/WRI
Proceed w/ Sx	Wants to think about it	Proceed with S	cafter rehab on
Med Clearance needed	prior to Sx W/C autho	orization needed prior to Sx	
Patient consents to	Sx		

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: \_\_\_\_6/8/22\_

### **NF Forms**

Alcides, Obregon 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)