

**(02063)-Beatty Tajia M**

Date of Birth - 01/03/1988    Sex - Female    Marital Status - Single

Address: 967 Hancock Ave, BridgePort, CT, 06605

Phone #: (203) 953-9096

Social Security# - 045-82-9580

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 02/09/2022

Time/Place Accident - Westchester & Water Pl

Policy Report - Yes

Date of Visit - 02/16/2022

Condition Related to : Auto Accident

Insurance Company : Progressive

Address:

Phone:    Fax:

Claim# - 223110653

Claim Address - 725 BORADWAY ALBANY NY 12207

NF-2 - Yes    Sending Date - 03/02/2022

Policy Adjuster - Ronald Prior

518-560-3014

Policy Effective Date -

Policy# - 9409533373

Policy holder -

WCB# -

Carrier case # -

Attorney - Berkowitz And Hanna    Firm Name - Karina De Leon

Attorney Address -

Attorney Phone -    Fax -

Contact Person - Christina Hanna

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:

5-25-22

Date:

## NF Forms

I, Tanya Beatty 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)

X  


(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: BETTY TAJIA M / ☒ F DOA: 02/09/2022  
DOB: 01/03/1988 Age: 34 Height: 5'4 Weight: 165 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 Working: ☒ Y / ☐ N Degree of Disability: 25 %  
Asymptomatic prior to accident: ☒ Y / ☐ N History of prior trauma: Y / ☒ N  
Pain in: Right shoulder  
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 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: BRIGHTPORT 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: 3 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>8</u> /10 Constant <input checked="" type="radio"/> Intermittent <input type="radio"/> <input checked="" type="radio"/> Stiff Weak Pop Click Reach overhead <input checked="" type="radio"/> Y / <input type="radio"/> N Reach back <input checked="" type="radio"/> Y / <input type="radio"/> N Unable to sleep at night <u>Imp w/ Rest Med PT Ice</u>	<b>L SH</b> Pain ____/10 Constant Intermittent Stiff Weak Pop Click Reach overhead Y / <input type="radio"/> N Reach back Y / <input type="radio"/> 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 Y / <input type="radio"/> N Diff w/ stairs Y / <input type="radio"/> 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 Y / <input type="radio"/> N Diff w/ stairs Y / <input type="radio"/> 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 ____/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 ____/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: \_\_\_\_\_

**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. 135/180 Add. 30/45 For Flex. 80/180 Ext. 30/60 IR 60/90 ER 50/90

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. \_\_\_\_/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 \_\_\_\_/20 Plantar flex. \_\_\_\_/50 Inversion \_\_\_\_/15 Eversion \_\_\_\_/15

**R/WRI:** Pain to palp. → Ulnar styl. Distal rad. Scaphoid \_\_\_\_/5 grip strength Swell Erythema Bruise  
Tinell +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  
Tinell +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 Tinell +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 Tinell +ve -ve

ROM: Flexion \_\_\_\_/150 Extension \_\_\_\_/150 Supin. \_\_\_\_/90 Pron. \_\_\_\_/90

#### Dx:

Right Shoulder	Left Shoulder	Right Knee	Left Knee
<u>S46.011A Partial rot cuff tear</u>	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
<u>M24.811 Internal derangement</u>	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
<u>M75.41 Impingement</u>	M75.42 Impingement	S83.31XA Tear artic. cartilage	S83.32XA Tear artic. cartilage
<u>M65.811 Tenosynovitis</u>	M 65.812 Tenosynovitis	M22.2X1 PF chondral injury	M22.2X2 PF chondral injury
<u>M75.51 Bursitis</u>	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
<u>M25.511 Pain</u>	M25.512 Pain	S80.911A Injury	S80.912A Injury
<u>S49.91XA Injury</u>	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
<u>M25.411 Joint Effusion</u>	M25.412 Joint Effusion	M70.41 Prepatellar bursitis	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 POSTOP 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/SH Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on \_\_\_\_\_

call to schedule