

5/24/2022

(00471)-Ellison Shannon

Date of Birth - 12/7/1986 Sex - Female Marital Status - Single

Address: 950 Evergreen Avenue #3J, Bronx, NY, 10473
Phone #: (347) 872-0237

Social Security# - 085-72-0223

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 10/2/2021

Time/Place Accident -

Policy Report - Yes

Date of Visit - 10/2/2021

Condition Related to : Auto Accident

Insurance Company : GEICO Indemnity Co.

Address: Geico NY PIP P.O. Box 9507

Fredericksburg, VA, 22403

Phone: (516) 496-5214 Fax: (856) 294-5154

Claim# - 0670971290000004

NF-2 - Yes Sending Date - 10/25/2021

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

Attorney - RICHARD E. NOLL Firm Name - THE NOLL LAW FIRM, P.C.

Attorney Address - 33 Queens Street, Ste 102 Syosset, NY. 11791

Attorney Phone - 516-307-1199 Fax - 516-741-9155

Contact Person -

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

Tel:

usinhaorthopedics@gmail.com

Fax:

Date: 5-24-2022

NF Forms


I, Shannon Ellison 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 113418

INITIAL INTAKE SHEET

Patient Name: ALLISON SHANNON M / F DOA: 10/2/2021
DOB: 12/7/1986 Age: 35 Height: 5'6 Weight: 185
Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip
Type of Injury: MVA Work-Related
Asymptomatic prior to accident: Y / N Working: Y N Degree of Disability: 25 %
Pain in: _____ History of prior trauma: Y / N
Other: _____

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: Westchester Square Amb. Car

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA
PSH: None AKPIA tumor surgery B/L 2015 Csection 2014 2008

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: 7 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 9 /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 7 /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 /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

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 Scapula
 Heat Erythema Crepitus Deformity
 Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy
 O'Brien's Impingement Lift off test Hawkins
 ROM: Abd. 60/180 Add. 30/45 For Flex. 125/180 Ext. 60/60 IR 60/90 ER 55/90
 IR: sacrum mid back — X 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. 45/180 Add. 35/45 For Flex. 140/180 Ext. 45/60 IR 65/90 ER 60/90
 IR: 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. 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 ____/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

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 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 R/Sx Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on ALL to schedule