

5/9/2022

(00189)-Lewis Dakur

Date of Birth - 10/9/1998 Sex - Male Marital Status - Single

Address: 107 Grandview Avenue, Mt. Vernon, NY, 10553
Phone #: (914) 619-6135

Social Security# - 076-88-0059

Employer or Company Name:

Address:
Emergency Name:
Work Phone #:

Date of Accident - 10/31/2019
Time/Place Accident - North Bleeker Street Westchester Mount Vernon
Policy Report - Yes
Date of Visit - 11/4/2019
Condition Related to : Auto Accident

Insurance Company : Sedgwich Claims Insurance
Address:

Phone: Fax:

Claim# - WCB G3669755
NF-2 - Yes Sending Date - 11/19/2019
Policy Adjuster - CARRIER ID W212500

CASE # 7019299

Policy Effective Date -
Policy# -
Policy holder - ELRAC, LLC
WCB# -
Carrier case # -

Attorney - Mitchell Klafter Firm Name - Law Offices Mitchell Klafter, P.C.
Attorney Address - 22-15 31st Street 2nd Floor, Astoria, NY. 11105
Attorney Phone - 718-721-5740 Fax - 718-721-9645
Contact Person -

Other Insurance -
Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

Tel:

usinhaorthopedics@gmail.com

Fax:

Date: 5-24-22

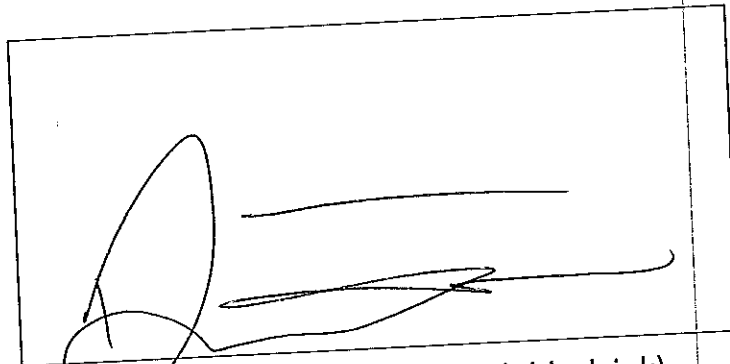
NF Forms

I, Dahir Lewis 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

WC NF LIEN

Patient Name: DAKUR LEWIS

DOB: 10/09/1998 Age: 23

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

Asymptomatic prior to accident: Y N

Pain in: W/SH L/WRIST

Other:

Height: 6'0 Weight: 180
Working: Y N Degree of Disability: 75 %
History of prior trauma: Y N MVA 2015

DOA: 10/31/2019
Handed: R L
L/Hip R/Ank L/Ank

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-Bone Driver side T-Bone Passenger side

Airbags deployed: Y N

Went to Hospital: Y N Hospital name: MONTAIGNE MT VERNON LHW/AM/GR

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA

PSH: None

Meds: None/Pain meds PRN

Drug Allergy: Y N Recreational Drugs Y N

Soc. His: Smoke Y N ppd Alcohol Y N Relief: Good Y N Little Y N None

PT/Chiro: Y N Duration: 2.5 Weeks/Months/Years Sit Y N 10 mins

Walk: Y N 1 blocks Stand: Y N 20 mins Childcare Y N Carry Y N Reach overhead

Unable to: Garden Play sports Drive Lift Childcare Stairs Jog Exercise
Laundry Shopping Errands Kneel Squat

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 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

R KN Pain 9/10
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 9/10
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 9/10
Constant Intermittent Lock
Pain w/ stand walk climb
Standing from sitting
Imp w/ Rest Med PT Ice

L HIP Pain 9/10
Constant Intermittent Lock
Pain w/ stand walk climb
Standing from sitting
Imp w/ Rest Med PT Ice

R ANK Pain 9/10
Constant Intermittent
Pain w/ stand walk climb
Imp w/ Rest Med PT Ice

L ANK Pain 9/10
Constant Intermittent
Pain w/ stand walk climb
Imp w/ Rest Med PT Ice

R WRI Pain 9/10
Constant Intermittent
Weak Numb Tingle
Pain w/ lift carry drive
Imp w/ Rest Med PT Ice

L WRI Pain 9/10
Constant Intermittent
Weak Numb Tingle
Pain w/ lift carry drive
Imp w/ Rest Med PT Ice

R ELB Pain 9/10
Constant Intermittent
Weak Numb Tingle
Pain w/ lift carry drive
Imp w/ Rest Med PT Ice

L ELB Pain 9/10
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. ___/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. 120/180 Add. 30/45 For Flex. 125/180 Ext. 40/60 IR 55/90 ER 50/90
 IR: 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 ___/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.

Right Hip	Left Hip	Right Ankle	Left Ankle
Right Wrist	Left Wrist <i>post-trauma w/ wrist discl ganglion cyst</i>	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 USH Sx.

☒ Patient scheduled for R/SH L/SH R/KN L/KN Surgery on _____

After auth