## (00189)-Lewis Dakur

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

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 Streety 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:

Fax:

usinhaorthopedics@gmail.com

Date: 5-24-27

### **NF Forms**

1, Dahur 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)

Rlease sign within the box with black ink)

## UK Sinha Physician, P.C.

102-31 Jamaica Ave. Richmond Hill, NY 113418

## INITIAL INTAKE SHEET

LIEN NF DOA:\_10 M) / F Handed: 180 Patient Name: Weight: \_ Height: 60 L/ Ank R/ Ank L/ Hip Age: R/ Hip DOB: 10109 I/ Elb R/ Elb L/ KN R/KN (L/SPH R/SH Chief Complaint: Low-back Mid-back Degree of Disability: d/Wil Neck R/Wri Working: Y / 🐠 🕟 Type of Injury: MVP Work-Related MVA 2015 History of prior trauma: 💯 N Asymptomatic prior to accident: Y /( Pain in: \_\_1\_ Other: \_\_Rear Pass X\_Driver \_\_Front Pass. Bus pass. Passenger side front Motorcyclist Bicyclist Driver side rear Pedestrian Driver-side front Front T-Bone Passenger side Rear T-Boned Driver side Vehicle hit: Police at Scene: N Passenge<u>r</u> side rear EMS Arrived: Y (N) VEXNOW LAWGRAMEN GOR Went to Hospital: (Y) N Hospital name: MONTH Su MT PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA\_ PSH:NODE Meds: None /Pain meds PRN γ(/ Ŋ<sup>2</sup>) Y(N)**Recreational Drugs** Drug Allergy: Alcohol Mittle None ppd Good Soc. His: Smoke Y (N) Relief: PT/Chiro: N Duration: 2.5 Weeks/Months/Years mins Ν Sit (Y) N L blocks Stand: 1 N Reach overhead **Carry** Childcare (Ariber CITE) Walk: Play sports Exercise-Garden Stairs Jog Unable to: Squat Kneel Errand8 Shopping Laundry /10 Pain PRESENT COMPLAINTS: L KN Pain R KN Pain Intermittent L SH Constant Pain \_\_\_\_/10 Intermittent <u>r s</u>h Constant Constant Intermittent Stiff Weak Intermittent Stiff Weak Constant Still Weak (Pop Click) Diff rising from chair Y / N Diff rising from chair Y / N Stiff Weak Pop Click Reach overhead (Y)/ N Y/NDiff w/ stairs Reach overhead Y / N YIN Diff w/ stairs N (((Ā)) Click Pop Buckl Lock Reach back Click Pop Buckl Lock Y / N Reach back Imp w/ Rest Med PT Ice Unable to sleep at night Imp w/ Rest Med PT Ice Unable to sleep at night Imp w/ Rest Med PT Ice Imp w/ Rest Med PT Ice /10 Pain \_ L ANK /10 Pain \_\_\_ R ANK /10 Intermittent Pain \_\_ L HIP Constant Pain /10 Intermittent R HIP Constant Constant Intermit Lock Pain w/ stand walk climb Constant Intermit Lock Pain w/ stand walk climb Pain w/ stand walk climb Imp w/ Rest Med PT Ice Pain w/ stand walk climb Imp w/ Rest Med PT Ice Standing from sitting Standing from sitting Imp w/ Rest Med PT Ice imp w/ Rest Med PT Ice /10 Pain \_\_ Pain \_\_\_\_\_/10 L ELB R ELB Intermittent Pain L WRI Constant Pain \_\_\_\_/10 Intermittent R WRI Constant Intermittent Weak Numb Tingle Constant Intermittent Weak Numb Tingle Constant Weak Numb Tingle Pain w/ lift carry drive Weak Numb Tingle Pain w/ lift carry drive Pain W/ lift carry drive Imp w/ Rest Med PT Ice Imp w/ Rest Med PT Ice Pain w/ lift carry drive Imp w/ Rest Med PT Ice Imp w/ Rest Med PT Ice Other Complaints:\_\_\_

| General: Fevers chills night sweats weight gain weight loss  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  Neuro: Headaches dizziness vertigo tremors  Respiratory: Wheezing coughing shortness of breath difficulty breathing  Respiratory: Wheezing coughing shortness of breath hypertension  Cardiovascular: Chest pain murmurs irregular heart rate hypertension  Gardiovascular: chest pain murmurs irregular heart rate hypertension  GI: Nausea vomiting diarrhea constipation jaundice change in bowel habits  |
|---|
| GU: Blood in urine paintur trindton  Hematology: Active bleeding bruising anemia blood clotting disorders  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 Intermit Numb Tingling Radiates to R L  Pain w/ neck bend lift carry Impoves w/ Rest Med PT Ice  Poin w/ neck bend lift carry Impoves w/ Rest Med PT Ice  ROM: Flex/45 Ext/45 R Lat Flex/45 L Lat Ext/45 Rot/60  |
| LSPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to N C Pain w/ stand walk sit bend Impoves w/ Rest Med PT Ice Pain w/ stand walk sit bend Impoves w/ Rest Med PT Ice  /45 Sac Hip Flex/45  |
| R/SH: Swelling/Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracold Bottom Bot |
| IR: sacrum mid back  L/SH: Swelling/Tender to palp   Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  L/SH: Swelling/Tender to palp   Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Prox biceps Coracom Deltoid Scapula  Supraspinatus AC joint Trap. Deformity  Heat Erythema Crapitus Deltoid Atrophy   |
| ROM: Abd. 1707 180 Add. 2   |
| Heat Swelling Pat. fem. grind Ant. draw Post. draw McMurray Lachmans Pat. fem. grind Ant. draw no motor or sensory deficit  ROM: Flexion/130  |
| ROM: Flexion  |

| ROM: Abd/45 Add/35 Flex/120 Ext/30 IR/45 ER/45  R/ANK: Swell/Hemato/ bruise \rightarrow Ant. Post. Lat. Malleo Ant Draw +ve ve Inv Stress +ve -ve  Rom: Dorsi flexion/20 Plantar flex/50 Inversion/15 Eversion/15  ROM: Swell/Hemato/ bruise \rightarrow Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve  L/ANK: Swell/Hemato/ bruise \rightarrow Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve  L/ANK: Swell/Hemato/ bruise \rightarrow Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve  ROM: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. ROM: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful.  Tenderness to palpation \rightarrow Med. aspect Lat. aspect. Rom: Full Limited and painful. |
|--|
| ROM: Dorsi flexion/20 Plantar flex/00  |
| ROM: Dorsi flexion   |
| Left Vngg  |

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 \$46.101A 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 M 65.812 Tenosynovitis M75.52 Bursitis M 75.22 Bicipital Tendinitis 1/125.512 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 y 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

| Plan:    Commend storoid inj. for pain mgmt.   R/SH   SH   B/KN   L/KN   R/HIP   L/HIP   B/ANK   L/ANK   L/KN   B/HIP   L/HIP   B/ANK   L/WIL   L/WIL  |  |  |  |   |
|--|--|--|--|---|
| Plan:  C Spine  Left Wrist  Left Wrist  C Spine  L Spine  R /SH  |  | •  |  |   |
| Plan:    C Spine   Left Wrist   Proceed w/Sx   Wants to think about it   Proceed w/Sx   Wants to think about it   Proceed w/Sx   W/C authorization needed prior to Sx   Left Elbow   |  |  | Right Ankle  | Left Ankle                                      |
| Plan:  C Spine  Left W/ist  C Spine  L  | aht Hip                                | Left Hip   |  |   |
| Plan:  C Spine  L Spine  L Spine  L Spine  L Spine  L Spine  R /SH C SH R /KN L /KN R /HIP L /HIP R /ANK L /ANK R /WRI  R Accepts A Refuses.  Brace ordered R /SH L /SH R /KN L /KN R /HIP L /HIP R /ANK L /ANK R /WRI  R /KIB L /ELB L /ELB  MRI ordered R /SH L /SH R /KN L /KN R /HIP L /HIP R /ANK L /ANK R /WRI  MRI ordered R /SH L /SH R /KN L /KN R /HIP L /HIP R /ANK L /ANK R /WRI  MRI ordered R /SH L /SH R /KN L /KN R /HIP L /HIP R /ANK L /ANK R /WRI  Follow up in D D C Weeks / Months / PRN.  Discussed R /SH L /SH R /KN L /KN R /HIP L /HIP R /ANK L /ANK R /WRI  Weeks / Months / PRN.  Mel C Spine L Spine  X Proceed w/ Sx Wants to think about it Proceed with Sx after rehab on Med Clearance needed prior to Sx.  Med Clearance needed prior to Sx.  W/C authorization needed prior to Sx  | 5                                      |  |  |   |
| Plan:    C Spine   L Spine |  |  |  |   |
| Plan:  C Spine  L Spine  L Spine  L Spine  L Spine  L Spine  R /SH CSH R /KN L /KN R /HIP L /HIP R /ANK L /ANK R /WRI L /WRI  Patient Accepts  |  |  |  | - C. Filhour                                    |
| Plan:  Recommend steroid inj. for pain mgmt.  R/SH   |  | The state of the s | Right Elbow  | Fett Finam                                      |
| Plan:  Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP R/ANK L/ANK C Spine L Spine  PatientAccepts   | Right Wrist                            | Left Wist  |  |   |
| Plan:  Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP R/ANK L/ANK C Spine L Spine  PatientAccepts   |  | WIT WRITE d  | sept 1   |   |
| Plan:  Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP R/ANK L/ANK C Spine L Spine  PatientAccepts   |  | guyoba ci  | est  |   |
| Plan:  Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK C Spine L Spine  PatientAccepts   |  | 100  | J  |   |
| Plan:  Recommend steroid inj. for pain mgmt. R/SH L/SH R/KN L/KN R/HIP L/HIP R/ANK L/ANK C Spine L Spine  PatientAccepts   |  |  |  |   |
| Plan:  Recommend steroid inj. for pain mgmt.  R/SH L/SH R/KN L/KN R/HIP  PatientAccepts  | C Spine                                | L Spine  |  |   |
| PatientAccepts   | \<br>                                  |  |  |   |
| PatientAccepts   |  |  |  |   |
| PatientAccepts   |  |  |  |   |
| PatientAccepts   |  |  |  |   |
| Proceed w/ SxWants to think about it   | PatientAcceptsBrace orderedMRI ordered | R  Refuses.  R/SH L/SH R/KN L  R/ELB L/ELB  R/SH L/SH R/KN L   | /WRI L/WRI R/ELB L  ./KN R/HIP L/HIP R/AI  ./KN R/HIP L/HIP R/AI  L Spine  RN.  KN R/HIP L/HIP R/ANK | NK L/ANK R/WRI L/WRI NK L/ANK R/WRI L/WRI L/WRI |
| Proceed W/ SX  | ( <b>K</b>                             |  |  | 2X girer reggn ou                               |
| Wey Clearance needed by a  | Proceed W/ SX                          | needed prior to SX.  | W/C authorization needed pr  | to ex   |
| Patient scheduled for R/SH L/SH R/KN L/KN Surgery on   | Med Clearance                          | Heerra bus   |  |   |
| Patient scheduled for N/311 August Au | Patient consen                         | SIU_SH /ISH)/AF  | /KN L/KN Surgery on  |   |
| <b>,</b>   | Patient schedu                         | led for K/Sn (L/OII)   | In auth  |   |
|  |  | 1  |  |   |