

06/06/2022

**(01236)-Rascoe Dorethea**

Date of Birth - 08/28/1966   Sex - Female   Marital Status - Single

Address: 401 East 137t st.,The Bronx,NY,10454

Phone #: (252) 642-9895

Social Security# - 242-08-8325

Employer or Company Name:

Address:

Emergency Name: Reinford Richards 252-287-5546

Work Phone #:

Date of Accident - 03/01/2022

Time/Place Accident - DEEGAN EXPRESSWAY

Policy Report - Yes

Date of Visit - 03/16/2022

Condition Related to : Auto Accident

Insurance Company : Progressive Casualty Insurance Company

Address: 725 BROADWAY

albany,NY,12207

Phone: 800-776-4737   Fax: 877-213-7258

Claim# - 2267-16785

NF-2 - Yes   Sending Date - 03/23/2022

Policy Effective Date -

Policy# - 935033915

Policy holder - REINFORD RICHARDS

WCB# -

Carrier case # -

From Attorney - Shalom   Firm Name - SHALOM LAW PLLC

Attorney Address - 105-13 METROPOLITAN AVENUE, FOREST HILLS, NY 11375

Attorney Phone - 718-971-9474   Fax - 718-865-0943

Contact Person -

Other Insurance -

Medicare -

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**UK Sinha Physician, P.C.**

102-31 Jamaica Ave.  
Richmond Hill, NY 11418

**Tel:**

usinhaorthopedics@gmail.com

**Fax:**

**Date:** 6/5/22

**NF Forms**

I, Doretha Rascoe 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)

X Doretha Rascoe

(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: RASCOG DORETHEA M / F DOA: 03/01/2022

DOB: 08/28/1966 Age: 55 Height: 511 Weight: 246 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: \_\_\_\_\_ %

Asymptomatic prior to accident: Y / N History of prior trauma: Y / N MVA 2019

Pain in: \_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_ 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 / 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

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: 3 Weeks / Months / Years Relief: Good Little / None

Walk: Y / N 5 blocks Stand: Y / N 10 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:

|  |  |  |  |
|--|--|--|--|
| <b>R SH</b> Pain <u>8</u> /10<br>Constant <u>Intermittent</u><br><del>Stiff</del> Weak Pop Click<br>Reach overhead <u>Y</u> / <u>N</u><br>Reach back <u>Y</u> / <u>N</u><br>Unable to sleep at night<br>Imp w/ Rest Med PT Ice | <b>L SH</b> Pain <u>8</u> /10<br>Constant <u>Intermittent</u><br><del>Stiff</del> Weak Pop Click<br>Reach overhead <u>Y</u> / <u>N</u><br>Reach back <u>Y</u> / <u>N</u><br>Unable to sleep at night<br>Imp w/ Rest Med PT Ice | <b>R KN</b> Pain ____ /10<br>Constant Intermittent<br>Stiff Weak<br>Diff rising from chair Y / N<br>Diff w/ stairs Y / N<br>Click Pop Buckl Lock<br>Imp w/ Rest Med PT Ice | <b>L KN</b> Pain ____ /10<br>Constant Intermittent<br>Stiff Weak<br>Diff rising from chair Y / N<br>Diff w/ stairs Y / N<br>Click Pop Buckl Lock<br>Imp w/ Rest Med PT Ice |
|--|--|--|--|

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

|   |   |   |   |
|---|---|---|---|
| <b>R WRI</b> Pain ____ /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice | <b>L WRI</b> Pain ____ /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice | <b>R ELB</b> Pain ____ /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice | <b>L ELB</b> Pain ____ /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>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 Intermittent 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 Intermittent 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 Scapula  
*by Am unchanged from 3/2/2022*

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

**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 \_\_\_\_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. \_\_\_/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:**

*unchanged s/2 visit*

| 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            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            Sx.

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

*Refuses intervention*