

6/13/2022

(00326)-Nova Ortega Jhojan Stevens

Date of Birth - 2/9/1985 Sex - Male Marital Status - Single

Address: 87 12 102nd Street, Jamaica, NY, 11418

Phone #: (631) 303-0611

Social Security# -

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 4/12/2022

Time/Place Accident - 102nd Street 88th Avenue Queens

Policy Report - Yes

Date of Visit -

Condition Related to : Auto Accident

Insurance Company : LM General Insurance Company

Address:

Phone: Fax:

Claim# - 049136932

Claim Address - P.O. BOX 5014

Scranton PA 18505

Policy Adjuster - James McCormack

1(800) 225 - 2467 Ext:71063

Policy Effective Date - 7/16/2021

Policy# - AOS- 221-5975-15-401

Policy holder - Ortega Nova, Jhojan Stevens

WCB# -

Carrier case # -

Attorney - Firm Name -

Attorney Address -

Attorney Phone - Fax -

Contact Person -

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

Steven WC (NF) LIEN

631-303-0611

Patient Name: NOVA Ortega Thopain (M) / F DOA: 4/12/22
DOB: _____ Age: _____ Height: 6 Weight: 240 15 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 By car
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: Head R2 Shoulder Scapula (C2-C6)
8/9/22

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: Jamaica Hosp 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 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: Post up By other doctor

R SH Pain <u>2</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>2</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>2</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	L KN Pain <u>2</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
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R HIP Pain <u>2</u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	L HIP Pain <u>2</u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	R ANK Pain <u>2</u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	L ANK Pain <u>2</u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
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R WRI Pain <u>2</u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L WRI Pain <u>2</u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	R ELB Pain <u>2</u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L ELB Pain <u>2</u> /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 ____/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 120/130 Extension full/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:

Postop By another doctor

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	<u>M23.92 Internal derangement</u>
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	<u>S83.512A ACL sprain</u>
S43.431A Labral tear	S43.432A Labral tear	S83.411 MCL sprain	<u>S83.412A MCL sprain</u>
S43.431A SLAP tear	S43.432A SLAP tear	M94.261 Chondromalacia	<u>M94.262 Chondromalacia</u>
M75.41 Impingement	M75.42 Impingement	S83.31XA Tear artic. cartilage	S83.32XA Tear artic. cartilage
M65.811 Tenosynovitis	M65.812 Tenosynovitis	M22.2X1 PF chondral injury	<u>M22.2X2 PF chondral injury</u>
M75.51 Bursitis	M75.52 Bursitis	M25.461 Joint effusion	<u>M25.462 Joint effusion</u>
M75.21 Bicipital tendinitis	M75.22 Bicipital Tendinitis	M12.569 Trauma. arthropathy	<u>M12.569 Trauma. arthropathy y</u>
M25.511 Pain	M25.512 Pain	S80.911A Injury	<u>S80.912A Injury</u>
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	<u>M65.162 Synovitis</u>
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	<u>M24.10 Chondral lesion</u>
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	<u>M24.662 Adhesions</u>
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
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 4 Weeks / Months / PRN. (Will Come to New Office)

___ 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 ___

If not better, then will scope the left knee

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: 6/13/22

NF Forms


I, JOHAN NOVA 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
Ph: 718-480-1130 Fax: 718-480-1132
usinhaorthopedics@gmail.com

U.K. Sinha, MD, MS (Ortho), FAAOS

Board Certified Orthopedic Surgeon

ORTHOPEDIC SURGICAL BOOKING SHEET

PATIENT NAME:

DOS:

DOB:

TELEPHONE:

<input type="checkbox"/> Lt. Knee	<input type="checkbox"/> Rt. Knee	<input type="checkbox"/> Lt Shoulder	<input type="checkbox"/> Rt Shoulder
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	SURGERY CENTER
<input type="checkbox"/> MEDICAL CLEARANCE	<input type="checkbox"/> CitiMed Surgery Center 92-18 165 th St., Jamaica, NY 11433
<input type="checkbox"/> COVID 19	<input type="checkbox"/> Surgicare Of Brooklyn 300 42 nd Ct., Brooklyn, NY 11232
	<input type="checkbox"/> All City Family Healthcare Center 3632 Nostrand Ave., Brooklyn, NY 11229

Please be advised patients are not to eat or drink after midnight the night prior to surgery.

For any questions or concerns, please feel free to call surgical coordinator at
718-480-1130