6/1/2022

(00829)-Dominguez Laurie

Date of Birth - 4/10/1988 Sex - Male Marital Status - Single

Address: 2381 Valentine Ave, The Bronx, NY, 10458

Phone #: (929) 442-8010

Social Security# -

Employer or Company Name:

Address: Emergency Name: Work Phone #:

Date of Accident - 5/7/2022 Time/Place Accident -

Date of Visit -

Condition Related to : Auto Accident

Insurance Company: Liberty Mutual Ins

Address:

Phone: Fax:

Claim# - 049598793

Claim Address - P.O.BOX 5014

Scranton, PA 18505-5014

NF-2 - Yes Sending Date - 05/26/2022

Policy Effective Date -

Policy# - AOS-221-375461-40 0

Policy holder - PAGUAY, ANIBAL

WCB# -

Carrier case # -

Attorney - Adam R Oremland Firm Name - Adam R Oremland Attorney at Law Attorney Address - 2488 Grand Concourse, suite 415-416 Bronx NY 10458 Attorney Phone - 718.367.1700 Fax - 718.367.1701

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: 6/13/22

NF Forms

I, LOUNE DOMINGUEZ 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

INITIAL INTAKE SHEET

	wc n	ÎF) LIEN		
Patient Name:	GUEL LAURI	M / D DOA		
			Handed: R L Hip R/Ank L/Ank	
		Low-back	inh invite a true	
Type of Injury: MVA Work-R	/	77	ty:%	
Asymptomatic prior to accident:		ior trauma: Y N 20		
Pain in:	1 IV mistory or pri	or trauma.	20 11111	
Other:				
			,	
PedestrianBicyclist	MotorcyclistBus pas		SRear Pass	
Vehicle hit: Real	Front Driver-side for		Passenger side front	
Passenger side rear T-Boned Driver side T-Bone Passenger side Airbags deployed: 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		V.		
Drug Allergy: Y / N	_ppd Alcohol Y N Re		10:	
Soc. His: Smoke Y Nppd Alcohol Y N Recreational Drugs Y N PT/Chiro: Y N Duration: Weeks /Months/Years Relief: Good Little None				
Walk: (YDN Schlocks Stand YDN Smins Sit YDN Smins				
Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead				
Laundry Shopping	Errands Kneel S	quat Stairs Jog Exercise		
PRESENT COMPLAINTS:				
RSH Pain (C)/10	<u>L SH</u> Pain/10	<u>R KN</u> Pain/10	<u>LKN</u> Pain/10	
Constant Intermittent	Constant Intermittent	Constant Intermittent	Constant Intermittent	
Stiff Weak Pop Click	Stiff Weak Pop Click	Stiff Weak	Stiff Weak	
Reach overhead Y N	Reach overhead Y / N	Diff rising from chair Y / N		
Reach back PN	Reach back Y / N	Diff w/ stairs Y / N	Diff w/ stairs Y / N	
Unable to sleep at night	Unable to sleep at night	Click Pop Buckl Lock	Click Pop Buckl Lock Imp w/ Rest Med PT Ice	
Imp w/ Rest Med>PT Ice	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	inip w/ nest wed ri ice	
DIUD Doin /10	LHIP Pain/10	<u>R ANK</u> Pain/10	LANK Pain/10	
R HIP Pain/10 Constant Intermit Lock	<u>L HIP</u> Pain/10 Constant Intermit Lock	RANK Pain/10 Constant Intermittent	Constant Intermittent	
Pain w/ stand walk climb	Pain w/ stand walk climb	Pain w/ stand walk climb	Pain w/ stand walk climb	
Standing from sitting	Standing from sitting	Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice	
Imp w/ Rest Med PT Ice	Imp w/ Rest Med PT Ice		•	
<u>R WRI</u> Pain/10	L WRI Pain/10	<u>R ELB</u> Pain/10	<u>L ELB</u> Pain/10	
Constant Intermittent	Constant Intermittent	Constant Intermittent	Constant Intermittent	
Weak Numb Tingle	Weak Numb Tingle	Weak Numb Tingle	Weak Numb Tingle	
Pain w/ lift carry drive	B : (196) 1.5	أحينت المسمم المؤالين المارا	Pain w/ lift carry drive	
Imp w/ Rest Med PT Ice	Pain w/ lift carry drive Imp w/ Rest Med PT Ice	Pain w/ lift carry drive Imp w/ Rest Med PT Ice	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 Impoves w/ Rest Med PT Ice LSPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L Pain w/ stand walk sit bend Impoves w/ Rest Med PT Ice

ROM: Flex. ____/45 Ext. ____/45 R Lat Flex. ____/45 L Lat Ext. ____/45 Rot ____/60 ROM: Flex.____/80 Ext. ____/25 R Lat Flex. ____/35 L Lat Ext. ____/45 Sac Hip Flex ____/45 R/SH: Swelling Frender to palp → Supraspinatus Acjoint Trap. Prox biceps Coracoid Deltoid Scapula Crepitus Deformity Heat Erythema Drop Arm Cross-Over Empty Can Yergason
O'Brien's Impungement Lift off test Hawkins Yergason Deltoid Atrophy L/SH: Swelling/Tender to palp -> Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula Erythema Crepitus Deformity Heat 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 ____no motor or sensory deficit IR: sacrum mid back 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 Swelling Erythema Crepitus Deformity Heat 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			
<u>R/ELB:</u> Swell Erythema Bruise Deltoid atrophy/5 musc stren Tender \rightarrow Med Epi Lat Epi Ole Pro Varus +ve -ve Valgus +ve -ve Tinel +ve -ve ROM: Flexion/150 Extension/150 Supin/90 Pron/90			
<u>L/ELB</u> : 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: Dight Chaulder Left Knee			

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 S43.43TA Labral tear S43.431A SLAP tear M75.4 Fimpingement M65.811 Tenosynovitis M75.51 Bursitis M75.21 Bicipital tendinitis M25.511 Pain-S49.91XA Injury \$46.101A 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 M 65.812 Tenosynovitis M75.52 Bursitis M 75.22 Bicipital Tendinitis M25.512 Pain S49.92XA Injury \$46,102A 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 \$80.911A 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

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 y 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

THURSDAY JULY 7-TO