

6/13/2022

**(00315)-Barrientos Nicolas**

Date of Birth - 12/6/1941    Sex - Male    Marital Status - Single

Address: 106-24 159th St, Jamaica , NY, 11433

Phone #: (347) 299-2587

Social Security# - 097-46-3663

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 2/25/2022

Time/Place Accident - 101st Ozone Park

Policy Report - Yes

Date of Visit -

Condition Related to : Auto Accident

Insurance Company : Esurance Insurance Company

Address:

Phone:    Fax:

Claim# - NYA-0225706

Claim Address - P.O. BOX 335

Addison TX, 75001

NF-2 - Yes    Sending Date - 03/23/2022

Policy Adjuster - Michelle Klein

(813) 676 - 6349

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - Roman Babayan    Firm Name - The Leyvi Law Group, P.C.

Attorney Address - 1022 Avenue P Brooklyn New York 11223

Attorney Phone - (718) 676-0900    Fax - (718) 676-2299

Contact Person -

Other Insurance -

Medicare -

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# UK Sinha Physician, P.C.

102-31 Jamaica Ave.  
Richmond Hill, NY 11418

## INITIAL INTAKE SHEET

WC NF LIEN

347-299-2587

Patient Name: Barrantes, Noelle M / F DOA: 2/25/22  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: 5'6" Weight: 148 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 +  
Type of Injury: MVA Work-Related Left thigh torn  
Asymptomatic prior to accident: Y / N Working: Y / N Degree of Disability: \_\_\_\_\_ %  
Pain in: \_\_\_\_\_ History of prior trauma: Y / N motor vehicle crash 1976  
Other: \_\_\_\_\_

hit by a car on left side  
☒ 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 Y  
PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA \_\_\_\_\_

PSH: None  
Meds: None / Pain meds PRN Motrin 400mg 3 times a day  
Drug Allergy: Y / N

Soc. His: Smoke Y / N ppd Alcohol Y / N Recreational Drugs Y / N  
PT/Chiro: Y / N Duration: 3-4 Weeks / Months / Years Relief: Good U / Little None  
Walk: Y / N 2 blocks Stand: Y / N 1/2 mins Sit Y / N 4-6 mins  
Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead  
Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

### PRESENT COMPLAINTS:

<b>R SH</b> Pain ____/10 Constant Intermittent Stiff Weak Pop Click Reach overhead <u>Y</u> / N Reach back <u>Y</u> / N Unable to sleep at night Imp w/ Rest Med PT Ice	<b>L SH</b> Pain ____/10 Constant Intermittent Stiff Weak Pop Click Reach overhead <u>Y</u> / N Reach back <u>Y</u> / N Unable to sleep at night Imp w/ Rest Med PT Ice	<b>R KN</b> Pain ____/10 Constant Intermittent Stiff Weak Diff rising from chair <u>Y</u> / N Diff w/ stairs <u>Y</u> / N Click Pop Buckl Lock Imp w/ Rest Med PT Ice	<b>L KN</b> Pain ____/10 Constant Intermittent Stiff Weak Diff rising from chair <u>Y</u> / N Diff w/ stairs <u>Y</u> / N Click Pop Buckl Lock Imp w/ Rest Med PT Ice
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<b>R HIP</b> Pain ____/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<b>L HIP</b> Pain <u>8</u> /10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<b>R ANK</b> Pain ____/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	<b>L ANK</b> Pain <u>8</u> /10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
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<b>R WRI</b> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>L WRI</b> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>R ELB</b> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<b>L ELB</b> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice
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Other Complaints: walking & came 2° Pain  
no MRD of left thigh (Requested)  
left thigh MRD - non-specific  
no fracture

**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

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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 15/20 Plantar flex. 40/50 Inversion 10/15 Eversion 10/15

**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



**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, Nicholas Baruch

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)

Nicholas Baruch

(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"/> <b>Lt. Knee</b>	<input type="checkbox"/> <b>Rt. Knee</b>	<input type="checkbox"/> <b>Lt Shoulder</b>	<input type="checkbox"/> <b>Rt Shoulder</b>
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	<b>SURGERY CENTER</b>
<input type="checkbox"/> MEDICAL CLEARANCE	<input type="checkbox"/> CitiMed Surgery Center 92-18 165 <sup>th</sup> St., Jamaica, NY 11433
<input type="checkbox"/> COVID 19	<input type="checkbox"/> Surgicare Of Brooklyn 300 42 <sup>nd</sup> 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**