

6/6/2022

**(08341)-Del Pilar Michelle**

Date of Birth - 9/1/2006    Sex - Female    Marital Status - Single

Address: 108-17 37th ave, Corona, NY, 11368  
Phone #: (347) 876-9655

Social Security# -

Employer or Company Name:

Address:

Emergency Name: Leticia Espinozo (mom) 347-876-9655  
Work Phone #:

Date of Accident - 2/27/2022  
Time/Place Accident - 37 AVENUE 108ST  
Policy Report - Yes  
Date of Visit - 3/1/2022  
Condition Related to : Auto Accident

Insurance Company : Progressive  
Address:

Phone: 800-627-4581    Fax: 877-213-7258

eeu  
247-

347-813-  
3108

Claim# - 22-6122125  
Claim Address - P.O. BOX 2930  
CLINTON, IA 52733-2930  
NF-2 - Yes    Sending Date - 03/22/2022  
Policy Adjuster - MARC SLOWOWITZ

631-319-4488

Policy Effective Date -  
Policy# - 940695630  
Policy holder - Tapia Melendez  
WCB# -  
Carrier case # -

Attorney - Harley S Fastman    Firm Name - Harley S Fastman  
Attorney Address - 2001 MARCUS AVE LAKE SUCCESS, NY 11042 SUITE 905  
Attorney Phone - 516-437-7300    Fax - 516-706-7774  
Contact Person -

Other Insurance -  
Medicare -

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PROPERTY OF NYC. DEPT  
OF EDUCATION  
**Long Island City  
High School**



**Michelle Del Pilar**

DOB: 09/01/2006 Student ID: 228528337



19730245093049

Issue Date: 11/06/2020

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 11418

## INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: Del Pilar Michelle M / 4 DOA: 2-27-22  
DOB: Sept 19 2006 Age: 15 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 Side 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: Elmhurst Hospital 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 days 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:

<u>RSH</u> Pain <u>6</u> /10 Constant <u>Intermittent</u> Stiff Weak Pop Click Reach overhead <u>Y</u> / N Reach back <u>X</u> / N Unable to sleep at night Imp w/ Rest Med PT Ice	<u>LSH</u> Pain <u>6</u> /10 Constant <u>Intermittent</u> Stiff Weak Pop Click <u>✓</u> Reach overhead <u>Y</u> / N Reach back <u>X</u> / N Unable to sleep at night Imp w/ Rest Med PT Ice	<u>RKN</u> Pain <u>6</u> /10 Constant <u>Intermittent</u> Stiff Weak Diff rising from chair Y / N Diff w/ stairs Y / N Click Pop Buckl Lock Imp w/ Rest Med PT Ice	<u>LKN</u> Pain <u>6</u> /10 Constant <u>Intermittent</u> Stiff <u>Weak</u> Diff rising from chair Y / N Diff w/ stairs <u>Y</u> / N Click Pop Buckl <u>Lock</u> Imp w/ Rest Med PT Ice
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<u>RHIP</u> Pain <u>6</u> /10 Constant Intermitt Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<u>LHIP</u> Pain <u>6</u> /10 Constant Intermitt Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<u>RANK</u> Pain <u>6</u> /10 Constant Intermitt Pain w/ stand walk climb Imp w/ Rest Med PT Ice	<u>LANK</u> Pain <u>5</u> /10 Constant Intermitt Pain w/ stand walk climb Imp w/ Rest Med PT Ice
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<u>RWRI</u> Pain <u>6</u> /10 Constant Intermitt Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<u>LWRI</u> Pain <u>6</u> /10 Constant Intermitt Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<u>RELb</u> Pain <u>6</u> /10 Constant Intermitt Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<u>LELB</u> Pain <u>6</u> /10 Constant Intermitt 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. 170/180 Add. 40/45 For Flex. 170/180 Ext. 50/60 IR 70/90 ER 80/90

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 0/5 \_\_\_\_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

##### 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  
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

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 \_\_\_\_\_ 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** \_\_\_\_\_

# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 11418  
Ph: 718-480-1130 Fax: 718-480-1132  
usinhaorthopedics@gmail.com

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Date: 6/8/22

## NF Forms

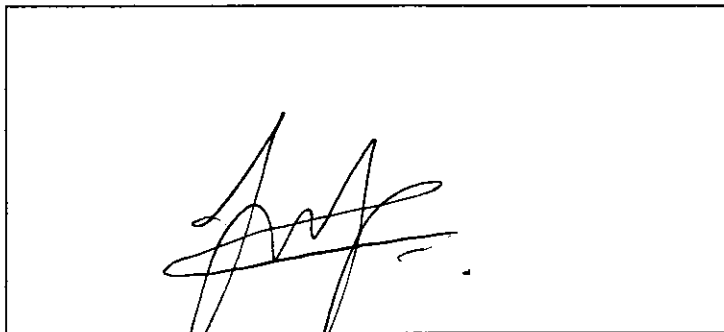
I, Michelle Del Pilar hereby authorize **UK Sinha Physician, P.C.**

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)

A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be 'MD' followed by a flourish.

(Please sign within the box with black ink)