

6/6/2022

(08363)-Ruiz Jose

Date of Birth - 9/29/1960 Sex - Male Marital Status - Married

✓

Address: 6745 179 st, Queens, NY, 11365

Phone #: (347) 488-0759

Social Security# -

Employer or Company Name:

Address:

Emergency Name: WIFE GLADYES 646-657-5019

Work Phone #:

Date of Accident - 4/1/2022

Time/Place Accident - HORACE HARDING EXPRESSWAY

Policy Report - Yes

Date of Visit - 4/7/2022

Condition Related to : Auto Accident

Can Phone
347-488-0759

Insurance Company : GEICO

Address: PO Box 9507

Fredericksburg, VA, 22403

Phone: Fax: 518-560-3913

Claim# - 0642836180000001

Claim Address - GEICO NY PIP

PO Box 9507

Fredericksburg, VA 22403-9526

NF-2 - Yes Sending Date - 04/26/2022

Policy Adjuster - Lucia Hernandez

Policy Effective Date -

Policy# - 4564746586

Policy holder - Ruiz Jose

WCB# -

Carrier case # -

Attorney - Meredith A. Yevin Firm Name - KURPINK LAW GROUP

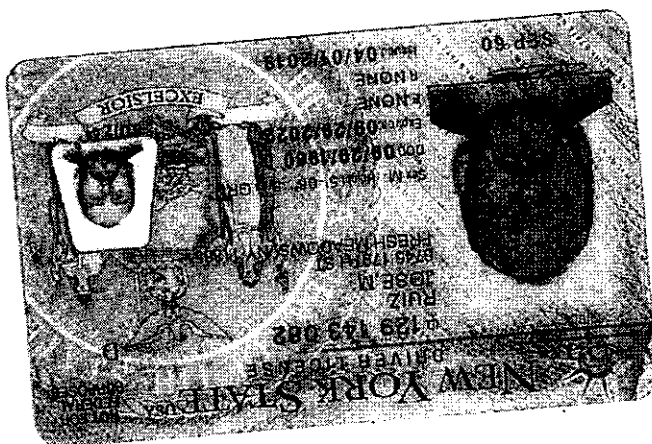
Attorney Address - 108-18 Queens Blvd. Forest Hills, NY 11375

Attorney Phone - 718-532-4400 Fax - Contact Person - ANAHI@KLGTEAM.COM

Other Insurance -

Medicare -

4-7-22



UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

WC NF LIEN

Patient Name: F. Sc Ruiz M / F DOA: April 1st 2022
DOB: 9-28-1966 Age: 61y 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 Working: Y / N Degree of Disability: 100%
Asymptomatic prior to accident: Y / N History of prior trauma: Y / N 100% work full time (maintainer)
Pain in: _____
Other: _____

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 Boned Driver side Bone Passenger side

Airbags deployed: Y / N EMS Arrived: Y / N Police at Scene: Y / N

Went to Hospital: Y / N Hospital name: North Shore, Queens 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: _____ Weeks/Months/Years Relief: Good Little None

Walk: Y / N 3 blocks Stand: Y / N 2h mins Sit Y / N 1h mins

Unable to: Garden Play sports Drive Lift Childcare Carry Beach overhead

Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

PRESENT COMPLAINTS:

R SH Pain <u>5-6</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>7</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>4</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 ____ /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 ____ /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 <u>6</u> /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
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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
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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. 115/180 Add. 40/45 For Flex. 120/180 Ext. 45/60 IR 70/90 ER 70/90

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. 120/180 Add. 45/45 For Flex. 130/180 Ext. 55/60 IR 75/90 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 120/130 Extension full/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 15/20 Plantar flex. 40/50 Inversion 10/15 Eversion 10/15

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 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

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: 6/8/22

NF Forms

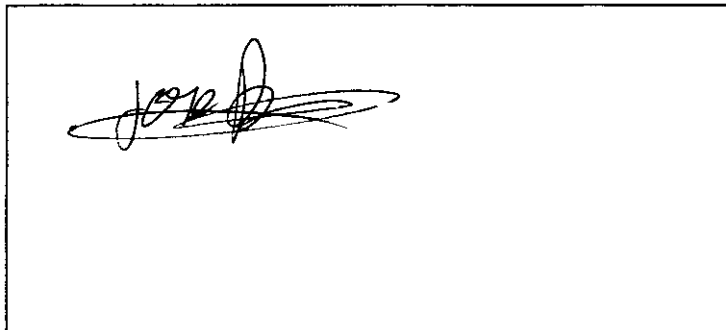
I, Jose Miguel Ruiz hereby authorize **UK Sinha Physician, P.C.**

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)