

6/6/2022

(08337)-Nici Sebastian

Date of Birth - 12/30/1953 Sex - Male Marital Status - Single

Address: 1213 Astoria Blvd Apt 2F, Astoria, NY, 11102
Phone #: (917) 907-1676

Social Security# - 053-46-7087

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 2/9/2022

Time/Place Accident -

Date of Visit - 2/15/2022

Condition Related to : Auto Accident

Insurance Company : Progressive Casualty Insurance Co.

Address:

Phone: 800-627-4581 Fax:

Claim# - 225060938

Claim Address - P.O. BOX 2930
CLINTON, IA 52733-2930

NF-2 - Yes Sending Date - 03/01/2022

Policy Adjuster - Richard S 516 496-5550

Policy Effective Date - 1/3/2022

Policy# - 946391692

Policy holder - Nici, Sebastian, A

WCB# -

Carrier case # -

To Attorney - Helen F. Dalton Firm Name - Helen F. Dalton & Associates, P.C.

Attorney Address - 80-02 Kew Gardens Rd Suite 601, Kew Gardens, NY 11415

Attorney Phone - (718) 263-9591 Fax - (718) 263-9598

Contact Person -

Other Insurance -

Medicare -

NEW YORK STATE USA NOT FOR FEDERAL PURPOSES
DRIVER LICENSE

ID **756 487 930** Class **D**

NICI
SEBASTIAN, A
1213 ASTORIA BLVD 2F
ASTORIA, NY 11102

Sex **M** Height **5'-10"** Eyes **BRN**

DOB **12/30/1993**

Expires **12/30/2027**

\$ NONE

RB

Issued **12/26/2019**

[Signature]
DEC 53

[Small Photo]
EXCELSIOR

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: DOB: 12/30/53 Age: 68 Height: 5'10" Weight: 170 M F DOA: 02/09/2022
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

Asymptomatic prior to accident: Y / N

Working: Y / N Degree of Disability: _____ %

History of prior trauma: Y / N

Pain in: _____

Other: _____

Vehicle hit: Pedestrian Bicyclist Motorcyclist Bus pass. Driver Front Pass. Rear Pass
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

Went to Hospital: Y / N Hospital name: _____

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

Walk: Y / N blocks Stand: Y / N mins Sit Y / N 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 ____/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	L SH 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	R KN Pain <u>5</u> /10 Constant Intermittent Stiff Weak Diff rising from chair Y / N Diff w/ stairs Y / N Click <u>Pop</u> Buckl <u>Lock</u> Imp w/ Rest Med PT Ice	L KN Pain <u>5</u> /10 Constant Intermittent Stiff Weak Diff rising from chair Y / N Diff w/ stairs Y / N Click <u>Pop</u> Buckl <u>Lock</u> Imp w/ Rest Med PT Ice
R HIP Pain ____/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	L HIP Pain ____/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	R ANK Pain ____/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	L ANK 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	L WRI Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	R ELB Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L ELB Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice

Other Complaints: giving out,

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

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:

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 SLAP tear
M75.41 Impingement
M65.811 Tenosynovitis
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

S46.012A 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
M65.812 Tenosynovitis
M75.52 Bursitis
M75.22 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
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

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: 06/08/22

NF Forms

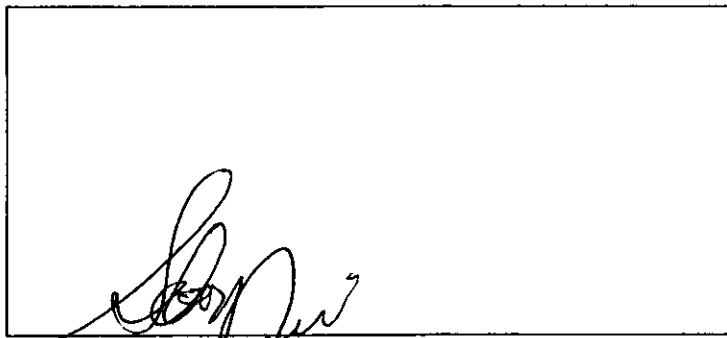
I, Sebastian Diao hereby authorize **UK Sinha Physician, P.C.**

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)