

5/9/2022

**(00528)-Vazquez Regina D.**

Date of Birth - 8/4/1971    Sex - Male    Marital Status - Single

Address: 38 Fort Washington Ave #25, Bronx, NY, 10032  
Phone #: (347) 697-0476

Social Security# - 047-68-6398

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 3/5/2022

Time/Place Accident -

Date of Visit - 3/8/2022

Condition Related to : Auto Accident

Insurance Company : American Transit Insurance Co.

Address:

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Phone: 212-857-8200    Fax:

Claim# - Reference # 1111487

NF-2 - Yes    Sending Date - 03/30/2022

Policy Effective Date -

Policy# - Plate: T783547C

Policy holder - Ortiz, John, Alejandro

WCB# -

Carrier case # -

Attorney - Salerno & Goldberg, PC    Firm Name - Salerno & Goldberg, PC

Attorney Address - 1955 Deer Park Avenue, NY. 11729

Attorney Phone - 631-482-8888    Fax - 631-482-8889

Contact Person - Linda

Other Insurance -

Medicare -

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Complete Medical Care  
Physicians  
and all services

188 Bldg 78A, North Broadway Road, Jamaica, NY 11470  
Tel: (718) 636-9100/Fax: (718) 636-9303

100-05 Roosevelt Ave. Suite 101, Corona, NY 11368  
Tel: (718) 416-8000/Fax: (718) 898-3632

55 Avenue Ave. Suite LLL, Brooklyn, NY 11238  
Tel: (718) 383-7177/Fax: (718) 383-7177

92-14 165th Street, Jamaica, NY 11433  
Tel: (718) 725-0844/Fax: (718) 725-0840

127 East 107 Street, New York, NY 10019  
Tel: (212) 534-1500/Fax: (212) 460-8334

313-42nd Street, L.L.N., Brooklyn, NY 11223  
Tel: (718) 370-7777/Fax: (718) 682-3833

2307 Westchester Ave, Bronx, NY 10462  
Tel: (718) 597-2900/Fax: (718) 597-2992

65-55 Woodhaven Blvd, 2nd Fl, Rego Park, NY 11374  
Tel: (718) 255-6611/Fax: (718) 255-1384

14 Astor Place, 2nd Fl, White Plains, NY 10601  
Tel: (914) 949-3333/Fax: (914) 949-3333

1963 Grand Concourse, 2nd Fl, Bronx, NY 10453  
Tel: (718) 466-4600/Fax: (718) 466-1100

910 E Gun Hill Rd, Bronx, NY 10469  
Tel: (718) 882-8500/Fax: (718) 882-4600

Date: 5-24-22

### Forms

I, Regina Vazquez, hereby authorize CitiMed Complete Medical Care, P.C. to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. Lien Assignment Agreement
3. Notice to Patients
4. Disclosure of Ownership Interest.
5. NYS Form NF-2
6. Authorization for release of patient information – HIPAA

(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 (NF) LIEN

Patient Name: VAZQUEZ REGINA M / (F) DOA: 3/5/2022  
DOB: 8/4/1971 Age: 50 Height: 5'5 Weight: 218 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: 75 %

Asymptomatic prior to accident: Y / (N) History of prior trauma: Y / (N)

Pain in: Right knee

Other: was urban passenger driver drove off while coming

Pedestrian Bicyclist Motorcyclist Bus pass. Driver Front Pass. X Rear Pass Sat the other  
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: St Barnabas Amb. Car

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA

PSH: None tubal ligation 2004 cholecystectomy 1999

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: 2.5 Weeks/Months/Years Relief: Good (Little) None

Walk: (Y) N blocks Stand: (Y) N 25 mins Sit (Y) N 15 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 ___/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	<b>L SH</b> 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	<b>R KN</b> Pain <u>10</u> /10 Constant <u>Intermittent</u> <u>Stiff</u> Weak Diff rising from chair (Y) N Diff w/ stairs (Y) N Click Pop <u>Buckle Lock</u> Imp w/ Rest Med PT Ice	<b>L KN</b> 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
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<b>R HIP</b> Pain ___/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<b>L HIP</b> Pain ___/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<b>R ANK</b> Pain ___/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	<b>L ANK</b> Pain ___/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
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<b>R WRI</b> Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>L WRI</b> Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>R ELB</b> Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>L ELB</b> Pain ___/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice
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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 80/130 Extension 5/5 X 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

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

MCL tear

##### 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 y  
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

bone bruise  
medial femoral  
condyle =  
medial tibial plateau

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 post op 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           

After medical clearance

medial femoral condyle +  
subchondyloplasty medial tibial  
plateau