

5/31/2022

**(02427)-RADMI ZMIRA**

Date of Birth - 10/10/1947    Sex - Female    Marital Status - Single

Address: 548 MONROE ST,CEDARHURST,NY,11516

Phone #: (516) 477-3645

Social Security# - 076-62-7978

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 4/28/2022

Time/Place Accident -

Date of Visit -

Insurance Company :

Address: 225 BROADWAY SUITE 1015, NEW YORK, N.Y. 10007

Phone: (212) 571-7111    Fax:

Claim# -

Policy Effective Date -

Policy# -

Policy holder -

WCB# -

Carrier case # -

From Attorney - SHIMUNOV LAW FIRM PLLC    Firm Name - SHIMUNOV LAW FIRM PLLC

Attorney Address - 70 EAST SUNRISE HIGHWAY (SUITE 500)

VALLEY STREAM, NY 11581

Attorney Phone - (516) 858-1180    Fax - (516) 717-3022

Contact Person -

Other Insurance -

Medicare -

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**UK Sinha Physician, P.C.**

102-31 Jamaica Ave.  
Richmond Hill, NY 11418

**Tel:**

usinhaorthopedics@gmail.com

**Fax:**

Date: 5/3/2022

**NF Forms**

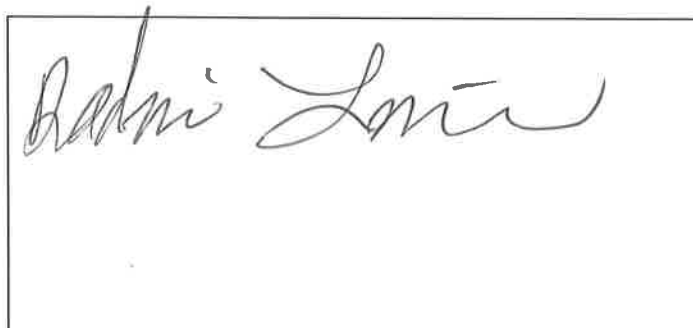
Amir RADM hereby authorize **UK Sinha Physician, P.C.**

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 NF LIEN

Patient Name: Z MIRA RADMI M / F DOA: 04/28/2022  
DOB: 10/10/1947 Age: 74 Height: 5'6" Weight: 140 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 LIEN Working: Y / N Degree of Disability: 50 %

Asymptomatic prior to accident: Y N History of prior trauma: Y / N

Pain in:

Other: Walking on sidewalk & fell chip on sidewalk

\_\_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: LIEN HOSPITAL COMMUNITY HOSPITAL

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA

PSH: None

Meds: None / Pain meds PRN Synthroid 50mg

Drug Allergy: Y / N Penicillin

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:

|   |   |   |  |
|---|---|---|--|
| <b>R SH</b> Pain <u>10</u> /10<br>Constant Intermittent<br><u>Stiff Weak Pop Click</u><br>Reach overhead Y / N<br>Reach back <u>Y</u> / N<br>Unable to sleep at night<br>Imp w/ Rest Med PT Ice | <b>L SH</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Stiff Weak Pop Click<br>Reach overhead Y / N<br>Reach back Y / N<br>Unable to sleep at night<br>Imp w/ Rest Med PT Ice | <b>R KN</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Stiff Weak<br>Diff rising from chair Y / N<br>Diff w/ stairs Y / N<br>Click Pop Buckl Lock<br>Imp w/ Rest Med PT Ice | <b>L KN</b> Pain <u>9</u> /10<br>Constant Intermittent<br><u>Stiff Weak</u><br>Diff rising from chair <u>Y</u> / N<br>Diff w/ stairs <u>Y</u> / N<br><u>Click Pop Buckl Lock</u><br>Imp w/ Rest Med PT Ice |
|---|---|---|--|

|  |  |  |  |
|--|--|--|--|
| <b>R HIP</b> Pain <u>10</u> /10<br>Constant Intermittent Lock<br>Pain w/ stand walk climb<br>Standing from sitting<br>Imp w/ Rest Med PT Ice | <b>L HIP</b> Pain <u>10</u> /10<br>Constant Intermittent Lock<br>Pain w/ stand walk climb<br>Standing from sitting<br>Imp w/ Rest Med PT Ice | <b>R ANK</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Pain w/ stand walk climb<br>Imp w/ Rest Med PT Ice | <b>L ANK</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Pain w/ stand walk climb<br>Imp w/ Rest Med PT Ice |
|--|--|--|--|

|  |  |  |  |
|--|--|--|--|
| <b>R WRI</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice | <b>L WRI</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice | <b>R ELB</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>Imp w/ Rest Med PT Ice | <b>L ELB</b> Pain <u>10</u> /10<br>Constant Intermittent<br>Weak Numb Tingle<br>Pain w/ lift carry drive<br>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. \_\_\_\_/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

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. 30/180 Add. 30/45 For Flex. 20/180 Ext. 35/60 IR 50/90 ER 45/90IR: sacrum mid back A 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 45/130 Extension 3/5 X 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                              |
|---|--------------------------------|--------------------------------|--|
| <del>S46.011A Partial rot cuff tear</del> | S46.012A Partial rot cuff tear | S83.241A Med. Men. tear        | <del>S83.242A Med. Men. tear</del>     |
| M75.121 Complete rot cuff tear            | M75.122 Complete rot cuff tear | S83.281A Lat. Men. tear        | S83.282A Lat. Men. tear                |
| <del>M24.811 Internal derangement</del>   | M24.812 Internal derangement   | M23.91 Internal derangement    | <del>M23.92 Internal derangement</del> |
| M75.01 Adhesive Capsulitis                | M75.02 Adhesive Capsulitis     | S83.519A ACL tear              | S83.519A ACL tear                      |
| <del>M75.81 Shoulder tendinitis</del>     | M75.82 Shoulder tendinitis     | S83.511A ACL sprain            | S83.512A ACL sprain                    |
| <del>S43.431A Labral tear</del>           | 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             |
| <del>M75.51 Bursitis</del>                | M75.52 Bursitis                | M25.461 Joint effusion         | <del>M25.462 Joint effusion</del>      |
| 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                | <del>S80.912A Injury</del>             |
| <del>S49.91XA Injury</del>                | S49.92XA Injury                | M25.561 Pain                   | <del>M25.562 Pain</del>                |
| 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           |
| <del>M89.311 AC joint hypertrophy</del>   | 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                     |
| <del>M25.411 Joint Effusion</del>         | M25.412 Joint Effusion         | M70.41 Prepatellar bursitis    | M70.42 Prepatellar bursitis            |

|                    |                   |                    |                   |
|--------------------|-------------------|--------------------|-------------------|
| <b>Right Hip</b>   | <b>Left Hip</b>   | <b>Right Ankle</b> | <b>Left Ankle</b> |
| <b>Right Wrist</b> | <b>Left Wrist</b> | <b>Right Elbow</b> | <b>Left Elbow</b> |
| <b>C Spine</b>     | <b>L Spine</b>    |                    |                   |

**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 4 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 \_\_\_\_\_