

6/6/2022

(08278)-Jauregui Melanie J

Date of Birth - 2/13/1987 Sex - Female Marital Status - Married

Address: 41-07 23rd AVE, ASTORIA, NY, 11105

Phone #: (415) 532-5731

Social Security# - 196-13-9706

Employer or Company Name:

Address: 21-67 32ND ST Queens, NY 11105

Emergency Name: HUSBAND NATHAN ROBERSON 917-502-1308

Work Phone #:

Date of Accident - 10/20/2021

Time/Place Accident - 26 STREET 24 AVENUE

Policy Report - Yes

Date of Visit - 10/28/2021

Condition Related to : Auto Accident

Insurance Company : GEICO

Address: PO Box 9507

Fredericksburg, VA, 22403

Phone: Fax: 518-560-3913

Claim# - 8707328930000001

Claim Address - GEICO NY PIP

PO Box 9507

Fredericksburg, VA 22403-9526

NF-2 - Yes Sending Date - 11/09/2021

Policy Adjuster - Daniel Coyne 516 496-6312

Policy Effective Date -

Policy# - 6046414618

Policy holder - Latorre Rocco

WCB# -

Carrier case # -

Attorney - HARLEY FASTMAN Firm Name -

Attorney Address - 2001 MARCUS AVE LAKE SUCCESS, NY 11042 SUITE 905

Attorney Phone - 516-437-7300 Fax - 516-706-7774

Contact Person - ANTHONY

Other Insurance -

Medicare -

NEW YORK STATE USA
LEARNER PERMIT

ID 562 925 068

JAUREGUI
MELANIE JOAN
4107 23RD AVE APT 1F
ASTORIA, NY 11105

Class D

Sex F Height 5'-02" Eyes BRO

DOB 02/13/1987


Expires 02/13/2025

E NONE

R NONE

FEB 87

Issued 07/29/2021



UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

Patient Name: Jaurgue Melanie WC (NF) LIEN
DOB: 2/13/1988 Age: 35 Height: 3'2" Weight: 150 DOA: 10/20/21
Chief Complaint: R/SH L/SH (RKN) L/KN R/Elb L/Elb R/Hip L/Hip (R/Ank) L/Ank

Type of Injury: MVA Work-Related Working: (Y) N Degree of Disability: _____ %
Asymptomatic prior to accident: Y / N History of prior trauma: Y / N

Pain in: _____
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: Mount Sinai Amb. Car

PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA _____

PSH: None

Meds: None / Pain meds PRN Aspirin

Drug Allergy: (N)

Soc. His: Smoke (Y) / N ____ ppd Alcohol (Y) / N 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:

<u>(RSH)</u> Pain ____/10 Constant Intermittent Stiff Weak Pop Click Reach overhead <u>(Y)</u> / N Reach back <u>(Y)</u> / N Unable to sleep at night Imp w/ Rest Med PT Ice	<u>(LSH)</u> 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	<u>(RKN)</u> Pain ____/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	<u>(LKN)</u> Pain ____/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
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<u>(RHIP)</u> Pain ____/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<u>(LHIP)</u> Pain ____/10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	<u>(RANK)</u> Pain ____/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	<u>(LANK)</u> Pain ____/10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
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<u>(RWRI)</u> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<u>(LWRI)</u> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<u>(RELb)</u> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	<u>(LELB)</u> Pain ____/10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice
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Other Complaints: ankle swelling, diffused ankle cartilage damage

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. 110/180 Add. ____/45 For Flex. 115/180 Ext. 40/60 IR 10/90 ER 70/90

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 10/20 Plantar flex. 45/50 Inversion 5/15 Eversion 10/15
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
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 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
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
M75.51 Bursitis	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
M25.511 Pain	M25.512 Pain	S80.911A Injury	S80.912A Injury
S49.91XA Injury	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
M25.411 Joint Effusion	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 2 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

X 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 X Sx.

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

PT ACK.

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

POST-OPERATIVE NOTE

Patient Name:

Date of Visit:

06/08/2022

The patient is status post arthroscopy of the left shoulder / knee on 9/11/22 and comes today for postoperative follow-up.

Ankle.

The surgical site has healed beautifully.

The dressing/ sutures was removed. The surgical site was cleaned with alcohol pad.

There is no evidence of any drainage, redness, or discharge from the surgical site.

There is no swelling or edema.

There is no wound dehiscence or complications.

There is no calf tenderness.

There is a negative Homans sign.

The patient is afebrile.

The patient is very happy with the results of surgery.

The patient has regained almost full mobility of the shoulder/knee.

The patient has no / minimal pain.

The patient may start their home exercise program.

The patient has regained almost _____% of mobility.

The patient is ambulating and full weight-bearing without any support.

The patient was advised physical therapy ___ times a week for ___ weeks to regain full mobility of the _____ shoulder / knee.

CPM and ice machine use _____

The patient is to return to office in 4 weeks

Otherwise, the patient is discharged from my care.

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: 06/08/22

NF Forms

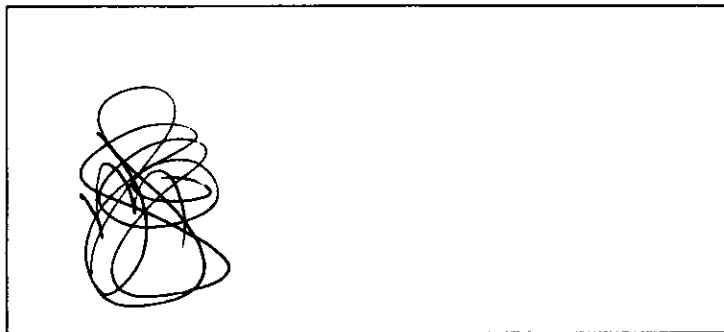
I, Melanie Jauregio hereby authorize UK Sinha Physician, P.C.

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)