

Active 06/15/2022(220239312) – Patient First Name: Peter Last Name: Steele

Date of Birth: 07/20/1960 Sex: M Marital Status:

Address: 3472 Fish Ave #1B Bronx, NY 10469

Phone #: 646-721-7842 Cell #:

Social Security #: 123-76-5710

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident: 05/03/2022

Time/Place Accident:

Police Report:

Date of Visit: 05/10/2022

Condition Related to:

Case Type: No-Fault

Insurance Company: Esurance Ins. Co.

Address: PO BOX 2869, CLINTON, IA 52733

Phone: (800) 786-1707

Fax: 18586535796

Claim #: 220239312

WCB :

Policy Adjuster:

Policy Effective Date:

Policy #:

Policy Holder: Peter Steele

Carrier Case #:

Attorney Firm Name: RAYSTIN LAW FIRM P.C

Address: 555 MADISON AVENUE APT 5TH FLOOR

Phone: 718-355-9797

Fax: 718-223-5953

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: 6 15 22

NF Forms

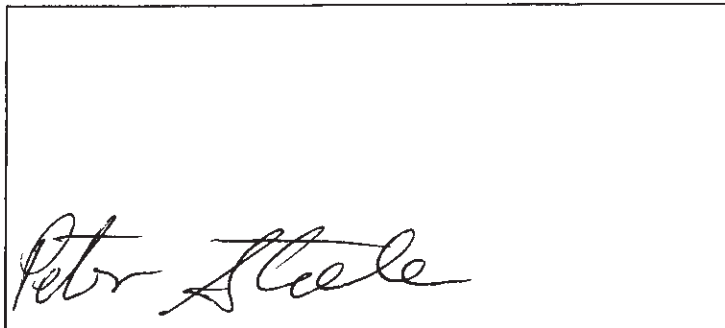
Peter Steele hereby authorize UK Sinha Physician, P.C.

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 N0.: 960)

WC Forms

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form N0.: 960)



(Please sign within the box with black ink)

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC **(NF)** LIEN

Patient Name: STEEVER PETER **(M)** **F** DOA: 05/03/2022
 DOB: 07/20/1960 Age: 61 Height: 6'0 Weight: 212 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** 20 years ago MVA
 Pain in: _____
 Other: _____

20 years ago MVA
 Pedestrian Bicyclist Motorcyclist Bus pass. **X** 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 Prostate - Removal
 PSH: None Benign Brain tumor excision 2012 ASA 1
 Meds: None / Pain meds PRN Mefenbrofen 1000mg TRULICITY unable to recall the rest
 Drug Allergy: **Y** / **(N)**
 Soc. His: Smoke **Y** / **(N)** ppd Alcohol **Y** / **(N)** Recreational Drugs **Y** / **(N)**
 PT/Chiro: **(Y)** / **N** Duration: 1 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 <u>8</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 (Med) PT Ice	L SH Pain <u>8</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 (Med) PT Ice	R KN Pain <u>7</u> /10 Constant Intermittent Stiff Weak Diff rising from chair (Y) / N Diff w/ stairs (Y) / N Click Pop (Back) Lock Imp w/ Rest Med PT Ice	L KN Pain <u>9</u> /10 Constant Intermittent Stiff Weak Diff rising from chair (Y) / N Diff w/ stairs (Y) / N Click Pop (Back) 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 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 ScapulaHeat Erythema Crepitus DeformityDrop Arm Cross-Over Empty Can Yergason Deltoid AtrophyO'Brien's Impingement Lift off test HawkinsROM: Abd. 115/180 Add. 10/45 For Flex. 10/180 Ext. 30/60 IR 30/90 ER 65/90IR: sacrum mid back X no motor or sensory deficit**L /SH:** Swelling / Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid ScapulaHeat Erythema Crepitus DeformityDrop Arm Cross-Over Empty Can Yergason Deltoid AtrophyO'Brien's Impingement Lift off test HawkinsROM: Abd. 10/180 Add. 10/45 For Flex. 115/180 Ext. 30/60 IR 35/90 ER 65/90IR: sacrum mid back X no motor or sensory deficit**R /KN:** Swelling / Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossaHeat Swelling Erythema Crepitus DeformityMcMurray Lachman's Pat. fem. grind Ant. draw Post. drawROM: Flexion 80/130 Extension 3/5 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. fossaHeat Swelling Erythema Crepitus DeformityMcMurray Lachman's Pat. fem. grind Ant. draw Post. drawROM: Flexion 80/130 Extension 3/5 Stable varus/valgus X 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	M65.812 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	M75.22 Bicipital Tendinitis	M12.569 Trauma. arthropathy	M12.569 Trauma. arthropathy y
M25.511 Pain	M25.512 Pain	S88.911A Injury	S88.912A 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

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 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 ___

Thursday July 7th 20