

06/07/2022

(00388)-CHADWICK NOEL

Date of Birth - 07/10/1997 Sex - Male Marital Status - Single

Address: 3107 49TH STREET,WOODSIDE ,NY,11377
Phone #: (201) 758-6499

Social Security# - 106-86-8559

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 02/06/2022

Time/Place Accident - 92-61 165 STREET

Policy Report - Yes

Date of Visit - 04/01/2022

Condition Related to : Auto Accident

Insurance Company : RENTAL CLAIMS SERVICES

Address:

”

Phone: Fax:

Claim# - 18122172

Claim Address - 201 Dolson Ave, Suite A
Middletown, NY 10940

NF-2 - Yes Sending Date - 03/05/2022

Policy Adjuster - Gina Acim Phone: 314-592-2643

fax: 314-592-2643

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - SANDER&SANDERS Firm Name - THE SANDER LAW FIRM

Attorney Address - 100 GARDEB CITY PLAZA, GARDEN CITY 11530

Attorney Phone - 718-808-9360 Fax - Contact Person - 243-51 MERRICK BLVD ROSEDALE NY 11422

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

Tel:

usinhaorthopedics@gmail.com

Fax:

Date: 06-07-2022

NF Forms

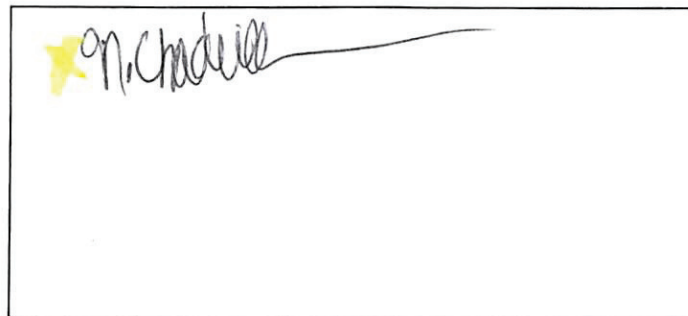
I, Noel Chadwick hereby authorize **UK Sinha Physician, P.C.**

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)

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: CHADWICK NOEL M / F DOA: 02/06/2022
DOB: 07/10/1997 Age: 24 Height: 5'7" Weight: 190 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 Left Hand
Type of Injury: MVA Work-Related Working: Y / N Degree of Disability: 25 %
Asymptomatic prior to accident: Y / N History of prior trauma: Y / N
Pain in: _____
Other: _____

Pedestrian Bicyclist Motorcyclist Bus pass. X 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: AMERICAN HOSPITAL 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: 4 Weeks / Months / Years Relief: Good Little None
Walk: Y / N 3-4 blocks Stand: Y / N 3 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:

| | | | |
|--|--|--|--|
| 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 ___/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 | L KN 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 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 <u>8</u> /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 <u>8</u> /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: _____

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 15/20 Plantar flex. 40/50 Inversion 10/15 Eversion 10/15

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 5/5 grip strength Swell Erythema Bruise
 Tinel +ve +ve Phalen +ve -ve
 ROM: Flexion 10/80 Extension 50/70 Radial dev. 10/20 Ulnar dev. 20/30

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 | 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 PTT hypertrophic synovitis tear tibialis anterior tendon |
| Right Wrist | Left Wrist | Right Elbow | Left Elbow |
| C Spine | L Spine | w/ Ht Ht tear ulnar collateral ligament | |

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 2 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 _____