

5/24/2022

(00478)-Coleman Nageena S.

Date of Birth - 11/6/1987 Sex - Female Marital Status - Single

Address: 1350 Webster Ave #11F, Bronx, NY, 10456
Phone #: (845) 821-1688

Social Security# - 063-76-2763

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 10/22/2021

Time/Place Accident - 3 Avenue / Claremont Parkway

Policy Report - Yes

Date of Visit - 10/26/2021

Condition Related to : Auto Accident

Insurance Company : Hertz (ESIS)

Address: P.O. BOX 6562

Scranton, PA, 18505

Phone: Fax: 844-890-6967

Claim# - 1M01M012156209

Claim Address - Hertz

P.O. BOX 6562

Scranton, PA. 18505

NF-2 - Yes Sending Date - 11/22/2021

Policy Adjuster - Rosemarie Honey

F:844-890-6967

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Patricia Rothstein Firm Name - Case # 125123-2

Attorney Address -

Attorney Phone - 845-563-9423 Fax -

Contact Person - Anthony (ext 39423)

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

Tel:

usinhaorthopedics@gmail.com

Fax:

Date:

5/23/2022

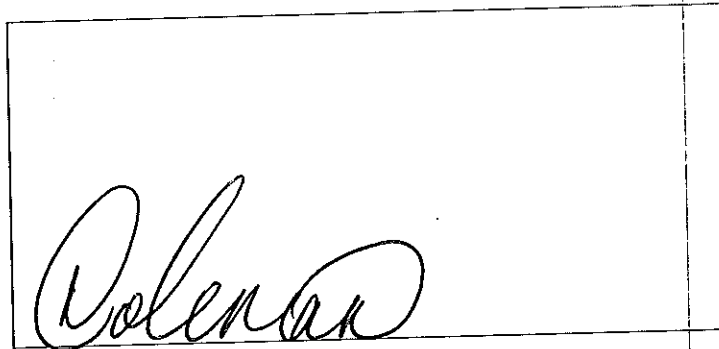
NF Forms

I, Dagana Coleman 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 113418

INITIAL INTAKE SHEET

WC NP LIEN

Patient Name: COLEMAN, NAGIENA M (F) DOA: 10/22/2021
DOB: 11/6/1987 Age: 34 Height: 5'3 Weight: 180
Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip R/Ank L/Ank

Type of Injury: MVA Work-Related Working: Y / (N) Degree of Disability: 75 %
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-Bone Driver side T-Bone Passenger side

Airbags deployed: (Y) (N) EMS Arrived: Y / (N) Police at Scene: (Y) / N Amb. Car

Went to Hospital: (Y) / N Hospital name: Montefiore

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA

PSH: None left ankle surgery 2007 Myomectomy 2018

Meds: None/Pain meds PRN

Drug Allergy: Y / (N) Alcohol (Y) / N Recreational Drugs Y / (N)

Soc. His: Smoke Y / (N) ppd Weeks/Months/Years Relief: Good Little None

PT/Chiro: (Y) / N Duration: 7 mins Sit (Y) / N 5 mins

Walk: (Y) / N 3 blocks Stand: (Y) / N 7 mins Carry Reach overhead

Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead
Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

PRESENT COMPLAINTS:

R SH Pain <u>4</u> /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 <u>4</u> /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>4</u> /10 Constant Intermittent Stiff Weak Diff rising from chair Y / <u>(N)</u> Diff w/ stairs <u>(Y)</u> / N Click Pop Buckl Lock Imp w/ Rest Med PT Ice	L KN Pain <u>4</u> /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 <u>4</u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	L HIP Pain <u>4</u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	R ANK Pain <u>4</u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	L ANK Pain <u>4</u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
R WRI Pain <u>4</u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L WRI Pain <u>4</u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	R ELB Pain <u>4</u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L ELB Pain <u>4</u> /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

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 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 90/130 Extension 4/5 Stable varus/valgus X 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	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

Subcuticular cyst

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 Postop 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 R/KN Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on _____

CA27 to schedule late June early July