

4/29/2022

(00793)-Gomez Louis

Date of Birth - 6/17/1986 Sex - Male Marital Status - Single

Address: 175 Willis ave 10C, The Bronx, NY, 10454

Phone #: (929) 559-6565

Social Security# - 086-74-2653

Employer or Company Name: N/A

Address: N/a

Emergency Name:

Work Phone #:

Date of Accident - 3/21/2022

Time/Place Accident -

Date of Visit -

Condition Related to : Auto Accident

Insurance Company : Nationwide Mutual Insurance Co.

Address: P.O. Box 182055

Columbus, OH, 43218-2055

Phone: 800-421-3535 Fax: OR 3154514660

Claim# -

Claim Address - P.O. Box 26005

Daphne AL 36526

NF-2 - Yes Sending Date - 04/06/2022

Policy Effective Date -

Policy# - 6631J159420

Policy holder - Gomez Louis

WCB# -

Carrier case # -

Attorney - Suren Shapiro Law Firm Firm Name -

Attorney Address -

Attorney Phone - Fax -

Contact Person - signed 04/05/22

Other Insurance -

Medicare -



Complete Medical Care
Physician Offices
www.citimedy.com

JFK Bldg 78A, North Broadway Road, Jamaica, NY 11430
Tel: (718) 656-9500/Fax: (718) 656-9503

100-05 Roosevelt Ave. Suite 101, Corona, NY 11368
Tel: (718) 446-0002/Fax: (718) 898-3632

55 Queens Ave. Suite LLB, Brooklyn, NY 11238
Tel: (718) 398-7777/Fax: (718) 399-7777

92-18 165th Street, Jamaica, NY 11433
Tel: (718) 725-0044/Fax: (718) 725-0840

127 East 107 Street, New York, NY 10029
Tel: (212) 534-1500/Fax: (212) 860-8538

313 42nd Street, LLB, Brooklyn, NY 11233
Tel: (718) 370-7777/Fax: (718) 682-3833

2367 Westchester Ave, Bronx, NY 10462
Tel: (718) 597-2900/Fax: (718) 597-2902

65-55 Woodhaven Blvd, 2nd fl, Rego Park, NY 11374
Tel: (718) 255-6612/Fax: (718) 255-1384

14 Mamaroneck Ave, 2nd fl, White Plains, NY 10601
Tel: (914) 949-5335/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) 882-4400

Date: 8/9/22

Forms

I, Louis Gomez, 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)



CITIMED INTAKE SHEET

WC ☒ NF ☐ LIEN

Patient Name: GOMEZ LOUIS

DOA: 03/21/2022

DOB: 06/17/1986

Age: 35

Height: 5'7

Weight: 265

Handed: ☒ R

Chief Complaint: R/SH L/SH ☒ R/KN

L/KN Other:

Type of Injury: MVA Work-Related

Working: ☒ Y / ☐ N

Degree of Disability:

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 Chest tube placement 2015 w/ gunshot wound

Meds: None/Pain meds

PRN

Drug Allerg: ☒ Y / ☐ N

Soc. His: Smoke ☒ Y / ☐ N benzyllocaine Alcohol ☒ Y / ☐ N Social
 PT/Chiro: ☒ Y / ☐ N Duration: 6 Weeks/Months/Years Relief: Good Little None
 Walk: ☒ Y / ☐ N 1.5 blocks Stand: ☒ Y / ☐ N 5 mins Sit ☒ Y / ☐ N NO 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 Reach overhead <input checked="" type="radio"/> Y / <input type="radio"/> N Reach back <input checked="" type="radio"/> Y / <input type="radio"/> N Unable to sleep at night	L SH Pain ___/10 Constant Intermittent Reach overhead <input checked="" type="radio"/> Y / <input type="radio"/> N Reach back <input checked="" type="radio"/> Y / <input type="radio"/> N Unable to sleep at night	R KN Pain <u>10</u> /10 Constant Intermittent Diff rising from chair <input checked="" type="radio"/> Y / <input type="radio"/> N Diff w/ stairs <input checked="" type="radio"/> Y / <input type="radio"/> N Clicking <input checked="" type="radio"/> Buckling <input checked="" type="radio"/> Popping <input checked="" type="radio"/> Intermittent lock.	L KN Pain ___/10 Constant Intermittent Diff rising from chair <input checked="" type="radio"/> Y / <input type="radio"/> N Diff w/ stairs <input checked="" type="radio"/> Y / <input type="radio"/> N Clicking Popping Buckling Intermittent lock.
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R ANK Pain ___/10	L ANK Pain ___/10	R WRI Pain ___/10	L WRI Pain ___/10
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Constant	Intermittent	Constant	Intermittent	Constant	Intermittent	Constant	Intermittent
				Weak/Numb/Tingl		Weak/Numb/Ting	
				Difficult holding objects		Difficult holding objects	

Other: _____

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:

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 8/130 Extension 3/5 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 /ANK: Swelling /Hematoma/ bruise over → Anterior Posterior Lateral malleolus.
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: Swelling/Hematoma/bruise over → Anterior Posterior Lateral malleolus.
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 Neurovascular
intact distally
ROM: Flexion ____/70 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/40
L /WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ____/5 grip strength
Neurovascular intact distally
ROM: Flexion ____/70 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/40

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 M 65.812 Tenosynovitis M75.52 Bursitis M 75.22 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 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
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Plan:

☒ Recommend steroid inj. with pain mgmt. R /SH L /SH R /KN L /KN Patient Accepts

☒ Refuses.

 Brace ordered R /KN L /KN R /ANK L /ANK R /WRI L /WRI

 MRI ordered R /KN L /KN R /ANK L /ANK R /WRI L /WRI

☒ Follow up in postop Weeks / Months / PRN. on 4 weeks

☒ Discussed R /SH L /SH R /KN L /KN

 Proceed w/ Sx Wants to think about it ☒ Proceed with R /KN Sx after rehab

on for 4 weeks if no improvement pt would like
Med Clearance needed prior to Sx. W/C authorization needed prior to Sx to make for Sx

☒ Patient consents to R /KN Sx.

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

After 4 weeks of PT doesn't
work. call f/w with
patient June 9th