

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: Savem Sm. M / F DOA: _____
DOB: _____ Age: _____ Height: _____ Weight: _____ 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: _____ %
Asymptomatic prior to accident: Y / N History of prior trauma: Y / N
Pain in: _____
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

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 ____/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 ____/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: _____

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 Intermit 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 Intermit 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 | 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 |

____ 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 | | |

____ 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** _____

06/06/2022

(08371)-Sayem Sm

Date of Birth - 03/02/1969 Sex - Male Marital Status - Married

Address: 35-25 69th st, woodside, NY, 11377

Phone #: (646) 623-4591

Social Security# - 071-53-9081

Employer or Company Name: LYFT

Address:

Emergency Name: WIFE(JUIW) 646-525-7797

Work Phone #:

Date of Accident - 04/30/2022

Time/Place Accident - EAST 34 STREET LEXINGTON AVENUE

Policy Report - Yes

Date of Visit - 05/09/2022

Condition Related to : Auto Accident

Insurance Company : Black Car Fund

Address:

Phone: Fax:

Claim# - 22000844

Claim Address - 595 STEWART AVE SUITE 600
GRANDEN CITY NY 11530

Policy Adjuster - Lisa Silvestri 212.269.4800 ext. 379

Policy Effective Date -

Policy# - C003285

Policy holder - Sayem SM

WCB# - *G3229822

Carrier case # - 22000844

Attorney - Edmond Hakimian Firm Name - Edmond J. Hakimian Law Offices

Attorney Address - 31-01 90th St Queens, NY 11369

Attorney Phone - 718-362-3180 Fax - 718-362-3181

Contact Person -

Other Insurance -

Medicare -

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: _____

NF Forms

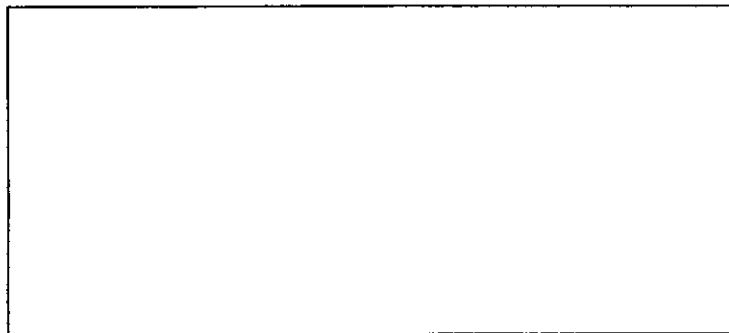
I, _____ hereby authorize **UK Sinha Physician, P.C.**

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)