

Active 06/15/2022(7004008417-9-1) – Patient First Name: Eva Last Name: Santos

Date of Birth: 10/14/1973 Sex: F Marital Status:

Address: 2533 Aqueduct ave bronx, NY 10468

Phone #: 347-595-9540 Cell #:

Social Security #: 127-78-1103

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident: 01/17/2022

Time/Place Accident:

Police Report:

Date of Visit: 02/17/2022

Condition Related to:

Case Type:

Insurance Company: Farmers Insurance Company

Address: PO BOX 268995, OKLAHOMA CITY, OK 73126

Phone: 718 999 9999

Fax: 18772171389

Claim #: 7004008417-9-1

WCB :

Policy Adjuster:

Policy Effective Date:

Policy #:

Policy Holder: Eva Santos

Carrier Case #:

Attorney Firm Name: Castillo firm llc

Address: 108-25 Merrick Blvd ,suite 2R

Phone: 917810-5545

Fax: 917993-7749

Contact Person:

Other Insurance:

Medicare:

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: 6-15-22

NF Forms

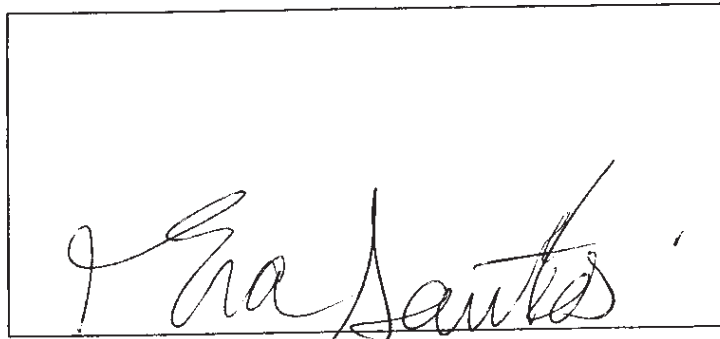
I, Eva Santos hereby authorize UK Sinha Physician, P.C.

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: EVA SANTOS M / F DOA: 1/17/22
DOB: 10-14-1973 Age: 48 Height: 5'5 Weight: 160 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: 75 %
Asymptomatic prior to accident: Y / N History of prior trauma: Y / N my work
Pain in: R knee
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: _____ Amb. Car
PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA
PSH: None section 99
Meds: None / Pain meds PRN

Drug Allergy: Y / N
Soc. His: Smoke Y / N ppd Alcohol Y / N Socially Recreational Drugs Y / N
PT/Chiro: Y / N Duration: _____ 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 ____/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 ____/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>8</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 <u>8</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
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 <u>8</u> /10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice <u>Y</u>

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. ___/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 120°/130 Extension -5/5 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 110°/130 Extension -10/5 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 4/5 musc stren Tender → Med Epi Lat Epi Ole Pro
Varus +ve -ve Valgus +ve -ve Tinel +ve ~~ve~~

ROM: Flexion 140/150 Extension 15/150 Supin. 90/90 Pron. 90/90

Dx:

Right Shoulder	Left Shoulder	Right Knee	Left Knee
S46.011A Partial rot cuff tear	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
M24.811 Internal derangement	M24.812 Internal derangement	M23.91 <u>Internal derangement</u>	M23.92 <u>Internal derangement</u>
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 <u>ACL sprain</u>	S83.512A <u>ACL sprain</u>
S43.431A Labral tear	S43.432A Labral tear	S83.411 <u>MCL sprain</u>	S83.412A <u>MCL sprain</u>
S43.431A SLAP tear	S43.432A SLAP tear	M94.261 <u>Chondromalacia</u>	M94.262 <u>Chondromalacia</u>
M75.41 Impingement	M75.42 Impingement	S83.31XA <u>Tear artic. cartilage</u>	S83.32XA <u>Tear artic. cartilage</u>
M65.811 Tenosynovitis	M 65.812 Tenosynovitis	M22.2X1 <u>PF chondral injury</u>	M22.2X2 <u>PF chondral injury</u>
M75.51 Bursitis	M75.52 Bursitis	M25.461 <u>Joint effusion</u>	M25.462 <u>Joint effusion</u>
M75.21 Bicipital tendinitis	M 75.22 Bicipital Tendinitis	M12.569 <u>Trauma. arthropathy</u>	M12.569 <u>Trauma. arthropathy y</u>
M25.511 Pain	M25.512 Pain	S80.911A <u>Injury</u>	S80.912A <u>Injury</u>
S49.91XA Injury	S49.92XA Injury	M25.561 <u>Pain</u>	M25.562 <u>Pain</u>
S46.101A Biceps tendon tear	S46.102A Biceps tendon tear	M65.161 <u>Synovitis</u>	M65.162 <u>Synovitis</u>
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 <u>Chondral lesion</u>	M24.10 <u>Chondral lesion</u>
M67.211 Hypertroph. synovitis	M67.212 Hypertroph. synovitis	M93.261 <u>Osteochondral lesion</u>	M93.262 <u>Osteochondral lesion</u>
M89.311 AC joint hypertrophy	M89.312 AC joint hypertrophy	M17.11 <u>Osteoarthritis</u>	M17.12 <u>Osteoarthritis</u>
M24.011 Loose Bodies	M24.012 Loose Bodies	M24.661 <u>Adhesions</u>	M24.662 <u>Adhesions</u>
M25.311 Shoulder instability	M25.312 Shoulder instability	M67.51 <u>Medial plica</u>	M67.52 <u>Medial plica</u>
M19.011 Primary osteoarthritis	M19.012 Primary osteoarthritis	M25.761 <u>Osteophyte</u>	M25.762 <u>Osteophyte</u>
M25.411 Joint Effusion	M25.412 Joint Effusion	M70.41 <u>Prepatellar bursitis</u>	M70.42 <u>Prepatellar bursitis</u>

Right Hip	Left Hip	Right Ankle	Left Ankle
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Right Wrist	Left Wrist	Right Elbow	Left Elbow
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Post transect
Lat Lat Ep i@ndity

C Spine	L Spine
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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 L/KN Sx.

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

Thursday June 23RD