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S.C. Supreme Court

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM CHEROKEE COUNTY
Court of Common Pleas

J. Michael Baxley, Circuit Court Judge

Case No. 2012-212107

JONATHAN KYLE BINNEY, SK 6009 ..... Petitioner/Respondent,

v.

STATE OF SOUTH CAROLINA ..... Respondent/Petitioner.

SUPPLEMENTAL APPENDIX
VOLUME I OF V

EMILY C. PAAVOLA
Death Penalty Resource & Defense Center
900 Elmwood Avenue, Suite 101
Columbia, South Carolina 29201
(803) 765-1044

JOHN H. BLUME
Cornell Law School
Myron Taylor Hall
Ithaca, NY 14853
(607) 255-1030

Counsel for Petitioner

WILLIAM EDGAR SALTER, III
Office of the Attorney General
P.O. Box 11549
Columba, SC 29211
(803) 734-6305

Counsel for Respondent

Albany County Jail & Penitentiary
Medical Department
Physicians Orders

Barney Johnson
John Doe

9-25-91 ① Xray LS back — 9/26/91.
② Restrict from wk & rec
Dr Cutter / Yeats 9-26-91

9-26-91
① Off Restriction
② Feldene 1 PO BID with food PO
Dr Moffie / Yeats

10/2/91 Medical Lock
Dr Moffie / McCarter

11-7-91 Off medical lock.
Dr Moffie / McDermott

11-25-91 - ① Med restriction from wk & rec
② Xray Rt eye chest
③ Cold pack 15 24 hrs — 11/26/91
Dr D. Moffie / Yeats

PLAINTIFF'S EXHIBIT No. 15 FOR IDENTIFICATION
DATE 6/17/97 RETAINED

Albany County Jail & Penitentiary
Medical Department

HEALTH HISTORY AND PHYSICAL EXAMINATION

Instructions: Please answer all questions. Please print neatly and clearly

NAME	D.O.B.	AGE	SEX
Bennett Jonathan	[redacted]	17	Male
ADDRESS	**HEIGHT**	**WEIGHT**	**MARITAL**
Box 312 New Concord Ohio	5-6	116	S

What illness, injuries, or operations have you had in the past?

N/A

Who is your family physician? Are you under the care of a physician? If yes, for what reason? N/A

Are you taking any medications of any kind? If yes, for what reason?

N/A

Have you ever had any of the following?

ASTHMA or HAYFEVER	NO	YES	RHEUMATIC FEVER	NO	YES
HEADACHES	NO	YES	SCARLET FEVER	NO	YES
BRONCHITIS	NO	YES	SINUS TROUBLE	NO	YES
TUBERCULOSIS	NO	YES	EAR TROUBLE or DEFECT	NO	YES
EPILEPSY	NO	YES	NERVOUS or MENTAL	NO	YES
ARTHRITIS	NO	YES	VARICOSE VEINS	NO	YES
DIABETES	NO	YES	TETNUS or TOXOID	NO	YES
HEART DISEASE	NO	YES	EYE TROUBLE or INJURY	NO	YES
STOMACH ULCER	NO	YES	X-RAYS TAKEN	NO	YES
PNEUMONIA	NO	YES	BROKEN BONES	NO	YES
HIGH BLOOD PRESSURE	NO	YES	KIDNEY DISEASE	NO	YES
HERNIA or RUPTURE	NO	YES			

HAVE YOU EVER HAD ANY FAINTING OR DIZZY SPELLS?	NO	YES
HAVE YOU EVER HAD ANY INJURIES, CATCHES OR PAIN IN YOUR BACK? WORN A BACK BRACE?	NO	YES
HAVE YOU EVER RECEIVED COMPENSATION FOR AN INDUSTRIAL INJURY?	NO	YES
HAVE YOU EVER HAD ANY INJURY TO YOUR ARMS, LEGS, HANDS OR FEET?	NO	YES
HAVE YOU EVER HAD ANY BREAKING OUT OR IRRITATION OF YOUR SKIN? e.g., FOOD?	NO	YES
HAVE YOU RECEIVED DISABILITY BENEFITS FROM THE GOV'T., STATE OR OTHER?	NO	YES
DO YOU HAVE PAINFUL MENSTRUAL PERIODS? N/A	NO	YES
WHEN WAS YOUR LAST PERIOD? N/A	NO	YES

REMARKS URINE GLU
PROTEIN
PH #

MEDICAL DEPARTMENT DATE

Albany County Jail & Penitentiary
Medical Department
Admittance Record

NAME: BINNEY, JONATHAN DATE ADMITTED 7-1-91

AGE: 18 DATE EXAMINED

BLOOD PRESSURE 110/72 PULSE 80 TEMP. RESPIRATION 16

OTHER 124

	NORMAL	ABNORMAL	
1. GENERAL APPEARANCE			
2. HEAD			
3. EYES			
4. EARS			
5. NOSE			
6. MOUTH			
7. THROAT			
8. NECK			
9. GLANDS			
10. CHEST			
11. BREASTS			
12. HEART			
13. LUNGS			
14. ABDOMEN			
15. GENITALIA			
16. RECTAL			
17. BLOOD VESSELS			
18. DORSALIS PEDIS			
19. EXTREMITIES			
20. JOINTS			
21. SKIN			
22. NEUROLOGIC			
23. MENTAL STATUS			

DIAGNOSIS

PHYSICIAN

ALBANY COUNTY JAIL AND PENITENTIARY
840 ALBANY SHAKER ROAD
ALBANY, NEW YORK 12211

I, JONATHAN BINNEY, do hereby voluntarily consent and give permission for
(Print Name in Full)
the Albany County Jail medical staff to perform the following medical treatment/procedure:

GENERAL SCREENING - MEDICAL EXAM - MEDICAL TREATMENT
(Specify)

Date: 11/2/91 Signature: Jonathan Binney Witness: M Coulter

Albany County Jail & Penitentiary
Medical Department
Admittance Record

NAME: Binney Jonathan DATE ADMITTED 9-18-91

AGE: 17 DATE EXAMINED 9-26-91

BLOOD PRESSURE 100/68 PULSE 70 TEMP. RESPIRATION 16

	NORMAL	ABNORMAL	OTHER (04) 116
1. GENERAL APPEARANCE		—	
2. HEAD	—		
3. EYES	Pupils PERL, EOM nml, Conj + Sclera clear	Bruise under R eye - Fundi WNL	
4. EARS	—		
5. NOSE	—		
6. MOUTH	—		
7. THROAT	—		
8. NECK	—		
9. GLANDS	—		
10. CHEST	—		
11. BREASTS	—		
12. HEART	—		
13. LUNGS	—		
14. ABDOMEN	—		
15. GENITALIA	—		Deferred
16. RECTAL	—		
17. BLOOD VESSELS	—		
18. DORSALIS PEDIS	—		
19. EXTREMITIES	—		
20. JOINTS	—		
21. SKIN		Tattoo arm	
22. NEUROLOGIC	—		
23. MENTAL STATUS	—		

DIAGNOSIS (1) Psych Eval while in Medical (2) Bruise under R eye

PHYSICIAN [signature] 9-26-91

ALBANY COUNTY JAIL AND PENITENTIARY
~~840 ALBANY-SHAKER ROAD~~
ALBANY, NEW YORK 12211

I, Binney Jonathan do hereby voluntarily consent and give permission for
(Print Name in Full)
the Albany County Jail medical staff to perform the following medical treatment/procedure:

GENERAL SCREENING - MEDICAL EXAM - MEDICAL TREATMENT
(Specify)

Date: 9/18/91 Signature: Jonathan Binney Witness: BEnfield

Albany County Jail & Penitentiary
Medical Department
Progress Notes

Barney Johnathan

11-25-91 - Inmate involved in altercation
on tier - sustained bruising & swelling
to Rt eye & orbit - Wil abstract, order Vna
& gave cold packs. neuro WNL - BP -
110/70 - P-76 - R-16 - Well oriented — VS Smith

RELEASED 12/11/91

Albany County Jail & Penitentiary
Medical Department
Progress Notes

ALBANY COUNTY JAIL & PENITENTIARY
ALBANY, NEW YORK 12211

REQUEST TO SEE FACILITY'S DOCTOR — SUBMIT TO NURSE ON 8AM MEDICATION ROUND ONLY

DATE: 10-1-91

DESCRIPTION OF PROBLEM: I think my Ear lobe is infected. Like to See nurse.

NAME OF REQUESTER: Jon Binney TIER: 4E L-11
10/3

FOR OFFICE USE ONLY

DATE OF REQUEST: _____

DATE SEEN: 10-3-91

R Deubert RN
(SIGNATURE)

WHITE - MEDICAL
YELLOW - CAPT. OFFICE
PINK - INMATE

Clotrimazole Oint - to left ear lobe

RELEASED 10/4/91

11/2/91 pt readmitted pt offers 2 complaints 1) injuries to head/neck pt refuses blood work pt placed in med lock [illegible] Courts [illegible] Blood Work [illegible] DC Dan [illegible]

Sunney . Johnathan

Albany County Jail & Penitentiary
Medical Department
Progress Notes

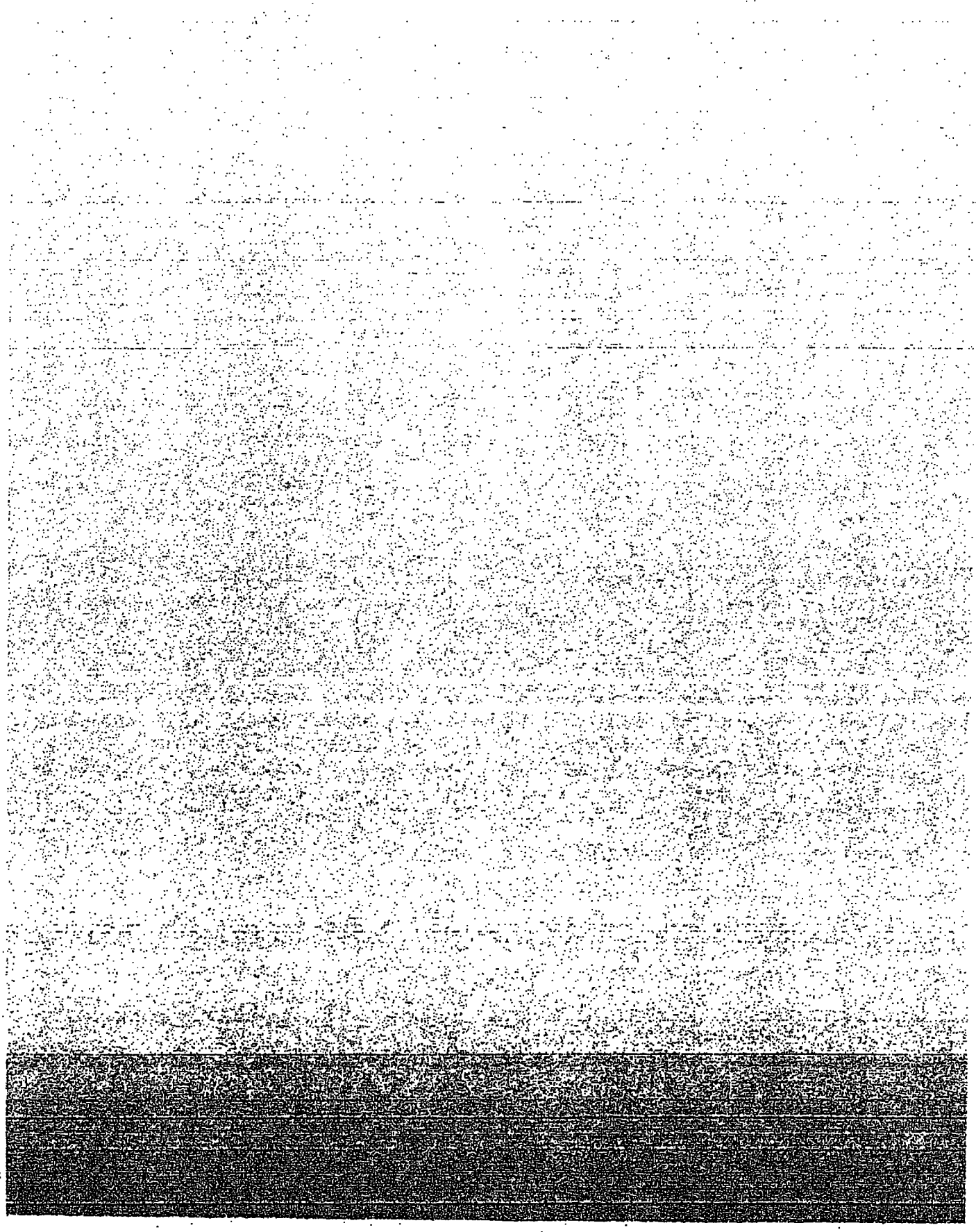
9-18-91 1st admitted to ACJ - No Complaints of illness - Has abras. on R hand Posterior - Cleaned & betadine Antiseptic. WDL - RRD Lower Westchester Div

9-25-91 - Injured back & Rt eye during fight
9-22-91 - Ecchymotic area old area on Rt eye 3" superficial healing abrasion Lt scapula 2 dime size superficial healing abrasions Rt & Lt lumbar paraspinal area - No pain - Full ROM Noted - Will report to Dr. ——— VFZuk ———

9-26-91 Pt denies resp med allergies. Pt has no allergies - file on route meds. Pt denies drug allergies. Pt denies hx of use. Has alcohol rarely. Pt denies resp, GI, GU, or VD. Pt is pleasant on file & other inmates. Pt has chiropractor Rx - 1 X/yr for back alignment. RN

90-1-91 - Did not come to sick call - VFZuk

Dinney Jonathan



NAME Benney Jonathan

DOB [redacted]

INSURANCE INFORMATION

DO YOU HAVE INSURANCE — YES X NO ____

WHAT TYPE OF INSURANCE — But unaware of name

DO YOU HAVE INSURANCE CARD WITH YOU — YES ____ NO ____

IDENTIFICATION NUMBER

PLAN CODE #

SIGNATURE OF INMATE — Jonathan Benney

ALL INMATES MUST SIGN

ALBANY COUNTY JAIL AND PENITENTIARY

TO: Tour Commander

FROM: Medical Department

DATE: 9-25-91

SUBJECT: Form for Medical Restriction/Lock-Ins

Inmate's Name Barney D Grant Tier 4E Class Level _____

Type of Restrictions (Check all that apply)

Lock-Ins	☐	School	☐
Restricted to Tier	☐	Consultations	☐
Restricted from Recreation	☒	Church Services	☐
Contact Visitation	☐	Commissary	☐
Non-Contact Visitation	☐	Isolate/Possible Contagious	☐
Legal Library	☐	Meals on Disposable Utensils	☐
Library	☐	Special Instructions (see below)	☐
Work	☒		

Medical Staff ordering restriction WH Zick (Must be reviewed by doctor if not ordered by doctor)

Brief statement of reason for restriction:

_____

_____

Special Instructions: _____

_____

Ordered by: _____ _____
(Doctor's Signature) (VIA Phone - Doctor's Name)

Nurse _____ Review by Tour Commander _____

Original - Medical File
cc - Superintendent
Inmate's File

FINAL

BENDER HYGIENIC LABORATORY

FINAL

9 SAMARITAN DRIVE ALBANY, NEW YORK 12208 518-472-9124

Patient: BINNEY,JONATHAN Institt: ALBANY COUNTY JAIL Bender #: 912620291 Page: 1
ALBANY SHAKER ROAD Collect Dt: 09/19/91 Dt Prt: 09/24/91
ALBANY, NY 12211 Doctor: CUTLITA MD,GEORGE @ 14:05
DOB: 05/09/74

TEST	RESULT	UNITS	REFERENCE	STATUS
SYPHILIS SEROLOGY (RPR):				
RPR	NON-REACTIVE			

Ent: NBD Rel: KEK

THIS COMPLETES THE REPORT FOR ACCESSION # 912620291.

MOBILE IMAGING LTD.
6 Dyer Drive
Latham, New York 12110
(518) 785-3511

REQUEST FOR PORTABLE PROCEDURE

MEDICAL RECORD NO. N/A

Name: LAST Binney, FIRST Jonathan, MIDDLE

D.O.B. [redacted]

Facility: Albany County Jail

Referring Physician: George Cuttita, M.D.

AREA TO BE EXAMINED: LUMBAR SPINE

REASON FOR EXAMINATION

Involved in Altercation - C/O Pain

REPORT OF PHYSICIAN'S CONSULTATION

DATE OF EXAMINATION September 26, 1991

There is no fracture.

Thomas Murnane, M.D.

CT

ALBANY COUNTY JAIL AND PENITENTIARY
ADMISSIONS & DISCHARGE UNIT
BOOKING SHEET (PRINT OR TYPE)

Date Rec: 9/18/97 Sex: [X] Male [ ] Female

Time Rec: 22 [X]AM [ ]PM D/O/B [redacted] Age: 17

Tier: 4E Cell: 23 Place/Birth: MISSISSIPPI

Prints & Photo taken by: D. GRAVOIC

ACCF LOG#: 70693 NYSID _____

PHEIRSSTOONRAYL

[redacted]

Hispanic: [ ]Yes [X]No
Race: [X] W [ ] B [ ]Asian
[ ] Amer.Ind [ ] Other[ ]
U.S.Citizen: [X]Yes [ ]No
Read/Write: [X]Yes [ ]No

Name: BINNEY JONATHAN KYLE Alias: —
(Last) (First) (Middle Name) (Suxf)

Residence: BOX 512 NEW CONCORD OHIO 43762 Tele: (614) 872-3814
(Street) (C/T/V) (State)

Maiden Name/If Married: _____ Military N/A /Discharge: N/A
Next of Kin: JAMES BINNEY Relationship: FATHER
Address: SAME Tele: SAME
In case of Emergency Notify: SAME Relationship SAME Tele: SAME
RELIGION: [X]Bapt [ ]Rm Cat [ ]Hebrew [ ]Muslim [ ]Protestant [ ]None [ ]Other
HIGHEST GRADE COMPLETED: 9
MARTIAL STA: [ ]Divorced [ ]Married [ ]Separated [X]Single [ ]Widowed
Occupation: SAWDUST Employer: DUBLIN CHRISTIAN ACADEMY NEW LONDON
(Name) (Address)

**** PHYSICAL DESCRIPTION****

Est.Height: 5'6" Est.Weight: 126 Eyes: HAZEL Hair: BROWN Glasses: [ ]Yes [X]No
Skin Tone: L[X] M[ ] D[ ] Right or Left Handed: RIGHT
False Teeth: [ ]Yes [X]No /Upper[ ] Lower[ ] Both[ ]/Partial[ ] Full Plate[ ]
Scars, Marks or Tattoos: ON RIGHT HAND

IS THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY SEEN ON THE INMATE: [X] Yes [ ] No
If Yes descripe injuries: HAS SEVERAL SORE ON RIGHT HAND

How were injuries received according to inmate? PECKE A SORE HAND

Location and Date of Treatment: NO TREATMENT

****ARREST INFORMATION****

Arresting Agency: COLONIE Committing Judge: C
Court of Arraignment: COLONIE Bail: CENSORED
IS THERE A EXAMINATION ORDERED BY THE COURT: [ ] BY BOOKING [ ] WATCH: [ ]
MENTAL HEALTH EXAMINATION [ ] PHYSICAL EXAMINATION [ ]

CHARGES 1: CPSP 3rd, CPSP 4TH, CPSP 5TH
2: BURG 3rd

****ARREST DISPOSITION****

Awaiting further court action: [X]Yes [ ]No Holds/Detainers
Sentenced to Alb County Pen: [ ]Yes [X]No Term of Sentence: ___
Parole [ ] Probation [ ] P.O.'s Name _____
Officer Completing Form: [redacted] Badge # 103

Copy Distribution White-Identification Bureau LT YELLOW-Medical
PINK-Front Office DK YELLOW-Inmate Services

(Form C-1)

NAME JOHN BINNEY A.K.A. _____

D.O.A. 9-18-91 SEX MALE D.O.B. [redacted]

1. ANY VISIBLE INJURIES _____ YES X NO

IF YES, DESCRIBE _____

2. a.) APPEARS INTOXICATED _____ YES X NO

b.) USING ILLEGAL DRUGS _____ YES X NO

3. MEDICAL CONDITIONS STATES HE HAS ALLERGIES

4. ON ANY MEDICATION _____ YES X NO

IF YES, LIST TYPE & AMT. _____

5. MENTAL CONCERN STATES NONE

6. PHYSICAL CONCERN STATES NONE

6. a.) PRIOR INCARCERATION NO PRIOR

7. ASSESSMENT OF INMATES APPEARANCE AND BEHAVIOR:

COOPERATIVE

8. TIER PLACEMENT 4E CELL _____

DATE 9-18-91 TIME 12:23 PM

ADMISSIONS & DISCHARGE UNIT STAFF Denise R Crowell

ALBANY COUNTY JAIL AND PENITENTIARY
ADMISSIONS & DISCHARGE UNIT
BOOKING SHEET (PRINT OR TYPE)

Date Rec: 11/1/91 Sex: [X] Male [ ] Female

Time Rec: 6:28 [ ]AM [X]PM P H D/O/B: [redacted] Age: 18
E I
Tier: 4E Cell: L11 R S Place/Birth: Hatt. Mississippi
S T
Prints & Photo taken by: O O S.S.#: [redacted]
W. Stallard N R Hispanic: [ ]Yes [X]No
A Y Race: [X] W [ ] B [ ]Asian
ACCF LOG#: 71461 NYSID L [ ] Amer. Ind [ ] Other[ ]
U.S. Citizen: [X]Yes [ ]No
Read/Write: [X]Yes [ ]No

Name: Binney Jonathan Kyle Alias: Boozer
(Last) (First) (Middle Name) (Suxf)

Residence: Box 312 New Concorde Ohio Tele: (614) 872-3516
(Street) (C/T/V) (State)

Maiden Name/If Married: — Military — /Discharge: —
Next of Kin: Jim Binney Relationship: Father
Address: Same Tele: Same
In case of Emergency Notify: Same Relationship Same Tele: Same
RELIGION: [X]Bapt [ ]Rm Cat [ ]Hebrew [ ]Muslim [ ]Protestant [ ]None [ ]Other
HIGHEST GRADE COMPLETED: 11th
MARTIAL STA: [ ]Divorced [ ]Married [ ]Separated [X]Single [ ]Widowed
Occupation: Student Employer: —
(Name) (Address)

**** PHYSICAL DESCRIPTION****
Est. Height: 5'7" Est. Weight: 120 Eyes: BL Hair: Br. Glasses: [ ]Yes [X]No
Skin Tone: L[X] M[ ] D[ ] Right or Left Handed: Right
False Teeth: [ ]Yes [X]No /Upper[ ] Lower[ ] Both[ ]/Partial[ ] Full Plate[ ]
Scars, Marks or Tattoos: —

IS THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY SEEN ON THE INMATE: [ ] Yes [X] No
If Yes descripe injuries:

How were injuries received according to inmate?

Location and Date of Treatment:

****ARREST INFORMATION****
Arresting Agency: Colonie P.D. Committing Judge: Criscone
Court of Arraignment: Town of Colonie Bail: $2,000.00
IS THERE A EXAMINATION ORDERED BY THE COURT: [ ] BY BOOKING [ ] WATCH: [ ]
MENTAL HEALTH EXAMINATION [ ] PHYSICAL EXAMINATION [ ]

CHARGES 1: Forgery 3rd

2:

****ARREST DISPOSITION****
Awaiting further court action: [X]Yes [ ]No Holds/Detainers
Sentenced to Alb County Pen: [ ]Yes [X]No Term of Sentence: —
Parole [ ] Probation [ ] P.O.'s Name —
Officer Completing Form: W. Stallard Badge # 242
Copy Distribution White-Identification Bureau LT YELLOW-Medical
PINK-Front Office DK YELLOW-Inmate Services

INITIAL CLASSIFICATION INTAKE SHEET

(Form C-1)

NAME Jonathan K Binkley A.K.A. Booze

D.O.A. 11-1-91 SEX Male D.O.B. [redacted]

1. ANY VISIBLE INJURIES ____ YES [redacted] X NO

IF YES, DESCRIBE ____

2. a.) APPEARS INTOXICATED ____ YES X NO

b.) USING ILLEGAL DRUGS ____ YES States NO X NO

3. MEDICAL CONDITIONS States he has a bad back. Sinuses, Allergies.

4. ON ANY MEDICATION X YES ____ NO

IF YES, LIST TYPE & AMT. Seldane - 2 x a day

5. MENTAL CONCERN States none

6. PHYSICAL CONCERN Back pain.

6. a.) PRIOR INCARCERATION A.C.C.F. 9-91

7. ASSESSMENT OF INMATES APPEARANCE AND BEHAVIOR:

8. TIER PLACEMENT 4E CELL L11

DATE 11-1-91 TIME 7:47 p.m.

ADMISSIONS & DISCHARGE UNIT STAFF W. Spillane

ALBANY COUNTY JAIL AND PENITENTIARY

TO: Tour Commander

FROM: Medical Department

DATE: 10-2-91

SUBJECT: Form for Medical Restriction/Lock-Ins

Inmate's Name Bernard Jonathan Tier 4E Class Level _____

Type of Restrictions (Check all that apply)

Lock-Ins	☒	School	☒
Restricted to Tier	☒	Consultations	☐
Restricted from Recreation	☒	Church Services	☒
Contact Visitation	☒	Commissary	☒
Non-Contact Visitation	☐	Isolate/Possible Contagious	☐
Legal Library Keep	☒	Meals on Disposable Utensils	☐
Library	☒	Special Instructions (see below)	☐
Work	☒		

Medical Staff ordering restriction _____ (Must be reviewed by doctor if not ordered by doctor)

Brief statement of reason for restriction:

Med Lock - refuses to leave (RP)

Special Instructions: _____

Ordered by: _____ (Doctor's Signature) _____ (VIA Phone - Doctor's Name)

Nurse [signature] Review by Tour Commander _____

Original - Medical File
cc - Superintendent
Inmate's File

ALBANY COUNTY JAIL & PENITENTIARY
ALBANY, NEW YORK 12211

REQUEST TO SEE FACILITY'S DOCTOR — SUBMIT TO NURSE ON 8AM MEDICATION ROUND ONLY

DATE: 9-29-91

DESCRIPTION OF PROBLEM: Neck and back hurts.

NAME OF REQUESTER: Jon Binney TIER: 4E 1-11

10/1/91

FOR OFFICE USE ONLY

DATE OF REQUEST: _____

DATE SEEN: _____

_____
(SIGNATURE)

WHITE - MEDICAL
YELLOW - CAPT. OFFICE
PINK - INMATE

BENDER HYGIENIC LABORATORY

9 SAMARITAN DRIVE ALBANY, NEW YORK 12208 518-472-9124

Patient: BINNEY,JONATHAN Instit: ALBANY COUNTY JAIL
ALBANY SHAKER ROAD
ALBANY, NY 12211

Render #: 913120113 Page: 1
Collect Dt: 11/08/91 Dt Prt: 11/11/91
Doctor: CUTTITA MD,GEORGE @ 14:05
DOB: 05/09/74

TEST	RESULT UNITS	REFERENCE	STATUS
SYPHILIS SEROLOGY (RPR):			
RPR	NON-REACTIVE		

Ent: JD Rel: COS

THIS COMPLETES THE REPORT FOR ACCESSION # 913120113.

MOBILE IMAGING LTD.
6 Dyer Drive
Latham, New York 12110
(518) 785-3511

REQUEST FOR PORTABLE PROCEDURE

MEDICAL RECORD NO. N/A

Name: Binney, Jonathan (LAST, FIRST, MIDDLE)

D.O.B. [redacted]

Facility: Albany County Jail

Referring Physician: Dominick Moffre, M.D.

AREA TO BE EXAMINED: RIGHT ORBIT

REASON FOR EXAMINATION: Involved in Altercation

REPORT OF PHYSICIAN'S CONSULTATION

DATE OF EXAMINATION: November 26, 1991

There is no sign of any fracture involving the right orbital region. There is opacity of much of the left maxillary sinus, probably due to either some chronic sinusitis or to a large retention cyst here.

Thomas Burnane, M.D.

329267 NOV-85

NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center for Laboratories and Research
Bacteriology Laboratories
P.O. Box 509, Albany, New York 12201-0509

Gonorrhea Screening

Type of Institution
- Family Planning 1☐
- Private Practice 2☐
- VD Clinic 3☐
- Hospital (Non-VD Clinic) 4☐
- Health Dept. (Non-VD Clinic) 5☐
- Neighborhood Health Center 6☐
- Student Health Service 7☐
- Correctional Institution 8☑
- Mental Hygiene 9☐
- Other _____ 0☐

Taken for
- Screening (No suspicion of gonorrhea) ☑
- Diagnosis ☐
- Test of cure ☐

Culture specimen incubated before sending? No ☐ Yes ☐

Slide ☐

DOH-190 (5/88)

Date specimen taken 1/7/11

Sex
Male ☑ Female ☐

Age 17

Source of Culture Specimen
- Cervix ☐
- Urethra ☑
- Rectum ☐
- Throat ☐
- Other (specify) _____ ☐

Medical History (this visit)

	No	Yes
Exposure to a known case	☐	☐
Symptoms	☐	☐
Prior history	☐	☐
Treatment	☐	☐

Patient's Name and Address

Print Last Name: BINNEY
Print First Name: JONATHAN

Address _____

City _____ State _____ Zip _____

Physician's Name and Address

Name: Dr. D. Maffee
Address: ALBANY COUNTY JAIL & PENITENTIARY
City: 840 ALBANY SHAKER RD. State: ALBANY, NY Zip: 12211-1088
Physician's VD Code: 011504L

New York State Health Dept. Laboratory Results

Messages from Laboratory	Culture (see source)		
	Negative	*	Positive

03 – No Neisseria gonorrhoeae identified

ALBANY COUNTY JAIL AND PENITENTIARY

TO: Tour Commander

FROM: Medical Department

DATE:

SUBJECT: Form for Medical Restriction/Lock-Ins

Inmate's Name Binney Johnathan Tier 1E Class Level _____

Type of Restrictions (Check all that apply)

Lock-Ins	☐	School	☐
Restricted to Tier	☐	Consultations	☐
Restricted from Recreation	☒	Church Services	☐
Contact Visitation	☐	Commissary	☐
Non-Contact Visitation	☐	Isolate/Possible Contagious	☐
Legal Library	☐	Meals on Disposable Utensils	☐
Library	☐	Special Instructions (see below)	☐
Work	☒		

Medical Staff ordering restriction DTS (Must be reviewed by doctor if not ordered by doctor)

Brief statement of reason for restriction:

? c Injury to Rt eye & orbit

Special Instructions: Restrict until Xray report returned

Ordered by: [signature] (Doctor's Signature) Dr. D. Maffre DTS (VIA Phone - Doctor's Name)

Nurse DTS Review by Tour Commander _____

Original - Medical File
cc - Superintendent
Inmate's File

MOBILE IMAGING LTD.
6 Dyer Drive
Latham, New York 12110
(518) 785-3511

REQUEST FOR PORTABLE PROCEDURE

MEDICAL RECORD NO.

Name: Birney, Jonathan (LAST, FIRST, MIDDLE)

D.O.B. [redacted]

Facility: Albany County Jail

Referring Physician: Dominick Moffre, M.D.

AREA TO BE EXAMINED: RIGHT ORBIT

REASON FOR EXAMINATION

Involved in Altercation

REPORT OF PHYSICIAN'S CONSULTATION

DATE OF EXAMINATION: November 26, 1991

There is no sign of any fracture involving the right orbital region. There is opacity of much of the left maxillary sinus, probably due to either some chronic sinusitis or to a large retention cyst here.

11-27-91

Thomas Murnane, M.D.

ALBANY COUNTY JAIL

ALL ENTRIES MUST BE PRINTED — **MEDICATION ADMINISTRATION RECORD** — DATES ADMINISTERED — OF FORMS IN USE

DATE (ORDER / DISCONTINUE)	MEDICATION - DOSAGE - FREQUENCY - RT. OF ADM.	HOUR	9	10	11	12	13	30	1	2	3	4	5	6	7	8	9
9	Seldane T	9a	BE	PM													
9	Bid W/H	5p															
			9	10	11	12	13										
	Seldane T BID	9A				R	R										
	W/H	5p															

SIGNATURE RECORD

SIGNATURE	STATUS	INITIALS	SIGNATURE	STATUS	INITIALS

ALLERGIC TO | ROOM | DIAGNOSIS | DOCTOR | OP. DATE | DIET RESTRICTIONS

D.O.B. [redacted] Inmate Service Unit

NAME: Beaney, Jonathan Kyle

DATE	
9-18-91	Colonie Judge Criscone 71693
DJ	Charge - CPSP 3rd CPSP 4th CPSP 5th Burg 3rd
9/19/91	Ø Bail fs
9/19/91	Med C-2 cleared for class, intake interview completed visit card and instructions given file sent to class fs
10/9/91	Released by Court
10/10/91	Soc Ser letter given
11-1-91	Colonie Judge Criscone 71961
DJ.	Charge - Forgery 3rd $2,000 Bail
11/4/91	Med Lock, cleared for class, intake update completed visit card and instructions given, file sent to class fs
11-7-91	M.H.C-4 Cleared - No Mental Illness
11/25/91	M.H.C-4 return to class
12/2/91	MH C-4 form Return to class file to class
12/3/91	M.H.C-4 - return to class - file to class
12-2-91	MH Referral fs
12/16/91	Rel Ot
12/19/91	Social Service letter given IR.

ALBANY COUNTY JAIL AND PENITENTIARY

ADMISSIONS & DISCHARGE UNIT

BOOKING SHEET (PRINT OR TYPE)

Date Rec'd: 6/12/21 Sex: [X] Male [ ] Female

Time Rec'd: 12:47 AM [ ] PM [ ] DOB: [redacted] Age: 42

Cell #: 3 Race/Ethnicity: W

If Under 21 Photo Taken By: Officer ID #:

NYSID: [X] Applied for [ ]

Agency: [ ] Amer. Ind. [ ] Other

DNA Cit. Sent: [X] Yes [ ] No

Read/Wrote: [X] Yes [ ] No

Name: [redacted] Alias:

(Last) (First) (Middle Name) (Suff.)

Residence: [redacted] Telephone(s):

(Street) (City) (State)

Employer: [redacted] Relationship:

Welfare Name/DA Matter No.: Cit. Left at Arrest: [X] Yes [ ] No Discharge: [ ] Yes [ ] No

Next of Kin: [redacted] Relationship: Telephone:

Address:

In case of Emergency Notify: [redacted] Relationship: Telephone:

RELIGION: [X] Baptist [ ] Catholic [ ] Hebrew [ ] Muslim [ ] Protestant [ ] None [ ] Other

ANGEL ST. GRADE COMPLETED:

MARITAL STATUS: [ ] Divorced [ ] Married [ ] Separated [ ] Single [ ] Widowed

Occupation: Employer: (Name) (Address)

PHYSICAL DESCRIPTION

Dist. Height: 5'8" Weight: 180 Eyes: Brn Hair: Blk Glasses: [ ] Yes [X] No

Skin Tone: [ ] Light [X] Medium [ ] Dark Complexion:

Marks, Tattoos, Scars: [ ] Yes [X] No / Upper [ ] Lower [ ] Body [ ] Face [ ] Neck [ ] Arms [ ] Hands

Scars: Marks, or Amputations:

IS THERE ANY VISIBLE OR RECENT PHYSICAL INJURY, PAIN OR ILLNESS ON THE INMATE? [ ] Yes [X] No

If yes, describe/explain:

How were the injuries received according to inmate:

Treatment and Date of Treatment:

ARREST INFORMATION

Arresting Agency: Committing Judge:

Court of Arraignment: Bail:

IS THERE A EXAMINATION ORDERED BY THE COURT? [ ] YES BOOKING: [ ] WATCH [ ]

MENTAL HEALTH EXAMINATION [ ] PHYSICAL EXAMINATION [ ]

CHARGES:

ARREST DISPOSITION

Awaiting Further Court Action: [ ] Yes [ ] No Holds/Detainers:

Sentenced to Albany County Penitentiary: [ ] Yes [ ] No Term of Sentence:

Parole: [ ] Probation: [ ] Prior Crimes:

Officer Completing Form: Badge #: Date:

Copy Distribution: White - Permanent Record Yellow - Medical

PINK - Front Office/Division of Inmate Services

COMMITMENT TO LOCAL CRIMINAL COURT
C. P. L. 170.10. 510.40. 180.10

STATE OF NEW YORK: COUNTY OF Albany

Justice COURT Town OF Colonie

The People of the State of New York
against
JONATHAN K. BINNEY
Defendant

COMMITMENT
TO LOCAL CRIMINAL COURT

TO THE SHERIFF OF THE COUNTY OF Albany

A Securing Order having been this day made by this court that the above named defendant be held for further action of this court upon a charge of CPSP 3rd, CPSP 4th, CPSP 5th, BURG 3rd 2cts

and bail having been fixed in the amount of $ None and said defendant having failed to post bail as therein required, you are commanded to receive said defendant into your custody, detain him, and produce said defendant before this Court on SEPT 18th, 19 91, at 7 P. m.

Dated at

Town of Colonie, N. Y.

9-18, 19 91

Justice

SEP 10 12 22 PM '91

Form # 13

STATE OF NEW YORK : COUNTY OF ALBANY

JUSTICE COURT TOWN OF COLONIE

The People of the State of New York
Against
Jonathan Binney
Defendant

Discharge of Defendant From Custody

TO THE SHERIFF OF THE COUNTY OF ALBANY

A Securing Order having been heretofore made by this Court holding the above named defendant for further aciton of this court on a charge of Burglary 3rd 140.20 PL

and said defendant having been committed to the Sheriff of the County of ALBANY in connection therewith and a final disposition of the said charge having been made, it is

ORDERED, that the Sheriff of the County of ALBANY forthwith discharge said defendant from custody.

Dated at:

COLONIE, N.Y.

10/9, 1991

Nicholas Ciccone
Judge-Justice

10-9-91
9:50
[illegible]

ALBANY COUNTY JAIL AND PENITENTIARY

ADMISSIONS & DISCHARGE UNIT

BOOKING SHEET (PRINT OR TYPE)

Sex: [X] Male [ ] Female

Date Rec'd: [illegible]

Time Rec'd: [ ] AM [X] PM

D.O.B. [illegible] Age: 18

Right Photo taken: Yes

Name: [illegible] (Last) (First) (Middle Name) (Suffix)

Alias: [illegible]

Residence: [illegible] (Street) (City/TV) (State)

Maiden Name, if Married:

Next of Kin:

Address:

In Case of Emergency Notify:

RELIGION: [ ] Baptist [ ] Roman Catholic [ ] Hebrew [ ] Muslim [ ] Protestant [ ] None [ ] Other

RACE: [illegible]

MARITAL STATUS: [ ] Divorced [ ] Married [ ] Separated [X] Single [ ] Widowed

Occupation:

Employer:

PHYSICAL DESCRIPTION:

Eyes: [illegible] Glasses: [ ] Yes [X] No

Skin Tone: [illegible]

Left or Right Handed:

Scars, Marks or Tattoos:

Is There Any Evidence of Recent Physical Injury Sustained Prior to Arrest: [ ] Yes [ ] No

If Yes, Describe Injuries:

How Were Injuries Received According to Inmate?

Location and Date of Treatment:

ARREST INFORMATION

Arresting Agency:

Committing Judge:

Bail:

Court for Arraignment:

Is Other Examination Ordered by the Court: [ ] Yes [ ] No Booking: [ ] Watch: [ ]

Next Appointment for Examination: [ ] Physical Examination: [ ]

ARREST DISPOSITION

Awaiting Further Court Action: [ ] Yes [ ] No Holds/Detainers:

Sentenced to Albany County Penitentiary: [ ] Yes [ ] No Term of Sentence:

Parole: [ ] Probation: [ ] Other:

Officer Completing Form:

Badge:

Copy Distribution: White - Identification Bureau Yellow - Medical

Pink - Front Office Pink - Youthful Offender Services

0031

COMMITMENT TO LOCAL CRIMINAL COURT
C. P. L. 170.10. 510.40. 180.10

STATE OF NEW YORK: COUNTY OF Albany

Justice COURT Town OF Colonie

The People of the State of New York
against
JONATHAN K. BINNEY
Defendant

COMMITMENT
TO LOCAL CRIMINAL COURT

TO THE SHERIFF OF THE COUNTY OF Albany

A Securing Order having been this day made by this court that the above named defendant be held for further action of this court upon a charge of FORGERY 3rd- BENCH WARRANT

and bail having been fixed in the amount of $ 2000 cash and said defendant having failed to post bail as therein required, you are commanded to receive said defendant into your custody, detain him, and produce said defendant before this Court on NOVEMBER 6th 19 91 at 7 P m.

Dated at:
Town of Colonie N.Y.
NOVEMBER 1 19 91

Justice

Rec'd
11-1-91
6:28 pm

Memorandum from

Inmate Service Unit

TEL 869-2600

DATE: 11/13/91

SUBJECT: Educational Service Request

out 12/19

TO: Sr. J. Mittnight

From: Joseph Stanbach

The attached is for your retention. Please note below your approval/disapproval and return to the Inmate Service Unit.

Inmate [redacted] housed on the 7E Tier has been approved _____ disapproved _____ to attend the Education Program.

Comments: _____

_____

_____

_____ _____

Date School Coordinator

CONSULTATION

Name Rev. Lowe

Affiliation Georgia Baptist Convention

Inmate Brunson Burrell

Tier

Date 12/9/93 (Thurs.)

Time 1:30 p.m.

Staff T.R.

Recorded -staff T.R.

CONSULTATION

Name Rev. Dudley Long

Affiliation Peoples Baptist Church

Inmate Jonathan Binney

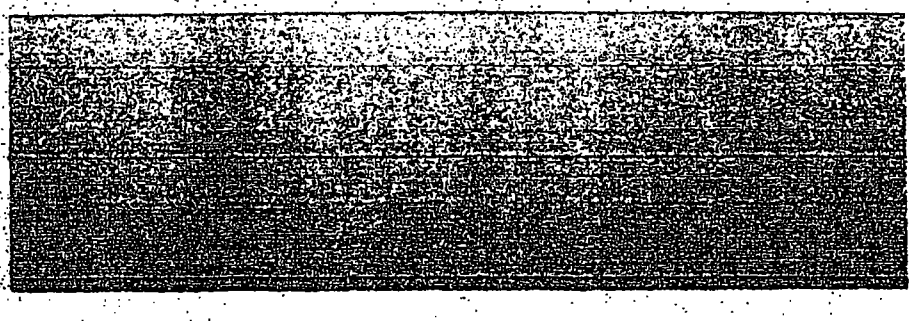
Tier 4E L-2

Date 12/5/91

Time 1:45 PM

Staff (BR)

Recorded -staff (BR)



To whom it may concern. My name is Jonathon Kyle Binney. I am presently at 1E. First I was in 7E. I had received quite an amount of being teased, criticised, and threatened. An Inmate teased me to the point to where I am now having depression. It was after 2:07 when I stood up and went over to his bed to ask him to quite making fun of me. The inmate stood up and started arguing. We were put on 2W as a result of it. When I got there I [redacted] my bed sheet up on the bars. Reason, last time I was on 2nd west I was beat up for 30 min. I was sent back to 1E R12. When the "Shrink" called me to his office, he told me I was going back to 2W. I did that night. About 5-10 min after I was in my cell, (door was closed) I sat on my toilet to think, consider if I was going to get hurt, and talk to people who were asking me questions. A black boy came up and started talking to me. As I looked away he punched me in the face. [redacted] When the CO. came by I told him I was going to hang up. He pulled me out of the cell and started to ask me what was wrong. I told him. [redacted] Now I am back on 1E. I like the people here and the people like me. I can get the substances of the people who are out all day to share the fact that the want me out with them. That is what I am requesting. I can't go back to 7E because of the write up. I can't go back to 2W cause I'll get beat up. Character (one of the Sergeants even said so.) I have to be classified as Craft a Level 5. So I can get out and play games with the other guys. (who want me to stay with them.) I will be awaiting your answer.

Thank YOU! Jonathon Binney

See MH Referral #5

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SPECIAL VISIT (non-contact)

Name: Jim Bunney
Sandra Bunney

Relationship: Father
Mother

Inmate: John Bunney

Tier: [redacted] (15)

Date: 12/4/91

Time: 330pm

Staff: (CC)

Recorded - staff: 10 W

Parents out of Town SPOKE to PG
She SPOKE to Sgt Stack o/k'd (CC)

ALBANY COUNTY JAIL AND PENITENTIARY

TO: Tour Commander

FROM: Medical Department

DATE: 11/25/91

SUBJECT: Form for Medical Restriction/Lock-Ins

Inmate's Name Barney Johnathan Tier 1E Class Level _____

Type of Restrictions (Check all that apply)

Lock-Ins	☐	School	☐
Restricted to Tier	☐	Consultations	☐
Restricted from Recreation	☒	Church Services	☐
Contact Visitation	☐	Commissary	☐
Non-Contact Visitation	☐	Isolate/Possible Contagious	☐
Legal Library	☐	Meals on Disposable Utensils	☐
Library	☐	Special Instructions (see below)	☐
Work	☒		

Medical Staff ordering restriction VJ3 (Must be reviewed by doctor if not ordered by doctor)

Brief statement of reason for restriction:

? c Injury to Rt eye c orbit -

Special Instructions: Restrict until Xray report returned

Ordered by: _____ (Doctor's Signature) Dr D. Moore VJ3 (VIA Phone - Doctor's Name)

Nurse VJ3 Review by Tour Commander _____ 11/26/91

Original - Medical File
cc - Superintendent
Inmate's File

INSTRUCTIONS:
WHITE - CAPTAIN
YELLOW - I. D.
PINK - INMATE COPY

SHERIFF'S OFFICE
ALBANY COUNTY JAIL & PENITENTIARY
ALBANY, NEW YORK 12211

JJ Capt

INMATE DISCIPLINARY REPORT FORM

NAME OF INMATE Johnathon Binney TIER 2W CELL 2,11

LOCATION OF INCIDENT 7E Bay 105 DATE 11/24/91 TIME 2:15 ~~PM~~ AM

CHARGE(S) AGAINST INMATE Verbal Altracation with another Inmate Being out of his bunk after 12:30 A.M. Causing a disturbance on the tier.

NAME OF OFFICER WHO DELIVERED COPY OF CHARGE(S) TO INMATE C.O. R. Moos

DESCRIPTION OF ABOVE CHARGES ON above date and time, Inmate Binney was seen by this officer, out of his bunk, Face to Face with another inmate, arguing. Both inmate Seperated when ordered to do so. Both inmates moved to 2W without any further problems

WAS MORE THAN ONE INMATE INVOLVED? (X) YES ( ) NO IF YES LIST NAMES (IF KNOWN) & DESCRIBE WHAT ACTION THEY TOOK Norman White 2W L,16 Inmate was face to face with inmate Binney arguing

SIGNATURE OF OTHER EMPLOYEES WHO WITNESSED THE INCIDENT:
1. Illegible SIGNATURE 2. _____ SIGNATURE
3. _____ SIGNATURE 4. _____ SIGNATURE 5. _____ SIGNATURE

WAS INMATE LOCKED IN CELL AFTER INCIDENT ? Yes WAS INMATE LOCKED IN OTHER HOUSING UNIT? Yes

SERGEANT IN CHARGE OF SECTION Sgt. W. Lafontaine NAME TOUR COMMANDER Capt. P. McGeough NAME

SIGNATURE OF REPORTING OFFICER C.O. R. Moos DATE 11/24/91

INSTRUCTIONS: 3 COPIES
1. INMATE COPY
2. DISCIPLINARY FILE COPY
3. SUPERINTENDENT COPY (ATTACHED TO INCIDENT WRITE UP)

SHERIFF'S OFFICE
ALBANY COUNTY JAIL AND PENITENTIARY
ALBANY, NEW YORK 12211

Cpt HB

INMATE DISCIPLINARY REVIEW FORM

NAME OF INMATE Jonathon Binney TIER EAST CELL A-1

DATE OF REVIEW 11/24/91 TIME 12:25 (AM) PM REVIEW LOG BOOK NUMBER 59

INMATE'S STATEMENT: Inmate Binney did receive a copy of the Write-up - Binney did not have any witnesses to call for his hearing

Inmate Binney admitted to the charges.

REVIEW BOARD DISPOSITION Based on officer's report + inmate Binney admitting to the charges 8 days lock in given as of date 12/1/91.

____ VISITING REMOVED (WITH PROPER FORM)

____ RELIGIOUS SERVICES REMOVED (WITH PROPER FORM)

____ RECREATION REMOVED (WITH PROPER FORM)

8 days TELEPHONE CALLS REMOVED (EXCEPT LEGAL)

8 days REMOVED FROM WORK CREW

8 days COMMISSARY REMOVED

____ REMOVED FROM PROGRAMS (LIST PROGRAMS REMOVED FROM)

SIGNATURE OF INMATE Jonathon Binney DATE 11/25/91

HEARING OFFICER Capt. Tedford DATE

WITNESS Sgt. Lewis DATE

WITNESS [illegible] DATE

CONSULTATION

Name Rev. Long.

Affiliation Peoples Bapt Church Colon. S

Inmate John Benny.

Tier

Date 11/26/91

Time 1300 hr.

Staff PC

Recorded -staff (DB)

CONSULTATION

Name Rev. Dudley Long

Affiliation Peoples Baptist Church

Inmate Jonathan Benney

Tier 7E

Date 11/22/91

Time 11:00AM

Staff RB

Recorded -staff RB

[redacted]

Memorandum from

Inmate Service Unit

TEL 869-2600

DATE: 11/13/91

SUBJECT: Educational Service Request

TO: Sr. J. Mittnight

From: [signature]

The attached is for your retention. Please note below your approval/disapproval and return to the Inmate Service Unit.

Inmate [redacted] housed on the 7E Tier has been approved ____ disapproved ____ to attend the Education Program.

Comments: _____

_____

_____

_____ _____

Date School Coordinator

[redacted]

EDUCATIONAL SERVICES INFORMATION FORM

Inmate Binney (Last) Jonathon (First) K (M.I.) D.O.A. 11/1/91

Age 18 D.O.B. [redacted] Sex Male

Part I

If you are under the age of twenty one (21), do not have a high school diploma and are likely to be incarcerated for ten (10) or more days, you may attend the school program, held here at the Jail. If you choose to attend, you will be in class for three hours a day, on scheduled school days.

Inmate Service Unit staff will assist you in completing Part II of this form. If you do not choose to attend school at this time, but want to attend at a later date you can, by submitting a written request to the Inmate Service Unit

Further educational services may be available after your release, as long as you are under the age of twenty one (21). If you want more information or assistance on how to return to school, submit a written request to the Inmate Service Unit.

Please ask questions about anything you don't understand

The information noted in Part I has been explained to me and I understand its contents.

Inmate Signature Jonathon Binney Date 11/4/91

Part II

Read and check the appropriate statement(s)

1. I am under the age of 21 and do not have a high school diploma ✓
2. Last school grade completed 11
3. I want to receive educational services while I am incarcerated ✓
4. I do not want educational services at this time ____

Inmate Signature Jonathon Binney Date 11/4/91

I.S.U. staff Joseph Blackwell Date 11/4/91

Part III

1. Inmate's address _____

_____

2. Last school attended Public Division Freedom Village N.Y.

3. Parent/guardian address _____

_____

4. Parent/guardian school _____

5. Date file reviewed ___/___/___ Decision to process ___yes ___no

Note: if denied, justification must be in writing and attached to this form

6. Inmate re-contacted on ___/___/___ to verify, still wants school

7. Copy of Page I forwarded to Educational Supervisor on ___/___/___

8. STAC-201 Form filled out and forwarded to Educational Supervisor on ___/___/___

Other

CONSULTATION

Name Pastor Dudley Long

Affiliation Calvary Baptist Church

Inmate Jonathan Binney

Tier 4E

Date 11/6/91 Wed.

Time 1:30pm

Staff (RB)

Recorded -staff (RB)

ALBANY CITIZENS COUNCIL ON ALCOHOLISM, INC.
Sarah R. Hall, R.N., M.Ed., C.A.C.
Executive Director

COMMUNITY EDUCATION

Marietta P. Sousis, R.N., C.A.C.
Program Director

P.O. Box 14075
Albany, New York 12212-4075
Phone 465-5829

ADDICTIONS REFERRAL FORM FOR ALCOHOL AND CHEMICAL DEPENDENCY

Inmate Name: [redacted] Date 11/4/91

Tier: H E

Criminal Charge: Burglary 3rd

Referral Source: [redacted]

Reason for Referral: ___ AA ___ NA

Other (Explain) Requested alc. counselor Referral ?

Court Date:

SPECIAL VISIT (non-contact)

Name James Bennett
Rev. Hadley Mann

Relationship Father

Inmate Jonathan Bennett

Tier 7 East

Date 10/9/91 (Wednesday)

Time 4:30 P.M.

Staff D.H

Recorded -staff T.R

To: Inmate Service Unit

From: Jonathan Binney Outdate 10-9-91 Tier 7E

D.O.B. [redacted] S.S.# [redacted]

I Jonathan Binney request the dates of my present or recent incarceration at the Albany County Jail.

Jonathan Binney
Signature

10-10-91
Date

Witness: _____

Date: _____

I.S.U. USE ONLY

Date received 10/10/91

Form given ____ yes ____ no

Staff _____

Date 10/10/91

5/86

CONSULTATION

Name Pastor Long

Affiliation Baptist Church

Inmate Jamison Bowery

Tier 7 East

Date 10/7/91 (Mon)

Time 1:30 pm

Staff T.R.

Recorded -staff /

55

I, John Binney request protective custody status, knowing that some restrictions of normal activities may occur.

This has been explained to me by: C.O. W. Grawick

Signature of Inmate: Jonathan Binney

Date: 9-21-91

Time: 6:30 PM

Unit Supervisor Signature: Sgt Lacey

Date: SEPT. 21 1991

Time: 6:20pm

Tour Commander Signature: [signature]

Date: 9-21-91

Time: 6:30 PM.

Comments: WAS housed on 3W R-24 House TO 4E L-11

CC: Ass't Sup
Classification
ISU
Cpt Ofc' (File)

Memorandum from

Inmate Service Unit

IEL 069

DATE: 7-24-91

SUBJECT: Educational Service Request

TO: Sr. J. Mittnight

From: Joseph Bunbach

The attached is for your retention. Please note below your approval/disapproval and return to the Inmate Service Unit.

Inmate Joseph Bunbach housed on the 4E Tier has been approved ____ disapproved ____ to attend the Education Program.

Comments: _____

_____

_____

_____ _____

Date School Coordinator

I, John Binney request to be taken OUT of protective custody status, knowing I will return to normal activities and will be subject to general housing. This has been explained to me by: Richard T. Lilleman.

Signature of Inmate: John Binney

Date: 10-3-91

Time: 1035 AM

Unit Supervisor Signature: Lt Leary

Date: 10-3-91

Time: 12:20 pm

Tour Commander Signature: C Marcy

Date: 10-3-91

Time: 1151 hrs

Inmate Relocated YES / NO

If YES to what tier: ___ / cell: ___

Comments:

CC: Ass't Sup
Classification
ISU
Cpt Ofc (file)

ALBANY COUNTY JAIL AND PENITENTIARY

TO: Tour Commander

FROM: Medical Department

DATE: 9-25-91

SUBJECT: Form for Medical Restriction/Lock-Ins

Inmate's Name Barney DeGraffenreid Tier 4E Class Level _____

Type of Restrictions (Check all that apply)

Lock-Ins	☐	School	☐
Restricted to Tier	☐	Consultations	☐
Restricted from Recreation	☒	Church Services	☐
Contact Visitation	☐	Commissary	☐
Non-Contact Visitation	☐	Isolate/Possible Contagious	☐
Legal Library	☐	Meals on Disposable Utensils	☐
Library	☐	Special Instructions (see below)	☐
Work	☒		

Medical Staff ordering restriction WT Zwick (Must be reviewed by doctor if not ordered by doctor)

Brief statement of reason for restriction:

_____

_____

Special Instructions: _____

_____

Ordered by: _____ _____
(Doctor's Signature) (VIA Phone - Doctor's Name)

Nurse _____ Review by Tour Commander _____

Original - Medical File
cc - Superintendent
Inmate's File

SPECIAL VISIT (non-contact)

Name: James Benney
Landon Benney

Relationship: Father
Mother

Inmate: Jonathan Benney
Tier 4-East

Date: 9/30/91 (Monday)

Time: 1:00 P.M.

Staff: DH

Recorded -staff _____

[redacted]

CONSULTATION

Name Rev - Dudley Long

Affiliation Corpus Baptist Church

Inmate Jonathan Benney

Tier 4-East

Date 9/23/91 (Monday)

Time 10:00 AM

Staff D.H

Recorded -staff D.H

[redacted]

CONSULTATION

Name Rev. Dudley Long

Affiliation People Baptist Church

Inmate Jonathan Bunney

Tier 4 East

Date Thurs. 9/26/91

Time 10:30AM

Staff (LK)

Recorded -staff

Need Copy of ordination Papers

[redacted]

Set for the Defence of the Gospel

This is to Certify that after a satisfactory relation of his Christian experience, call to the Ministry, and views of Christian doctrine,

Dudley K Long

was publicly ordained to the work of

The Gospel Ministry

on the Twenty-eighth day of August, 1952
by the Calvary Baptist church at Akron, Ohio
having been duly recommended for ordination by a Council of Baptist Churches of the Akron Baptist Association composed of Sixteen messengers from ten churches, convened at the call of the Calvary Baptist church on the Sixth day of August, 1952.

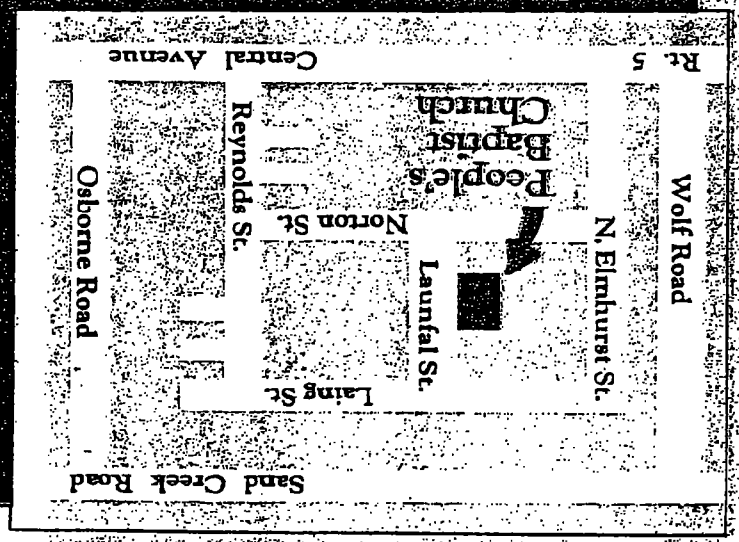
N. E. Wilson — Moderator of the Council
George Hoblick — Clerk of the Council
T. H. Pinford
C. L. Darsey

N. E. Wilson — Moderator of the church
Ruby Hirdsetter — Clerk of the church
Frederick Harrold
Elijah D. Winfield

No. 181 S — The Forster Press — Printed in U.S.A.

God's Truth For You

1. *God Loves You.*
"For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life." *(John 3:16).*
2. *Jesus is the Only Way to Heaven.*
"Jesus said unto him, I am the way, the truth, and the life: no man cometh unto the Father, but by me." *(John 14:6).*
3. *You Are a Sinner.*
"There is none righteous, no, not one...for all have sinned, and come short of the glory of God." *(Romans 3:10, 23).*
4. *The Result of Sin is Spiritual Death.*
"For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord." *(Romans 6:23).*
5. *Jesus Paid the Penalty for Your Sin.*
"Who his own self (Jesus) bare our sins in his own body on the tree, that we, being dead to sins, should live unto righteousness: by whose stripes ye are healed." *(I Peter 2:24).*
6. *You Can be Saved from Your Sin.*
"If thou shalt confess with thy mouth the Lord Jesus, and shalt believe in thine heart that God hath raised him from the dead, thou shalt be saved." *(Romans 10:9).*



Does Your Life Need Changing?

Are you absolutely sure where you'll go when you die? Are you dissatisfied and frustrated in life? Are you lacking an inner peace you feel you should have? Are you searching for the true meaning of life?

If the answer is yes, then you need to know what God has to offer you.

God created you to have a relationship with Him, but sin has separated you from Him. Because God loves you, He has made a way for you to know Him and have eternal life.

Introducing To You and Your Family...

PEOPLES BAPTIST CHURCH

12 Launfal St., Albany, NY 12205
459-2717

Dr. Dudley R. Long, Pastor

THE LORD'S DAY, SEPTEMBER 22, 1991

Dr. Dudley R. Long, Pastor
Mr. Brendan Doerstling, Organist
Miss Lorraine E. Dyer, Organist Emeritus

WELCOME

Whosoever thou art who entereth this church, remember it is the House of God. Be reverent, be thoughtful, be attentive, and leave it not without prayer to God for thyself, for those who minister and those who worship here.

MORNING WORSHIP SERVICE

Prelude	"Jesus, Thy Blood and Righteousness", arr. Bish
*Hymn No. 255	"In Thy Name, O Lord Assembling"
*Invocation	
*Doxology	
* Hymn No. 205	"Oh, Could I Speak the Matchless Worth"
Responsive Reading	Jeremiah 51:20-40
*Hymn No. 1	"Praise My Soul, the King of Heaven"
Scripture Lesson	Luke 18
*Pastoral Prayer	
The Lord's Tithes and Our Offerings (Preceded by Prayer)	
Offertory	"All Glory, Laud and Honor", arr. DeCou
Sermon	"A MAN WHO COULD BUT WOULD NOT"
*Hymn No. 396	"Jesus is Calling"
*Benediction	
Postlude	"Short Prelude VI", Bach

EVENING SERVICE

Prelude	"It is Well with My Soul", arr. DeCou
*Hymn No. 23	"To God be the Glory"
*Prayer	
*Hymn No. 868	"Fully Trusting"
Scripture Lesson	Psalm 78
Duet	Kimberly Heller and Beth Drobinski
*Hymn No. 983	"When the Roll is called Up Yonder"
The Lord's Tithes and Our Offerings (Preceded by Prayer)	
Offertory	"I am His and He is Mine", arr. Warren
Solo	Miss Kimberly Heller
Sermon	"LEARNING FROM HISTORY"
*Hymn No. 656	"O Gentle, Sweet and Tender Love"
Postlude	"The Solid Rock", Bradbury

"Sorry, we don't have potted geraniums," said the nursery clerk. "Could you use African violets?" "No," the man sadly replied. "It was geraniums my wife told me to water while she was away."

Remember, when you tell others your troubles, half of them aren't interested, and the other half are glad to see you finally getting what you deserve.

It was John Wesley who long ago declared: "Get on fire for God, and men will come to see you burn." And, it might be added, you will be like Moses' burning bush. You will burn with a fire that gives warmth and light, but that does not consume.

"You can't turn back the clock. But you can wind it up again. Bonnie Prudden.

God often digs wells of joy with the spade of sorrow.

Every minute you are angry, you lose sixty seconds of happiness.

THIS WEEK AT PEOPLES BAPTIST

Today 6:30 PM Awana Leaders Meeting
Wed., 7:00 PM Prayer Meeting and Bible Study
Thur., 6:30 PM Awana Clubs Begin
Fri., 6:30 PM Fellowship Dinner
Sun., 9:15 AM Sunday School Teachers Prayer Time
9:30 AM Sunday School - a class for every age.
10:55 AM Morning Worship Servic
6:30 PM Youth Groups
7:30 PM Evening Service

NURSERY SCHEDULE SEPTEMBER 22

AM — Mrs. Donald Hoyer
TODDLERS — Mrs. Frank Gullie, Miss Laura Genthner
PM — Miss Margaret Welch

NURSERY SCHEDULE SEPTEMBER 29

AM — Mrs. Thomas Sicko
TODDLERS — Mrs. William Genthner, Miss Laura Genthner
PM — Miss Mable Seeley

DATES TO REMEMBER

Sunday, September 22, 6:30 PM, Awana Leaders Meeting.
Thursday, September 26, 6:30 PM, Awana begins.
Friday, September 27, 6:30 Fellowship Dinner.
Saturday, October 5, Craft Fair at Dublin Christian Academy.
Saturday, November 1, Art Show at Dublin Christian Academy.

TAKE NO THOUGHTS

"Take no thought for your life, what ye shall eat, or what ye shall drink; nor yet for your body, what ye shall put on." Matthew 6:25.

It has been well said that no man ever sank under the burden of the day. It is when tomorrow's burden is added to the burden of today that the weight is more than a man can bear. Never load yourselves so, my friends. If you find yourselves so loaded, at least remember this: It is your own doing, not God's. He begs you to leave the future to Him, and mind the present.

cont'd. from page 1

danger, her testimony of love for her child carries no weight with intelligent people. People may sing, "Oh, how I love Jesus," until the stars fall, but if they refuse to do His will, people know they do not love Him.

We should all give our testimony. There are two ways to do it—one is by what we say, and the other is by what we do. The Bible gives much emphasis to tongue testimony. We are told that if we confess Him before men, He will confess us before His Father. The Bible does not discount tongue testimony. The Gospel message can be carried by word of mouth and should be so carried, but there is more than this to be done. We folks who claim to have salvation should live it day by day. "What you are speaks so loud I cannot hear what you say," may be said of many professing Christians. GLEANINGS FROM "A RICH LIFE," Dr. Bob Jones, Sr.

A COMFORTING RETREAT

"They all made us afraid, saying, Their hands shall be weakened from the work, that it be not done. Now therefore, O God, strengthen my hands>" Nehemiah 6:9.

Do not measure the blessing of prayer by feelings. When you feel least like praying you need it most. satan uses discouragement and despondency to break up the habits of supplication; but a traveler might as well give way to drowsiness and inaction when in danger of freezing.

CONTENTMENT

There is a sense in which a man looking at the present in the light of the future, and taking his whole being into account, may be contented with his lot: that is Christian contentment. But if a man has come to the point where his is so content that he says, "I do not want to know any more, or do any more, or be any more," he is in a state in which he ought to be changed into a mummy! Of all hideous things, a mummy is the most hideous; and of mummies, the most hideous are those that are running about the streets and taling. H. W. Beecher.

One on God's side is a majority.

0060

File

INSTRUCTIONS: 3 COPIES
1. INMATE COPY
2. DISCIPLINARY FILE COPY
3. SUPERINTENDENT COPY (ATTACHED TO INCIDENT WRITE UP)

SHERIFF'S OFFICE
ALBANY COUNTY JAIL AND PENITENTIARY
ALBANY, NEW YORK 12211

INMATE DISCIPLINARY REVIEW FORM

NAME OF INMATE John Binney TIER 2nd HC CELL C-11

DATE OF REVIEW 9-22-91 TIME 6 45 AM (PM) REVIEW LOG BOOK NUMBER 252

INMATE'S STATEMENT:

Inmate did receive a copy of his charges. He states that he was forced to fight B. Austin by other inmates on the tier. He admits to fighting with B Austin.

REVIEW BOARD DISPOSITION Based on his admission of guilt and on request he sustained 1 week loss of 1 day Out date 10-4-91.

____ VISITING REMOVED (WITH PROPER FORM)

____ REMOVED FROM WORK CREW

____ RELIGIOUS SERVICES REMOVED (WITH PROPER FORM)

10-4-91 COMMISSARY REMOVED

____ RECREATION REMOVED (WITH PROPER FORM)

____ REMOVED FROM PROGRAMS (LIST PROGRAMS REMOVED FROM)

10-4-91 TELEPHONE CALLS REMOVED (EXCEPT LEGAL)

SIGNATURE OF INMATE Jonathan Binney DATE 9-22-91

HEARING OFFICER Lt Gerald C. Bennett DATE

WITNESS Lt. K. Jones DATE

WITNESS C.O. Augustine DATE

INSTRUCTIONS:
WHITE - CAPTAIN
YELLOW - I. D.
PINK - INMATE COPY

SHERIFF'S OFFICE
ALBANY COUNTY JAIL & PENITENTIARY
ALBANY, NEW YORK 12211

INMATE DISCIPLINARY REPORT FORM

NAME OF INMATE John Rimmey TIER 2 West CELL R24

LOCATION OF INCIDENT 2 west R24 cell DATE 9/21 TIME 6:12 (AM) PM

CHARGE(S) AGAINST INMATE Fighting Creating a Disturbance

NAME OF OFFICER WHO DELIVERED COPY OF CHARGE(S) TO INMATE [illegible]

DESCRIPTION OF ABOVE CHARGES While Sgt Geewicz was making a round of the tier he noticed Inmate had been in an altercation, when questioned Inmate stated he had been in a fight with Richard Moore

WAS MORE THAN ONE INMATE INVOLVED ? (X) YES ( ) NO. IF YES LIST NAMES (IF KNOWN) & DESCRIBE WHAT ACTION THEY TOOK Richard Moore, Fighting

SIGNATURE OF OTHER EMPLOYEES WHO WITNESSED THE INCIDENT:
1. _____ SIGNATURE
2. _____ SIGNATURE
3. _____ SIGNATURE
4. _____ SIGNATURE
5. _____ SIGNATURE

WAS INMATE LOCKED IN CELL AFTER INCIDENT ? yes WAS INMATE LOCKED IN OTHER HOUSING UNIT? yes

SERGEANT IN CHARGE OF SECTION _____ NAME TOUR COMMANDER [illegible] NAME

SIGNATURE OF REPORTING OFFICER [illegible] DATE 9/21/94

Memorandum

from

Inmate Service Unit

TEL 869-260(

DATE: 9-24-91

SUBJECT: Educational Service Request

TO: Sr. J. Mittnight

From: Joseph Shubert

The attached is for your retention. Please note below your approval/disapproval and return to the Inmate Service Unit.

Inmate James B. housed on the 4E L1 Tier has been approved _____ disapproved _____ to attend the Education Program.

Comments: in lock until 10-4-91

10/9/91
Date

Sr. J Cannizzo
School Coordinator

[redacted]

Hello, Howsit? (JS)

Well, I have not heard from you yet about taking my G.E.D. I would really like to take it.

So Long

[redacted]

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
1 COMMERCE PLAZA, ROOM 1603 T.T., ALBANY, NY 12234

REQUEST FOR EDUCATIONAL SERVICES TO AN INCARCERATED YOUTH

STAC - 201

STAC CHILD ID

CHILD'S NAME LAST	FIRST	MI	DATE OF BIRTH (MONTH / DAY / YEAR)	SEX M / F
Binney	Jonathan	K	[redacted]	M

LAST KNOWN RESIDENCE

Box 312
STREET

New Concord Ohio
CITY STATE ZIP CODE

- [x] NEW STAC-201
- [ ] CORRECTIONS TO A PREVIOUS STAC-201

LEGISLATIVE AUTHORIZATION:

[15] 3202.7 - EDUCATION OF INCARCERATED YOUTH

Dublin Christian academy - Dublin New Hampshire
PUBLIC SCHOOL DISTRICT OF RESIDENCE AT TIME OF COMMITMENT TO CUSTODY

DATE OF INCARCERATION IN THIS CORRECTIONAL FACILITY (MONTH / DAY / YEAR)	EXPECTED DATE OF RELEASE (MONTH / DAY / YEAR)
9/18/91	

Colonie
PUBLIC SCHOOL DISTRICT IN WHICH CORRECTIONAL FACILITY IS LOCATED

10
LAST GRADE COMPLETED

Albany Correction Facility
NAME OF CORRECTIONAL FACILITY IN WHICH CHILD IS INCARCERATED

ADDRESS OF FACILITY

840 Albany Shaker Rd
Albany, NY 12211

IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS, HAS NOT RECEIVED A HIGH SCHOOL DIPLOMA AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES UNDER THE LEGISLATIVE AUTHORIZATION INDICATED ABOVE AND HAS BEEN ADVISED OF THE AVAILABILITY OF SUCH EDUCATIONAL SERVICES.

Signature of Person Completing this Form — Title: ISS — Date: 10/3/91

Name of Facility: Albany C Correction Facility — (518) 889 2600 (Area Code / Telephone No.)

CORRECTIONAL FACILITY COPY

EDUCATIONAL SERVICES INFORMATION FORM

Inmate Binney Jonathon K. D.O.A. 9/18/91
Last First M.I.

Age 17 D.O.B. [redacted] Sex Male

Part I

If you are under the age of twenty one (21), do not have a high school diploma and are likely to be incarcerated for ten (10) or more days, you may attend the school program, held here at the Jail. If you choose to attend, you will be in class for three hours a day, on scheduled school days.

Inmate Service Unit staff will assist you in completing Part II of this form. If you do not choose to attend school at this time, but want to attend at a later date you can, by submitting a written request to the Inmate Service Unit

Further educational services may be available after your release, as long as you are under the age of twenty one (21). If you want more information or assistance on how to return to school, submit a written request to the Inmate Service Unit.

Please ask questions about anything you don't understand

The information noted in Part I has been explained to me and I understand its contents.

Inmate Signature Jonathon Binney Date 9/19/91

Part II

Read and check the appropriate statement(s)

1. I am under the age of 21 and do not have a high school diploma ✓
2. Last school grade completed 10
3. I want to receive educational services while I am incarcerated ✓
4. I do not want educational services at this time

Inmate Signature Jonathon Binney Date 9/19/91

I.S.U. staff Joseph Stanbrook Date 9/19/91

Part III

1. Inmate's address _____

_____

2. Last school attended _____

3. Parent/guardian address _____

_____

4. Parent/guardian school _____

5. Date file reviewed ___/___/___ Decision to process ___yes ___no

Note: if denied, justification must be in writing and attached to this form

6. Inmate re-contacted on ___/___/___ to verify, still wants school

7. Copy of Page I forwarded to Educational Supervisor on ___/___/___

8. STAC-201 Form filled out and forwarded to Educational Supervisor on ___/___/___

Other _____

I, Jonathon Binney request to be taken OUT of protective custody status, knowing I will return to normal activities and will be subject to general housing. This has been explained to me by: Thomas J. Nielsen.

Signature of Inmate: Jonathon Binney

Date: 11/7/91

Time: 9:25 AM

Unit Supervisor Signature: Sgt O'Brien

Date: 11-7-91

Time: 9:45 AM

Tour Commander Signature: Capt. Treubert

Date: 11-7-91

Time: 9:52 AM

Inmate Relocated YES / NO

If YES to what tier: _____ / cell: _____

Comments: He signed into P.C. because while in Dorm 2 he was assaulted by 2 inmates. Now that he feels better about his safety he is signing out of P.C. Also inmate has been released to Dm 2 and when assigned by medical will be going to 76-D

CC: Ass't Sup
Classification
ISU
Cpt Ofc (file)

ALBANY COUNTY JAIL
MENTAL HEALTH UNIT

INMATE [redacted]

DATE 11.25.91

TIME 6P

M.H. STAFF: [redacted]

RECOMMENDATIONS:

CLEARED FOR CLASSIFICATION ✓

RETURN CLOTHING AND TAKE OUT OF LOCK _____

RETURN CLOTHING AND REMAIN IN LOCK ✓

ONE ON ONE WATCH _____

RECLASSIFICATION REQUEST FORM

(Form C-4)

NAME Bussey, Johnathon DATE 11-25-91

D.O.B. [redacted] SEX M TIER 1E CELL 1R

Reason for reclassification request: No mental illness. Not suicidal. Return to classification.

Qua Pa - Cresaun - does not need fish WD alerts

Inmate Signature: _____

Staff Signature: Wm. McINTYRE, Ph.D. — Mental Health Unit

CLASSIFICATION UNIT USE ONLY

Reclassification request approved _____ disapproved _____

Reclassification to Level _____

Housing Unit assignment _____ Tier _____ Cell

Reason(s) for disapproval _____

_____ _____

Classification Unit Staff Date

NOTICE OF CLASSIFICATION DECISION

(Form C-6)

TO: Jonathan Binney

DATE: 11-7-91

On: 11-7-91 a decision was rendered by the Classification Unit as to your Classification Level, as noted below.

Classification Level: 2 STD

Housed on 2E23 Tier

NOTIFICATION & EXPLANATION:

Jonathan Binney 11-7-91
Inmate Date

Daniel J. Travers 11/7/91
Staff Date

CC: Admission & Discharge
Inmate File

~~WHITE~~ COPY- INMATE YELLOW COPY- ADMISSION & DISCHARGE ~~PINK~~ COPY- INMATE FILE

ALBANY COUNTY JAIL
MENTAL HEALTH UNIT

INMATE Binney, Jonathan

DATE 11-6-91

TIME 12:05

M.H. STAFF: Wm F McLaughlin PhD

RECOMMENDATIONS:

CLEARED FOR CLASSIFICATION ✓

RETURN CLOTHING AND TAKE OUT OF LOCK

RETURN CLOTHING AND REMAIN IN LOCK until mon ✓

ONE ON ONE WATCH

ALBANY COUNTY JAIL
MENTAL HEALTH UNIT

INMATE Binney, Jonathan

DATE 12/3/91

TIME 1:05

M.H. STAFF: Maureen Farrell

RECOMMENDATIONS:

~~CLEARED~~ Returned to CLASSIFICATION ✓

RETURN CLOTHING AND TAKE OUT OF LOCK

RETURN CLOTHING AND REMAIN IN LOCK ✓

ONE ON ONE WATCH

ALBANY COUNTY JAIL
MENTAL HEALTH UNIT

INMATE Binney, Jonathan

DATE 12/2/91

TIME 12:30

M.H. STAFF: Wm F McLaughlin PhD

RECOMMENDATIONS:

~~CLEARED FOR~~ Returned to CLASSIFICATION ✓

RETURN CLOTHING AND TAKE OUT OF LOCK

~~RETURN CLOTHING AND~~ REMAIN IN LOCK until mon ✓

ONE ON ONE WATCH

RECLASSIFICATION REQUEST FORM

(Form C-4)

11/6/91 - File in Classification D.H

NAME Binney, Johnathon DATE 11-6-91

D.O.B. [redacted] SEX M TIER 1E CELL

Reason for reclassification request: DC MENTAL ILLNESS - NOT SUICIDAL. HAS REQUESTED PC. REFUSED TO CLAIM

Inmate Signature:

Staff Signature: M. Sawyer Unit

CLASSIFICATION UNIT USE ONLY

Reclassification request approved _____ disapproved _____

Reclassification to Level _____

Housing Unit assignment _____ Tier _____ Cell

Reason(s) for disapproval _____

Classification Unit Staff _____ Date _____

I, Jonathan Binney request protective custody status, knowing that some restrictions of normal activities may occur.

This has been explained to me by: C/O [illegible].

Signature of Inmate: Jonathan Binney

Date: 11-4-91

Time: 1:15 PM

Unit Supervisor Signature: [illegible]

Date: 11-4-91

Time: 1:17 pm

Tour Commander Signature: Capt. Teabout

Date: 11-4-91

Time: 1:18 pm

Comments: Inmate Binney is a very small person. He is afraid of other inmates.

CC: [redacted]
Classification
ISU
Cpt Ofc (File)

ALBANY COUNTY JAIL AND PENITENTIARY

INMATE CLASSIFICATION

RECOMMENDATION

(Form C-2)

DATE: 11/2/91

TO: Classification Unit

FROM: Medical Department M Courter Staff

Inmate: Burney, Jonathan D.O.A. 11/1/91

Sex: Male D.O.B. [redacted] Age: 18

Assessment: Injures Lab Work

Recommendation: Medical Lock
Cleared for Classification

For usage by: Medical Department
Mental Health Unit
Inmate Service Unit

INMATE CLASSIFICATION

RECOMMENDATION

(Form C-2)

TO: Classification Unit

From: Inmate Service Unit Staff Joseph Stanbach

Date: 11/7/91

Inmate: Bunney, Jonathon Kyle D.O.A. 11/5/91

Sex: Male D.O.B. [redacted] Age 18

Assessment: Polite and Cooperative

Recommendation: First 2 Due to Current Charge and only 1 past disciplinary problem

For usage by: Inmate Service Unit
Medical Department
Mental Health Unit

BEHAVIOR OBSERVATION FORM
(Form C-3)

Inmate Johnathan Binney D.O.B [redacted] Tier 4E Cell 1-11

D.O.A. 11-1-91

Reception Unit Officers, on each shift, will denote inmate's behavior, attitude and other pertinent information. When recording information, officers must print their name and date next to said information as well as print name and date next to appropriate shift on bottom of page.

MENTAL HEALTH CONCERN

MEDICAL CONCERN

DISCIPLINARY PROBLEMS

GENERAL COMMENTS Quiet No Problems

Behavior Observation form will be picked up at time of I.S.U. Intake Interview. If inmate is moved to another tier before classified, form must go with inmate.

DATE	SHIFT	OFFICER (Print)
	7-3	
	3-11	
11-4-91	11-7	Devine
11-4-91	7-3	[signature]
	3-11	
	11-7	
	7-3	

DATE	SHIFT	OFFICER (Print)
	3-11	
	11-7	
	7-3	
	3-11	
	11-7	
[illegible]	7-3	
	3-11	

INITIAL CLASSIFICATION INTAKE SHEET

(Form C-1)

NAME Jonathan K Binney A.K.A. Boozer

D.O.A. 11-1-91 SEX male D.O.B. [redacted]

1. ANY VISIBLE INJURIES _____ YES [redacted] X NO

IF YES, DESCRIBE _____

2. a.) APPEARS INTOXICATED _____ YES X NO

b.) USING ILLEGAL DRUGS _____ YES States no X NO

3. MEDICAL CONDITIONS States he has a bad back. sinuses, Allergies.

4. ON ANY MEDICATION X YES _____ NO

IF YES, LIST TYPE & AMT. Seldane - 2 x a day

5. MENTAL CONCERN States none

6. PHYSICAL CONCERN Back pain.

6. a.) PRIOR INCARCERATION A.C.C.F. 9-91

7. ASSESSMENT OF INMATES APPEARANCE AND BEHAVIOR:

8. TIER PLACEMENT 4E CELL L11

DATE 11-1-91 TIME 2:49 p.m.

ADMISSIONS & DISCHARGE UNIT STAFF W. Sullivan

CLASSIFICATION DATA

Inmate Binney, Jonathan D.O.A. 9-18-91

A.K.A. _____

D.O.B. [redacted] 17 Sex male

Initial Classification Placement 4E RJ

Classification Level JWD Housed 2W 24R

Reclassified on _____ to Level _____ Housed _____

Reason _____

Reclassified on _____ to Level _____ Housed _____

Reason _____

REclassified on _____ to Level _____ Housed _____

Reason _____

Notes: Bng 3rd, cpsp 3,4,5

9/20/91 Should'nt be a Mgmt prob problem.
Non Violent first time jailed/sentenced

NOTICE OF CLASSIFICATION DECISION

(Form C-6)

TO: Jonathan Dorsey

DATE: 9-20-91

On: 9-20-91 a decision was rendered by the Classification Unit as to your Classification Level, as noted below.

Classification Level: X000

Housed on 2W 24R Tier

NOTIFICATION & EXPLANATION:

J. Jonathan 9-20-91
Inmate Date

David J. Hunter 9-20-91
Staff Date

CC: Admission & Discharge
Inmate File

WHITE COPY- INMATE YELLOW COPY- ADMISSION & DISCHARGE PINK COPY- INMATE FILE

ALBANY COUNTY JAIL AND PENITENTIA

INMATE CLASSIFICATION

RECOMMENDATION

(Form C-2)

DATE: 9-18-91

TO: Classification Unit

FROM: Medical Department [signature] RN Staff

Inmate: Bunney Jonathan D.O.A. 9-18-91

Sex: Male D.O.B. [redacted] Age: 17

Assessment: _____

Recommendation: Cleared For Classification

For usage by: Medical Department
Mental Health Unit
Inmate Service Unit

INMATE CLASSIFICATION
RECOMMENDATION
(Form C-2)

TO: Classification Unit

From: Inmate Service Unit Staff Joseph Stanback

Date: 9/19/91

Inmate: Binney, Joshua Kyle D.O.A. 9/18/91

Sex: Male D.O.B. [redacted] Age 17

Assessment: Polite and Cooperative

Recommendation: Lock up Due to Current Charges and Lack of Stability to be Held 1st Appearance

For usage by: Inmate Service Unit
Medical Department
Mental Health Unit

BEHAVIOR OBSERVATION FORM
(Form C-3)

Inmate John Binney D.O.B. [redacted] Tier 4E Cell R-3
D.O.A. 9-18-91

Reception Unit Officers, on each shift, will denote inmate's behavior, attitude and other pertinent information. When recording information, officers must print their name and date next to said information as well as print name and date next to appropriate shift on bottom of page.

MENTAL HEALTH CONCERN

MEDICAL CONCERN

DISCIPLINARY PROBLEMS

GENERAL COMMENTS Inmate Court @

Behavior Observation form will be picked up at time of I.S.U. Intake Interview.
If inmate is moved to another tier before classified, form must go with inmate.

DATE	SHIFT	OFFICER (Print)
9-19-91	7-3	Devine
	3-11	
	11-7	
	7-3	
	3-11	
	11-7	
	7-3	

DATE	SHIFT	OFFICER (Print)
	3-11	
	11-7	
	7-3	
	3-11	
	11-7	
	7-3	
	3-11	

Revised 2/91

UNIT INTAKE INTERVIEW FORM

BACKGROUND

(11/1/91)

Name Binney (Last) Jonathan (First) Kyle (Middle) D.O.A. 9/18/91

A.K.A. Boyzer Age 17 D.O.B. [redacted]

Race W Sex M Social Security Number [redacted]

Address Box 312 - New Concord, Ohio Phone 614-872-3816

With Whom Parents Length 3 yrs Marital Status Sing

Spouse ____ Address ____ Phone ____

Employed No Employer ____ Length ____

Address ____ Position ____ Salary ____

Source of income (if not employed) NS

Veteran No Service ____ Dates ____ Type of discharge ____

Education 10 years Where Dublin Christian Academy, ? New Hampo

Diploma/Ged — College ____ # of years ____

Religion NS Where/Clergy ____

Prior living arrangements ____ Length ____

Prior living arrangements ____ Length ____

FAMILY BACKGROUND

	Name	Residence	Phone
Mother	Sandra Binney	as inmate	
Father	Jim "	"	
Siblings # 0			
Children # 0			

Contact Person Jim Binney Relationship Fr

Address as inmate Home phone 614 872 3816

Work phone —

Second Contact Person ____ Relationship ____

Address ____ Home phone ____

Work phone ____

CRIMINAL HISTORY

Court Colonie ✓ Judge Crisafoine ✓ Charges/Convictions Forging 3rd
CPSP 3, 4 + 5th Burg 3rd

Bail $2000 Arr. unk Attorney Pub Def. Put Def Phone

On Probation ✓ yes no P.O. Una Court Colonie Date sent. 10/9/91

Conviction CPSP 5th, Sentence 3 yrs. Time left 3 yrs.

Violated yes

On parole yes ✓ no P.O. Court Date sent. /__/__

Conviction Sentence Date paroled /__/__

Time left Violated

Other pending court actions N.S. ✓

PRIOR OFFENSES

Date	Court	Offense	Disposition
90	Grand, Ohio	U/A MV	dropped.
91	Colonie	CPSP 3+4+5, Burg.	3 yrs prob CPSP 5

**Escape/Attempted Escape ✓ no yes If yes, describe

PRIOR INCARCERATIONS

Date	Court	Offense/Conviction	Length of stay
	N.S.		
91	acj	CPSP 5th	30 Days

Initial phone call ✓ no yes No one to Call.

Any problems during present/prior incarceration ✓ no yes

Case History

Code 1 = daily 3 = several times a week 5 = doesn't use 7 = prior
2 = once a week 4 = several times a month 6 = other

Substance	Frequency/Quantity	Substance	Frequency/Quantity
Alcohol	3 5 /	Crack	5 /
Marihuana	5 /	Hallucinongen	/
Heroin	/	Tranquilizer	/
Cocaine	/	Methadone	/

Other drug usage N/S

Using any of above at time of arrest No What

I.V. drug usage No Needle shared No Comments

Alcohol/Drug Treatment History

Date__/__/__ Where N.S Length Finish

Date__/__/__ Where Length Finish

Mental Health Concerns

Depression N S V

Suicide thoughts/attempts N/S 7 yrs ago - put a gun but does hurt - not serious / None at this time

Suicide in family yes no

Mental Health Treatment History

Date__/__/__ Where N.S Reason

Date__/__/__ Where Reason

Medical Concerns

Any major medical concerns N.S - bad back pain

On any medication yes no List allergies - Benzonal

Seen by Medical Yes Inform medical of above yes no

Other N/S

Note: Information as noted on pages one to three, as stated by inmate

Inmate Intake Interview Findings

Prior Criminal History

Misdemeanor Convictions ✓ yes ✓ no Number 1 91 cpsp 5 3yrs prob.

Felony Convictions ___ yes ✓ no Number ___

Classification Concern

Suicide attempt ___ yes ✓ no

Escape history ___ yes ✓ no

Disciplinary Problem ✓ yes ___ no 1 fighting

Alcohol abuser ✓ yes ___ no

Drug abuser ___ yes ✓ no

Staff Notes

Very Polite and cooperative
applying for ed-services
Same

Intake conducted by Joseph Stanford Date 9/19/91

Update conducted by Joseph Stanford Date 10/4/91

BEHAVIOR OBSERVATION FORM
(Form C-3)

Inmate John Blaney D.O.B. [redacted] Tier 4E Cell B-3
D.O.A. 9/18/91

Reception Unit Officers, on each shift, will denote inmate's behavior, attitude and other pertinent information. When recording information, officers must print their name and date next to said information as well as print name and date next to appropriate shift on bottom of page.

MENTAL HEALTH CONCERN

MEDICAL CONCERN

DISCIPLINARY PROBLEMS

GENERAL COMMENTS SLEEPS WELL
Quiet, Cooperative

Behavior Observation form will be picked up at time of I.S.U. Intake Interview.
If inmate is moved to another tier before classified, form must go with inmate.

DATE	SHIFT	OFFICER (Print)	DATE	SHIFT	OFFICER (Print)
	7-3			3-11	
	3-11			11-7	
9/20/91	11-7	Martin		7-3	
9-20-91	7-3	Devine		3-11	
	3-11			11-7	
	11-7			7-3	
	7-3			3-11	

(Form C-1)

NAME JOHN BINNEY A.K.A. _____

D.O.A. 9-18-91 SEX MALE D.O.B. [redacted]

1. ANY VISIBLE INJURIES _____ YES X NO

IF YES, DESCRIBE _____

2. a.) APPEARS INTOXICATED _____ YES X NO

b.) USING ILLEGAL DRUGS _____ YES X NO

3. MEDICAL CONDITIONS STATES HE HAS ALLERGIES

4. ON ANY MEDICATION _____ YES X NO

IF YES, LIST TYPE & AMT. _____

5. MENTAL CONCERN STATES NONE

6. PHYSICAL CONCERN STATES NONE

6. a.) PRIOR INCARCERATION NO PRIOR

7. ASSESSMENT OF INMATES APPEARANCE AND BEHAVIOR:

COOPERATIVE

8. TIER PLACEMENT HE CELL 9-23

DATE 9-18-91 TIME 12:23 AM

ADMINISTRATIVE & DISCHARGE UNIT STAFF JOHN R. GRAVELLS

MENTAL HEALTH UNIT
INMATE REFERRAL FORM

Inmate Name: Jonathan [illegible] Classification Level: SMI

Date: 12-29-94 Time: 4:30 a.m./p.m. Tier: 4L Cell: 2 Age: 18

Staff member referring: C/O William Growick

1. Reason for referral: While making 4:30 PM Round Inmate Said to this officer that he was Scared and said he was hearing Voices telling him to kill himself to make everything better.

2. If above information from outside:

Name of person: Telephone #:

Agency/Family/Other:

3. Inmate behavior noticed by Correctional Staff:

X Talks about suicide
Suicidal gestures
X Depressed
Withdrawn
X Crying
X Anxiety/fear
Obsessions/compulsions
Other (please note)
This one time
Inappropriate behavior
Drastic change in behavior
Not sleeping
Not eating
Problem at school
Problem at home

4. Corrective action taken by Supervisor: Referred to Mental Health

Moved to Mental Health Unit: yes no Stripped/given gown: yes no

Inmate consultation by:

Mental Health: yes no Staff
Medical Unit: yes no Staff
Supervisor: yes no Staff
Other: yes no Staff

Additional comments:

Reviewed by: [illegible] Tour Commander

Original - Mental Health Unit
cc: Superintendent
Inmate File

MENTAL HEALTH UNIT
INMATE REFERRAL FORM

Inmate Name JOHN BINNEY Classification Level

Date 11-29 Time 1225 a.m. (p.m.) Tier 1E Cell R-12 Age 18

Staff member referring: CO Sr Sgt

1. Reason for referral: Inmate states that if moved to 2 West tier he will hang up.

2. If above information from outside:

Name of person Telephone #

Agency/family/other

3. Inmate behavior noticed by Correction Staff:

- X Talks about suicide
- Suicide act/gesture
- Depressed
- Withdrawn
- Crying
- Anxiety/fear
- Obsession/compulsions
- Other (please note)
- Disoriented
- Inappropriate behavior
- Drastic change in behavior
- Not sleeping
- Not eating
- Problem at court
- Problem at home

4. Corrective action taken by Supervisor: Notified Lt Hatch

Moved to Mental Health Tier X Yes no Strip/Safe gown yes no

Inmate consultation by:

Mental Health yes no Staff

Medical Unit yes no Staff

Supervisor yes no Staff

Other yes no Staff

5. Additional comments:

6. Reviewed by Lt Hatch Tour Commander

Original - Mental Health Unit

cc: Superintendent

Inmate file

0091

MENTAL HEALTH UNIT
INMATE REFERRAL FORM

Inmate Name JOHNATHAN BINNEY Classification Level 2

Date 11-24-91 Time 2:58 a.m./p.m. Tier 2W Cell 11L Age 18

Staff member referring: SGT. W. LAFONTAINE

1. Reason for referral: INMATE WAS FOUND TO HAVE SHEET TIED TO HIS CELL GATE AND BARS STATED ALLEIE WAS TO DO IS PUT HIS HEAD IN, TURN 3 TIMES AND DROP. THIS INMATE GAVE NO EARLIER INDICATION THAT THIS ATTEMPT WOULD BE MADE. INMATE WAS TO RECEIVE COPY OF A WRITE UP FROM ANOTHER TIER WHEN THIS WAS DISCOVERED.

2. If above information from outside:

Name of person Telephone #

Agency/family/other

3. Inmate behavior noticed by Correction Officer:

- Talking about suicide
- Suicide gesture/gestures
- Depressed
- Withdrawn
- Crying
- Anxiety/fear
- Obsessions/compulsions
- Other (please note)
- Disoriented
- Inappropriate behavior
- Drastic change in behavior
- Not sleeping
- Not eating
- Problem at home
- Problem at work

Corrective action taken by Supervisor: STRIPPED PLACED IN [illegible]

Moved to Mental Health Unit: yes no Stripped/given gown: yes no

4. Inmate Observation By:

- Mental Health: yes no Staff
- Medical Unit: yes no Staff
- Supervisor: yes no Staff
- Other: yes no Staff

5. Additional comments:

6. Reviewed by: Tour Commander

Original - Mental Health Unit
cc: Superintendent
Inmate File

MENTAL HEALTH UNIT
INMATE REFERRAL FORM

Inmate Name JOHNATHON BINNEY Classification Level SM

Date 11/4/94 Time 5:10 a.m./p.m. Tier 1 EAST Cell 2-1 Age 18

Staff member referring: P.O. T DeBest

1. Reason for referral: INMATE CAME OUT OF CELL TO GET FOOD TRAY AND STATED THAT HE COULDN'T TAKE IT ANYMORE AND HE WAS GOING TO HANG UP.

2. If above information from outside:

Name of person Telephone #

Agency/family/other

3. Inmate behavior noticed by Correction Staff

X Talks about suicide Disoriented

Suicide act/gesture Inappropriate Behavior

Depressed Unable to change his behavior

Withdrawn Not Sleeping

Crying Not Eating

X Anxiety/fear Problem adjustment

Obsessions/compulsions Problem at home

Other (please note) INMATE IS CRYING AND SAYS HE CAN'T TAKE THE STRESS AND HE WANTS TO HANG UP. HE IS PROTECTIVE CUSTODY

4. Corrective action taken by Supervisor

Moved to Mental Health Unit yes no Strip/Gown Room

5. Inmate counseled by:

Mental Health yes no

Medical Unit yes no

Supervisor yes no

Other yes no

Additional comments:

6. Reviewed by Tour Commander

Original - Mental Health Unit

Superintendent

Inmate File

(35)

SHERIFF'S DEPARTMENT
ID BUREAU
ALBANY COUNTY JAIL
SHERIFF'S DEPARTMENT
ID BUREAU
ALBANY COUNTY JAIL
JONATHAN BINNEY

~~Bunney~~ Jonathan		1/5
~~4E-13~~	DOA 9-18-91	JM
~~2WL-4~~		2
~~4E-14~~	10/9/91 Rel Ct.	
~~7E Bunk 5~~		
~~4E-14~~		
~~7EB5~~		
~~4E-14~~	DOA 11-1-91	JM 2
~~4E-13~~ ~~4E B12~~		
~~7E-04~~ ~~4E 2-2~~	12-12-91 Rel Ct	
~~2WL-14~~		

[redacted]

BAIL $ 0

INMATE'S NAME Anthony Sinn

TER LOCATION YCJ

HOLDS

SPECIAL INSTRUCTIONS

STATE OF NEW YORK : COUNTY OF ALBANY

JUSTICE COURT TOWN OF COLONIE

The People of the State of New York

Against

Jonathan Bamney
Defendant

Discharge of Defendant From Custody

TO THE SHERIFF OF THE COUNTY OF ALBANY

A Securing Order having been heretofore made by this Court holding the above named defendant for further aciton of this court on a charge of

140.20 p l

and said defendant having been committed to the Sheriff of the County of ALBANY in connection therewith and a final disposition of the said charge having been made, it is

ORDERED, that the Sheriff of the County of ALBANY forthwith discharge said defendant from custody.

Dated at:

COLONIE, N.Y.

Dec 18, 1991

Judge-Justice

RECEIVED

ALBANY COUNTY JAIL AND PENITENTIARY
ADMISSIONS & DISCHARGE UNIT
BOOKING SHEET (PRINT OR TYPE)

Date Rec: 11/1/91 Sex: [X] Male [ ] Female

Time Rec: 6:28 [ ]AM [X]PM P H D/O/B: [redacted] Age: 18
E I
Tier: 4E Cell: L11 R S Place/Birth: Hazlehurst Mississippi
S T
Prints & Photo taken by: O O S.S.#: [redacted]
W. Stallone N R Hispanic: [ ]Yes [X]No
A Y Race: [X] W [ ] B [ ]Asian
ACCF LOG#: 71461 NYSID L [ ] Amer.Ind [ ] Other[ ]
U.S.Citizen: [X]Yes [ ]No
Read/Write: [X]Yes [ ]No

Name: Binney Jonathan Kyle Alias: Boozer
(Last) (First) (Middle Name) (Suxf)

Residence: Box 312 New Concorde, Ohio Tele: (614) 872-3816
(Street) (C/T/V) (State)

Maiden Name/If Married: ____ Military ____ /Discharge: ____
Next of Kin: Jim Binney Relationship: Father
Address: Same Tele: Same
In case of Emergency Notify: Same Relationship Same Tele: Same
RELIGION: [X]Bapt [ ]Rm Cat [ ]Hebrew [ ]Muslim [ ]Protestant [ ]None [ ]Other
HIGHEST GRADE COMPLETED: 11th
MARTIAL STA: [ ]Divorced [ ]Married [ ]Separated [X]Single [ ]Widowed
Occupation: Student Employer: ____
(Name) (Address)

**** PHYSICAL DESCRIPTION****
Est.Height: 5'7" Est.Weight: 120 Eyes: BL Hair: BR Glasses: [ ]Yes [X]No
Skin Tone: L[X] M[ ] D[ ] Right or Left Handed: Right
False Teeth: [ ]Yes [X]No /Upper[ ] Lower[ ] Both[ ]/Partial[ ] Full Plate[ ]
Scars, Marks or Tattoos: ____

IS THERE ANY EVIDENCE OF RECENT PHYSICAL INJURY SEEN ON THE INMATE: [ ] Yes [X] No
If Yes descripe injuries: ____
How were injuries received according to inmate? ____
Location and Date of Treatment: ____

****ARREST INFORMATION****
Arresting Agency: Colonie P.D. Committing Judge: Cmscone
Court of Arraignment: Town of Colonie Bail: $2,000.00
IS THERE A EXAMINATION ORDERED BY THE COURT: [ ] BY BOOKING [ ] WATCH: [ ]
MENTAL HEALTH EXAMINATION [ ] PHYSICAL EXAMINATION [ ]

CHARGES 1: Forgery 3rd
2: ____

****ARREST DISPOSITION****
Awaiting further court action: [X]Yes [ ]No Holds/Detainers
Sentenced to Alb County Pen: [ ]Yes [X]No Term of Sentence: ____
Parole [ ] Probation [ ] P.O.'s Name ____
Officer Completing Form: W. Stallone Badge # 242
Copy Distribution White-Identification Bureau LT YELLOW-Medical
PINK-Front Office DK YELLOW-Inmate Services

INITIAL CLASSIFICATION INTAKE SHEET

(Form C-1)

NAME Jonathan K. Billett A.K.A. Booze

D.O.A. 11-1-91 SEX Male D.O.B. [redacted]

1. ANY VISIBLE INJURIES YES [redacted] X NO

IF YES, DESCRIBE

2. a.) APPEARS INTOXICATED YES X NO

b.) USING ILLEGAL DRUGS YES States no X NO

3. MEDICAL CONDITIONS States he has a bad back

Sinuses, Allergies

4. ON ANY MEDICATION X YES NO

IF YES, LIST TYPE & AMT. Seldane - 2 x a day

5. MENTAL CONCERN States - None

6. PHYSICAL CONCERN Back pain.

6. a.) PRIOR INCARCERATION ACCF 9-91

7. ASSESSMENT OF INMATES APPEARANCE AND BEHAVIOR:

8. TIER PLACEMENT 4E CELL L11

DATE 11-1-91 TIME 7:47 p.m.

ADMISSIONS & DISCHARGE UNIT STAFF W. Gallace

COMMITMENT TO LOCAL CRIMINAL COURT
C. P. L. 170.10. 510.40. 180.10

STATE OF NEW YORK: COUNTY OF Albany

Justice COURT Town OF Colonie

The People of the State of New York
against
JONATHAN K. BINNEY
Defendant

COMMITMENT
TO LOCAL CRIMINAL COURT

TO THE SHERIFF OF THE COUNTY OF Albany

A Securing Order having been this day made by this court that the above named defendant be held for further action of this court upon a charge of FORGERY 3rd- BENCH WARRANT

and bail having been fixed in the amount of $ 2000 ^00, and said defendant having failed to post bail as therein required, you are commanded to receive said defendant into your custody, detain him, and produce said defendant before this Court on NOVEMBER 6th, by 91, at 7 P. m.

Dated at:

Town of Colonie, N.Y.

NOVEMBER 1, 19 91.

Justice

Rec'd
11-1-91
6:28 pm

MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
SATP	Walk-In	8-9-99

REASON FOR REQUEST (Complaints and findings)

41 year-old female 1410.
ETOH Abuse SOBER 5 yrs. Thinks she might Re-Start Drinking. Poor Education
F1 SAC1

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☒ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

Pt. has been sober since Oct. 94. She has been consuming drinks again. She feels she needs help. She has had 3 sponsors. Has 2 children who have grandchildren but doesn't visit her. She is living with Dad at present. Pt. has a positive family history. Pt's husband/fiance has been on 62 last week. She is on the edge - may like on a dry drunk. She will continue to go to meetings -

Dr. [illegible] - 16 Aug. 1999

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
[signature] M.D. MSC			8/9/99
IDENTIFICATION NO	ORGANIZATION	REGISTER NO	WARD NO

PATIENT'S IDENTIFICATION [redacted] (Type or write: Name-last, first, middle initial; grade; rank; service; organization; facility)

[redacted]

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
[redacted]
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-108

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO	WARD NO
[redacted]	08 09 99		

PATIENT'S IDENTIFICATION (For typed or written entries: Type or write: Name-last, first, middle initial; grade; rank; service; organization; facility)

DOVE, GAYLE A
[redacted] 08/15/57

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-108

S A T P PATIENT AGREEMENT

I am voluntarily requesting admission to the Substance Abuse Treatment Program; as such, I understand and agree to the following:

1. I understand that the goal of this program is to help me achieve complete abstinence from abusive substances.

2. I will be expected to fully participate in all activities of the program. Failure to participate in a satisfactory manner will result in my discharge from the program and the hospital.

3. No vocal or physical abuse toward staff or other patients will be tolerated. Infraction of this rule will result in immediate discharge.

4. I will submit to breathalizer testing and/or give a witnessed urine specimen for drug testing when requested. Failure to do so is grounds for immediate discharge.

5. The program is 28 days in length. I will be discharged from the Veterans Administration Medical Center, Substance Abuse Treatment Program, on 11/1/94. If, at the conclusion of the program I feel I need treatment for some other condition, I must apply for readmission through the Outpatient department at the Biloxi Division.

6. If a medical, dental, psychiatric, or legal problem develops which would interfere with my participation in the program, I will be released from the program and be transferred or discharged as appropriate. I know of no such problem at this time.

7. No routine passes will be granted while I am a patient in the program.

8. Participation in Narcotics and Alcoholics Anonymous meetings is a requirement while in the program.

9. Sleeping medication will not be given while in the program.

10. I will not be eligible for placement in a Halfway House, Community Residential Care Home, or Domiciliary unless I have completed the program.

11. I understand that rule infractions and repeated poor performance not only indicates non-compliance, but also jeopardizes other patients' progress, and is therefore, grounds for discharge.

12. I agree to comply with ward rules and hospital policies.

Gayle A. Dare 10/4/94
Signature/Date

[signature] 10/4/94
Witness/Date

Veterans Administration

	INITIALS	DATE
2. No Disruptive Behavior	GAD	GAD
3. No Leaving for Coffee		
c. Library Books		
d. Laundry/Patient Effects		
5. Services		
a. Canteen Services		
b. Chaplain Services/Church		
c. Dietary Services/Menu		
d. VA representative/DAV Representative		
6. Family Counseling		
a. Counseling Available		
b. Activities Families are Encouraged to Attend		

STAFF SIGNATURE Ada L Foxworth PATIENT SIGNATURE Gayle A. Dove

Veterans Administration

ADMISSION ORIENTATION CHECKLIST

	Initails/	date
1. Ward Rules/ Policies	LAD	10/4
a. Rule Booklet Presented/Responsible for Contents		
b. Use/Location/Number/Restrictions of Phone		
c. Visitation Policy		
d. Smoking Policy		
e. Appropriate Dress		
f. Contraband/Medications turned in to Nurse		
g. Off Limit Areas/Gazebo/Cars		
h. Lock-up Times		
i. Kitchen Privileges/Location		
j. Coffee Policy/Cup Distribution		
2. ID Bracelet		
3. Procedures		
a. Wake-Up/VS/Medications		
b. Appointment Schedule/Recreation Schedule		
c. Lab Procedures		
d. Sign-Out Book		
e. Linen Schedule		
f. Pajama Regulations		
g. Shower/Location/Times		
h. Lights Off/TV/Cards		
4. Patient Responsibilities		
a. Keeping Room Clean/Feet on Furniture		
b. Acceptable Behavior During Activities		
1. On Time	↓	↓

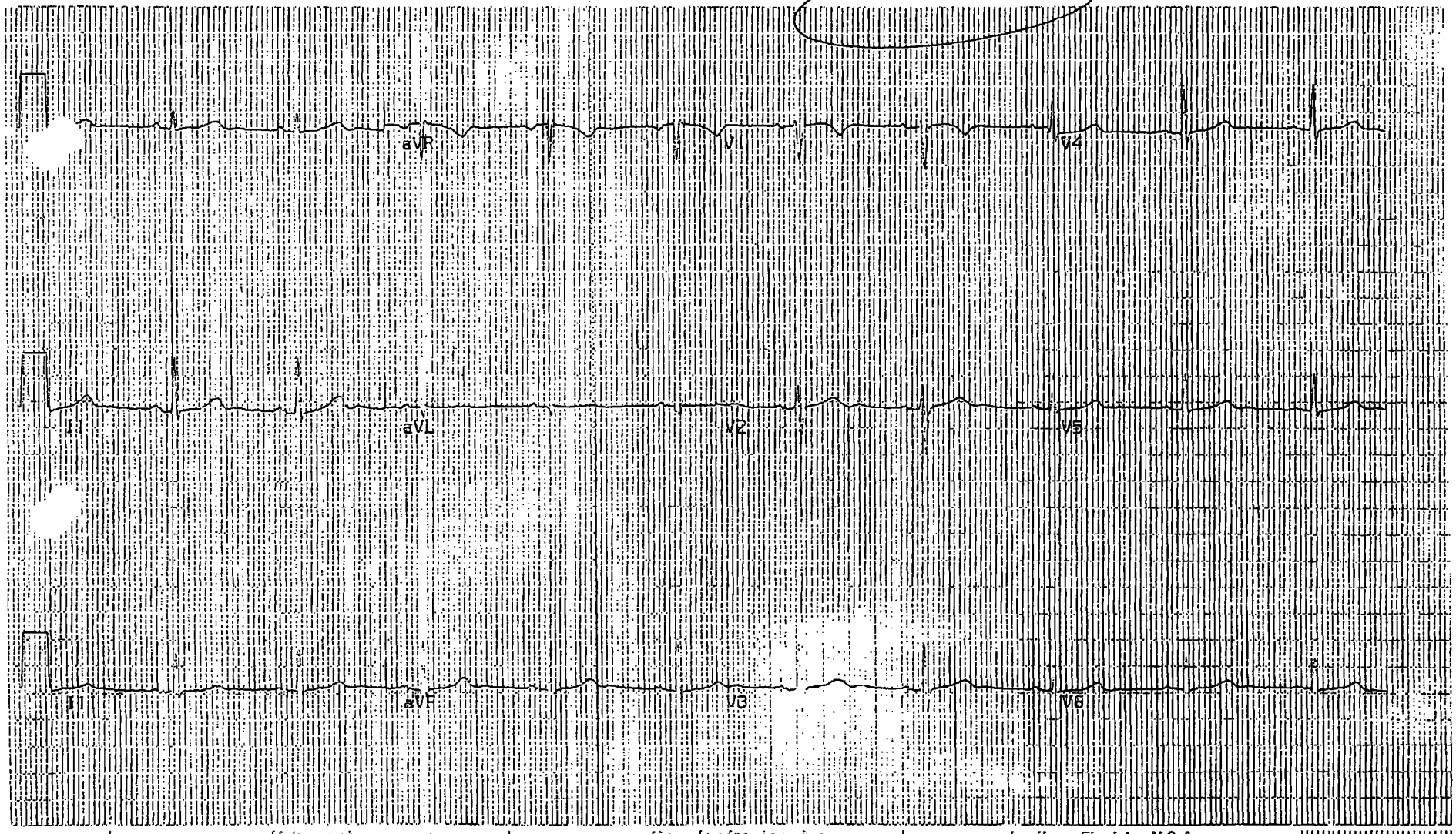
25mm/s
10mm/mV
40Hz
Pgm 002A
12SL v68
S

Med:
37yr 66in 143lb
Sex: F Race: Cauc
Loc: 7 Room: 4G
Option: 13 BP: 117/ 72
Vent. rate 63 BPM
PR interval 148 ms
QRS duration 76 ms
QT/QTc 416/422 ms
P-R-T axes 30 69 53

NORMAL SINUS RHYTHM
NORMAL ECG

Referred by: DR EHIK

Unconfirmed



0105

ROUTINE ECG

DOVE, GAYLE A
ID:515646094 LOC:GULF
37YR 66IN 143LB CAU FEM
MED:
OPT:13 BP:117/ 72 RM:4G
ECG TAKEN: 07-OCT-94 14:26
VENT. RATE 63 BPM
PR INTERVAL 148 MS
QRS DURATION 76 MS
QT/QTC 416/422 MS
P-R-T AXES 30 69 53

NORMAL ECG
NO PREVIOUS ECGS AVAILABLE

REFERRED BY: DR EHIK

REVIEWED BY: ASHOK KANADE M.D.

0106

INFORMATION ABOUT INFLUENZA (FLU) VACCINE

The Disease

Influenza (flu) is caused by viruses. When people get flu they may have fever, chills, headache, dry cough or muscle aches. Illness may last several days or a week or more, and complete recovery is usual. However, complications may lead to pneumonia or death in some people. For the elderly and people with diabetes or heart, lung, or kidney diseases, flu may be especially serious.

The Vaccine

Today's flu vaccines cause fewer side effects than those used in the past. In contrast with some other vaccines, flu vaccine can be taken safely during pregnancy; however, flu vaccine should be given to pregnant women according to the chronic illness criteria applied to other persons.

One shot will protect most people from influenza during the next flu season.

Possible Vaccine Side Effects

Most people will have no side effects from the vaccine. However, tenderness at the site of the shot may occur and last for several days. Some people will also have fever, chills, headache, or muscle aches within the first 48 hours.

Special Precautions

As with any vaccine or drug, the possibility of severe or potentially fatal reactions exists. However, flu vaccine has rarely been associated with severe or fatal reactions. An uncommon illness characterized by ascending paralysis (Guillain-Barre Syndrome) has been reported following other flu vaccines but not in association with this flu vaccine; however, it must be assumed that the risk is present. In some instances people receiving vaccine have had allergic reactions. You should note very carefully the following precautions:

- People with known allergy to eggs should receive the vaccine only for specific indications and under special medical supervision.
- People with fever should delay getting vaccinated until the fever is gone.
- People who have received another type of vaccine in the past 14 days should consult a physician before taking the flu vaccine.

If you have any questions about flu or flu vaccine, please ask.

CONSENT FORM

I have read the above statement about influenza (flu), the vaccine, and the special precautions. I have had an opportunity to ask questions, and understand the benefits and risks of flu vaccination. I request that it be given to me or to the person named below of whom I am the parent or guardian.

GAYLE A. DOVE
Name of Person to Receive Vaccine (Please Print)

10/31/94
Date Vaccinated

Wyeth 4948144
Manuf. & Lot No.

Gayle A. Dove
Signature of Person Receiving Vaccine or Parent or Guardian

31 OCT 94
Date Signed

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

INFORMATION ABOUT INFLUENZA (FLU) VACCINE

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be_____
(Description of operation or procedure in layman's language)

PLEASE SEE REVERSE SIDE FOR CONSENT FORM

which is to be performed by or under the direction of Dr. _____

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: _____
(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.
b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

_____
(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)	(Signature of Patient)	(Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)	(Signature of Sponsor/Legal Guardian)	(Date and Time)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-45.505
52
☆ P.O.: 1990- 262-755/L7300

I have been counseled about the HIV test and have been given a chance to ask questions. I understand what a positive and a negative test means. I understand that the test is voluntary and that I will still receive care from the VA if I refuse to have the test done.

Therefore, I give my permission for my blood to be tested for HIV antibodies.

Gayle A. Dove — PATIENT or LEGAL GUARDIAN — DATE 10/5/94

[redacted] — WITNESS — DATE 10/5/94

VA Form 10-0121

DEC 1988

[redacted]

DOVE,GAYLE A
5240 A STREET
[redacted]
[redacted] MF 081557 520
C-5S4 5 [redacted]

CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ANTIBODY TESTING

I have asked or been asked to have my blood tested for antibodies to the HIV (Human Immunodeficiency Virus), the virus which causes AIDS. It has been explained to me that the test is for HIV infection. It is not a test for AIDS. If I do have antibodies to the virus (a POSITIVE test), this means that I have been infected with the virus. If I do not have antibodies (a NEGATIVE test) but am in a group of people who are at high risk for AIDS (people who have had multiple sex partners or who share needles when using drugs), this does not mean that I will not become infected in the future. In fact, I may already be infected but have not yet had time to develop antibodies.

I have been told that the blood tests for antibodies to the virus are not foolproof. In a small number of people, other things such as another virus or disease may wrongly cause a positive test. This is called a false positive test. It is also possible to have a false negative test. In this case, I do have the antibodies to the virus but the test did not show this. If the first test on my blood is positive, the test will be repeated. If positive again, a different test will be conducted. These tests will all be done on the blood taken after I sign this consent.

I have been told that HIV is spread through the blood from an infected person. It is also spread by having sex with an infected person. I understand that if my test is positive, I can spread the infection to others. I must not give blood or plasma or donate my organs or sperm if I am positive.

If I have a positive test, I should explain this to any sexual partner. If I am unable to tell my spouse or any other sexual partner whom I have identified, my doctor or counselor may do so but only to protect their health.

If I have a positive test, my case may be reported to public health agencies. However, the public health staff may only use or give out that information for the public health purpose for which it was given. Otherwise, information about my HIV testing cannot be revealed to anyone outside the VA without my written permission, or, a court order, a medical emergency, for research, Congressional oversight, or audit purposes, or for medical treatment provided to me by the Armed Forces.

I have been told that the results of my test (positive or negative) will be in my medical record. I understand that any VA employee who improperly releases information about my HIV testing is subject to a fine. Even though I understand every effort will be made to protect the results of my test, I also understand that disclosure of a positive test result can lead to discrimination in housing, jobs and other areas in some communities.

VA Form
DEC 1988 10-0121

512-205

MEDICAL RECORD — PLOTTING CHART—BLOOD PRESSURES

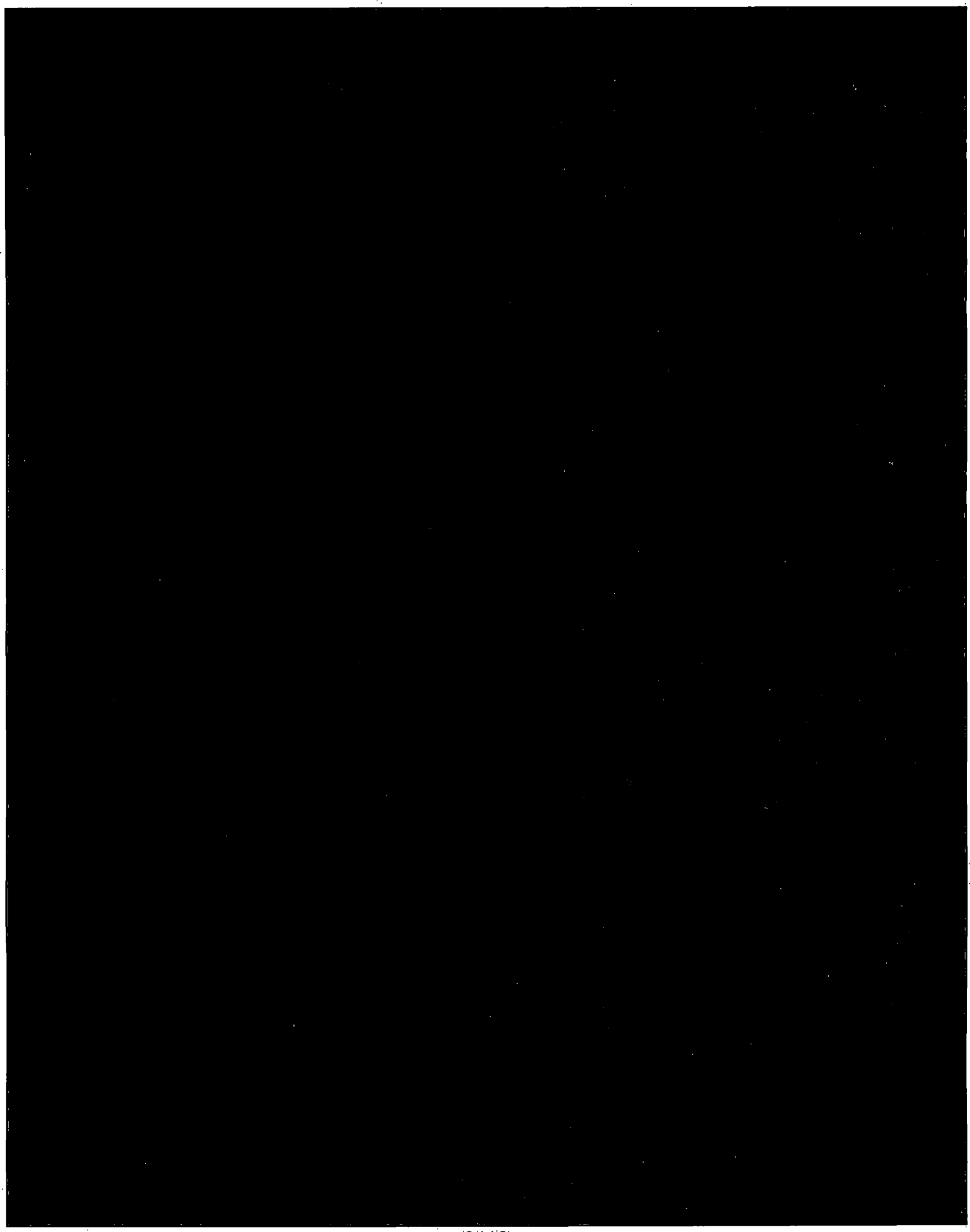
DATE		DATE
TIME		TIME
250		250
245		245
240		240
235		235
230		230
225		225
220		220
215		215
210		210
205		205
200		200
195		195
190		190
185		185
180		180
175		175
170		170
165		165
160		160
155		155
150		150
145		145
140		140
135		135
130		130
125		125
120		120
115		115
110		110
105		105
100		100
95		95
90		90
85		85
80		80
75		75
70		70
65		65
60		60
55		55
50		50
45		45
40		40
PULSE		PULSE

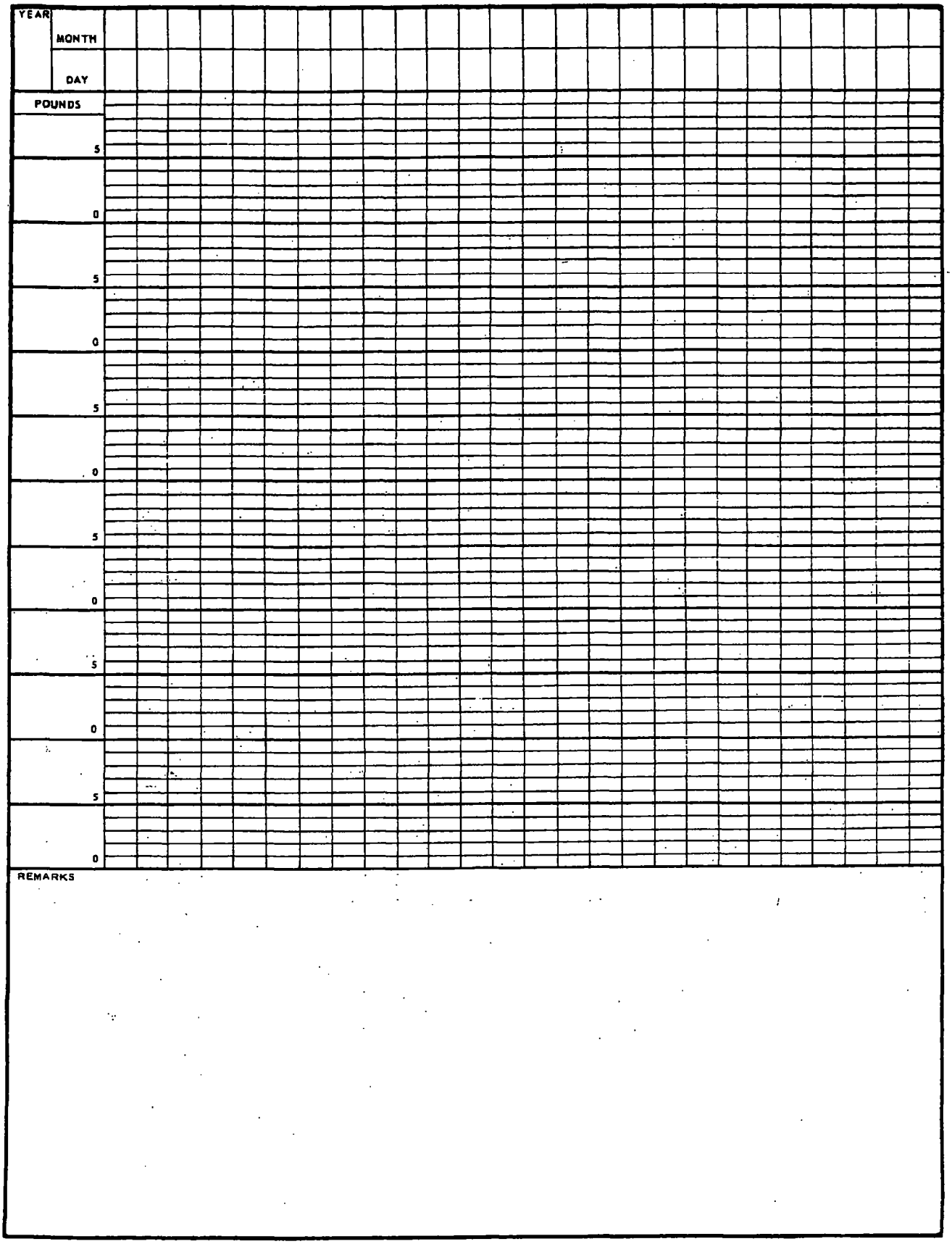
PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; date; hospital or medical facility)*

REGISTER NO. | WARD NO.

☆ U.S. GOVERNMENT PRINTING OFFICE : 1985 O—461-686 (33611)

STANDARD FORM 512-A BACK (Rev. 8-77)





★U.S.GPO:1988-0-202-991/73408

MEDICAL RECORD

WEIGHT CHART

DIAGNOSIS

YEAR	MONTH	DAY						
94	3	24	5	6	7	8	1	

POUNDS

5
0
5
0
14 5
14 0
5
0
5
0
5
0

AGE AND HEIGHT		WEIGHT						
DATE OF BIRTH	HEIGHT	UPON ADMISSION	AT DISCHARGE	GAIN	LOSS	MINIMUM	MAXIMUM	NORMAL
	5 FT. 6 IN.	144 LBS.	LBS.	LBS.	LBS.	LBS.	LBS.	LBS.

Enter in space below: PATIENT IDENTIFICATION • TREATING FACILITY • WARD NO. • DATE

DOVE, GAYLE A
5245 A STREET
BILOXI

25
047
MS 39530

[redacted] 4 6[redacted] [redacted] 081557 520

C-SSN M F 8 >7

REMARKS

19

VA FORM 10-2614f
NOV 1970

EXISTING STOCK OF
VA FORM 10-2614f,
APR 1965, WILL BE USED.

[redacted]
WEIGHT CHART

MEDICAL RECORD

VITAL SIGNS RECORD

HOSPITAL DAY	
POST- DAY	
MONTH-YEAR DAY	
19 HOUR	

PULSE (O) — TEMP. F (●) — TEMP. C

PULSE (O)	TEMP. F (●)	TEMP. C
	105°	40.6°
180	104°	40.0°
170	103°	39.4°
160	102°	38.9°
150	101°	38.3°
140	100°	37.8°
130	99°	37.2°
	98.6°	37.0°
120	98°	36.7°
110	97°	36.1°
100	96°	35.6°
90	95°	35.0°
80		
70		
60		
50		
40		

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT: WEIGHT:

Record special data only when so ordered

PATIENT'S IDENTIFICATION

DOVE, GAYLE A

[redacted]

REGISTER NO.

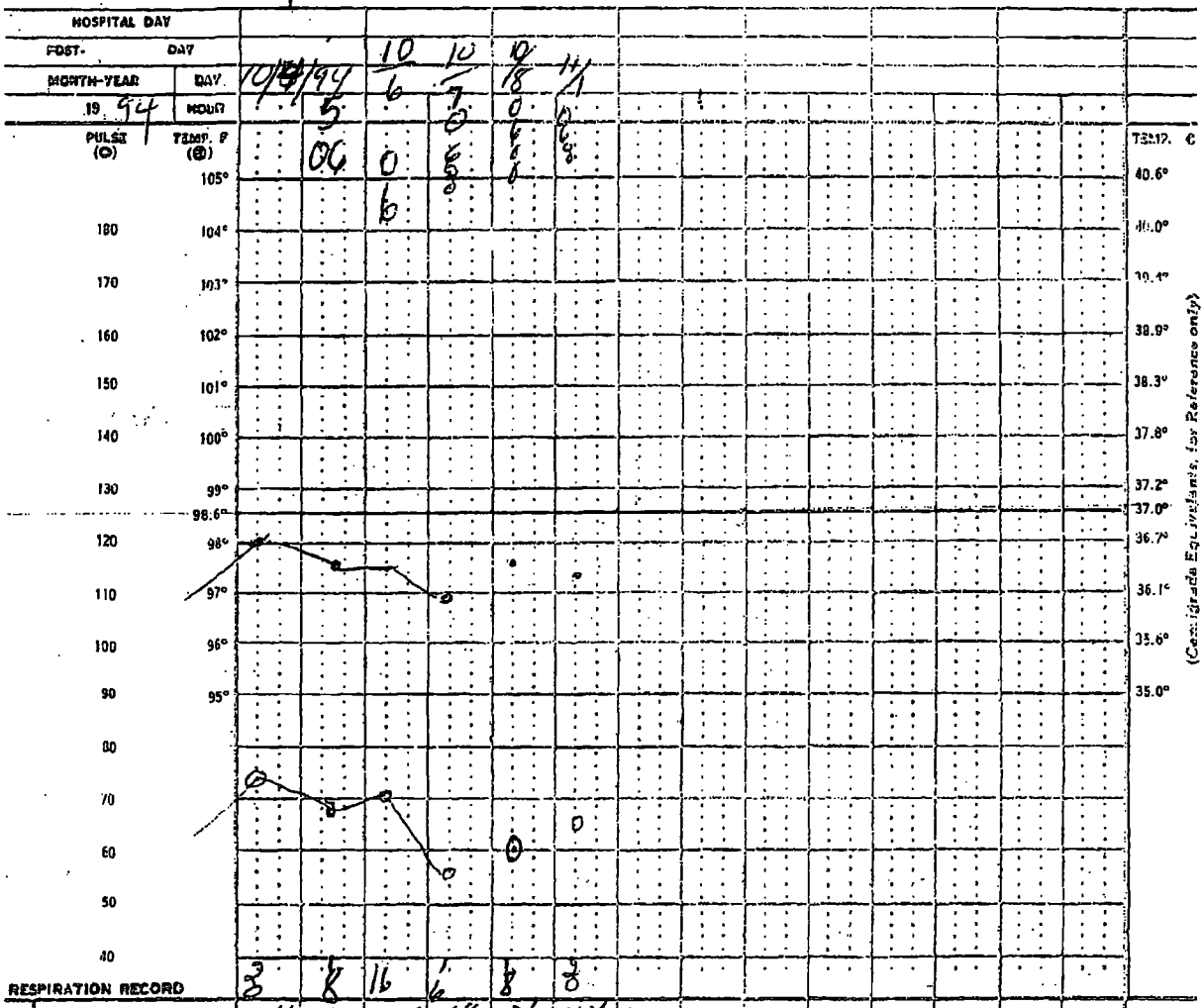
WARD NO.

VITAL SIGNS RECORD

STANDARD FORM 511 (REV. 9-79)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

C-SSN [redacted] 8

MEDICAL RECORD — VITAL SIGNS RECORD



RESPIRATION RECORD

BLOOD PRESSURE

HEIGHT 5'6" | WEIGHT

Record special data only when so ordered

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; rank; rate; hospital or medical facility*)

REGISTER NO.

WARD NO.

511-113

VITAL SIGNS RECORD

STANDARD FORM 511 (REV. 9-78)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505

Department of Veterans Affairs — PRN AND ONE-TIME MEDICATION RECORD

MONTH: Oct '94

RPH:DML RN:GT | START | STOP | MEDICATIONS | Y

10/04 | 10/04 | 11/03/94 13:00 (D6094)
BROMPHENIRAMINE W/PHENYL SR U/D P
Give: 1 PO Q12HR PRN
COLD SYMPTOMS

10/04 | 10/04 | 11/03/94 13:00 (D6094)
PROMETHAZINE 25MG U/D P
Give: 25MG PO Q4HR PRN
IM OR PO AS NEEDED FOR N/V — NK

10/04 | 10/04 | 11/03/94 13:00 (D6094)
ALUM & MAG HYDRX CONC & SIMETHI 50Z,EA P
Give: 15ML PO Q4HR PRN — NK
INDIGESTION

RPH:DML RN:GT NK

10/04 | 10/04 | 11/03/94 13:00 (D6094)
IBUPROFEN 400MG U/D P
Give: 1 OR 2 PO TID PRN — NK
PAIN

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
10/6/94	0858	Prometh 25mg po & Ibuprofen 400mg po		c/o abd pain	effective	1000	
10/6/94	1720	Motrin 800mg po		c/o pain	effective	1800	
10/7	0730	motrin 800mgs po	NK	low'r abd. pain	eff.	0800	NK
10/7	0815	Promethazine 25mg po		c/o nausea	eff	1200	
10/7/94	1700	Motrin 800 mg po		c/o pain	eff	1800	
10/8	1200	motrin 800 mg po		c/o pain	eff	1400	
10/8/94	2015	Motrin 800 mg po		c/o pain	eff	2130	
10/9/94	1450	Motrin 800 mg po		c/o pain	eff	1530	
10/20	1150	motrin 800 mg po		abd. pain	eff	1250	
10/20	1150	Promethazine 25 mg po		nausea	eff	1230	
10/21	0800	motrin 800 mgs po	NK	headache	eff	0900	NK
10/21	1315	motrin 800 mg po		c/o abd pain	eff	1480	

ADDRESSOGRAPH

4G-SATP 4G-SATP

DOVE,GAYLE A [redacted] 08/15/57 (37) 125-21 NOT FOUND
FEMALE DX: ETOH
10/04/94 14:20 NEW ORDER

INJECTION SITES

Indicate Right (R) or Left (L)
1. DELTOID
2. ABDOMEN
3. ILIAC CREST
4. GLUTEAL
5. T HIGH

SIGNATURE/TITLE	INIT.	ALLERGIES
[signature] BSC		
[signature] RN		
[signature] RN		
[signature] RN		
[signature]		

NAME BED # PAGE ___ OF ___

VA FORM OCT 1989 568d SUPERSEDES VA FORM 10-5568d, NOV 1984, WHICH WILL BE USED. 034932

0117

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	E	INITIALS
10/23/94	1210	Motrin 800 mg Po	m	c/o abd Pain	effective	1320	m
10/23/94	2015	Motrin 800 mg po	ES	c/o abd pain	effective	2310	ES
10/23/94	0930	Motrin 800 mg Po	m	c/o abd Pain	effective	1030	m
10/23/94	1720	Motrin 800 mg po	ES	c/o abd pain	effective	1930	ES
10/24/94	2015	Motrin 800 mg PO	m	c/o abd Pain	effective	2100	m
10/25/94	1710	Motrin 800 mg i po	ES	c/o abd pain	effective	1810	ES
10/26	0720	Motrin 800 mg PO	DW	c/o abd pain	effective	0830	DW
10/26	1830	Motrin 800 mg PO	m	c/o abd Pain	effective	1945	m
10/27/94	0930	Motrin 800 mg p.o	DW	c/o pain	effective	1030	DW
10/27/94	1830	Motrin 800 mg Po	m	c/o abd Pain	effective	2000	m
10/28	0720	Motrin 800mg PO	DW	c/o abd pain	effective	0900	DW
10/28	1715	Motrin 800 mg Po	m	c/o abd Pain	effective	1900	m
10/29/94	0930	Motrin 800 mg i po	ES	c/o abd pain	effective	1000	ES
10/29/94	1800	Motrin 800 mg i Po	m	c/o abd Pain	effective	1905	m
10/30	0800	motrin 800mg s.t po	MK	abd. pain.	effective	0	MK
10/30/94	1850	Motrin 800 mg po	SR	c/o abd pain	effective	2002	SR
10/31/94	1605	Motrin 800 mg po	SR	c/o abd pain	effective	1715	SR

SIGNATURE/TITLE	INIT.	SIGNATURE/TITLE	INIT.	SIGNATURE/TITLE	INIT.
Nadine Rivard, RN	MK		DW		SR

0118

Department of Veterans Affairs

PRN AND ONE-TIME MEDICATION RECORD

MONTH: Oct. YEAR: 1994

START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY
10/04	10/04	11/03/94 13:00 (D6094) ACETAMINOPHEN 325MG U/D P Give: 650MG PO Q4HR PRN PAIN/TEMP RPH: RN:GT
10/04	10/04	11/03/94 13:00 (D6094) BENZONATATE 100MG CAP P Give: 100MG PO Q4HR PRN COUGH RPH: RN:GT
10/04	10/04	11/03/94 13:00 (D6094) BROMPHENIRAMINE W/PHENYL SR U/D P Give: 1 PO Q12HR PRN COLD SYMPTOMS RPH: RN:GT
10/04	10/04	11/03/94 13:00 (D6094) PROMETHAZINE 25MG U/D P Give: 25MG PO Q4HR PRN IN OR PO AS NEEDED FOR N/V RPH: RN:GT
10/04	10/04	11/03/94 13:00 (D6094) ALUM & MAG HYDRX CONC & SIMETHI 50Z,EA R Give: 15ML PO Q4HR PRN INDIGESTION RPH: RN:GT
10/04	10/04	11/03/94 13:00 (D6094) ATTAPULGITE 8GSP,0Z R Give: 30ML PO PRN IN OR PO AS NEEDED FOR N /V RPH: RN:GT

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
10/2/94	0120	Tylenol gr x PO	JD	C/o abd pain			
10/5/94	1800	Acetaminophen 650mg po	SR	C/o headache	effective	1900	SR
10/5/94	1800	Dimetapp ÷ po	SR	C/o cold symptoms	effective	1900	SR
10-10	0600	Tylenol 650 mgs po	MK	for discomfort	T. 98.4 eff.	0800	MK
10-10	0600	Dimetapp ÷ po	MK	cold symptoms	eff.	0800	MK
10-10	0600	Benzonatate 100mg capt	MK	for cough	eff.	0800	MK
10-10	0600	Cepastat loz. po	MK	for sore throat	eff.	0800	MK
10/10/94	1610	Acetaminophen 650mg po	SR	C/o headache	effective	1700	SR
10/10/94	1815	Dimetapp ÷ po	SR	C/o cold symptoms	effective	1920	SR
10/11/94	0600	Dimetapp ÷ po	ED	C/o cold symptoms	effective	0700	ED
10/11/94	1815	Dimetapp ÷ po	SR	C/o cold symptoms	effective	1920	SR
10/12/94	0610	Dimetapp ÷ po	ED	C/o cold symptoms effective		0710	ED

ADDRESSOGRAPH

DOVE,GAYLE A
[redacted] 08/15/57 (37) 117-1
DX: HTOR
10/04/94 14:10 NEW ORDER
4G-SATP 4G-SAP

INJECTION SITES

Indicate Right (R) or Left (L)
1. DELTOID
2. ABDOMEN
3. ILIAC CREST
4. GLUTEAL
5. THIGH

SIGNATURE/TITLE	INIT.
[signature]	JD
[signature]	SR
[signature]	MK
[signature]	ED

ALLERGIES: NKA

VA FORM OCT 1989 568d SUPERSEDES VA FORM 10-5568d, NOV 1984, WHICH WILL BE USED.

NAME: BED # E OF

004932

0119

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
10/1/94	0805	Maalox 15 ml PO	ED	c/o indigestion	effective	0905	ED
10/2/94	1805	Dimetapp ½ p.o.	[illegible]	c/o cold sx	effective	2005	[illegible]
10-3	0600	Dimetapp PO	MK	cold symptoms	E.R.	0800	MK
10/3/94	1823	Dimetapp ½ PO	[illegible]	c/o cold sx			
10/3/94	2000	Tylenol 650 mg p.o	[illegible]	c/o headache	effective	2100	[illegible]
10-14	0600	Dimetapp PO	MK	cold SX.'s	eff.	0800	MK
10/14/94	1830	Dimetapp ½ PO	[illegible]	c/o cold symptoms	effective	1930	[illegible]
10/15/94	1830	Dimetapp ½ PO	[illegible]	c/o Cold SXS	effective	1915	[illegible]
10/16/94	1035	Maalox 15 ml PO	ED	c/o indigestion	effective	1055	ED
10/17	1215	Tylenol gr x PO	[illegible]	C/O headache	eff	1600	[illegible]
10/18	0945	Tylenol ½ PO	[illegible]	C/O H/A	eff	1030	[illegible]
10/19	0930	Tylenol ½ PO	[illegible]	c/o H/A	eff	1030	[illegible]
10/23/94	0345	Tylenol 650 mg PO	ED	c/o body pain	effective	0415	ED
10/2[illegible]	0800	Tylenol 650 mg PO	[illegible]	abd. pain	effective	0900	[illegible]
10/29/94	1310	Tylenol 650 mg PO	ED	c/o headache	Effective	1400	ED
10/31/94	1845	Promethazine 25 mg PO	[illegible]	c/o nausea	effective	2045	[illegible]

SIGNATURE/TITLE	INIT.	SIGNATURE/TITLE	INIT.	SIGNATURE/TITLE	INIT.
C. Thompson RN Joanne Reed, LPN		[illegible]	[illegible]	[illegible] Jim Ojeda, RN	[illegible]

0120

Department of Veterans Affairs

PRN AND ONE-TIME MEDICATION RECORD

MONTH: Oct.-Nov. 1994

START	STOP	MEDICATIONS
10/04	10/04	11/03/94 13:00 (D6094) R ALUM & MAG HYDRX CONC & SIMETHI 50Z,EA Give: 15ML PO Q4HR PRN INDIGESTION\ RPH:DML RN:GT NK
10/04	10/04	11/03/94 13:00 (D6094) R ATTAPULGITE SUSP,OZ Give: 30ML PO PRN IM OR PO AS NEEDED FOR N /V RPH:DML RN:GT NK
10/04	10/04	11/03/94 13:00 (D6094) R CEPASTAT LOZENGES, (10/BX),LOZ,EA Give: 1 PO Q2HR PRN SORE THROAT RPH:DML RN:GT NK
10/14	10/12	11/11/94 13:00 (D6094) R SODIUM CHLORIDE 0.65% NASAL SPRAY,EA Give: UD NSS PRN AS DIRECTED. SELF-MEDICATE RPH:DML RN:SR NK

START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY
10/31	10/31	10/31/94 08:00 (D6094) **** INFLUENZA VACCINE 0.5ML,1DOSE/VI,DOSE O **** Give: 0.5MG IM ONCE EX'D **** RPH:____ RN:JD ****

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
10/31	FM0640	Influenza vac. 0.5cc IM R, gm	JD	Dr. order			

ADDRESSOGRAPH

DOVE,GAYLE A [redacted] 125-21
[redacted] NOT FOUND
10/04/94 14:19 NEW ORDER
4G-SA?D 4G-SA?F

INJECTION SITES

Indicate Right (R) or Left (L)
1. DELTOID
2. ABDOMEN
3. ILIAC CREST
4. GLUTEAL
5. THIGH

SIGNATURE/TITLE	INIT.	ALLERGIES
[signature]	JD	NKA

0121

Department of Veterans Affairs

PRN AND ONE-TIME MEDICATION RECORD

MONTH: Oct - Nov. Y 1994

START	STOP	MEDICATIONS
10/04	10/04	11/03/94 13:00 (D6094)
		ACETAMINOPHEN 325MG U/D P
		Give: 650MG PO Q4HR PRN
		PAIN/TEMP
		RPH:DML RN:GT NK
10/04	10/04	11/03/94 13:00 (D6094)
		BENZONATATE 100MG CAP P
		Give: 100MG PO Q4HRT PRN
		COUGH
		RPH:DML RN:GT NK
10/04	10/04	11/03/94 13:00 (D6094)
		BROMPHENIRAMINE W/PHENYL SR U/D P
		Give: 1 PO Q12HR PRN
		COLD SYMPTOMS
		RPH:DML RN:GT NK
10/04	10/04	11/03/94 13:00 (D6094)
		IBUPROFEN 400MG U/D P
		Give: 1 OR 2 PO TID PRN
		PAIN
		RPH:DML RN:GT NK
10/04	10/04	11/03/94 13:00 (D6094)
		PROMETHAZINE 25MG U/D P
		Give: 25MG PO Q4HR PRN
		IM OR PO AS NEEDED FOR N/V
		RPH:DML RN:GT NK
10/04	10/04	11/03/94 13:00 (D6094)
		MILK OF MAGNESIA,OZ R
		Give: 30ML PO QD PRN
		CONSTIPATION
		RPH:DML RN:GT NK

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS

ADDRESSOGRAPH

DOVE,GAYLE A
[redacted] 08/15/57 (37) 125-2
FEMALE DX: STOR NOT FOUN
10/04/94 14:19 NEW ORDER
4G-SATP 4G-SATP

INJECTION SITES

Indicate Right (R) or Left (L)
1. DELTOID
2. ABDOMEN
3. ILIAC CREST
4. GLUTEAL
5. T HIGH

SIGNATURE/TITLE	INIT.	ALLERGIES
Kassie Kassel, RNC	NK	NKA

0122

Department of Veterans Affairs

PRN AND ONE-TIME MEDICATION RECORD

MONTH: Oct/Nov YEAR: 1994

START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY
10/04	10/04	11/03/94 13:00 (D6094) ACETAMINOPHEN 325MG U/D P Give: 650MG PO Q4HR PRN PAIN/TEMP RPH:DML RN:GT
10/04	10/04	11/03/94 13:00 (D6094) BENZONATATE 100MG CAP P Give: 100MG PO Q4HRT PRN COUGH RPH:DML RN:GT
10/04	10/04	11/03/94 13:00 (D6094) BROMPHENIRAMINE M/PHENYL SR U/D P Give: 1 PO Q12HR PRN COLD SYMPTOMS RPH:DML RN:GT
10/04	10/04	11/03/94 13:00 (D6094) PROMETHAZINE 25MG U/D P Give: 25MG PO Q4HR PRN IM OR PO AS NEEDED FOR N/V RPH:DML RN:GT
10/04	10/04	11/03/94 13:00 (D6094) ALUM & MAG HYDRX CONC & SIMETHI 50Z,EA R Give: 15ML PO Q4HR PRN INDIGESTION\ RPH:DML RN:GT
10/04	10/04	11/03/94 13:00 (D6094) ATTAPULGITE SUSP,OZ R Give: 30ML PO PRN IM OR PO AS NEEDED FOR N /V RPH:DML RN:GT

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS

ADDRESSOGRAPH

DOVE,GAYLE A 125-2I
[redacted] 08/15/57 (37) NOT FOUNI
FEMALE DX: ETOH
10/04/94 14:20 NEW ORDER
4G-SATP 4G-SATI

INJECTION SITES

Indicate Right (R) or Left (L)
1. DELTOID
2. ABDOMEN
3. ILIAC CREST
4. GLUTEAL
5. T HIGH

SIGNATURE/TITLE

Jim Ogsby, RN

INIT. JO

ALLERGIES NKA

0123

Department of Veterans Affairs

PRN AND ONE-TIME MEDICATION RECORD

MONTH: Oct. 1994

START | STOP | MEDICATIONS

10/04 | 10/04 | 11/03/94 13:00 (D6094)
ACETAMINOPHEN 325MG U/D P
Give: 650MG PO Q4HR PRN
PAIN/TEMP
RPH:DML RN:GT

10/14 | 10/12 | 11/11/94 13:00 (D6094)
SODIUM CHLORIDE 0.65% NASAL SPRAY,EA R
Give: UD NSL PRN
AS DIRECTED. SELF-MEDICATE

RPH:DML RN:GT

10/04 | 10/04 | 11/03/94 13:00 (D6094)
BENZONATATE 100MG CAP P
Give: 100MG PO Q4HRT PRN
COUGH
RPH:DML RN:GT

10/04 | 10/04 | 11/03/94 13:00 (D6094)
CEPASTAT LOZENGES, (18/BX),LOZ,EA R
Give: 1 PO Q2HR PRN
SORE THROAT

RPH:DML RN:GT

10/04 | 10/04 | 11/03/94 13:00 (D6094)
MILK OF MAGNESIA,OZ R
Give: 30ML PO QD PRN
CONSTIPATION

RPH:DML RN:GT

10/04 | 10/04 | 11/03/94 13:00 (D6094)
ATTAPULGITE SUSP,OZ R
Give: 30ML PO PRN
IM OR PO AS NEEDED FOR N /V

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
10/25	1130	Tylenol 650mg PO		Headache		1230	

ADDRESSOGRAPH

4G-SATP 4G-SATP

DOVE,GAYLE A 125-21
[redacted] 08/15/57 (37) NOT FOUND
FEMALE DX: ETOH
10/04/94 14:19 NEW ORDER

INJECTION SITES

Indicate Right (R) or Left (L)
1. DELTOID
2. ABDOMEN
3. ILIAC CREST
4. GLUTEAL
5. T HIGH

SIGNATURE/TITLE	INIT.	ALLERGIES
Naomi Kraus, RNC	NK	NKA
Pat Peden		

0124

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
10/9/94	1425	Motrin 800mg PO.		c/o pain	effective	1530	
10/5/94	2230	Motrin 800mg po		c/o pain	effective	2330	
10/10/94	1130	Motrin 800mg Po		c/o Pain		1200	
10/10/94	2030	Motrin 800mg po		c/o pain	effective	2130	
10/11/94	0645	Motrin 800mg ipo		c/o pain	effective	0745	
10/11	1310	Motrin 800mg + Po		severe H.A.		1402	
10/11	1610	Cigna nasal spray		nasal cong		1630	
10/11/94	2110	Motrin 800mg po		c/o abd pain	effective	2200	
10/12/94	0610	Motrin 800mg po		c/o abd pain	effective	0710	
10/12	1430	Motrin 800mg Po		abd. pain		1530	
10/12/94	1800	Oxymetazoline NSL		c/o nasal congestion		1900	
10/12/	2205	Motrin 800mg po.		c/o pain		2300	
10/13	0935	Motrin 800mg Po		c/o pain	effective	1080	
10/13/94	1803	Oxymetazoline NSL		c/o nasal congestion		1900	
10/13/94	2000	Motrin 800mg po.		c/o pain	effective	2100	
10-14	0725	motrin 800mg s po	mk	lower abdomen pain	eff	0800	mk
10/14/94	1701	Motrin 800mg po		c/o pain	effective	1800	
10/14/94	0001	Motrin 800mg po		c/o pain	effective	1100	
10/15/94	1830	motrin 800mg po		c/o Pain		1915	

SIGNATURE/TITLE	INIT.	SIGNATURE/TITLE	INIT.	SIGNATURE/TITLE	INIT.

0125

[redacted] VETERANS AFFAIRS

PRN AND ONE-TIME MEDICATION RECORD

MONTH: Oct YEAR: 1994

START DATE	STOP DATE	MEDICATIONS DOSE/ROUTE/FREQUENCY
10/04	10/04	11/03/94 13:00 (D6094) MILK OF MAGNESIA,OZ R Give: 30ML PO QD PRN CONSTIPATION RPH: RN:GT
10/04	10/04	11/03/94 13:00 (D6094) IBUPROFEN 400MG U/D P Give: 1 OR 2 PO TID PRN PAIN RPH: RN:GT
10/14	10/12	11/11/94 13:00 (D6094) SODIUM CHLORIDE 0.65% NASAL SPRAY,EA R Give: UD NSL PRN AS DIRECTED. SELF-MEDICATE RPH:____ RN:SR
10/04	10/04	11/03/94 13:00 (D6094) CEPASTAT LOZENGES, (18/BX),LOZ,EA R Give: 1 PO Q2HR PRN SORE THROAT RPH: RN:GT
~~10/11~~	~~10/11~~	~~10/12/94~~ 06:00 (D6094) OXYMETAZOLINE 0.05% NASAL SPRAY 15ML P Give: UD NSL PRN AS NEEDED TODAY RPH:____ RN:SR

DATE	TIME	MEDICATION/DOSE/ROUTE	INIT.	REASON	RESULTS	TIME	INITIALS
10/4/94	2000	Motrin 800mg p.o	[redacted]	c/o pain	effective	2100	[redacted]
10/4/94	0820	MOM of Magnesia 30ml p.o.	[redacted]	c/o constipation	effective	0830	[redacted]
10/5/94	1315	Motrin 800mg PO	[redacted]	c/o leg pain	effective	[redacted]	[redacted]
10/5/94	1830	Motrin 800mg PO	[redacted]	c/o HA	"not" effective	2030	[redacted]
10/6	0630	MOM 30cc PO	[redacted]	c/o constipation			
10/6	1110	Motrin 800mg PO	[redacted]	abd. pain	effective	1200	[redacted]
10/6	1830	Motrin 800mg PO	[redacted]	c/o Pain	effective	1918	[redacted]
10/7/94	1125	Motrin 800mg p.o.	[redacted]	c/o Pain	effective	1230	[redacted]
10/7/94	2030	Motrin 800mg PO	[redacted]	c/o pain	effective	2130	[redacted]
10/8/94	0807	MOM 30ml p.o.	[redacted]	c/o constipation	effective	1820	[redacted]
10/8/94	0807	Ibuprofen 800mg p.o.	[redacted]	c/o Pain	effective	[redacted]	[redacted]
10/8/94	1820	Motrin 800mg PO	[redacted]	c/o pain	effective	1930	[redacted]

ADDRESSOGRAPH

DOVE, GAYLE A
[redacted]
FEMALE DX: [redacted]
10/04/94 14:10 NEW ORDER
4G-SATP

117-1
NOT FOUN
4G-SATP

INJECTION SITES

Indicate Right (R) or Left (L)
1. DELTOID
2. ABDOMEN
3. ILIAC CREST
4. GLUTEAL
5. T HIGH

SIGNATURE/TITLE	INIT.	ALLERGIES
[redacted] RN	[redacted]	NKA
[redacted] RN	[redacted]	
[redacted] RN	[redacted]	
[redacted]	[redacted]	

NAME: BED #

PAGE ____ OF ____

VA FORM OCT 1989 568d SUPERSEDES VA FORM 10-5568d, NOV 1984, WHICH WILL BE USED.

034932

0126

A. Topic/ Teaching Need(s)	Readiness to learn Y/N *	B. Learner	Instructions/ Discussion	C. Teaching Method	D. Eval	Date/ Initial

Date	Time	Initials	Comments

Initials	Signature/Title
Dn	D McClain
LW	Lonnie Wilkins
BJ	Bobbye Dickerson

Initials	Signature/Title
CD	Carl Campbell

Referrals for further education or support (circle P, S, F and/or O)

P,S,F,O referred to _____ Date _____ Initial _____

P,S,F,O referred to _____ Date _____ Initial _____

0127

A. Topic/Teaching Need		B. Learner	C. Teaching Method
1. Disease/Condition	8. Rehab/ADLs	P = Patient	E = Explanation
2. Medications	9. Health Promotion/ Prevention	S = Spouse	H = Handouts * (list title)
3. Diet/Nutrition	10. Community Resources	F = Family member	D = Demonstrate
4. Food/Drug Interaction	11. Follow-up Instructions	O = Other	AV = Audiovisual * (list title)
5. Treatment/Procedure	12. Other		G = Group Presentation
6. Equipment Use/Safety			R = Reinforced
7. Hygiene			

D. Evaluation

1. Verbalizes/Discusses essential concepts
2. Asks appropriate questions
3. Demonstrates
4. Demonstrates with assistance
5. Requires reinforcement
6. No evidence of understanding
7. Refused teaching

For each entry, include appropriate codes from above. * Asterisk items require additional information in the "Comments" section on the back.

A. Topic/ Teaching Need(s)	Readiness to learn Y/N *	B. Learner	Instructions/ Discussion	C Teaching Method	D. Eval.	Date/ Initial
			SEE SURGICAL INFORMED CONSENT (MD)			—
1,2,5	Y	P	SEE ANESTHESIA INFORMED CONSENT (MD/CRNA)	E	1	10/28/99
			SEE ADVANCED DIRECTIVE ACKNOWLEDGEMENT (RN/SOCIAL WORKER/CHAPLAIN)			
			SEE PRE-OPERATIVE INSTRUCTIONS (RN)			
5,6	Y	P	PT ORIENTED TO OR ENVIRONMENT AND PACU PROTOCOL. PT ENCOURAGED TO ASK QUESTIONS & EXPRESS CONCERN (OR RN)	E	1,2	11/5/99 DW
3,5,6,8	Y	P	SEE PACU FLOW SHEET (PACU RN)	E,R	1,2	11-5-99 CS
			DISCUSS FINDINGS & POST-OP INSTRUCTIONS WITH PT/FAMILY(MD)			
1,2,3,5,11	X	P	REVIEW POST-OP INSTRUCTIONS WITH PT/FAMILY. WRITTEN COPY GIVEN TO PT, RETURN APPOINTMENT, # TO CALL-PROBLEMS(ASOU RN)	E,R	1,2	11/5/99
			PAMPHLET "TO YOUR HEALTH" DISCUSSED WITH PT AND FAMILY			

DOVE, GAYLE A.
515-64-6C94 08/13/57

0128

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 2/7/98
Time in: 2130
Allergies NKA
Chief Complaint HA

Mode Of Entry: Ambulatory: ☑ From: Home ☑
Wheelchair: ☐ Foster Home: ☐
Ambulance: ☐ Nursing Home: ☐
Other: ☐

Accompanied by family: Yes ~~No~~ Who Father

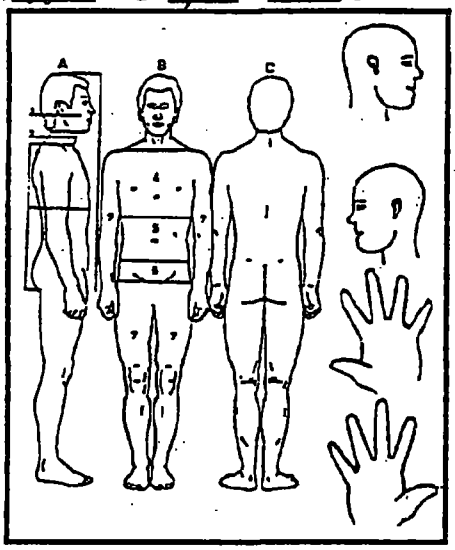
Mental status: Alert ~~Awake,but Confused:~~ Lethargic Ø Unresponsive Ø

Behavior: Cooperative ~~Uncooperative~~ Combative Ø Other

Physical Assessment: Height (in inches) 66" Weight 128 lbs ____ kg.

VITAL SIGNS

Time	B/P	P	R	T
2130	111/71	95	20	98
2210	104/59	70	20	
2230	104/55	68	20	
2245	100/56	66		
2246	101/65	68		



SKIN:
Hot: Ø
Warm: ✓
Cool: ✓
Dry: ____
Diaphoretic: Ø
Pink: ✓
Cyanotic: Ø
Rash: Ø
Lesions: Ø
Decubiti: Ø
Lacerations: Ø
Hematoma: Ø
Flushed ____
other ____

Pupils: Lt. Rt.
Size: ____
React: ____
Fixed: ____
Dilated: ____
Constricted: ____

CARDIOVASCULAR

	Lt.	Rt.
Pulses:		
Radial:	✓	✓
Do Pedis	✓	✓
P. Tibal	✓	✓

HEART
Apical: ____
Rhythm
Regular ✓
Irregular ____

CHEST PAIN
Location Ø
Duration ____
Frequency Ø
Intensity ____
Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL
Extremities:
Moves X4 ✓
Hemiplegia ____
Paraplegia ____
Amputee Ø
Contractures ____
other ____

RESPIRATORY

Chest:	Lt.	Rt.
Lungs		
Clear	✓	✓
Wheezing	____	____
rhonchi	Ø	Ø
rales	Ø	Ø
other	____	____

GASTROINTESTINAL
Abdomen: ✓
Soft ____
rigid Ø
Distended Ø
Non-tender ____
tender Ø
Bowel sounds (+)
other ____
Last BM 2/7
Diarrhea Ø
other ____

GENITOURINARY
No Problem ✓
Burning ____
Frequency ____
Hematuria Ø
Incontinence ____
other ____

List size as: ● ● ● ● ● ● ● ●
2 3 4 5 6 7 8 9
List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse) Donita Davenport RN

02 07 98

DOVE, GAYLE A
[redacted]

MEDICAL RECORD

520-OP-14-11A2 FEB 91

VA FORM SEP 1985 **10-0096**

*U.S. Government Printing Office: 1988-241-638/92342

E.R. Treatments:
IV: ✓ (Flow sheet started ___)
NG tube: Ø (Size: ___ Time: ___)
EKG: Ø
ABG: Ø
Lab tests: Ø
Aerosol Tx: Ø
Wound Care: Ø
Sutures Ø
Gastric lavage: Ø
Finger stick glucose: Ø @ ___ = ___
Pulse oximeter: Ø
X-Ray Ø

Medications Administered/Response to Medication:
Tet. Tox (0.5 mil IM):
Procardia (10mg SL):
NTG (mg. SL):
2210 Prochloperazine 10mg IV over 2m. 2230 - effective.

EKG RHYTHM STRIP

Disposition of Patient: Time: 2250 Mode: Ambulatory ✓ Wheelchair: Ø Stretcher: Ø

Accompanied by: ___/P.O.V. ✓ : Taxi Ø Station Car: Ø
Ambulance Ø : Security/Police Ø

To: Home ✓ Admit Ø Ward: Ø Report called @ Ø

to ___

Disposition of personal belongings: To Family: Ø

Other: ___
(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping
___ (list all items and to where: ___

D/C d in stable condition.

Signature Donita Davenporter

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
2-7-98	2130 AM PM	40	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA Ht 66"	142.8	98°	95	20	117/71	☒ NO ☐ YES

9. CURRENT MEDICATIONS

10. TRIAGE C/O Headache since 2pm. States she gave herself a shot but it hasn't relieved the pain has been vomiting this pm. States eyes are sensitive to light

11. SIGNATURE Don Davenporter

12. HISTORY AND PHYSICAL gradual onset

Gen WNL on Exam
Heart RRR S1 S2 no murmurs
VF full
Tongue midline
Neck supple ✓ carotid bruit
Heart RRR
Neuro CN's & WNL

M — Headache

13. DIAGNOSTIC IMPRESSIONS

14. PLAN

Prochlorperazine 10mg IV ordered VO very effective

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
Home	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	2/7/98 2350	

IMPRINT PATIENT DATA CARD

[redacted]

7. PATIENT INSTRUCTIONS

02 07 98

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Dove

VA FORM MAR 1992 **10-10M**

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

MEDICAL RECORD	PROGRESS NOTES
DATE	
	Women's MHPC Gold Group
2/12/98 1500	Family issues Group: Problem # 11 interpersonal behavior. Vet seen for first group therapy session. This beginning session focused on purpose of group, what happens in group, and responsibility of members. Session focused on each members describing their present relationship within their family of origin and their feelings related to growing up in that family. Kayle responded when questioned but offered little spontaneous interaction. She expressed little emotion when describing her family which had not/ and still doesn't provide an environment of support, nurturing or caring. HW: "Complete whole family Questionnaire" to help Kayle identify positive and negative aspects of caring within family. Dx: PTSD GAF: 65 Martha Campbell RN, MSN Student. Virginia M. DiRona, Staff Psychologist

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Dana Kayle
6094

REGISTER NO.	WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.506
509-111

PROGRESS NOTES

DATE	

U.S. GOVERNMENT PRINTING OFFICE : 1996 O - 171-075

STANDARD FORM 509 BACK (Rev. 11-77)

MEDICAL RECORD — Progress Notes

02/12/98 15:00 GROUP THERAPY
Location: WOMEN'S MHPC GOLD GROUP-GPT
SEXUAL TRAUMA GROUP THERAPY: PROBLEM -- (11) INTERPERSONAL BEHAVIOR PROBLEM

VET SEEN FOR SIXTH GROUP THERAPY SESSION. SESSION FOCUSED ON RELATIONSHIP ISSUES (INCLUDING RELATIONSHIPS AND COMMUNICATION WITH FELLOW GROUP MEMBERS AND FAMILY RELATIONSHIPS), THE ADDITIONAL STRESS MANAGEMENT TECHNIQUE OF EXERCISE, AND REVIEWING THE HOMEWORK. TO MODEL THE STRESS MANAGEMENT TECHNIQUE OF EXERCISE, PART OF THE GROUP INVOLVED A MILE WALK WHILE DISCUSSING FAMILY RELATIONSHIPS. BEFORE THE WALK, GROUP MEMBERS SHARED THEIR HW JOURNAL WRITINGS WHICH CONTINUE TO FOCUS ON THE ABUSE EVENTS. GAYLE FOCUSED HER WRITING ON HER EXPERIENCE IMMEDIATELY FOLLOWING HER ABUSE EXPERIENCE (AND CONTINUING FOR SEVERAL DAYS) OF BLOCKING OUT WHAT HAD HAPPENED TO HER. HW: WRITE A LETTER TO A FAMILY MEMBER DISCUSSING HOW FAMILY RELATIONSHIPS HELPED OR HINDERED THE COPING PROCESS.
DX: PTSD GAF:62

Signed by: /es/ JULIE V BATTLE
PSYCHOLOGY RESIDENT 02/13/98 11:19

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/25/98 09:05

VETERANS ADMINISTRATION

CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF *(Name)*

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved.

You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me *(or of the above-named individual if the individual is legally unable to give consent)* by *(specify the name of the VA facility, newspaper, magazine, television station, etc.)*.

Department Of Veterans Affairs Medical Center, Biloxi, MS

WOMEN'S MENTAL HEALTH PC CLINIC

While I am *(describe the activity, if any to be photographed or recorded)*

Inpatient ( ) Outpatient (✓) at this facility USE OF ONE WAY MIRROR

I authorize disclosure of the picture and/or voice recording to *(specify name and address of the organization, agency, or individual(s) to whom the release is to be made)*

Department Of Veterans Affairs

I understand that the said picture(s) and/or voice recording(s) is intended for the following purpose(s)

Patient File ( ) Educational use (✓) Pre-Op ( ) Post-Op ( ) Other ( )

Circle applicable: Blepharoplasty Septorhinoplasty Entropion Skin Cancer Ectropion
Other:

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for the use of my picture and/or voice

Gayle A Dove — 12 FEB 98

(SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON) (DATE)

INTERVIEW AND PERMISSION OBTAINED BY *(Name - title - address)*

ENT Clinic
EYE Clinic
Consultant

[signature] MD 2-12-98.

(SIGNATURE OF INTERVIEWER) (DATE)

PRODUCTION TITLE

PRODUCTION NO.

IMPRINT PATIENT PLATE OR WRITE IN INDIVIDUAL'S NAME & ADDRESS

[redacted]

IMPORTANT: This form must always be completed prior to the making or using pictures and/or voice recording(s) of any individual. If that individual has any history of drug abuse, alcoholism or sickle cell anemia an additional VA Form 10-5345 is required prior to the release of any data to any source.

VA FORM SEP 1979 10-3203

* U.S.G.P.O.: 1987 - 181-822/63016

MEDICAL RECORD | Progress Note

02/10/98 11:25 PSYCHOLOGY
Location: WOMEN'S MHPC GOLD DEROMA-GPT
Problem: # 2 Depression
GAF: 65
Diagnosis: PTSD; Dysthymia
Socialization efforts discussed and pt's anger related to not being paid back again resurfaced. Therapist encouraged pt to focus on success in holding friend's possession as collateral. Therapist prompted pt to discuss strategies to increase socialization, including attendance of AA meetings and joining a weight loss maintenace organization. Longterm plans for purchase of property were targetted by therapist as possibly counterproductive for goals of socialization given the rural setting of this property.
HW: PT to identify setting for increased socialization.
Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/10/98 11:33

02/05/98 15:00 GROUP THERAPY
Location: WOMEN'S MHPC GOLD GROUP-GPT
SEXUAL TRAUMA GROUP THERAPY: PROBLEM -- (11) INTERPERSONAL BEHAVIOR PROBLEM

VET SEEN FOR FIFTH GROUP THERAPY SESSION. SESSION FOCUSED ON TRAINING IN PROGRESSIVE MUSCLE RELAXATION TO INCREASE VETS REPERATOIRE OF SKILLS TO COPE WITH ANXIETY. GROUP MEMBERS IDENTIFIED TRAUMA-RELATED ANXIETY TRIGGERS, INCLUDING SEEING PEOPLE WITH PHYSICAL FEATURES SIMILAR TO THOSE OF THE PERPETRATOR, ANNIVERSARIES, AND FEELINGS OF HELPLESSNESS. GROUP MEMBERS SHARED THEIR HW JOURNAL WRITINGS ABOUT THE ABUSE EVENTS, FOCUSING ON A DIFFERENT ASPECT THAN PREVIOUSLY FOCUSED ON. GAYLE FOCUSED HER WRITING ON WHAT HAPPENED FOLLOWING HER ABUSE EXPERIENCE AND HER FEELINGS THAT SHE WAS BEING PUNISHED FOR HAVING REPORTED THE INCIDENT. HW: CONTINUE WRITING ABOUT ABUSE EXPERIENCES. USE RELAXATION EXERCISES TO HELP DEAL WITH ASSOCIATED ANXIETY. DX: PTSD; GAF:62

Signed by: /es/ JULIE V BATTLE
PSYCHOLOGY RESIDENT 02/06/98 12:08

Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/06/98 14:45

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 2/15/98
Time in: 1530
Allergies NKDA
Chief Complaint Headache

Mode Of Entry: Ambulatory: [X] Wheelchair: [ ] Ambulance: [ ]
From: Home [X] Foster Home: [ ] Nursing Home: [ ] Other: [ ]

Accompanied by family: Yes ✓ No __ Who father

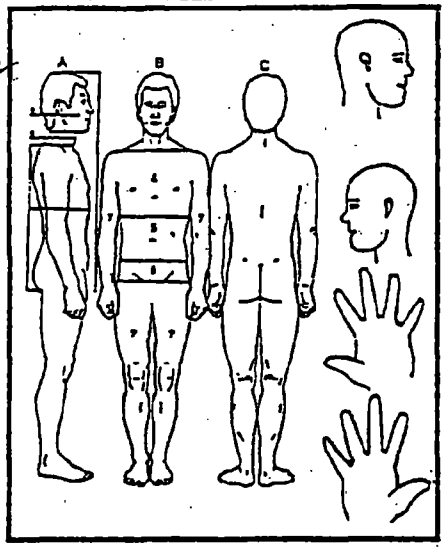
Mental status: Alert ✓ Awake but Confused: __ Lethargic __ Unresponsive

Behavior: Cooperative ✓ Uncooperative __ Combative __ Other: Quiet

Physical Assessment: Height (in inches) 66 Weight 135 lbs ____ kg.

VITAL SIGNS

Time	B/P	P	R	T	SaO2
1530	119/61	81	18	98.2	96



SKIN:
Hot ____
Warm: ✓
Cool: ____
Dry: ✓
Diaphoretic: ____
Pink: ✓
Cyanotic: ____
Rash: ____
Lesions: ____
Decubiti: ____
Lacerations: ____
Hematoma: ____
Flushed ____
other ____
Pupils: Lt. Rt.
Size: 3 3
React: ✓ ✓
Fixed: ____
Dilated: ____
Constricted: ✓ ✓

CARDIOVASCULAR

Pulses: Lt. Rt.
Radial: ✓ ✓
Do Pedis: ✓ ✓
P. Tibal: ✓ ✓

HEART
Apical: ____
Rhythm WNL
Regular ✓
Irregular ____

CHEST PAIN
Location ____
Duration N/A
Frequency ____
Intensity ____

Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL

Extremities:
Moves X 4 ✓
Hemiplegia ____
Paraplegia ____
Amputee ____
Contractures ____
other ____

RESPIRATORY

Chest:	Lt.	Rt.
Lungs	✓	✓
Clear	✓	✓
Wheezing	____	____
rhonchi	____	____
rales	____	____
other	____	____

GASTROINTESTINAL

Abdomen: ✓
Soft ____
rigid ____
Distended ____
Non-tender ✓
tender ____
Bowel sounds ✓
other ____
Last BM Today
Diarrhea ____
other ____

GENITOURINARY

No Problem ✓
Burning ____
Frequency ____
Hematuria ____
Incontinence ____
other ____

List size as: ●●●●●●●●● 1 2 3 4 5 6 7 8 9
List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

Leigh Ann Hall RN

02 13 98

DOVE, GAYLE A
[redacted]
08/15/57

MEDICAL RECORD
[redacted]

VA FORM 10-0096
SEP 1985

[redacted]: Government Printing Office: 1988-241-638/92342

E.R. Treatments:
IV:___(Flowsheet started___)
NG tube:___(Size:___Time:___)
EKG:___
ABG:___
Lab tests:___
Aerosol Tx:___
Wound Care:___
Sutures___
Gastric lavage:___
Finger stick glucose:___@___=___
Pulse oximeter:___
X-Ray___

Medications Administered/Response to Medication:
Tet. Tox (0.5 ml IM):
Procardia (10mg SL):
NTG (mg. SL):

1600 [illegible] for Pt. Cooperation

#12 Tylenol #3 To go

EKG RHYTHM STRIP

NA

Disposition of Patient: Time: Mode:Ambulatory ✓ Wheelchair:___ Stretcher:___

Accompanied by: Father /P.O.V. ✓ : Taxi___: Station Car:_____

Ambulance_____: Security/Police _____

To: Home ✓ Admit_____Ward:_____Report called @___

to _____

Disposition of personal belongings: To Family: ok

Other:_____

(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping

_____(list all items and to where: NA

Signature [signature]

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
21598	1530 AM/PM	40	M F	AMBULATORY STRETCHER WHEELCHAIR	( )	YES NO

8A. ALLERGIES	8B. WEIGHT LBS	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA	135	97.5	81	18	117/61	NO YES

9. CURRENT MEDICATIONS See Rx profile

10. TRIAGE States she has a migraine HA Head 3 mos - 20 years. States Toradol doesn't work took her Tramadol 1/2 today. Relieved her HA however

11. SIGNATURE

12. HISTORY AND PHYSICAL

1600

Ward Reen & Phenergan she does Dear Gayle and part for Migraines, Came to Katie who is driving here, Gayle took 1 Imitrex and 1 out of ER #3. which she took 2 days ago has had Migraine almost daily - Every Migraine 3x wk - Tender to touch - Normal, Allow Dr Remmers Tyl #3 #12

13. DIAGNOSTIC IMPRESSIONS Migraine PTSD

14. PLAN

Desired Phenergan 25 IM,

Robert H. Pierce, DO
AS3285170-725

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	YES NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
IMPROVED SATISFACTORY UNCHANGED	1630	

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

02 15 98

Follow up PRN

[redacted]

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE X Gayle A. Dove

VA FORM 1992 **10-10M**

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

NOTE DATED: 02/19/98 17:21 GROUP THERAPY
VISIT: 02/19/98 13:30 WOMEN'S MHPC GOLD GROUP-GPT
SEXUAL TRAUMA GROUP THERAPY: PROBLEM -- (11) INTERPERSONAL BEHAVIOR PROBLEM

VET SEEN FOR SEVENTH GROUP THERAPY SESSION. SESSION FOCUSED ON READING AND DISCUSSION OF GROUP MEMBERS' HOMEWORK ASSIGNMENT TO WRITE A LETTER TO A FAMILY MEMBER (NOT TO SEND) ABOUT HOW S/HE HELPED OR HINDERED THE PERSON'S ABILITY TO COPE WITH THE ABUSE. ALSO DISCUSSED BUFFERS AND VULNERABILITIES RELATED TO EARLY FAMILY DYNAMICS. GAYLE'S WRITING EXPRESSED ANGER AT HER MOTHER FOR NOT BEING SUPPORTIVE DURING HER CHILDHOOD AND THE LATER EFFECTS THAT THIS HAS HAD ON GAYLE AND HER ABILITY TO COPE WITH HER ABUSE. ALSO DISCUSSED ASSERTIVE SKILLS AND THEIR USE IN GETTING THE DESIRED SUPPORT. HW: JOURNAL ABOUT HOW THE ABUSE HAS AFFECTED CURRENT RELATIONSHIPS; USE ASSERTIVE TECHNIQUES AT LEAST ONCE BEFORE THE NEXT SESSION TO EXPRESS FEELINGS IN A DIFFICULT SITUATION. DX: PTSD; GAF:64

Signed by: /es/ JULIE V BATTLE
PSYCHOLOGY RESIDENT 02/19/98 17:29
Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/20/98 13:35

MEDICAL RECORD	PROGRESS NOTES
DATE	
2/19/98	Women's MHPC Goal #11 Problem-interpersonal behavio
1500	Family Issues Group. Pt attended second group therapy session. Shecind others members were given a handout to reinforce purpose of group and member responsibility. Session began today with therapist describing power balance in healthy families and types of power imbalance in troubled family. Members were asked to write about power distribution within their family. Kathy described a thematic structure in which mother initally held power but later transfered power to one sibling, protected the other sibling and left Kayla on the outside. A thematic drawing by therapists helped her identify her role in the family power structure and role play some alternative action. Today she was more spontaneous and smiled several times. H.W.: Think about closeness within and among family members and outward signs which indicate closeness. DX: DTSD GAF - 65

(Continued on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; race; hospital or medical facility)

Dane, Kayla

REGISTER NO.

WARD NO.

Martha Dane Ree MSN Student

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	
2/19/98	
Anon	

U.S. GOVERNMENT PRINTING OFFICE : 1996 O - 171-075

NOTE DATED: 02/23/98 13:57 PSYCHOLOGY GROUP-MENTAL HEALTH
VISIT: 02/23/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
PROBLEM: #2 DEPRESSION
GAF: 65
DIAGNOSIS: PTSD; DYSTHYMIA
THERAPIST NOTED PT'S IMPROVED MOOD AND HEIGHTENED PARTICIPATION IN GROUPS. THEME OF EMPOWERMENT WAS DISCUSSED WITH RESPECT TO PATIENT DEVELOPING INCREASED COMFORT WITH POWER ASSOCIATED WITH ASSERTIVENESS. PT MADE PROGRESS IN HANGING UP PICTURE THAT FRIEND FAILED TO REPAY HER FOR AFTER HER LOAN TO HER. THERAPIST FRAMED PT'S DISCOMFORT WITH POWER AS A PRODUCT OF EXPECTATIONS FROM CHILDHOOD WHEN HER MOTHER FAILED TO PROTECT HER, RENDEREING HER POWERLESS. HW: PT TO IDENTIFY INSTANCES IN WHICH SHE WAS NOT PROTECTED AND SCRIPT IDEAL PROTECTION RESPONSE THAT HER MOTHER MIGHT HAVE GIVEN HER. PT WAS ALSO ASKED TO DEVELOP IMAGERY FOR HER PROTECTING THE VULNERABLE ASPECTS OF HERSELF.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 02/23/98 14:00

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

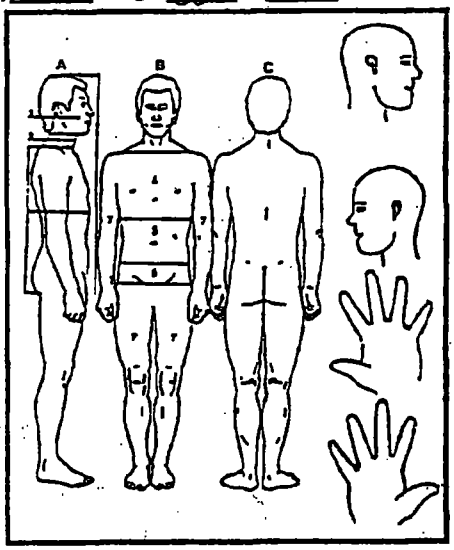
Date: 2/25/98
Time in: 1840
Allergies None
Chief Complaint Migrane Headache

Mode Of Entry: Ambulatory: ☑ Wheelchair: ☐ Ambulance: ☐
From: Home ☑ Foster Home: ☐ Nursing Home: ☐ Other: ☐

Accompanied by family: Yes ✓ No __ Who _____
Mental status: Alert ✓ Awake,but Confused: __ Lethargic __ Unresponsive _____
Behavior: Cooperative ✓ Uncooperative __ Combative __ Other _____
Physical Assessment: Height (in inches) _____ Weight 64" lbs 137 kg.

VITAL SIGNS

Time	B/P	P	R	T
1840	119/66	82	18	98 tc



SKIN:
Hot: ✓
Warm: ✓
Cool: ✓
Dry: ✓
Diaphoretic: ✓
Pink: ✓
Cyanotic: ✓
Rash: ✓
Lesions: ✓
Decubiti: ✓
Lacerations: ✓
Hematoma: ✓
Flushed ✓
other ✓
Pupils: Lt Rt
Size: ✓ ✓
React: ✓ ✓
Fixed: ✓ ✓
Dilated: ✓ ✓
Constricted: ✓ ✓

CARDIOVASCULAR

Pulses: Lt. Rt.
Radial: ✓ ✓
Do Pedis ✓ ✓
P. Tibal ✓ ✓

HEART
Apical:
Rhythm ✓
Regular ✓
Irregular ✓

CHEST PAIN
Location ✓
Duration ✓
Frequency ✓
Intensity ✓

Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL

Extremities:
Moves X 4 ✓
Hemiplegia ✓
Paraplegia ✓
Amputee ✓
Contractures ✓
other

RESPIRATORY

Chest: Lt. Rt.
Lungs
Clear ✓ ✓
Wheezing ✓ ✓
rhonchi ✓ ✓
rales ✓ ✓
other ✓ ✓

GASTROINTESTINAL

Abdomen:
Soft ✓
rigid ✓
Distended ✓
Non-tender ✓
tender ✓
Bowel sounds ✓
other
Last BM
Diarrhea ✓
other ✓

GENITOURINARY

No Problem ✓
Burning ✓
Frequency ✓
Hematuria ✓
Incontinence ✓
other ✓

List size as: ●●●●●●●●● 1 2 3 4 5 6 7 8 9
List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

02 25 98

DOVE, GAYLE A
[redacted]

MEDICAL RECORD

520-OP-14-11A2 FEB 91

VA FORM SEP 1985 10-0096

*U.S. Government Printing Office: 1988-241-638/92342

E.R. Treatments:
IV: ~~0~~ (Flow sheet started ___)
NG tube: ~~0~~ (Size: ___ Time: ___)
EKG: ~~0~~
ABG: ~~0~~
Lab tests: ~~0~~
Aerosol Tx: ~~0~~
Wound Care: ~~0~~
Sutures: ~~0~~
Gastric lavage: ~~0~~
Finger stick glucose: ~~0~~ @ ___ = ___
Pulse oximeter: ~~0~~
X-Ray ~~0~~

Medications Administered/Response to Medication:
Tet. Tox (0.5 mil IM):
Procardia (10mg SL):
NTG (mg.SL):

PACS Tramadol 100mg IM (x2)
_____ : @ 1pm
_____ :
_____ :
_____ :

Pt instructed to wait 30 min
P injection to monitor
for S/S of reaction. Pt
verbalized understanding.
Grace Escalera

EKG RHYTHM STRIP

Disposition of Patient: Time: 1935 Mode: Ambulatory ~~0~~ Wheelchair: ~~0~~ Stretcher: ~~0~~
Accompanied by: SIS staff P.O.V. ~~0~~ : Taxi ~~0~~ Station Car: ~~0~~
Ambulance ~~0~~ Security/Police ~~0~~
To: Home ~~0~~ Admit ~~0~~ Ward: ~~0~~ Report called @ ~~0~~
to ~~0~~
Disposition of personal belongings: To Family: pt has all belongings
Other: _____
(Specific Name) (Specific Name)
To appropriate hospital area for safekeeping
_____ (list all items and to where: _____

Signature _____

Teaching & emotional support
given with understanding
DC'd 20-

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
2/25/98	1840 AM PM	40	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NONE	137 lbs	98.8	82	18	119/66	☒ NO ☐ YES

9. CURRENT MEDICATIONS ~~SEE~~ current Rx profile

10. TRIAGE C/o migraine headache for 3 days, centralized on R side of head. Uses Ibuprofen, Imitrex (2 pills yesterday & today) + Fioricet (4) plus Tylenol #3 every 4hrs. MM medications Hx/yesterday. Headache given sparkles — sensitive to light & nausea.

11. SIGNATURE Gayle Kinney

12. HISTORY AND PHYSICAL Gradual onset

Exam per MD E. Sabella PA

Gen AAO x 3
HEENT PERRL EOM full
Tympanic membranes
Neck supple ✓ Carotid bruit
Heart RRR
Neuro ✓ focal findings

13. DIAGNOSTIC IMPRESSIONS Cephalgia

14. PLAN

Toradol 60mg IM/dose #1 given 1905
Tylenol #3 (6) tabs PO q 4h prn

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	As tolerated

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	2-25-98 1935	

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

~~2-25-98~~ Discharge Meds as directed
1) Keep HA
2) Follow up 1st Can for Pap & Mammogram
3) Tylenol #3 as needed - if no relief after Tylenol #3 - No driving, alcohol, operating machinery or signing papers for 8 hours after Tylenol #3.

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A Love

DOVE, GAYLE A [redacted] [redacted]

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

PURPLE TEAM

Wt PENNISSON

MEDICAL RECORD | **PROGRESS NOTES** HT 66 wt 140

DATE	
2-27-98	39 YO TPR 98.2-98-18 B/P 102/72
1530	Pt c/o migraine headache that starte
	About 0700 - no relief p taking 2
	imitrex injections & ii Tylenol #3.
	Pt reports that she has been
	to ER at least 5 times in the
	last 5 weeks for unrelieved migraines
	states that she is usually given
	Demerol & Phenergan which has
	Relieved the pain q time
	P-Refer to Dr Pierce may Pyrn
	Migraine cephalgia
	Demerol 50mg IM
	Phenergan 25mg IM now.
1655	DIC'd in stable condition. Rt Hosp for
	further problems. — A Davenport

NKDA

1625 Demerol 100 mg IM
Phenergan 25 mg IM
Robert H. Pierce, DO
AS3285170-725

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

5 62

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
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509-111

[redacted]E, GAYLE A
[redacted]

Dove

PROGRESS NOTES

DATE	

U.S. GOVERNMENT PRINTING OFFICE : 1996 O - 171-075

MEDICAL RECORD	PROGRESS NOTES
DATE	
2/27/98	Neuro cl. F/U Dr V Nalini
NKDA	T 98.2 P 68 R 18 BP 107/61
CO55	Age 49 Wt 141.1 Ht 66in Elephant Ro
	Neuro:- Pt with Migraine Headaches
	11:10 AM CBG is getting about 4/wk
	- Pain over Rt side head - throbbing
	& light sensitivity & nausea/vomiting
	She took Imitrex, Fioricet #3 & Darvocet #3 but
	She came to OR & took Relpax.
	She was on Pamelor but off of it
	as it didn't help. She tried all
	prophylactic med - Inderal, ~~Verapamil~~
	Elavil, Valproic Acid. She also
	tried Biofeedback. She avoids
	caffeine food. She smokes 1/2 PPD
	& Advised Dr. Hansen for Smoking
	Cessation.
	A Headaches - Migraine
	- try Verapamil 80 mg BID for
	prophylaxis
	cont Imitrex
	Follow up if it was
	Nalini
3/30/98 @ 11:00	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle initial; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	

STANDARD FORM 509 BACK (Rev. 11-77)

*U.S.GPO:1997-426-359

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 11/29/99 Time: 0620 Age: 42 Ht.: ___ Wt.: ___ Gender: F
Mode of Arrival: ☐ Ambulance ☒ Walk-In ☐ Extended Care Facility ☐ Other: ___
Source of Information: ☒ Patient ☐ Family/Friend ☐ Old Chart ☐ Other: ___
Chief Complaint: headache - pt feels may be migraine or flu-relates
Allergies: ☐ Medications ☐ Food ☐ Insects ☐ Latex (must complete Latex Allergy questionnaire) ___
NKA
Reactions to Anesthesia: None known
Medical History/Past Surgeries/Hospitalizations: migraine
Present Medications: See 10-10m
Marital Status: ☐ Married ☐ Single ☒ Divorced ☐ Separated ☐ Widowed
Religious Preference: protestant
Blood/Blood Product Transfusion Preference: ☒ None ☐ Yes; Explain: ___
EMERGENCY NOTIFICATION:
Relative/Friend: Ray Dove Jr Relationship: Father Phone Number: 336-396-1919

II. **LEVEL OF CONSCIOUSNESS:**
☒ Alert ☒ Oriented ☒ Person ☒ Place ☐ Time
☒ Verbally Responsive ☐ Confused/Disoriented ☐ Responds to Pain
BEHAVIOR: ☒ Cooperative ☐ Uncooperative ☐ Combative ☐ Withdrawn ☐ Other: ___
EMOTIONAL/PSYCHOSOCIAL STATUS:
☒ Calm ☐ Anxious ☐ Fearful ☐ Depressed ☐ Suicidal ☐ Apathetic
ADL's/Level of Functioning: *S = Self A = Assist T = Total*
Bathing: (S) A / T Dressing: (S) A / T Eating: (S) A / T Mobility: (S) A / T
Oral Hygiene: (S) A / T Toileting: (S) A / T
Comments: ___

VITAL SIGNS

Time	BP	Pulse	R	T	Pulse Oximeter	Pain Assessment (0-10 Scale) Comments
0620	114/61	83	16	99.4	94	

Signature/Title: Anna Finnegan Date/Time: 11/29/99 0620
Date/Time: ___

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: ___ Date/Time: ___
Date/Time: ___

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

520-OP-276-118 JUNE '99

REV. 6/99

EMERGENCY ROOM/CLINIC ASSESSMENT

III. PATIENT RIGHTS (If Yes, must be on chart):

Advance Directives: ☐ Yes ☑ No
Type: _____
Location: _____
Organ Donor: ☐ Yes ☐ No
Tissue Donor: ☐ Yes ☐ No
Information/Pamphlet Provided:
☐ Yes ☐ No ☐ Refused
Patient requests further information on:
☐ Advance Directives
☐ Organ Donation
☐ Tissue Donation
Comments: _____

IV. POTENTIAL ABUSE:

☑ Not Applicable
☐ Rape or Other Sexual Molestation
☐ Domestic Abuse
☐ Abuse or Neglect of Elders or Children
☐ Evidence of Physical Assault
☐ Unexplained Bruises
☐ Unexplained Injuries
☐ Unkempt, Dirty, Poor Hygiene.

If yes to above, **Initiate Center Memorandum 11-13-98** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.
Date/Time Initiated: _____
Method of Notification: _____
Comments: _____

V. SKIN:

☐ Hot ☑ Warm ☐ Cool ☑ Dry ☐ Diaphoretic ☐ Pink ☐ Cyanotic
☐ Rash ☐ Lesions ☐ Decubiti ☐ Lacerations ☐ Hematoma ☐ Flushed
☐ Other: _____

VI. CARDIOVASCULAR/CIRCULATION:

☑ No Problem Identified ☐ Chest Pain ☐ Exertional ☐ Rest
Chest Pain: Location: _____ Duration: _____
Frequency: _____ Severity: _____ (0-10 Scale)
What relieves pain: _____
Rhythm: ☐ Regular ☐ Irregular Leg Pain: ☐ Exertional ☐ Rest

PULSES	Left	Right
Radial	+2	+2
Dorsalis Pedal		
Posterior Tibial		

PUPILS	Left	Right
Size	2	2
React	✓	—
Fixed		
Dilated		
Constricted		

1MM 2MM 3MM 4MM 5MM

BREATH SOUNDS	Left	Right
Clear	✓	—
Wheezing		
Rhonchi		
Rales		
Other		

VII. RESPIRATORY:

Breathing Pattern: ☑ Normal ☐ Dyspnea
☐ Exertional ☐ At Rest
Cough: ☐ None ☐ Non-Productive
☐ Productive

Signature/Title: Linda Jones _____ Date/Time: 11/20/99 0600
_____ Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: _____ Date/Time: _____
_____ Date/Time: _____

520-OP-276-118 JUNE '99

EMERGENCY ROOM/CLINIC ASSESSMENT

VIII. MUSCULOSKELETAL:
☑ Moves All 4 Extremities ☐ Hemiplegia ☐ Paraplegia ☐ Quadriplegia
☐ Amputee ☐ Contractures ☐ Other: _____
Comments: _____

IX. GASTROINTESTINAL:
Abdomen: ☑ Soft ☐ Rigid ☐ Distended ☑ Non-Tender ☐ Tender
Bowel Sounds: ☑ Normal ☐ Absent ☐ Hypoactive ☐ Hyperactive
Last Bowel Movement: _____ Other: _____
Comments: _____

X. GENITOURINARY:
☑ No Problem Identified ☐ Burning ☐ Frequency ☐ Hematuria ☐ Incontinence
☐ Last Menstrual Period: _____ ☐ Last Mammogram: _____
☐ Last Pap Smear: _____ ☐ Other: _____

XI. TREATMENTS DONE:
☐ IV: _____ (Flow Sheet Started) ☐ N/G Tube ☐ Foley
☐ EKG ☐ ABG ☐ CXR ☐ KUB
☐ Aerosol Treatment: _____
☐ Chem 7 ☐ CMP ☐ Cardiac Enzymes ☐ CBC ☐ PT/PTT
☐ Other: _____
☐ Glucose Monitor: _____ ☒ Pulse Oximeter: 94
☐ Other: _____

MEDICATIONS ADMINISTERED:

N/A

Time	Medication	Dose	Response	Signature

XII. DISPOSITION OF PATIENT/CARE SETTING: Time: 0130
☒ Discharged to Home ☐ Admitted to Ward: _____
☐ Admitted to ICU ☐ Admitted to Mental Health Ward: _____
☐ Transferred to Another Facility: _____
Method of Discharge: ☐ Own Vehicle ☐ Significant Other's Vehicle ☐ Ambulance ☐ Escorted to Gate
Accompanied By: _____ ☐ Other: _____
Report Called To: _____
Patient Placed on Seriously Ill List: ☐ Yes ☐ No Chaplain Notified: ☐ N/A ☐ Yes ☐ No
List Items Brought to Hospital: _____
Disposition of Valuables: ☐ Agent Cashier ☐ MAA ☐ Patient Effects ☐ Patient ☐ Family/Home

Signature/Title: Virginia Williams RN Date/Time: 11-28-99 @ 07
Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers: 11 27 99
Signature/Title: _____ Date/Time: _____
Date/Time: _____

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number) 520-OP-276-118 JUNE '99

Doyle, Wallace A.
[redacted]

REV. 6/99

PROGRESS NOTES

EKG RHYTHM STRIP
(If Applicable)

Signature/Title: _____ Date/Time: _____
_____ Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: _____ Date/Time: _____
_____ Date/Time: _____

Tu + Friday
1PM 8:30

MEDICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: *(Requesting physician or activity)*	DATE OF REQUEST
PHYSICAL THERAPY	DR M. GELDER	10-21-99

REASON FOR REQUEST *(Complaints and findings)*

PHYSICAL THERAPY FOR "HEADACHES"

PROVISIONAL DIAGNOSIS

DEPRESSIVE DISORDER

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Maurice D. Gelder, M.D.		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

Maurice D. Gelder, M.D.
AS3285170-867

Pt. well known to P.T.

P.T. - Resume treatment 2 x / wk.

(Continued on reverse side)

SIGNATURE AND TITLE			DATE
H. Bradeen, Sup P.T.c			10-22-99
IDENTIFICATION NO.	**ORGANIZATION**	**REGISTER NO**	**WARD NO**
			OPT / SC TX

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)*

GAYLE, DOVE

[redacted]

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
513-109

30%
HA's

MEDICAL RECORD — PROGRESS NOTES

DERM

DATE 9/17/99

(S) pt c Psoriasis
Topicals help marginally (PUVA) & knee problem
- DJD
- PTSD
- Head injury & BLD trauma

(O) presents glogau (2) legs/arms
Scalp

Psor
MTX
Tenoretic
Atenolol
Xanax
Clonazepam

(A/P) (1) Psoriasis -
MTX Labs
9/99 D
#
CBC c diff, Chem panel and Lipid Panel today
10/1 @ 9:30 D
RTC 2 wks

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

HILTON, ALTON L
[redacted]

REGISTER NO.

WARD NO.

9 17 99

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE

MEDICAL RECORD — PROGRESS NOTES

DATE

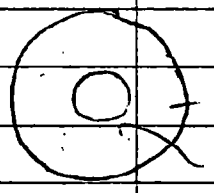
OPHTHALMOLOGY
DILATE MYD1.7 NE02.5
TIME
OU OD OS X1 X2 X3
DATE 8.18.95 TIME 0855

SEE VISIT OF 8/12/95

OVA CC 20/25
20

T 12
11

K-



AIP© K Abrasion OD - healed
Ant Box oint qHS x 4 days then stop
Keep previously scheduled Appt

JF Fischer

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

DOUE, Gayle

[redacted]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
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FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE

MEDICAL RECORD | **PROGRESS NOTES**

DATE

OPHTHALMOLOGY
DILATE NOW + AM02 —
OU OD OS X1 X2 X3 —
DATE 8-17-99 TIME 1615

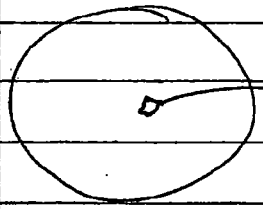
Pt c c/o FB sensation, blurry VA OD since Sunday. Also c c/o L abrasion 2° trichiasis.

Eye feels better today.

VA Ec 20/100 PH 20/60
20/20-2

TA 10
13

SLE: UL cl
conj cl
K
AC DFC



central abrasion OD .5 x .5 mm

CD .4

A/P: K abrasion - healing
CSM
RTC tomorrow

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Dow, Gayle

[redacted]

REGISTER NO. WARD N°

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
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509-111

PROGRESS NOTES

DATE

MEDICAL RECORD — PROGRESS NOTES

DATE

OPHTHALMOLOGY
DILATE MYD1.1 NEO2.5
OU OD OS X1 X2 X3
DATE 8/16/99 TIME 0815

No chart - no emergency consult. Woke Sunday c OD hurting. Seen in ER & by eye resident

VA cc/ 20/200 PH 20/80
20/20-3

SLE,
OD ∅ FB under lid
K - central abrasion, fluor pos
Rx Dsg

A - K abrasion OD - ? recurrent erosion (hx of abrasion c SLE)

P. - ↓ steroid, 2.5 Neo, Myd
Erythromycin
PRN
Rec Today - Donna

V. CARRRIERE, M.D.
OPHTHALMOLOGY
(Continued on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

[redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE

A COPY

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

5' 26" **MEDICAL CERTIFICATE** Pain Scale 9/10

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS			6. PHONE NUMBER	7. HOMELESS
8/15/99	1250 AM PM	42	☐ M ☒ F	☒ AMBULATORY	☐ STRETCHER	☐ WHEELCHAIR	2039619/9	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	135	98.3	111	20	131/70	☒ NO ☐ YES

9. CURRENT MEDICATIONS unknown

10. TRIAGE Right eye irritation upon waking this Am. States irrigated eye & water rolling this Am. Pain feels like something sliding across it.

11. SIGNATURE David S. Hartleyn

12. HISTORY AND PHYSICAL 42 yo ♀ as above. No trauma. (R) Eye. This Am pain, grey sensation, foreign body. Alert, oriented x 3 dates. (R) Eye: purple normal eye, no redness of conjunctiva, no hyperhemia. Normal non blood vessels. EOMs normal bilateral cornea clear Dot Eye Fluorescein uptake

13. DIAGNOSTIC IMPRESSIONS opth abrasion Rt. eye

14. PLAN opthalmo Consult
Rt. eye 20/200 Tylenol #3 1 tab po q 4-6 PRN for pain #4
Rt. eye (20/25

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☒ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	8/15/99 1540	David S. Hartleyn

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS
Apply opth ointment to Rt. eye 3 X a day
Take medication as directed
Return to eye clinic in Am for follow-up

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS — **8. PATIENT'S SIGNATURE** Gayle A. Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

MEDICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO: OPHTHALMOLOGY

FROM: *(Requesting physician or activity)* ER

DATE OF REQUEST

REASON FOR REQUEST *(Complaints and findings)* 42 yo ♀ w/ c/o waking up from nap and FB sensation on ® eye upon awakening this AM; NO trauma

⊖ redness, normal vision but pain on midposition; Blurred vision

Please see and advise

VISUAL Acuity ⊖ 20/25 RT: 20/200

PROVISIONAL DIAGNOSIS

Non Traumatic ® eye pain

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
[signature]		☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

1st call 1315 42 yo ♀ who woke up c/ painful, blurry ® eye. ∅ hx trauma. Tried to flush but ∅ help. ⊕ FB sensation initially. Doesn't have glasses with her, but normally wears them.

VA: SC 20/200 PH 20/80 −

20/20

PUPILS 5-3 5-3 ORAPD

TA 15

SLE: L/L cl

(removed lash from fornix c/ some relief)

cais: cl ∅ cil

diffuse staining

AC D/Q

Lens WNL

I WNL

DFE: CD .4/.4

cl x x hypertrophied

PMH

∅ DM ∅ HTN

OCHX

Lattice

GH: ∅

A/P: ① lash in lower fornix - removed c/ some relief

② FAU punctate epithelium 8/15/99 ointment PRN

RTC

DW

(Continued on reverse side)

SIGNATURE AND TITLE

[signature]

08/25

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name-last, first, middle initial; maiden name; rank; hospital or medical facility)*

[redacted]

08/25

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505
513-108

[redacted] GAYLE A

[redacted]

USE THIS SIDE WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

Not 66" Pain Clinic

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
8-9-99	0800 AM PM	41	☐ M ☒ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	(ZZ) 396 1419	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
Thorazine / Nubain	138	98.6	98	16	122/76	☒ NO ☐ YES

9. CURRENT MEDICATIONS

10. TRIAGE Pt requesting SATP-

8-9-99 4:15

11. SIGNATURE [signature]

12. HISTORY AND PHYSICAL 41 yem - 6'1" [illegible]

HX GERD. Stable - On meds. HTN.

Migraine. Comes q. SATP. ~~Program.~~

Hx of ETOH Abuse. Sober x 5 years

Said she might start drinking.

Agency

DIE Axis Not Included.

After Static

Heent - Not significant.

13. DIAGNOSTIC IMPRESSIONS

14. PLAN Heart - Stress Myocardial Sestamibi

Lung - Chest x. / AP

Abd - Sonogram Pt. Breath sounds

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE & TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	8-9-99	

IMPRINT PATIENT DATA CARD

[redacted]

7. PATIENT INSTRUCTIONS

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

CPS - WNL

(A) (P) - Mijaia Ay history

- Exam Ameen in past.

(P) SAAP Consult

Consult to pain clinic.

RAVINCHANDRA SAHA, M.D.
AS3285170-1141

STUDIES REQUESTED	RESULTS

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs 986

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
8-5-99	0010 AM/PM	41	M F	AMBULATORY STRETCHER WHEELCHAIR	( )	YES NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	135	97.2	96	20	118/68	NO YES

9. CURRENT MEDICATIONS Gabapentin, Amitriptyline, Rizatriptan, Ortho Tri-Cyclen, Ranitidine, Ibuprofen, Vitamins

10. TRIAGE PT. Presents c/o chronic migraine HA starting this am c N+V. See RN sheet for more

12:30A 4-5-99

11. SIGNATURE Dea Hinton

12. HISTORY AND PHYSICAL 41 year-old female HIO migraine dx in early 20's & age. Smoker. Comes c/o Both sides head ache. No known visual problem. drinks coke. RN. OTC APAP x3 ASA ~~ibuprofen~~.

Endorsed me this pt. coming here frequently for narcotic. Pt walk Hem ONE after said she vomited. Father said. He did not notice any witness vomiting. HIO GERD & HIATA Hernia / SH Hysterectomy OIE AOX3. Does not look in any.

13. DIAGNOSTIC IMPRESSIONS pain

14. PLAN Eomi, conjunct mb. moist Heart. PERLA ~~Conjunctiva pale~~ No tympanic membrane pink sclera WNL no lymphadenopathy Prescribed 30mg po QOD PRN

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP ACTIVITY - LIMITATIONS
	YES NO	F/U PRN

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
IMPROVED SATISFACTORY UNCHANGED	1245 AM 8/5/99	

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS Meds as directed

8-06-99 F/U c PCP

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

Read at time

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

CN Heart. SISZ Regular 80555/4 0 murm
lung - Clear to AP
abd - Soft NT. BST NO HSM. NO mass Equal 5
CNS - No sensory or motor loss DTR 2+ Symetrical
Plantar ↓↓. no cranial nerve deficit.
No cerebellar sign.
(A) migraine
GERD. Hiu HIATA hernia
(P) - Zantac 150 mg p.o BID x 15 days
- metha carbamol 500 mg 2 tab PRN
for Headache #16 tab.

STUDIES REQUESTED	RESULTS

PRAVINCHANDRA SAUA, M.D.
AS3285170-1141

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 8/15/94 Time: 1230 Age: 42 Ht.: 5'6" Wt.: 135 Gender: F

Mode of Arrival: ☐ Ambulance ☒ Walk-In ☐ Extended Care Facility ☐ Other: _____

Source of Information: ☒ Patient ☐ Family/Friend ☐ Old Chart ☐ Other: _____

Chief Complaint: headache

Allergies: ☐ Medications ☐ Food ☐ Insects ☐ Latex (must complete Latex Allergy questionnaire) _____

NKA

Reactions to Anesthesia: none

Medical History/Past Surgeries/Hospitalizations: Depression, migraine HA PTSD, pelvic adhesive disease, Bronchitis

Present Medications: see 110-110m

Marital Status: ☐ Married ☒ Single ☐ Divorced ☐ Separated ☐ Widowed

Religious Preference: Protestant

Blood/Blood Product Transfusion Preference: ☒ None ☐ Yes; Explain: _____

EMERGENCY NOTIFICATION:

Relative/Friend: Ray Davis Relationship: father Phone Number: 228-396-1919

II. **LEVEL OF CONSCIOUSNESS:**

☐ ~~Alert~~ ☒ Oriented ☒ Person ☐ Place ☐ Time

☐ Verbally Responsive ☐ Confused/Disoriented ☐ Responds to Pain

BEHAVIOR: ☒ Cooperative ☐ Uncooperative ☐ Combative ☐ Withdrawn ☐ Other: _____

EMOTIONAL/PSYCHOSOCIAL STATUS:

☐ Calm ☒ Anxious ☐ Fearful ☐ Depressed ☐ Suicidal ☐ Apathetic

ADL's/Level of Functioning: *S = Self A = Assist T = Total*

Bathing: S / A / T Dressing: S / A / T Eating: S / A / T Mobility: S / A / T

Oral Hygiene: S / A / T Toileting: S / A / T

Comments: _____

VITAL SIGNS

Time	BP	Pulse	R	T	Pulse Oximeter	Pain Assessment (0-10 Scale) Comments
1230	131/70	111	20	99.3	ra	9/10 bilateral eye pain

Signature/Title: Lail S. Darlington Date/Time: 8/15/94 1250

Date/Time: _____

Readmission/Reassessment within 30 days:

Reviewers:

Signature/Title: _____ Date/Time: _____

Date/Time: _____

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

520-OP-276-118 JUNE '99

LOVE, GAYLE A

[redacted] [redacted]

REV. 6/99

EMERGENCY ROOM/CLINIC ASSESSMENT

III. PATIENT RIGHTS (If Yes, must be on chart):

Advance Directives: ☒ Yes ☐ No
Type: Living
Location: Record
Organ Donor: ☒ Yes ☐ No
Tissue Donor: ☒ Yes ☐ No
Information/Pamphlet Provided:
☐ Yes ☒ No ☐ Refused
Patient requests further information on:
☐ Advance Directives
☐ Organ Donation
☐ Tissue Donation
Comments: _____

IV. POTENTIAL ABUSE:

☐ Not Applicable
☐ Rape or Other Sexual Molestation
☐ Domestic Abuse
☐ Abuse or Neglect of Elders or Children
☐ Evidence of Physical Assault
☐ Unexplained Bruises
☐ Unexplained Injuries
☐ Unkempt, Dirty, Poor Hygiene

If yes to above, **Initiate Center Memorandum 11-13-98** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.
Date/Time Initiated: _____
Method of Notification: _____
Comments: _____

V. SKIN:

☐ Hot ☒ Warm ☐ Cool ☒ Dry ☐ Diaphoretic ☐ Pink ☐ Cyanotic
☐ Rash ☐ Lesions ☐ Decubiti ☐ Lacerations ☐ Hematoma ☐ Flushed
☐ Other: _____

VI. CARDIOVASCULAR/CIRCULATION:

☒ No Problem Identified ☐ Chest Pain ☐ Exertional ☐ Rest
Chest Pain: Location: na Duration: na
Frequency: na Severity: 9/10 (0-10 Scale)
What relieves pain: holding chest
Rhythm: ☒ Regular ☐ Irregular Leg Pain: ☐ Exertional ☐ Rest

PULSES	Left	Right
Radial	+	+
Dorsalis Pedal	+	+
Posterior Tibial	+	+

PUPILS	Left	Right
Size	3	3
React	B	B
Fixed		
Dilated		
Constricted		

1MM 2MM 3MM 4MM 5MM

Rt eye 20/20
Lt eye 20/25

BREATH SOUNDS	Left	Right
Clear	✓	
Wheezing	✓	✓
Rhonchi		
Rales		
Other		

VII. RESPIRATORY:

Breathing Pattern: ☐ Normal ☐ Dyspnea
☐ Exertional ☐ At Rest
Cough: ☐ None ☐ Non-Productive
☒ Productive Brown phlem

Signature/Title: Gail J. Hardyman Date/Time: 8/18/99 1250
Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers
Signature/Title: _____ Date/Time: _____
Date/Time: _____

[redacted] [redacted]

PROGRESS NOTES

1345 eye irrigation 1000 cc NS Gail S Hasleupnn
1400 To eye clinic

Pt discharged in stable condition.
To return to eye clinic w/in 4hr
for follow-up 8/11/99

EKG RHYTHM STRIP
(If Applicable)

Signature/Title: Gail S. Hasleupnn Date/Time: 8/11/99 @ 1540
Date/Time:

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: Date/Time:
Date/Time:

EMERGENCY ROOM/CLINIC ASSESSMENT

VIII. MUSCULOSKELETAL:
☑ Moves All 4 Extremities ☐ Hemiplegia ☐ Paraplegia ☐ Quadriplegia
☐ Amputee ☐ Contractures ☐ Other: _____
Comments: _____

IX. GASTROINTESTINAL:
Abdomen: ☐ Soft ☐ Rigid ☐ Distended ☐ Non-Tender ☐ Tender
Bowel Sounds: ☐ Normal ☐ Absent ☐ Hypoactive ☑ Hyperactive
Last Bowel Movement: 8/19/99 Other: _____
Comments: _____

X. GENITOURINARY:
☐ No Problem Identified ☐ Burning ☐ Frequency ☐ Hematuria ☐ Incontinence
☐ Last Menstrual Period: 1987 ☐ Last Mammogram: _____
☐ Last Pap Smear: _____ ☐ Other: Hysterectomy

XI. TREATMENTS DONE:
☐ IV: _____ (Flow Sheet Started) ☐ N/G Tube ☐ Foley
☐ EKG ☐ ABG ☐ CXR ☐ KUB
☐ Aerosol Treatment: _____
☐ Chem 7 ☐ CMP ☐ Cardiac Enzymes ☐ CBC ☐ PT/PTT
☐ Other: _____
☐ Glucose Monitor: _____ ☐ Pulse Oximeter: _____
☐ Other: Opth consult

MEDICATIONS ADMINISTERED:

Time	Medication	Dose	Response	Signature

XII. DISPOSITION OF PATIENT/CARE SETTING: Time: 1540
☐ Discharged to Home ☐ Admitted to Ward: _____
☐ Admitted to ICU ☐ Admitted to Mental Health Ward: _____
☐ Transferred to Another Facility: _____
Method of Discharge: ☐ Own Vehicle ☑ Significant Other's Vehicle ☐ Ambulance ☐ Escorted to Gate
Accompanied By: Foster ☐ Other: _____
Report Called To: _____
Patient Placed on Seriously Ill List: ☐ Yes ☐ No Chaplain Notified: ☑ N/A ☐ Yes ☐ No
List Items Brought to Hospital: _____

Disposition of Valuables: ☐ Agent Cashier ☐ MAA ☐ Patient Effects ☑ Patient ☐ Family/Home

Signature/Title: Gail S. Hardesty Date/Time: 8/15/99 1540
_____ Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: _____ Date/Time: _____
_____ Date/Time: _____

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number) 520-OP-276-118 JUNE '99

E. GAILE A
[illegible] 15/57

REV. 6/99

NOTE DATED: 07/29/99 15:28 OCCUPATIONAL THERAPY - DISCHARGE NOTE
ADMITTED: 07/22/99 18:15 62G-1PURPLE
#25 - REHAB MEDICINE NEEDS

___ ON-WARD _X_ OFF-WARD, CLINIC

DISCHARGE NOTE

DATE OF ORDER: 7/26/99
INITIAL VISIT DATE: 7/26/99
DISCHARGE DATE: 7/29/99

ATTENDANCE: O.T. CLINIC IS PROVIDED 5X/WEEK, MONDAY THROUGH FRIDAY, AT 1:00-2:30PM. VET ATTENDED SESSIONS ON: 7/26,27/99 - 2 OUT OF 3 SESSIONS. VET WAS DISCHARGED FROM 62G-1 TO OUT-PATIENT SERVICES ON 7/29/99.

COMPREHENSIVE EVALUATION WITH GOALS WAS NOT COMPLETE DUE TO BRIEF LENGTH OF TREATMENT AND DISCHARGE.

VET WAS DISCHARGED FROM O.T. CLINIC ON 7/29/99.

Signed by: /es/ MARQUIS R ELLIS
OCCUPATIONAL THERAPIST, REGISTERED
07/29/99 15:31

CONTINUE ON BACK WHEN NECESSARY

NKA

Department of Veterans Affairs

5'6" **MEDICAL CERTIFICATE** Pain Scale 9/10

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
7/29/99	1745 AM/PM	41	☒ M ☐ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	228 396-1919	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA NKDS	130	97	66	20	103/66	☒ NO ☐ YES

9. CURRENT MEDICATIONS Butalbital nasal spray, gabapentin, sumatriptan, Estrogen, Ranitidine, Diphenhydramine, Hydroxyzine, fluoxetine, clonazepam, naproxen, amoxicillin

10. TRIAGE requesting admission - dx severe depression w/ anxiety with suicidal ideation

11. SIGNATURE David L. Nashyrnyj

12. HISTORY AND PHYSICAL 41 M-> for medical clearance, admission to Gulfport VA

Alert, oriented,

Eyes normal, PERRL (-) nystagmus

Neck supple, no JVD, no masses

Heart S1S2 no added sounds

Lungs clear, no wheezes, no rales

Abd soft, no tenderness, no masses

Ext no edema, no joint swelling

13. DIAGNOSTIC IMPRESSIONS Major depression / suicidal ideation

14. PLAN EKG: NSR, 8:07 97.9 13.1 C B13 Chem WNL

CBC, RPR, CMP, Thyroid, LFT, UA, UA drug screen / Urine HIV

CXR

15A. ATTENDING OF RECORD	15B. EXAMINER'S SIGNATURE

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED		

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

Admit LRG-L 1950

07 21 99

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE

DOVE, GAYLE A

[illegible] 05/15/57

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VA FORM

CONTINUE ON BACK WHEN NECESSARY.

Department of Veterans Affairs

5'6" MEDICAL CERTIFICATE Pain Scale 8/5/10

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
7/8/99	1100 AM PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	828 396 1919	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	129	97.5	76	20	121/71	☒ NO ☐ YES

9. CURRENT MEDICATIONS Prozac, Benadryl, Lorazepam, Estrogen, Haldperim

10. TRIAGE States onset migraine headache 3Am today. This is light sensitive. Seen by Dr. Dalluri last week. Appt with Dr. Reminton today. 0940

11. SIGNATURE Gail S. Hadlock

12. HISTORY AND PHYSICAL 41 y.o. Recurrent migraine headache; migraine treated (essentially) Imitrex injection + Toilet, Compazine to. STOP2 nasal spray q 60 days - Removed Hx.
Visit clinic 7 days, appt for ER.
Excruciating pain headache
Alert, oriented, cohorent, relevant, no distress
Neck supple no JVD, no mass
Heart RRR no added sound
Lungs clear no wheeze, no rales
Abd soft non tender bowel sounds
but no edema

13. DIAGNOSTIC IMPRESSIONS Recurrent migraine Headaches / Very frequent ER visit regarding

14. PLAN I have contacted Dr. Waldburg, Neurologist (High opiate Reliance in case of this patient Headaches, She is aware of the patient requests Demerol and reporting Spelling etc. She advise not to give Demerol I have offered to patient she refused.

See Cont. on back

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED		

IMPRINT PATIENT DATA CARD

C. GAYLE A
[illegible] 08/15/57

7. PATIENT INSTRUCTIONS

07 03 99

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE Pt took card and left without signing 10-10 m. Pt had been informed that she would be signed out in just a moment. Pt was agitated due to fact she was not to receive narcotic analgesic. Annie Jenny

STUDIES REQUESTED	RESULTS

MEDICAL RECORD | **PROGRESS NOTES** Pain 9/10

DATE

1-8-99 HR 98 - 98-18 BP 128/78 Wt. 129#

0830 41y/o NKA PC ± DR. Permission

Smokes 1/2 PPD - Aware of risks, advised to quit. Attending cessation gp. @ present.

C/o Migraine h/a - Requesting injection for pain. — Duncan Zanuck N

No chart

No appt today as I know of

Coincidentally pt ± HA everytime

She presents at a clinic; I've

discussed this ± Dr. Nalluri.

$\frac{133}{4}$ $\frac{104}{24}$ $\frac{13}{1}$ (8.4 LFTnl

ALB 4.1

9.9) $\frac{14.3}{41}$ (94 264 L20 5/28 U. tox + opiates.

RTC as scheduled in 1yr (April 2000)

Penn

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name—last, first, middle; grade; rank; race; hospital or medical facility)

REGISTER NO. | WARD NO.

120698

DOVE, GAYLE A [redacted] 98

[redacted]

PROGRESS NOTES
STANDARD FORM 508 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
508-111

PROGRESS NOTES

DATE

☆ U.S. GPO:1998-443-732

STANDARD FORM 509 BACK (Rev. 11-77)

MEDICAL RECORD	PROGRESS NOTES
DATE	

2/12/99 - Woke up c migraine, had Imitrex x2 + Stadol x1. Desires shots. (ie narcotics) Spoke c pt Re: Result of lab. Have told pt I have no more to off Re: tx of HA. Called Dr. Marini. Pt to be referred for psych/addiction eval & Possibly HA Clinic Jackson, MS.

Psych Consult

Clemmons RN

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

Dave, Gayle

[redacted]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	

STANDARD FORM 509 BACK (Rev. 11-77)

*U.S.GPO.1997-426-359

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

66"

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
7/2/99	2340 AM/PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	130#	97°	68	20	108/66	☒ NO ☐ YES

9. CURRENT MEDICATIONS Prozac, gabapentin, estrogen, Hydroxyzine, clonazepam

10. TRIAGE Pt to ER c migraine HA that started this pm. Pain not relieved by Imitrex + Tylenol #3.

11. SIGNATURE Ursula Hauck

12. HISTORY AND PHYSICAL

Migraine
Hx of migraine for years. Hx of PE.
HR-testosterone
Estrogen
allergy
cystitis
Ground beef HA
APAP #3 #2 - 1 3 Yds.

13. DIAGNOSTIC IMPRESSIONS Migraine HA,

14. PLAN Demerol 50 mg c phenergan 25 mg IM now

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☒ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	7/3/99 0040	Ursula Hauck

IMPRINT PATIENT DATA CARD

LOVE, GAYLE A
[redacted]

7. PATIENT INSTRUCTIONS
07 0399
Follow up Neurology

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Love

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

NEURO

MEDICAL RECORD	PROGRESS NOTES
DATE 6/29/99	Wt 128.9 Ht 5'6" T 97° P 76 R 16 BP 104/60
NKA	9/4 neuro c Dr. Nalluri S. J. McCandless RN
1045	Neuro:-
	10:50 No chart available
	10/4 Pt with headaches. The headaches are worse. She is on Cataflenlin 50 mg TID. She is off of Inderal & no further vision symptoms. Neuro: resp rhythm Neuro - unchanged
	A/P Dx (1) Ch. headaches - mixed - migraine & tension. - She was tried on multiple prophylactic med. D/C Cataflenlin gradually
	10/4 2/10:40 NS
	(1) Follow up 3-4 months # 36322 D
	(2) CBC, LFT Cataflenlin V. Nalluri Level before next visit # 36322 (1 wk).
	V. K. NALLURI, MD AS3285170-396

(Continued on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE, GAYLE A [redacted] [redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE

MEMO

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
10/28/99	2440 AM/PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA	122.2	97.7	63	18	113/55	☒ NO ☐ YES

9. CURRENT MEDICATIONS Sumatriptan, estrogen, diphenhydramine, hydroxyzine, ranitidine, butorphanol fluoxetine, clonazepam, gabapentin, Tylenol 3, terazosin, phenergan

10. TRIAGE Pt in c/o migraine starting Sunday AM. Pt states imitrex has not helped

11. SIGNATURE Anna Jones RN Triage

12. HISTORY AND PHYSICAL woke up c HA Sunday
Has had w/ nausea vomiting in ER
Gen A+O
Heent Pupils 5mm reactive EOMFull dysconjugate
Tongue midline
Neck supple ↓CAROTIDS bruit
Lungs clear
Heart RRR
Neuro ↓ focal findings

13. DIAGNOSTIC IMPRESSIONS Cephalgia

14. PLAN PT maint
Demerol 75mg / Phenergan 50mg IM ⇒ gs 7:5
Tylenol #3 (4) tabs po q 6hr
Demerol 25mg / Phenergan 50mg IM

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
DC Home F/u Neurology	☐ YES ☐ NO	As tolerated

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	6/29/99 0225	Anna Jones RN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS 11 28 99 Keep Neurology appt for addl f/u PAIN meds etc

DOVE, GAYLE A
[redacted]

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS — 8. PATIENT'S SIGNATURE: x Gayle A. Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 6-28-99 Time: 0040 Age: 41 HT: 56 WT: 127.2

Mode of Arrival: [ ]Ambulance [✓]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [✓]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: Migraine H/A

Allergies: NKDA

Reactions to Anesthesia: none known

Medical History/Past Surgeries/Hospitalizations:

Present Medications: See 10-10m

Marital Status: Divorced

Religious Preference: Protestant Blood/Blood ProductTransfusion Preference:

Emergency Notification

Relative/Friend: Ray Dove JR Relationship: Father

Phone Number: 228-396-1919

II. LEVEL OF CONSCIOUSNESS:

[✓]Alert [✓]Oriented { }Person { }Place {✓}Time
[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[✓]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn
[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[✓]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing (S)/A/T Dressing (S)/A/T Eating (S)/A/T: Mobility (S)/A/T
Oral Hygiene (S)/A/T Toileting (S)/A/T

Comments:

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
0040	113/55	63	18	97.7

Comments:

III. PATIENT RIGHTS

Advanced Directive [ ]YES [✓]NO
Type:
Location:
Organ Donor [ ]YES [✓]NO
Tissue Donor: [ ]YES [ ]NO
Information/Pamphlet Provided:
[ ]YES [ ]NO [ ]Refused

Signature/Title: Anna Finnegan Date/Time: 6/29/99 0040
Date/Time:

IV. POTENTIAL ABUSE

[✓]Not Applicable
[ ]Rape or Other Sexual Molestation
[ ]Domestic Abuse
[ ]Abuse or neglect of elders or children
[ ]Evidence of Physical Assault
{ }Unexplained Bruises
{ }Unexplained Injuries
{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum 122-17** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:
Method of Notification:
Comments:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Lee Cutter Date/Time: 6/29/99 1230
Date/Time

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ]Hot [ ]Warm [ ]Cool [ ]Dry [ ]Diaphoretic
[ ]Pink [ ]Cyanotic [ ]Rash [ ]Lesions [ ]Decubiti
[ ]Lacerations [ ]Hematoma [ ]Flushed [ ]Other:_____

CARDIOVASCULAR

[ ]No Problem Identified [ ]Chest Pain { }Exertional { }Rest
Chest Pain: Location:_____ Duration:_____
Frequency:_____ Severity:_____ (0 - 10 Scale)
Rhythm: [ ]Regular [ ]Irregular
Leg Pain: [ ]Exertional [ ]Rest

PULSES		
	Left	Right
Radial	+2	+2
DP		
PT		

PUPILS		
	LEFT	RIGHT
Size	3	3
React	✓	✓
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	✓	✓
Wheezing		
Rhonchi		
Rales		
Other		

RESPIRATORY

Breathing Pattern: [✓]Normal [ ]Dyspnea { }Exertional { }At Rest
Cough: [ ]None [ ]Non-Productive [ ]Productive
Comments:_____

MUSCULOSKELETAL

[✓]Moves all 4 Extremities [ ]Hemiplegia [ ]Paraplegia [ ]Quadriplegia
[ ]Amputee [ ]Contractures [ ]Other:_____
Comments:_____

GASTROINTESTINAL

Abdomen: [ ]Soft [ ]Rigid [ ]Distended [ ]Non-Tender
[ ]Tender [ ]Bowel Sounds { }Normal { }Absent
{ }Hypoactive { }Hyperactive
Last Bowel Movement:_____ Other:_____
Comments:_____

GENITOURINARY

[✓]No Problem Identified [ ]Burning [ ]Frequency [ ]Hematuria
[ ]Incontinence Last Menstrual Period:_____ Last Pap Smear:_____
Last Mammogram:_____ [ ]Other:_____

Signature/Title: Anna Fusaro Date/Time: 6/29/99 0040
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s)
Signature/Title: Lori Gutty Date/Time: 6/29/99 1230
Date/Time:_____

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

VI. TREATMENTS DONE:

[ ]IVF:_____(Flow sheet started) [ ]NG Tube [ ]Foley
[ ]EKG [ ]ABG [ ]CXR [ ]KUB
[ ]Aerosol Treatment:_____
[ ]Chem 7 [ ]Chem 10 [ ]Cardiac Enzymes [ ]CBC [ ]PT/PTT
[ ]Accucheck:_____ Pulse Oximeter:_____
[ ]Other:_____

MEDICATIONS ADMINISTERED:

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
0040	Demerol – Phenergan	75 mg IM 50 mg IM	ps 8.5 ↓ 7/10	Anna Jimenez
0150	Demerol Phenergan	25 mg IM 50 mg IM	ps 7/10 ↓ 4/10	Anna Jimenez
1300	Compazine	10 mg IVP slow	sleeping	[illegible]
1400	Toradol	30 mg IVP slowly		Virginia W. Williams RN

VII. Disposition Of Patient/Care Setting:

Time: 0225 6/29/99 D/C @ 1445

[ ]Discharged to Home [ ]Admitted to Medicine Service [ ]Admitted to Surgery Service
[ ]Admitted to ICU [ ]Admitted to Mental Health
[ ]Transferred to another Facility:_____
[ ]To be admitted at a later date for surgery; Date TBA:_____
[ ]Other_____

Patient placed on Seriously Ill List: [ ]YES [ ]NO
Chaplain Notified: [ ]N/A [ ]YES [ ]NO

List Items Brought to Hospital:_____

Disposition of Valuables: [ ]Agent Cashier [ ]MAA [ ]Patient Effects
[ ]Patient [ ]Family/Home

PROGRESS NOTES:
Pt d/c'd home. Pain ↓ to 4/10. Condition stable @ this time.

6/29/99 – Patient was discharge in stable condition from E.R. Virginia W. Williams RN

EKG RHYTHM STRIP
(If Applicable)

Signature/Title: Anna Jimenez Date/Time: 6/29/99 0225
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Lee Cuttle Date/Time: 6/29/99 1230
Date/Time:_____

520-OP-276-118

INTERDISCIPLINARY ADMISSION ASSESSMENT

INPATIENT ASSESSMENT

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive:_____
Non-Productive:_____
Color of Sputum:_____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence:_____
Location:_____
Severity (0-10):_____
Relieved by:_____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

CONTINUE ON BACK WHEN NECESS

Department of Veterans Affairs

MEDICAL CERTIFICATE

66"

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
6/18/99	2130 AM PM	41	☒ M ☐ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA	135	98	58	18	88/56	☒ NO ☐ YES

9. CURRENT MEDICATIONS Risperidone, Tylenol #3, fluoxetine, Butisphenal

10. TRIAGE Pt C/o H/A, migraine. States this H/A started 3-4 days ago came into ER & was partially relieved but has continued

11. SIGNATURE Anna Jones

12. HISTORY AND PHYSICAL

migraine

frontal & O/ pain, nausea & vomiting
since last week

A/P - Bodyaches
Lungs - clear
Abd - soft
B&T - no edema
EENT - frontal & A. O. temp
HA #3 #12 i glass juice/water

13. DIAGNOSTIC IMPRESSIONS Migraine Cephalgia

14. PLAN

2130 Depakote 100 & Phenergan 25 IM - AF
2220 " Phenergan 25 IM - Maureen - AF

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
DC Home F/u ACC	☐ YES ☐ NO	Bed Rest, low lights, ice packs to head

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	6/18/99 2:12	Anna Jones

IMPRINT PATIENT DATA CARD

[redacted] GAYLE A

7. PATIENT INSTRUCTIONS

6/18/99

Take medications as directed
follow up ACC

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE X Gayle A. Dare

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VA FORM

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs 66147

MEDICAL CERTIFICATE

Pain Scale 9/10

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
6/29/99	1215 AM/PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA	127	97.0	74	18	127/71	☒ NO ☐ YES

9. CURRENT MEDICATIONS Sumatriptan, Estrogen, Prozac, Vicodin, ~~Zantac~~ Butalbital, ~~Ibu~~ Fluoxetine Clonazepam, Gabapentin, Tylox #3, ~~Propranolol~~

10. TRIAGE SAO_2 96% 41/10 female c c/o right sided headache started this A.M., was seen in clinic by neurology and told to come to walk in for pain. AAO, skin is WNL, cap refill <2sec, pt states Tylox #3 not work ~~x~~

11. SIGNATURE

12. HISTORY AND PHYSICAL

S- AS above. Here in ER last night at 2440hr for same problem.

O- PERLA EOMI

Neck ~~ø~~ JVD

LCTA

CV-RRØM

EXTR- full distal pulses

DTR's 2/4 bilat

Nofocal deficits

13. DIAGNOSTIC IMPRESSIONS migraine HA

14. PLAN Heparin lock IV

Compazine 10mg IV x1

Toradol 30mg IV - Done @ 1400 V. Williams RN

Patient responded well to Toradol + Compazine resolution of HA

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
No	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	6/29/99 @ 1445	Virginia Williams RN

IMPRINT PATIENT DATA CARD

[redacted]

7. PATIENT INSTRUCTIONS

06 27 3

(1) Patient to followup c Primary Doctor

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS.

8. PATIENT'S SIGNATURE

Gayle A Dare

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VA FORM

ONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
5-25-99	2320 AM PM	41	☐ M ☐ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA 66"	127	98.8	95	22	110/75	☒ NO ☐ YES

9. CURRENT MEDICATIONS Prozac, Vistaril, Clonazepam, Estrogen Hebrapentin,

10. TRIAGE Complains of pain in lt + lft upper chest radiating to epigastric Nausea + emesis, Denies diaphoresis, Skin clear + dry no edema noted

11. SIGNATURE Mary I. Brown RN.

12. HISTORY AND PHYSICAL Pt seen c/o [illegible] HA @ 0020

Gen Alert oriented
Heart RRR
Lungs clear
Abd BS slightly ↓ slight tender upper epigastrium
Pretib + pedal edema Organomegaly
Lite ☐ C, L, E
Skin WARM + Dry
EKG @ Room
PCXR - WNL
Chem 7 WNL Alb 3.5
CK 97 MB 0.5 Trop 0.00

WBC 13.2 ↑ 62 Seg 33 Lym 2 Mon
HH 13.5/38
Platelets [illegible]

13. DIAGNOSTIC IMPRESSIONS Atypical CP @ [illegible] Dem.

14. PLAN Morphine 3 mg IV @ 0335 Repeat 3-4 mg PRN
Maalox 30 cc po. PCXR Cardiac W/U
Mylanta 30 cc po. Tabs 1 PO mg
Demerol 75 mg Phenergan 50 mg now IM @ 0025 HS → ☐ CP ☐ HA

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	AS [illegible]

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	5-26-99 0130	Mary L. Brown RN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS ① Cont Med
② Follow up 1st care Clinic
0525.

E, GAYLE A
[illegible] 05/15/57

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Doe

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VA FORM 10-10 M

CONTINUE ON BACK WHEN NECESSARY

PMD VIC

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
6/17/99	0515 AM PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA	135.5	98.6	83	18	93/44	☒ NO ☐ YES

9. CURRENT MEDICATIONS ranitidine, butorphanol, fluoxetine, clonazepam, sumatriptan, hydroxyzine, oxycodone, trazodone, promethazine, risperidone, propranolol

10. TRIAGE Pt C/O H/A that it like her usual mid. Pt a hx of migraines

11. SIGNATURE Anna Jones

12. HISTORY AND PHYSICAL

Migraine H/A.

H/O WF c/o Migraine HA's x 4-5 yrs. PMH: Migraine HA, Depression, Adhesive pericarditis

receiving Demerol q 8 wks here for

recent HA 8.5/10 c/w Nausea

feels like ice pick Right side of Skull.

All typical of Migraine for her & Diplopia & Weakness

& numbness & other c/o's.

WDWN NAD

Chest clear

ABD Benign Pt Rare

MS/S & SIS Bilat Symm Epi e c/c/s.

CN 2-12 intact Disks flat

13. DIAGNOSTIC IMPRESSIONS Migraine HA's. c freq. ER visits. / Doubt 8.5/10 HA c WNL BP & Pulse & NAD on Exam

14. PLAN

Demerol 75 mg IM x 1 / 05[illegible] Phenergan 25 mg IM x 1 visited

To see PMD & HA specialist for chronic Management.

RT ER pm weakness, numbness, Diplopia.....

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE [signature]

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
DC home F/u PCC	☐ YES ☒ NO	As tolerated

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	6/17/99 0630	[signature]

IMPRINT PATIENT DATA CARD

[redacted]

7. PATIENT INSTRUCTIONS

No driving Alcohol Drive or operate machinery meeting for 8 hrs after taken Tylenol #3.

To see PMD or HA Specialist for chronic mgmt

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE
	[signature]

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VA FORM 10-10 M

ONTINUE ON BACK WHEN NECESSARY 4/10

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
5-28-99	1800 AM PM	41	☐ M ☑ F	☑ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	66 11 129	98.5	60	20	98/59	☐ NO ☐ YES

9. CURRENT MEDICATIONS Butorphanol Tartrate Nasal Inhaler, Ranitidine, Prozac Trazodone, Nicotine patch, Hydroxyzine

10. TRIAGE Pt c/o of migraine headache since 0200. Has relieved p Imitrex tabs @ 10am + 2 Tylenol #3's @ noon. Also c/o of frequency in urination + burning p urination x 1 wk.

11. SIGNATURE Gayle E Loveless

12. HISTORY AND PHYSICAL

patient with headache chronic migraine frequent visits to ER for [illegible] - took [illegible] today

[illegible] very [illegible] headache [illegible] [illegible]

13. DIAGNOSTIC IMPRESSIONS Migraine headache.

14. PLAN imitrix 0-6. [illegible] mg Serzone [illegible] 1/4 H 1950 Toradol

will Dispense T#3 po q6° p.r.n. #12

15A. ATTENDING OF RECORD	15B. EXAMINER'S SIGNATURE
	[signature]

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☑ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	5/28/99 2030	[signature]

IMPRINT PATIENT DATA CARD

LOVE, GAYLE A [redacted]

7. PATIENT INSTRUCTIONS

D/C 5-28-99 [signature]

Take Meds as directed.

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

LOVE, GAYLE A [redacted] 08/15/57

EMERGENCY ROOM/CLINIC ASSESSMENT

0525 0

I. Date: 5-25-99 Time: 2320 Age: 41 HT: 66" WT: 125

Mode of Arrival: [ ]Ambulance [X]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [X]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: Chest Pain

Allergies: NKA

Reactions to Anesthesia: None

Medical History/Past Surgeries/Hospitalizations:

Present Medications:

Marital Status: Divorced

Religious Preference: Protestant Blood/Blood ProductTransfusion Preference:

Emergency Notification

Relative/Friend: Ray Dove Relationship: Father

Phone Number: 1396 1919

II. LEVEL OF CONSCIOUSNESS:

[X]Alert [X]Oriented {X}Person {X}Place {X}Time
[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[X]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn
[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[ ]Calm [X]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing (S)A/T Dressing (S)A/T Eating (S)A/T: Mobility (S)A/T
Oral Hygiene (S)A/T Toileting (S)A/T

Comments:

VITAL SIGNS					
TIME	B/P	PULSE	RESP	TEMP	O2
2320	110/75	95	22	98.8	98
2340	99/67	67			97
0010	94/62	71			
0034	89/6	65			94
0110	99/58	62			97

III. PATIENT RIGHTS

Advanced Directive [X]YES [ ]NO
Type: advanced Directive
Location:
Organ Donor [X]YES [ ]NO
Tissue Donor: [X]YES [ ]NO
Information/Pamphlet Provided:
[ ]YES [X]NO [ ]Refused

Signature/Title: Mary L. Brown RN Date/Time: 5-25-99 2330

Date/Time:

Comments:

IV. POTENTIAL ABUSE

[X]Not Applicable
[ ]Rape or Other Sexual Molestation
[ ]Domestic Abuse
[ ]Abuse or neglect of elders or children
[ ]Evidence of Physical Assault
{ }Unexplained Bruises
{ }Unexplained Injuries
{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum** 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:
Method of Notification:
Comments:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Date/Time:
Date/Time:

[redacted]

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive:_____
Non-Productive:_____
Color of Sputum:_____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence:_____
Location:_____
Severity (0-10):_____
Relieved by:_____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

TINUE ON BACK WHEN NECESSARY P L. 110

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
5-20-99	0555 AM PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	"66" 127.4	97.5	91	20	121/74	☒ NO ☐ YES

9. CURRENT MEDICATIONS Trazodone, Promethazine, Sumatriptan, Estrogen, Clonazepam, Butorphanol, Gabapentin,

10. TRIAGE Complains of migrain Headache + Nausea onset 7 hrs. ago. States had Hx of migrain.

11. SIGNATURE Mary L. Brown RN

12. HISTORY AND PHYSICAL Father is Deceased Hx of Epilepsy

Gen # 40
Head PERRL
Neck supple Carotids
Heart RRR
Lungs Clear bilat

13. DIAGNOSTIC IMPRESSIONS HA

14. PLAN Demerol 75mg/ Phenergan 50 IM 0631
0655 Pain level 5/10

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	5-20-99 0805	Mary L. Brown RN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS Follow up 1° Care Provider
05 20 99

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE X Gayle A Poe

VE, GAYLE A [redacted]

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 5-20-99 Time: 0555 Age: 41 HT: 66 WT: 127.4

Mode of Arrival: [ ]Ambulance [X]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [X]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: Migraine Headache

Allergies: NKA

Reactions to Anesthesia: none

Medical History/Past Surgeries/Hospitalizations: Headache, Panic disorder, Hysterectomy

Present Medications: See 10-10

Marital Status: Divorced

Religious Preference: Protestant Blood/Blood ProductTransfusion Preference:

Emergency Notification

Relative/Friend: Ray Dove Relationship: Father

Phone Number: 396-1914

II. LEVEL OF CONSCIOUSNESS:

[√]Alert [ ]Oriented [√]Person [√]Place [√]Time
[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[X]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn
[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[√]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing S/A/T Dressing S/A/T Eating S/A/T: Mobility S/A/T
Oral Hygiene S/A/T Toileting S/A/T

Comments:

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
0555	121/74	91	20	97.5

D2 98

Comments:

III. PATIENT RIGHTS

Advanced Directive [X]YES [ ]NO
Type:
Location:
Organ Donor [ ]YES [ ]NO
Tissue Donor: [ ]YES [ ]NO
Information/Pamphlet Provided:
[ ]YES [√]NO [ ]Refused

IV. POTENTIAL ABUSE

[√]Not Applicable
[ ]Rape or Other Sexual Molestation
[ ]Domestic Abuse
[ ]Abuse or neglect of elders or children
[ ]Evidence of Physical Assault
{ }Unexplained Bruises
{ }Unexplained Injuries
{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum 122-17** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:
Method of Notification:
Comments:

Signature/Title: Mary L. Brown R N Date/Time: 5-20-99 0602
Date/Time:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Date/Time:
Date/Time:

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT

INPATIENT ASSESSMENT

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: _____
Non-Productive: _____
Color of Sputum: _____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence: _____
Location: _____
Severity (0-10): _____
Relieved by: _____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

NOTE DATED: 02/04/99 15:27 KINESIOTHERAPY - THERAPY POOL - INTERIM
VISIT: 02/01/99 13:00 KT POOL GULFPORT
REHAB MEDICINE

Discipline: KT THERAPY POOL
Number of treatments this report period: **14
Diagnosis: **PTSD
Problem: **STRESS REDUCTION
Precautions: **STARDARD.

I. Assessment/Re-Assessment:

A. Client perceives: (1)
1. Improvement 2. Maintenance of Status
3. Prevention of De-conditioning 4. Regression
5. Other:

B. Client states:
Decrease in: ( )
Increase in: (1,3,9,14)
No change in:(10)
Other:

1. Activity Level 2. Balance
3. Body weight (Lbs. Lost) 4. Coordination
5. Edema 6. Endurance
7. Flexibility 8. Function/ADL'S
9. General Fitness 10. Pain
11. Range Of Motion 12. Sense of Well-Being
13. Stiffness 14. Strength
15. Other:

C. Client's attendance is: (2)
1. Excused 2. Irregular
3. Poor 4. Regular
5. Other:

II. Patient/Family Education: **

III. Plan of Treatment: **

IV. Objectives/Short Term Goals/Time Frame:

A. Short Term Goals: (1,4)

1. Decrease client's perception of severity and frequency of pain by six weeks.
2. Improve physical and functional/ADL's capacities by six weeks.
3. Improve strength, endurance, flexibility, and neuromuscular coordination by six weeks.
4. Decrease body weight by six weeks.
5. Increase physical activity/exercise level by six weeks.
6. Improve socialization skills by six weeks.

** THIS NOTE CONTINUED ON NEXT PAGE **

Department of Veterans Affairs

MEDICAL CERTIFICATE

66 A

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER
5/13/99	2355 AM PM	41	[redacted] M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( ) [redacted]

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	130.6	98	69	18	117/65	☐ NO ☐ YES

9. CURRENT MEDICATIONS Hydroxyzine, gabapentin, Sumatriptan Succinate

10. TRIAGE Pt to ER c/o HA since this AM - States has taken Tylenol #3 & relief.

11. SIGNATURE Ursula Hamrick

12. HISTORY AND PHYSICAL

patient with headache hx of migraine headache x several years

Henry
Ryder
Trent Khan
Richard
Nero Ichard

13. DIAGNOSTIC IMPRESSIONS Migraine headache

14. PLAN

Demerol 50mg IM + Phenergan 25mg IM 1800 5/13/99

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	5/14/99 0035	Ursula Hamrick

IMPRINT PATIENT DATA CARD [redacted]

7. PATIENT INSTRUCTIONS

5-13-99 Stop pain / HA headache

[redacted]

8. PATIENT'S SIGNATURE Gayle A. Dare

[redacted] 10-10M

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VITINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE Pain Scale 9/10

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
5/7/99	1220 AM/PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( ) N/A	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA	131	98.9	64	20	114/58	☒ NO ☐ YES

VS/Dave

9. CURRENT MEDICATIONS Imodur, Tylenol, Estrogen, Darvocet-N, Cabergoline, Pepcid

10. TRIAGE 41 y/o female c C/O Headache - right temporal area c nausea pt. is awake and alert, no relief from medication at home, pt stated out of pharmacy A.D.O. Skin is W/D speech is clear and appropriate

11. SIGNATURE

12. HISTORY AND PHYSICAL

c/o Ha x 3 days throbbing pain c photophobia & nausea
x acetaminata, Advil prn. Tried Tylenol but not help

O: VSS - afebrile. Pink moist mucous membranes
neck - supple
lungs - clear
heart RRR
abd - soft
neuro - no focal deficit

13. DIAGNOSTIC IMPRESSIONS Migraine headache

14. PLAN ① Demerol 100 mg + Phenergan 50 mg IM @ 1325 @ Dave @ 1325 V. Williamson RN
Pain level is 3/10
② Rx Tylenol 3 x 30
Rx Phenergan 50 mg PO q6h prn + 30
F/u c PCP
RTC prn

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
Home	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	5/7/99 @ 1355	Virginia Williamson RN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

1d Follow-up c PCP
2d RTC PRN
30 Take Medication as prescribed

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A Dare

F, GAYLE A
[illegible] 12/15/57

VA FORM MAR 1992 **10-10M**

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 5-7-99 Time: 1200 Age: 41 HT: 66 DOW: GAYLE A [redacted] 131

Mode of Arrival: [ ]Ambulance [X]Walk In [ ]Extended Care Facility [ ]Other:

Source of Information: [X]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: HEADACHE & NAUSEA

Allergies: NKDA

Reactions to Anesthesia:

Medical History/Past Surgeries/Hospitalizations: See Summary

Present Medications: See Summary

Marital Status:

Religious Preference: Blood/Blood ProductTransfusion Preference:

Emergency Notification

Relative/Friend: See Summary Relationship:

Phone Number:

II. **LEVEL OF CONSCIOUSNESS:**

[X]Alert [X]Oriented {X}Person {X}Place {X}Time

[X]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[X]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn

[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[X]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing (S)A/T Dressing (S)A/T Eating (S)A/T: Mobility (S)A/T

Oral Hygiene (S)A/T Toileting (S)A/T

Comments:

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
1220	117/59	64	20	98.9

Comments:

III. **PATIENT RIGHTS**

Advanced Directive [X]YES [ ]NO

Type: Living Will

Location:

Organ Donor [X]YES [ ]NO

Tissue Donor: [X]YES [ ]NO

Information/Pamphlet Provided:

[ ]YES [X]NO [ ]Refused

IV. **POTENTIAL ABUSE**

[X]Not Applicable

[ ]Rape or Other Sexual Molestation

[ ]Domestic Abuse

[ ]Abuse or neglect of elders or children

[ ]Evidence of Physical Assault

{ }Unexplained Bruises

{ }Unexplained Injuries

{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum 122-17** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:

Method of Notification:

Comments:

Signature/Title: [signature] Date/Time: 5/7/99 1230

[signature] Date/Time: 5/7/99 1230

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: Date/Time:

Date/Time:

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ]Hot [X]Warm [ ]Cool [X]Dry [ ]Diaphoretic
[X]Pink [ ]Cyanotic [ ]Rash [ ]Lesions [ ]Decubiti
[ ]Lacerations [ ]Hematoma [ ]Flushed [ ]Other:_____

CARDIOVASCULAR

[X]No Problem Identified [ ]Chest Pain { }Exertional { }Rest
Chest Pain: Location:_____ Duration:_____
Frequency:_____ Severity:_____(0 - 10 Scale)
Rhythm: [ ]Regular [ ]Irregular
Leg Pain: [ ]Exertional [ ]Rest

PULSES		
	Left	Right
Radial	✓	✓
DP	✓	✓
PT	✓	✓

PUPILS		
	LEFT	RIGHT
Size	3	3
React	B	B
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear		
Wheezing		
Rhonchi		
Rales	✓	✓
Other		

Smoke 1½ ppd

RESPIRATORY

Breathing Pattern: [X]Normal [ ]Dyspnea { }Exertional { }At Rest
Cough: [ ]None [ ]Non-Productive [ ]Productive
Comments:_____

MUSCULOSKELETAL

[X]Moves all 4 Extremities [ ]Hemiplegia [ ]Paraplegia [ ]Quadriplegia
[ ]Amputee [ ]Contractures [ ]Other:_____
Comments:_____

GASTROINTESTINAL

Abdomen: [X]Soft [ ]Rigid [ ]Distended [X]Non-Tender
[ ]Tender [ ]Bowel Sounds {X}Normal { }Absent
{ }Hypoactive { }Hyperactive
Last Bowel Movement: 5/7/95 Other:_____
Comments:_____

GENITOURINARY

[X]No Problem Identified [ ]Burning [ ]Frequency [ ]Hematuria
[ ]Incontinence Last Menstrual Period:_____ Last Pap Smear:_____
Last Mammogram:_____ [ ]Other:_____

Signature/Title: Lee Cutting Date/Time: 5/7/95 1230
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s)
Signature/Title:_____ Date/Time:_____
Date/Time:_____

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

VI. TREATMENTS DONE:

[ ]IVF:_____(Flow sheet started) [ ]NG Tube [ ]Foley
[ ]EKG [ ]ABG [ ]CXR [ ]KUB
[ ]Aerosol Treatment:_____
[ ]Chem 7 [ ]Chem 10 [ ]Cardiac Enzymes [ ]CBC [ ]PT/PTT
[ ]Accucheck:_____ Pulse Oximeter:_____
[ ]Other:_____

MEDICATIONS ADMINISTERED:

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1325	Demerol @	100mg + Phenergan 50mg	3/10 pain	Virginia Williams CNA

VII. Disposition Of Patient/Care Setting: Time: 1355

[X]Discharged to Home [ ]Admitted to Medicine Service [ ] Admitted to Surgery Service
[ ] Admitted to ICU [ ] Admitted to Mental Health
[ ]Transferred to another Facility:_____
[ ]To be admitted at a later date for surgery; Date TBA:_____
[ ]Other_____

Patient placed on Seriously Ill List: [ ]YES [ ]NO
Chaplain Notified: [ ]N/A [ ]YES [ ]NO

List Items Brought to Hospital:_____

Disposition of Valuables: [ ]Agent Cashier [ ]MAA [ ]Patient Effects
[ ]Patient [ ]Family/Home

PROGRESS NOTES: Patient discharge in stable condition from E.R. Virginia Williams

EKG RHYTHM STRIP

(If Applicable)

Signature/Title: Lee Cathy Date/Time: 5/7/03 1235
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____ Date/Time:_____
Date/Time:_____

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT

INPATIENT ASSESSMENT

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____ Partial:_____
Lower: Full:_____ Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____ # of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive:_____
Non-Productive:_____
Color of Sputum:_____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence:_____
Location:_____
Severity (0-10):_____
Relieved by:_____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____ Date/Time:_____
_____ Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____ Date/Time:_____
_____ Date/Time:_____

MEDICAL RECORD | **PROGRESS NOTES** Pen 8½/10

DATE

4/23/99 CVT 128 97⁴ 7⁴ 18 BP 98/66

0900 ag 41 appt c Dr Penniman

NKA Smokes pk/wk/day / 24yrs - advised

risks, instructed to quit. Has attended

smoke cessation classes - [illegible]

41 y/o c suicidines F/u by Neurology

- Diffuse GASTritis - No anorexic behavior in past

- NSaid Gastropathy PTSD / Depression

in past. esophagitis small DU Couldn't tolerate Inderal - sz like activity

87 c TAH/BSO - on ERT x 1yr steady (also on it 87-95

Nausea, HA, spilled all her Sterdal - 5

Says nausea causes 9 lb wt loss.

C/o ↑ heartburn out of Prevacid. Vomiting

also. Induces if she feels it close to throat

On Womens Ultra Mega MVI & >3 Tums day

Repeat bone density 2yrs

Rx MVI daily + Vit D 400 IU/day; Calcium 500 bid.

Rx Ensure - I suspect bulimia / anorexia.

in light of this scenario - MH for awhile - Email

4/23/99 Demerol 50 mg IM c Phenergan 25 mg IM/IV

0930 X 1

Dr Cutler RCG 0930

F/u Neuro, GI, MHC, mammo yrly

Labs Stool H. pylori, CBC, Albumin, LFT

TFT, Chem 7, U/A, Calcium.

Keep appt c Dr AVALOS

RTC 1 yr.

12 06 98

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

COVE, GAYLE A [redacted]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR(41CFR)201-45.505
509-111

Penniman

11-8-99

PROGRESS NOTES

DATE

☆ U.S. GPO:1990-413-732

MEDICAL RECORD [redacted]

DATE

OPHTHALMOLOGY [redacted]
DILATE MYD1 NU 12
OU CD OS X1 X2 X3
DATE 4-20-99 TIME 1000

lg @ 1030

~~MACULA SCARS~~ NO CHART
FU

LATTICE DEGEN - 6mm f/u

VA SC 20/20
20/20

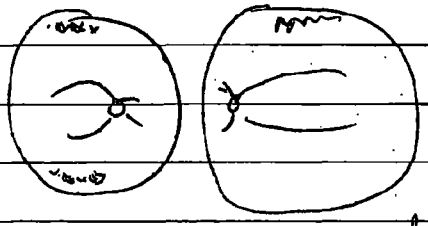
EOM full, orth
VF FTFC
EAT WNL

SLE
KU
ACIOL

T 13
T 15

P 3½ - 2½ → 2 OR
J - 2 ~~OR~~ ϕ RAPD
ϕ PL

DFE D/C 2.45
VCR
NFP
P ~~Atrophy~~ Holes



& left deg - f/u

fly RD prevention
RTC 6mm/prn

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

[redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES

[redacted]

PROGRESS NOTES

DATE

☆ U.S. GPO: 1993-443-732

STANDARD FORM 509 BACK (Rev. 11-77)

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
4-12-99	0025 AM/PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	Ht. 66" 127.7-W	98	68	18	114/68	☒ NO ☐ YES

9. CURRENT MEDICATIONS Clonazepam, Fluoxetine, Risperidone, Trazodone, propranolol, Promethazine, Gabapentin, Hydrocyzine

10. TRIAGE Complains of Migrain headache, past 2 days, states meds not helping.

P 85/10

11. SIGNATURE Mary I. Brown RN

12. HISTORY AND PHYSICAL Graduate Exam

On Head Band
Head was
Neck supple & Carotid bruit
Head No, no
Neuro & Cerebellar

13. DIAGNOSTIC IMPRESSIONS Cephalgia

14. PLAN

Demerol 75mg / Phenergan 25mg IM @ 0155
Phenergan 50mg IM @ 0151
HA PB 6/10 still N&V
request T-3 for Home

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	4-13-99 0221	Mary I. Brown RN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS
Control Meds
05 11 99 Keep F.C.C. appt
follow-up w. Primary Care for additional Pain med.

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Love

LOVE, GAYLE A
[redacted]

VA FORM MAR 1992 10-10M SUPERSEDES VA FORM 10-10M, M... WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 4/12/99 Time: 0025 Age: 41 HT: 66" stated WT: 127.7-W

Mode of Arrival: [ ]Ambulance [X]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [X]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: Headache.

Allergies: NKA

Reactions to Anesthesia: none

Medical History/Past Surgeries/Hospitalizations: Migraines, Panic disorder,

Present Medications: See O.M.R. Physical

Marital Status: Divorced

Religious Preference: Protestant Blood/Blood ProductTransfusion Preference:

Emergency Notification
Relative/Friend: Raymond Dane Relationship: Father
Phone Number: 396-1917

DOYE, GAYLE A
515-64-6694 08/15/57

II. LEVEL OF CONSCIOUSNESS:

[X]Alert [X]Oriented [X]Person [X]Place [X]Time
[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[X]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn
[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[X]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing (S)A/T Dressing S/A/T Eating (S)A/T: Mobility (S)A/T
Oral Hygiene (S)A/T Toileting (S)A/T

Comments:

VITAL SIGNS					
TIME	B/P	PULSE	RESP	TEMP	SAO2
0025	114/68	68	18	98	95

Comments:

IV. POTENTIAL ABUSE

[X]Not Applicable
[ ]Rape or Other Sexual Molestation
[ ]Domestic Abuse
[ ]Abuse or neglect of elders or children
[ ]Evidence of Physical Assault
{ }Unexplained Bruises
{ }Unexplained Injuries
{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum** 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:
Method of Notification:
Comments:

III. PATIENT RIGHTS

Advanced Directive [X]YES [ ]NO
Type:
Location:
Organ Donor [X]YES [ ]NO
Tissue Donor: [ ]YES [ ]NO
Information/Pamphlet Provided:
[ ]YES [X]NO [ ]Refused

Signature/Title: Mary L. Brown RN Date/Time: 4-13-99-0025

Date/Time:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Date/Time:
Date/Time:

[redacted]

TERDISCIPLINARY ADMISSION ASSE: IENT
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ]Hot [X]Warm [ ]Cool [√]Dry [ ]Diaphoretic
[ ]Pink [ ]Cyanotic [ ]Rash [ ]Lesions [ ]Decubiti
[ ]Lacerations [ ]Hematoma [ ]Flushed [ ]Other:_____

CARDIOVASCULAR

[X]No Problem Identified [ ]Chest Pain { }Exertional { }Rest
Chest Pain: Location:_____ Duration:_____
Frequency:_____ Severity:_____ (0 - 10 Scale)
Rhythm: [X]Regular [ ]Irregular
Leg Pain: [ ]Exertional [ ]Rest

PULSES		
	Left	Right
Radial	✓	✓
DP		
PT		

PUPILS		
	LEFT	RIGHT
Size	3	3
React	B	B
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	✓	✓
Wheezing		
Rhonchi		
Rales		
Other		

RESPIRATORY

Breathing Pattern: [X]Normal [ ]Dyspnea { }Exertional { }At Rest
Cough: [X]None [ ]Non-Productive [ ]Productive
Comments:_____

MUSCULOSKELETAL

[X]Moves all 4 Extremities [ ]Hemiplegia [ ]Paraplegia [ ]Quadriplegia
[ ]Amputee [ ]Contractures [ ]Other:_____
Comments:_____

GASTROINTESTINAL

Abdomen: [X]Soft [ ]Rigid [ ]Distended [ ]Non-Tender
[ ]Tender [ ]Bowel Sounds { }Normal { }Absent
{ }Hypoactive { }Hyperactive
Last Bowel Movement: 4-12-99 Other:_____
Comments:_____

GENITOURINARY

[√]No Problem Identified [ ]Burning [ ]Frequency [ ]Hematuria
[ ]Incontinence Last Menstrual Period:_____ Last Pap Smear:_____
Last Mammogram: 12-11-98 [ ]Other:_____

Signature/Title: Mary L. Brown RN Date/Time: 4/13/99 0145
_____ Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s)
Signature/Title:_____ Date/Time:_____
_____ Date/Time:_____

INTE...ISCIPLINARY ADMISSION ASSESSMEN.
EMERGENCY ROOM/CLINIC ASSESSMENT

VI. TREATMENTS DONE:

[ ]IVF:_____(Flow sheet started) [ ]NG Tube [ ]Foley
[ ]EKG [ ]ABG [ ]CXR [ ]KUB
[ ]Aerosol Treatment:_____
[ ]Chem 7 [ ]Chem 10 [ ]Cardiac Enzymes [ ]CBC [ ]PT/PTT
[ ]Accucheck:_____Pulse Oximeter:_____
[ ]Other:_____

MEDICATIONS ADMINISTERED:

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
0055	Demerol Phenergan	75 mg 25 mg IM		Mary I Brown RN
0150	Phenergan	50 mg IM		Mary I. Brown RN

VII. Disposition Of Patient/Care Setting: Time: 0220

[X]Discharged to Home [ ]Admitted to Medicine Service [ ] Admitted to Surgery Service
[ ] Admitted to ICU [ ] Admitted to Mental Health
[ ]Transferred to another Facility:_____
[ ]To be admitted at a later date for surgery; Date TBA:_____
[ ]Other_____

Patient placed on Seriously Ill List: [ ]YES [ ]NO
Chaplain Notified: [ ]N/A [ ]YES [ ]NO

List Items Brought to Hospital:_____

Disposition of Valuables: [ ]Agent Cashier [ ]MAA [ ]Patient Effects
[ ]Patient [ ]Family/Home

PROGRESS NOTES:

0145 States Pain level 6/10
0220 Released from ER in stable Cond
Pain level 0/10 @ time of discharge

EKG RHYTHM STRIP

(If Applicable)

Signature/Title: Mary I. Brown R.N Date/Time: 4-13-99 0220
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

[redacted]

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive:_____
Non-Productive:_____
Color of Sputum:_____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence:_____
Location:_____
Severity (0-10):_____
Relieved by:_____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
1-21-99	2015 AM PM	41	M F	AMBULATORY STRETCHER WHEELCHAIR	( )	YES NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA 66	130	97.7	64	20	106/58	NO YES

9. CURRENT MEDICATIONS Propranolol, Sumatriptan Succ., Tab + inj., Butalbital Tartrate Clonazepam, Prozac, Risperidone, Trazodone, Estrogen, Excedrin,

10. TRIAGE PT. to resuscitation of chronic migraine Headache starting early A.M. Not responsive to home meds. Nausea intact, mild photophobia. See Ass Sheet for meds. Eyes G Dr Tilley Med → Held 30 min. O/c c chair + D/C. | **11. SIGNATURE** Dean Linford

12. HISTORY AND PHYSICAL Right Side HA Gradual onset c SI Nausea & photo

Con Amt 2 pain

Heart RRR Lungs Sensa Oropharynx-WNL

Neck Supple & Carotid Bruit

Neuro & focal fx

Migraine

13. DIAGNOSTIC IMPRESSIONS Migraine HA

14. PLAN

Demerol 75 + Phenergan 50 mg IM & HA Lo. at 2030 D/C home

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
D/C	YES NO	AS directed

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
IMPROVED SATISFACTORY UNCHANGED	1-21-99 2100	

IMPRINT PATIENT DATA CARD

[redacted]

7. PATIENT INSTRUCTIONS

01-21-99 Cont Med

F/Up PRN Needed

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 1-21-99 Time: 2015 Age: 41 HT: 66 WT: 130

Mode of Arrival: [ ]Ambulance [✓]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [ ]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: Migraine

Allergies: NKA

Reactions to Anesthesia: Non

Medical History/Past Surgeries/Hospitalizations: Migraine/PTSD/Panic D/O - Tinnitus
Pelvic Inflam. Dis, Depression, Chronic pain

Present Medications: See profile - claim comp. issue

Marital Status: Div

Religious Preference: Protest Blood/Blood ProductTransfusion Preference: Non

Emergency Notification

Relative/Friend: Roy Dean Jr. Relationship: Dad

Phone Number: (228) 396-1919

II. LEVEL OF CONSCIOUSNESS:

[✓]Alert [ ]Oriented [✓]Person [✓]Place [✓]Time
[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[✓]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn
[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[✓]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing S/A/T Dressing S/A/T Eating S/A/T: Mobility S/A/T
Oral Hygiene S/A/T Toileting S/A/T

Comments:

VITAL SIGNS				
TIME	B/P	PULSE	RESP.	TEMP
2015	106/58	64	20	97.7

Comments:

III. PATIENT RIGHTS

Advanced Directive [ ]YES [✓]NO
Type:
Location:
Organ Donor [ ]YES [✓]NO
Tissue Donor: [ ]YES [✓]NO
Information/Pamphlet Provided:
[ ]YES [ ]NO [ ]Refused

Signature/Title: [redacted] RN Date/Time: 1-21-99 2100
Date/Time:

IV. POTENTIAL ABUSE

[✓]Not Applicable
[ ]Rape or Other Sexual Molestation
[ ]Domestic Abuse
[ ]Abuse or neglect of elders or children
[ ]Evidence of Physical Assault
{ }Unexplained Bruises
{ }Unexplained Injuries
{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum 122-17** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.
Date/Time Initiated:
Method of Notification:
Comments:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Date/Time:
Date/Time:

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ]Hot [ ]Warm [ ]Cool [ ]Dry [ ]Diaphoretic
[ ]Pink [ ]Cyanotic [ ]Rash [ ]Lesions [ ]Decubiti
[ ]Lacerations [ ]Hematoma [ ]Flushed [ ]Other:_____

CARDIOVASCULAR

[ ]No Problem Identified [ ]Chest Pain { }Exertional { }Rest
Chest Pain: Location:_____ Duration:_____
Frequency:_____ Severity:_____(0 - 10 Scale)
Rhythm: [ ]Regular [ ]Irregular
Leg Pain: [ ]Exertional [ ]Rest

PULSES		
	Left	Right
Radial	✓	
DP		
PT		

PUPILS		
	LEFT	RIGHT
Size	3	3
React	B	B
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	✓	
Wheezing		
Rhonchi		
Rales		
Other	[illegible]	

RESPIRATORY

Breathing Pattern: [ ]Normal [ ]Dyspnea { }Exertional { }At Rest
Cough: [ ]None [ ]Non-Productive [ ]Productive
Comments:_____

MUSCULOSKELETAL

[ ]Moves all 4 Extremities [ ]Hemiplegia [ ]Paraplegia [ ]Quadriplegia
[ ]Amputee [ ]Contractures [ ]Other:_____
Comments: Amb. Well

GASTROINTESTINAL

Abdomen: [ ]Soft [ ]Rigid [ ]Distended [ ]Non-Tender
[ ]Tender [ ]Bowel Sounds { }Normal { }Absent
{ }Hypoactive { }Hyperactive
Last Bowel Movement: this PM Other:_____
Comments:_____

GENITOURINARY

[ ]No Problem Identified [ ]Burning [ ]Frequency [ ]Hematuria
[ ]Incontinence Last Menstrual Period:_____ Last Pap Smear:_____
Last Mammogram:_____ [ ]Other:_____

Signature/Title: [illegible] RN Date/Time: 1-21-99 2030
_____ Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s)
Signature/Title:_____ Date/Time:_____
_____ Date/Time:_____

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

VI. TREATMENTS DONE:

[ ]IVF:_____(Flow sheet started) [ ]NG Tube [ ]Foley
[ ]EKG [ ]ABG [ ]CXR [ ]KUB
[ ]Aerosol Treatment:_____
[ ]Chem 7 [ ]Chem 10 [ ]Cardiac Enzymes [ ]CBC [ ]PT/PTT
[ ]Accucheck:_____Pulse Oximeter:_____
[ ]Other:_____

MEDICATIONS ADMINISTERED:

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
2030	Demerol 75 mg IM Lt.			
	Phenergan 50 mg			

VII. Disposition Of Patient/Care Setting:

Time: 2100

[ ]Discharged to Home [ ]Admitted to Medicine Service [ ] Admitted to Surgery Service
[ ] Admitted to ICU [ ] Admitted to Mental Health
[ ]Transferred to another Facility:_____
[ ]To be admitted at a later date for surgery; Date TBA:_____
[ ]Other_____

Patient placed on Seriously Ill List: [ ]YES [ ]NO
Chaplain Notified: [ ]N/A [ ]YES [ ]NO

List Items Brought to Hospital:_____

Disposition of Valuables: [ ]Agent Cashier [ ]MAA [ ]Patient Effects
[ ]Patient [ ]Family/Home

PROGRESS NOTES:

Nurs. Precautions

EKG RHYTHM STRIP

(If Applicable)

Signature/Title: Dan Hinkle RN Date/Time: 1-21-99 2100
Date/Time:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
Date/Time:_____

[redacted]

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive:_____
Non-Productive:_____
Color of Sputum:_____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence:_____
Location:_____
Severity (0-10):_____
Relieved by:_____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

MEDICAL RECORD — PROGRESS NOTES

NEURO

DATE

1/19/99 F/U c Lov nausea & HA
11:25 Migraine Headaches
MKA Age 41 Wt 133.5 Ht 66"
T 98.9 P 57 R 16 BP 96/60
pt c/o having migraine at this
time Eletriptan Re
viewed:— RVO chart available
11:26 pt

Pt c migraine headache since.
She is getting about 3/wk. She
ran out of Imitrex, she is on inderal
LA. Remission trial started & offered to
Pain. Dr Imitrex helps if she catches
the pain early.
Cont on inderal 80 mg PO bid & PRN —
take daily
Heart: reg s1s2 no m/r/g
Lungs: clear
A/P Ch. headaches - migraine →
cont inderal Imitrex PRN
Discussed c pt about started inderal
Stop & use only for cluster headaches.
Follow up 3 months

(Continue on reverse side)

V. [illegible] MD

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. WAS285170-396

[redacted]

4/97 11:20

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	

*U.S.GPO:1997-426-369

STANDARD FORM 509 BACK (Rev. 11-77)

MENTAL HEALTH FUNCTIONAL PROBLEM LIST

(Check one)

☐ FIRST LIST *(New)* ☐ CONTINUATION OF LIST

DO NOT USE ABBREVIATIONS WHEN LISTING PROBLEMS. **This form may be used for inpatient, patient – members and outpatients.** Place form in the Medical Records folder (Type II) on **the top of right or left side,** whichever is appropriate. Upon. READMISSION, remove form and place with current records on ward. **DO NOT** CREATE A NEW Problem List for each readmission.

PROBLEM NUMBER	APPROX. DATE OF ONSET	DATE PROBLEM RECORDED	ACTIVE PROBLEMS	INACTIVE/RESOLVED *(Add Date)*
(1)			Suicidal Ideations / Depression, unresolved feelings about Dr Thoma's leaving	

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION – TREATMENT FACILITY – WARD NO. – DATE

[illegible]

(CONTINUE ON REVERSE)

MENTAL HEALTH FUNCTIONAL PROBLEM LIST

[redacted] [redacted]

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
10/23/98	1930 (AM/PM)	41	☐ M ☒ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	228-3961	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	125	98.2	63		114/63	☒ NO ☐ YES

9. CURRENT MEDICATIONS Percocet, Imovane, Fiorinal, Trazodone, Tylenol, propranolol, promethazine, clonazepam, Lanoxin, metoclop

10. TRIAGE Onset this am of migraine HA assoc. with nausea and vomiting. Typical photo sensitivity. Has taken Percocet x2 Fiorinal x2 Toradol x1 Reglan x1 Phenergan without relief

11. SIGNATURE David S. Hardrupper

12. HISTORY AND PHYSICAL Chart not available

S: 6/yo WF hx migraine headaches dx @ ABQ VA headache clinic. Has had similar HA's many times. Last time in ER was last year sometime. Says that she usually gets Imig Rx + Reglan because Toradol does not work any more

NKDA

O: AOX3. PERRL. @ photophobia

Neck supple.

13. DIAGNOSTIC IMPRESSIONS Migraine headache

14. PLAN 1) Reglan 50mg IM now + compazine 25mg IM now + observe for 30" hrs in PC clinic

1905 Vistaril 50mg IM

2) Do not drive/operate machinery tonight

3) Follow-up in PC clinic in am.

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE L. D. FERNANDES, MD AS3285170-382

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
HOME	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	10/23/98 1940	D Rainbolt

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

10 23 98

F/U in PC Clinic in am.

Do not drive/operate machinery tonight

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Dare

[redacted]

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 12/23/98 Time: 1930 Age: 41 D [redacted] S

Mode of Arrival: [ ]Ambulance [ ]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [ ]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: c/o migraine HA

Allergies: NKA

Reactions to Anesthesia: see summary

Medical History/Past Surgeries/Hospitalizations: see summary

Present Medications: see summary

Marital Status: divorced

Religious Preference: Protestant Blood/Blood ProductTransfusion Preference: none

Emergency Notification

Relative/Friend: Ray Dudley Relationship: father

Phone Number: 224-396-1919

II. LEVEL OF CONSCIOUSNESS:

[ ]Alert [ ]Oriented { }Person { }Place { }Time
[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[ ]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn
[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[ ]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing S/A/T Dressing S/A/T Eating S/A/T: Mobility S/A/T
Oral Hygiene S/A/T Toileting S/A/T

Comments:

VITAL SIGNS					
TIME	B/P	PULSE	RESP		TEMP
1930	114/63	63	18		98.2

Comments:

III. PATIENT RIGHTS

Advanced Directive [ ]YES, [ ]NO
Type: Living Will
Location: Chart
Organ Donor [ ]YES [ ]NO
Tissue Donor: [ ]YES [ ]NO
Information/Pamphlet Provided:
[ ]YES [ ]NO [ ]Refused

Signature/Title: Gail L. Hallupnnc Date/Time: 12/23/98 1830

Date/Time:

IV. POTENTIAL ABUSE

[ ]Not Applicable
[ ]Rape or Other Sexual Molestation
[ ]Domestic Abuse
[ ]Abuse or neglect of elders or children
[ ]Evidence of Physical Assault
{ }Unexplained Bruises
{ }Unexplained Injuries
{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum** 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:
Method of Notification:
Comments:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Date/Time:
Date/Time:

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ]Hot [ ]Warm [ ]Cool [ ]Dry [ ]Diaphoretic
[ ]Pink [ ]Cyanotic [ ]Rash [ ]Lesions [ ]Decubiti
[ ]Lacerations [ ]Hematoma [ ]Flushed [ ]Other:_____

CARDIOVASCULAR

[ ]No Problem Identified [ ]Chest Pain { }Exertional { }Rest
Chest Pain: Location:_____ Duration:_____
Frequency:_____ Severity:_____(0 - 10 Scale)
Rhythm: [ ]Regular [ ]Irregular
Leg Pain: [ ]Exertional [ ]Rest

PULSES		
	Left	Right
Radial	2+	2+
DP	1	1
PT	1	1

PUPILS		
	LEFT	RIGHT
Size	3	3
React	B	B
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	C	C
Wheezing		
Rhonchi		
Rales		
Other		

RESPIRATORY

Breathing Pattern: [ ]Normal [ ]Dyspnea { }Exertional { }At Rest
Cough: [ ]None [ ]Non-Productive [ ]Productive
Comments:_____

MUSCULOSKELETAL

[ ]Moves all 4 Extremities [ ]Hemiplegia [ ]Paraplegia [ ]Quadriplegia
[ ]Amputee [ ]Contractures [ ]Other:_____
Comments:_____

GASTROINTESTINAL

Abdomen: [ ]Soft [ ]Rigid [ ]Distended [ ]Non-Tender
[ ]Tender [ ]Bowel Sounds { }Normal { }Absent
{ }Hypoactive { }Hyperactive
Last Bowel Movement: 12/23/98 Other:_____
Comments:_____

GENITOURINARY

[ ]No Problem Identified [ ]Burning [ ]Frequency hysterectomy [ ]Hematuria
[ ]Incontinence Last Menstrual Period: 1987 Last Pap Smear:_____
Last Mammogram: couple years ago [ ]Other:_____

Signature/Title: David S. Hartley NP Date/Time: 12/23/98, 1330
_____ Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s)
Signature/Title:_____ Date/Time:_____
_____ Date/Time:_____

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

[redacted] 08/15/57

VI. TREATMENTS DONE:

[ ]IVF:_____(Flow sheet started) [ ]NG Tube [ ]Foley
[ ]EKG [ ]ABG [ ]CXR [ ]KUB
[ ]Aerosol Treatment:_____
[ ]Chem 7 [ ]Chem 10 [ ]Cardiac Enzymes [ ]CBC [ ]PT/PTT
[ ]Accucheck:_____Pulse Oximeter:_____
[ ]Other:_____

MEDICATIONS ADMINISTERED:

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1920	Demerol	50mg IM		Dana C. [redacted] RN
1920	Phenergan	25mg IM		Dana C. [redacted] RN

VII. Disposition Of Patient/Care Setting:

Time: 1955

[ ]Discharged to Home [ ]Admitted to Medicine Service [ ] Admitted to Surgery Service
[ ] Admitted to ICU [ ] Admitted to Mental Health
[ ]Transferred to another Facility:_____
[ ]To be admitted at a later date for surgery; Date TBA:_____
[ ]Other_____

Patient placed on Seriously Ill List: [ ]YES [ ]NO
Chaplain Notified: [ ]N/A [ ]YES [ ]NO

List Items Brought to Hospital:_____

Disposition of Valuables: [ ]Agent Cashier [ ]MAA [ ]Patient Effects
[ ]Patient [ ]Family/Home

PROGRESS NOTES:

See 10-10-Dana RN

EKG RHYTHM STRIP

(If Applicable)

Signature/Title: Dana C. [redacted] RN Date/Time: 10-30-98 1955
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
Date/Time:_____

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT

INPATIENT ASSESSMENT

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference: _____
Type of Diet: _____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: _____
Non-Productive: _____
Color of Sputum: _____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence: _____
Location: _____
Severity (0-10): _____
Relieved by: _____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 10/30/98 Time: 1840 Age: 41 HT: 66 WT: 123

Mode of Arrival: [ ]Ambulance [X]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [X]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: HA

Allergies: NKDA

Reactions to Anesthesia: Ø

Medical History/Past Surgeries/Hospitalizations:

Present Medications: See Rx

Marital Status: See Summary

Religious Preference: Blood/Blood ProductTransfusion Preference:

Emergency Notification

Relative/Friend: Relationship:

Phone Number:

II. LEVEL OF CONSCIOUSNESS:

[X]Alert [X]Oriented {X}Person {X}Place {X}Time
[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[X]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn
[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[X]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing (S)/A/T Dressing (S)/A/T Eating (S)/A/T: Mobility (S)/A/T
Oral Hygiene (S)/A/T Toileting (S)/A/T

Comments:

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
1840	106/54	62	18	97.8
1925	95/52	60	18	

Pt states this is her normal.

III. PATIENT RIGHTS

Advanced Directive [ ]YES [X]NO
Type:
Location:
Organ Donor [ ]YES [X]NO
Tissue Donor: [ ]YES [X]NO
Information/Pamphlet Provided:
[ ]YES [ ]NO [ ]Refused
Signature/Title: Donita Davenport RN Date/Time: 10/30/98
Date/Time:

Comments:

IV. POTENTIAL ABUSE

[X]Not Applicable
[ ]Rape or Other Sexual Molestation
[ ]Domestic Abuse
[ ]Abuse or neglect of elders or children
[ ]Evidence of Physical Assault
{ }Unexplained Bruises
{ }Unexplained Injuries
{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum** 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:
Method of Notification:
Comments:

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title: Date/Time:
Date/Time:

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ]Hot [X]Warm [ ]Cool [X]Dry [ ]Diaphoretic
[X]Pink [ ]Cyanotic [ ]Rash [ ]Lesions [ ]Decubiti
[ ]Lacerations [ ]Hematoma [ ]Flushed [ ]Other:_____

CARDIOVASCULAR

[X]No Problem Identified [ ]Chest Pain { }Exertional { }Rest
Chest Pain: Location:_____ Duration:_____
Frequency:_____ Severity:_____(0 - 10 Scale)
Rhythm: [X]Regular [ ]Irregular
Leg Pain: [ ]Exertional [ ]Rest

PULSES		
	Left	Right
Radial	✓	✓
DP	✓	✓
PT	✓	✓

PUPILS		
	LEFT	RIGHT
Size	4	4
React	B	B
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear		
Wheezing		
Rhonchi		
Rales		
Other		

RESPIRATORY

Breathing Pattern: [X]Normal [ ]Dyspnea { }Exertional { }At Rest
Cough: [X]None [ ]Non-Productive [ ]Productive
Comments:_____

MUSCULOSKELETAL

[X]Moves all 4 Extremities [ ]Hemiplegia [ ]Paraplegia [ ]Quadriplegia
[ ]Amputee [ ]Contractures [ ]Other:_____
Comments:_____

GASTROINTESTINAL

Abdomen: [X]Soft [ ]Rigid [ ]Distended [X]Non-Tender
[ ]Tender [X]Bowel Sounds [X]Normal { }Absent
{ }Hypoactive { }Hyperactive
Last Bowel Movement: 10/30/98 Other: Diarrhea x 4
Comments:_____

GENITOURINARY

[X]No Problem Identified [ ]Burning [ ]Frequency [ ]Hematuria
[ ]Incontinence Last Menstrual Period:_____ Last Pap Smear:_____
Last Mammogram:_____ [ ]Other:_____

Signature/Title: Donita Davenport RN Date/Time: 10/30/98
_____ Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s)
Signature/Title:_____ Date/Time:_____
_____ Date/Time:_____

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
10/30/98	1840 AM/PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA		97.9	62	18	106/54	☒ NO ☐ YES

9. CURRENT MEDICATIONS See Rx

10. TRIAGE C/O HA, nausea, vomiting & diarrhea since this am. Unable to get out of bed today due to nausea. Eyes sensitive to light. 1915 Pt assisted to BR (1955) Family is at bedside. Support given.

11. SIGNATURE Donita Davenport RN

12. HISTORY AND PHYSICAL Pt ambulated into states HA/nausea & DIC ears belongs to Gr. Pt

S: 41 yo w/ g/e hx presents to ER c/o HA, nausea & vomiting. Seen by neurologist recently for similar sx. Pt states HA began yesterday AM. Denies fever, chills, dizziness, visual changes, neck pain, numbness/tingling, weakness, CP, SOB, abd pain, diarrhea, dysuria, hematuria, rash, recent travel, sick contacts, or recent head trauma.

O: Warm, comfortable. PERRLA. EOMI. Fundi benign. No papilledema. Neck supple, no meningismus. Lungs CTA. Heart RRR. Abd soft, NT/ND, +BS. Ext w/o edema. Neuro: A&O x 3, CN II-XII grossly intact, motor 5/5 throughout, sensation intact throughout, DTRs 2+ throughout, gait steady, no pronator drift, finger-to-nose intact, RAM intact, Romberg negative.

13. DIAGNOSTIC IMPRESSIONS Migraine

14. PLAN
1. Reglan 50 mg IM + Benadryl 25 mg IM x 1 dose
2. Rx: Fioricet #30 #12; 1-2 PO q6h prn HA
3. Rx: Phenergan 25 mg PO q6h prn N/V #20
4. Pt to f/u with neurologist in 1 week for HA
5. Pt to return to ER if symptoms worsen or fail to improve

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE L. D. FERNANDES, MD AS3285170-382

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP ACTIVITY / LIMITATIONS
[redacted]	☐ YES ☐ NO	AS [illegible]

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	10-30-98 1955	[signature]

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS
Avoiding Alcohol, driving, operating heavy machinery for 8 hrs after injection
Meds as prescribed

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE X Gayle A Dove

DOVE, GAYLE A
[redacted]

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

66 11

Purple

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
12/4/98	0010 AM/PM	41	M F	AMBULATORY STRETCHER WHEELCHAIR	( )	YES NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	130#	99	65	18	125/65	NO YES

9. CURRENT MEDICATIONS clonazepam, Trazadone, Risperadone, Fluoxetine, Propranolol, Bisacodyl, estrogens conjugated.

10. TRIAGE Pt to ER c/o migraine headache x 2 days but getting worse. Also c/o sinus infection.

11. SIGNATURE Ursula Hamrick

12. HISTORY AND PHYSICAL Request Shot Demerol P/Phenergan c/Haldol
Stat Toradol do not use
Gen Alert oriented in NAD
Pt wheeled in well lighted room
Pt does not appear to have significant distress
HEENT PERRL
Nose congested (drainage)
Pharynx clear injected post
Neck supple, no cervical LAD
Lungs clear to ausc w/ good air exchange
Heart RRR
Abd soft, NT, ND, +BS
Ext warm

13. DIAGNOSTIC IMPRESSIONS Hx of Migraine HA

14. PLAN
Demerol 50mg / Phenergan 25mg IM stat
TC
Combivent 2 puffs q.i.d.

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	YES NO	AS tolerated

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
IMPROVED SATISFACTORY UNCHANGED	12/5/98 0105	Ursula Hamrick

IMPRINT PATIENT DATA CARD

[redacted]

7. PATIENT INSTRUCTIONS 12/04/98
① Pain
② - Saet H2O gargle ③ Stop smoking
④ Used med as directed
⑤ Follow up PCP Clinic Team

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 195. WHICH WILL NOT BE USED.

Headache - sinus - chest

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

VI. TREATMENTS DONE:

[ ]IVF:_____(Flow sheet started) [ ]NG Tube [ ]Foley
[ ]EKG [ ]ABG [ ]CXR [ ]KUB
[ ]Aerosol Treatment:_____
[ ]Chem 7 [ ]Chem 10 [ ]Cardiac Enzymes [ ]CBC [ ]PT/PTT
[ ]Accucheck:_____ Pulse Oximeter:_____
[ ]Other:_____

MEDICATIONS ADMINISTERED:

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1910	Demerol	50mg im		G. Hardeman
1910	Vistaril	50mg im		G. Hardeman

VII. Disposition Of Patient/Care Setting:

Time: 1940

[X]Discharged to Home [ ]Admitted to Medicine Service [ ]Admitted to Surgery Service
[ ]Admitted to ICU [ ]Admitted to Mental Health
[ ]Transferred to another Facility:_____
[ ]To be admitted at a later date for surgery; Date TBA:_____
[ ]Other_____

Patient placed on Seriously Ill List: [ ]YES [X]NO
Chaplain Notified: [ ]N/A [X]YES [ ]NO

List Items Brought to Hospital:_____

Disposition of Valuables: [ ]Agent Cashier [ ]MAA [ ]Patient Effects
[X]Patient [ ]Family/Home

PROGRESS NOTES:
D/C'd in stable condition.

EKG RHYTHM STRIP
(If Applicable)

Signature/Title: Donita Davenport RN Date/Time: 12/23/98
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____ Date/Time:_____
Date/Time:_____

[redacted]

INTERDISCIPLINARY ADMISSION ASSESSMENT

INPATIENT ASSESSMENT

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive: _____
Non-Productive: _____
Color of Sputum: _____

Comments:_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence: _____
Location: _____
Severity (0-10): _____
Relieved by: _____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

INTERDISCIPLINARY ADMISSION ASSESSMENT

EMERGENCY ROOM/CLINIC ASSESSMENT

I. Date: 9/9/98 Time: 1300 Age: 41 HT: 66 WT: 133 lbs

Mode of Arrival: [ ]Ambulance [X]Walk In [ ]Extended Care Facility
[ ]Other:

Source of Information: [X]Patient [ ]Family/Friend [ ]Old Chart [ ]Other:

Chief Complaint: migraine

Allergies: None

Reactions to Anesthesia: N/A

Medical History/Past Surgeries/Hospitalizations: Chronic HA – Migraine

Present Medications: See current RX profile

Marital Status: Single

Religious Preference: Protestant Blood/Blood ProductTransfusion Preference: N/A

Emergency Notification

Relative/Friend: Relationship: father

Phone Number:

II. LEVEL OF CONSCIOUSNESS:

[X]Alert [X]Oriented [X]Person [X]Place [X]Time

[ ]Verbally Responsive [ ]Confused/Disoriented [ ]Responds to Pain

BEHAVIOR

[X]Cooperative [ ]Uncooperative [ ]Combative [ ]Withdrawn

[ ]Other:

EMOTIONAL/PSYCHOSOCIAL STATUS:

[X]Calm [ ]Anxious [ ]Fearful [ ]Depressed [ ]Suicidal

ADL's/Level of Functioning:

Bathing S/A/T Dressing S/A/T Eating S/A/T: Mobility S/A/T

Oral Hygiene S/A/T Toileting S/A/T

Comments:

VITAL SIGNS				
TIME	B/P	PULSE	RESP	TEMP
1300	83/52	73	16	96.9
⇒	93/49	62		
↑	95/53	63		
↑	91/60	92		

ortho static BP

Comments:

III. PATIENT RIGHTS

Advanced Directive [X]YES [ ]NO

Type:

Location: in chart

Organ Donor [X]YES [ ]NO

Tissue Donor: [ ]YES [ ]NO

Information/Pamphlet Provided:

[ ]YES [X]NO [ ]Refused

Signature/Title: Date/Time: 9/9/98 @ 1310

Date/Time:

IV. POTENTIAL ABUSE

[X]Not Applicable

[ ]Rape or Other Sexual Molestation

[ ]Domestic Abuse

[ ]Abuse or neglect of elders or children

[ ]Evidence of Physical Assault

{ }Unexplained Bruises

{ }Unexplained Injuries

{ }Unkempt, dirty, poor hygiene

If yes to the above, **initiate Center Memorandum** 122-17 (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.

Date/Time Initiated:

Method of Notification:

Comments:

Readmission/Reassessment within 30 days:

Reviewer(s):

Signature/Title: Date/Time:

Date/Time:

INTERDISCIPLINARY ADMISSION ASSESSMENT
EMERGENCY ROOM/CLINIC ASSESSMENT

V. SKIN

[ ]Hot [✓]Warm [ ]Cool [ ]Dry [ ]Diaphoretic
[✓]Pink [ ]Cyanotic [ ]Rash [ ]Lesions [ ]Decubiti
[ ]Lacerations [ ]Hematoma [ ]Flushed [ ]Other:_____

CARDIOVASCULAR

[✓]No Problem Identified [ ]Chest Pain [ ]Exertional [ ]Rest
Chest Pain: Location:_____ Duration:_____
Frequency:_____ Severity:_____(0 - 10 Scale)
Rhythm: [✓]Regular [ ]Irregular
Leg Pain: [ ]Exertional [ ]Rest

PULSES		
	Left	Right
Radial	✓	✓
DP		
PT		

PUPILS		
	LEFT	RIGHT
Size	WNL	WNL
React	✓	✓
Fixed		
Dilated		
Constricted		

Breath Sounds:		
	Left	Right
Clear	✓	✓
Wheezing		
Rhonchi		
Rales		
Other		

RESPIRATORY

Breathing Pattern: [✓]Normal [ ]Dyspnea [ ]Exertional [ ]At Rest
Cough: [ ]None [ ]Non-Productive [ ]Productive
Comments:_____

MUSCULOSKELETAL

[✓]Moves all 4 Extremities [ ]Hemiplegia [ ]Paraplegia [ ]Quadriplegia
[ ]Amputee [ ]Contractures [ ]Other:_____
Comments:_____

GASTROINTESTINAL

Abdomen: [✓]Soft [ ]Rigid [ ]Distended [✓]Non-Tender
[ ]Tender [✓]Bowel Sounds [ ]Normal [ ]Absent
[ ]Hypoactive [ ]Hyperactive
Last Bowel Movement: daily Other:_____
Comments:_____

GENITOURINARY

[✓]No Problem Identified [ ]Burning [ ]Frequency [ ]Hematuria
[ ]Incontinence Last Menstrual Period:_____ Last Pap Smear:_____
Last Mammogram:_____ [ ]Other:_____
Signature/Title: [signature] Date/Time: 9/9/98 @ 1300
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s)
Signature/Title:_____ Date/Time:_____
Date/Time:_____

INTERDISCIPLINARY ADMISSION ASSESSMENT [redacted]
EMERGENCY ROOM/CLINIC ASSESSMENT

VI. TREATMENTS DONE:

[ ]IVF:_____(Flow sheet started) [ ]NG Tube [ ]Foley
[ ]EKG [ ]ABG [ ]CXR [ ]KUB
[ ]Aerosol Treatment:_____
[ ]Chem 7 [ ]Chem 10 [ ]Cardiac Enzymes [ ]CBC [ ]PT/PTT
[ ]Accucheck:_____ Pulse Oximeter:_____
[ ]Other:_____

MEDICATIONS ADMINISTERED:

TIME	MEDICATION	DOSE	RESPONSE	SIGNATURE
1350	Demerol 50mg Phenergan 12.5	——— ———	↓ to 2/10 from 10/10	[signature]

VII. Disposition Of Patient/Care Setting:

Time: 1420

[ ]Discharged to Home [ ]Admitted to Medicine Service [ ] Admitted to Surgery Service
[ ] Admitted to ICU [ ] Admitted to Mental Health
[ ]Transferred to another Facility:_____
[ ]To be admitted at a later date for surgery; Date TBA:_____
[ ]Other_____

Patient placed on Seriously Ill List: [ ]YES [ ]NO
Chaplain Notified: [ ]N/A [ ]YES [ ]NO

List Items Brought to Hospital: N/A

Disposition of Valuables: [ ]Agent Cashier [ ]MAA [ ]Patient Effects
[ ]Patient [ ]Family/Home

PROGRESS NOTES:

Pt c/o HA 7 able to tolerate light - improved headache to 2/10 after meds. No acute distress [signature]

EKG RHYTHM STRIP
(If Applicable)

Signature/Title: [signature] Date/Time: 8/9/98 @1420
Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____ Date/Time:_____
Date/Time:_____

[redacted]

VIII. PHYSICAL DISABILITIES

Arthritis	YES	NO
Coordination Problems	YES	NO
Limb Loss	YES	NO
Seizures	YES	NO

Emotional Status:
Calm / Apprehensive / Cooperative

Paralysis	YES	NO
Pain:	YES	NO

Severity (0 - 10):_____
Tolerable Level of Pain_____
Location:_____
Comments:_____
_____

ELIMINATION:

Incontinence	YES	NO
Indwelling Foley	YES	NO
Ileostomy	YES	NO
Colostomy	YES	NO
Constipation	YES	NO
Diarrhea	YES	NO
Black, tarry stools	YES	NO
Renal:	YES	NO
Prostate	YES	NO

Comments:_____

GASTROINTESTINAL:

Nausea & Vomiting	YES	NO
Feeding Tube	YES	NO
Hx of Ulcers	YES	NO
ETOH Use	YES	NO

_____/wk. Last drink:_____

Dysphagia	YES	NO

Religious Food Preference:_____
Type of Diet:_____
Comments:_____

TEETH

Bridges	YES	NO
Dentures:	YES	No

Upper: Full:_____Partial:_____
Lower: Full:_____Partial:_____

Broken	YES	NO
Loose	YES	NO
Missing	YES	NO

PULMONARY:

Smoker	YES	NO

Packs Per Day:_____# of Years:_____

Recent URI	YES	NO
COPD	YES	NO
Tracheostomy	YES	NO
O2 Adm	YES	NO
TB	YES	NO
Asthma	YES	NO
SOB	YES	NO
Cough	YES	NO

Productive:_____
Non-Productive:_____
Color of Sputum:_____

Comments:_____
_____
_____

CARDIOVASCULAR/CIRCULATION:

CHF	YES	NO
Angina	YES	NO

Last Occurrence:_____
Location:_____
Severity (0-10):_____
Relieved by:_____

MI	YES	NO
Arrhythmias	YES	NO
Hx Vascular Disease	YES	NO
HTN	YES	NO
CVA	YES	NO
Pacemaker/AICD	YES	NO
Thyroid Disease	YES	NO
Hepatitis	YES	NO
HIV	YES	NO
Previous Blood Transfusion	YES	NO

Comments:_____
_____
_____

Comments:_____

Signature/Title:_____Date/Time:_____
_____Date/Time:_____

Readmission/Reassessment within 30 days:
Reviewer(s):
Signature/Title:_____Date/Time:_____
_____Date/Time:_____

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
8/9/98	1300 AM PM	41	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
None 66"	123 lbs	98.4 AX	73	16	88/62	☒ NO ☐ YES

9. CURRENT MEDICATIONS See current Rx profile

10. TRIAGE Hx recurrent migraine - primary L temporal region. Has tried to relieve c Imitrex tablet, nasal spray, + Motrin. Has not achieved any improvement c above meds. In moderate distress

SIGNATURE

Migraine

12. HISTORY AND PHYSICAL

Hx as above.
Denies other medical problem except P.T.S.D.

O/E Anxious W/D F. U.S - stable.
Severe headache c side L forehead.

Severe

13. DIAGNOSTIC IMPRESSIONS Migraine headache

14. PLAN Demerol 50 mg + Phenergan 12.5 mg IM. now
To keep neurology appt on 8/25/98

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY / LIMITATIONS
Home	☒ YES ☐ NO	See below

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	8/9/98 @ 1405	

IMPRINT PATIENT DATA CARD

DOVE, GAYLE A
[redacted]

7. PATIENT INSTRUCTIONS as above.

1. Follow up c PCP
2. Keep appointments

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE
	Gayle A. Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

MEDICAL RECORD — PROGRESS NOTES

PURPLE TEAM

DATE

8/18/98 Wt 125.3 — TPR 97-54-20 BP 94/56

1215 Ag — Pt. states MHC sent

VKO Her to — PC - for evaluation

of 23 — Lb wt loss — Reglan

W D — Perrissa — Imitrex BID

See 7/13 note

12/95 147

Migraines - most of the time feels it coming on. takes shot or nasal spray. Helps

10/97 138

PTSD

2/98 141

Hx possible HCV exposure

5/14 132.8

6/24 130

7/13 128

Here concerned of wt loss - ↓ 28 LBS in 3 mon. At first she was dieting. Pt now admits to anorexia 2° to migraines & nausea. Drinks Pepto bismol & has the runs. Dieted down 114 on Jenny Craig & knew it was too much. was depressed. Pt aware she may be prone to developing eating disorder & we & ~~Cliff~~ pert are alert. Smokes.

HIV NR
HBSAG ⊖
HBSAB ⊖

7/13 ALB 4.2 WNL

5/98 TSH 1.0

Lab

Hepatitis C antibody
HIV, ALBUMIN, } To be drawn in @ 2-3 month
GASTRIN level, H. PYLORI antibody

RTC 3 months & weight each visit

Lab 5/98 95 / 15 / 141 / 5.1 / 44 / L 30

Demerol 75 mg & Phenergan 25 mg (Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. IM XI WARD NO. today

1996 HCVab ⊖ 96 HBSab 0.6

DOVE, GAYLE A [redacted]

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

Heptavax #1 on return visit

PROGRESS NOTES

DATE	
8/18/98	@ Patient in E.R. for injection for pain, c/o Headache, Demerol 75mg + 50mg Phenergan I.M. Queen Right Gluteal. Patient resting on Stretcher. — Virginia Williams RN
1645 MCA	

STANDARD FORM 509 BACK (Rev. 11-77)

*U.S.GPO:1997-420-359

MEDICAL RECORD	PROGRESS NOTES

DATE

8-18-98

PSYCH.

#2

PATIENT IS DOING OK, SHE IS HANGING IN THERE

TRAZODONE 150-300 HS

PROPRANOLOL 20 AM

RISPERIDONE 2-3-HS

KLONOPIN 1-1-1 TID

LOOKS OK, BUT CLAIMS TO HAVE LOST 13 LBS, OVER PAST 3 MONTHS, FEELS FAT WORRIED ABOUT IT WHEN SHE EATS, SHE DENIES BULIMIA, BUT SHE HAS SOME FORM OF ANOREXIA NERVOSA HAS OCCASIONAL SUICIDAL THOUGHTS BUT NO PLANS, PT HASN'T TAKEN MEDICATIONS FROM DR THOMAS DURING PRIOR ① T PROAC TO 40-3-AM

② TRAZODONE 150-300 HS

③ RISPERIDONE 2-3-HS

④ KLONOPIN 1-1-HS

PATIENT REPORTS SIGNIFICANT IMPROVEMENT

REC: ① REFER PT BACK TO PRIMARY CARE CLINIC

② START PT ON PROZAC 1 CAP QD

DX: ① EATING DISORDER ANOREXIA NERVOSA

② PTSD

③ MAJOR DEPRESSIVE DISORDER WITH PSYCHOTIC FEATURES

RETURN 1 MO

GAF-50

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/IDMR
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	

*U.S.GPO:1997-426-359

STANDARD FORM 509 BACK (Rev. 11-77)

Veterans Administration

POST-COUNSELING FOR NEGATIVE HIV ANTIBODY SCREEN
(CHECK MARK INDICATES IT IS DONE)

GENERAL INFORMATION:

Date: 7/13/98 Time: 12:15 p.m

~~Feb 1997~~ July 6/98 Date of last possible exposure

THE FOLLOWING HAS BEEN DISCUSSED OR EXPLAINED TO THE VETERAN:

✓ The meaning of a negative HIV Antibody Test:
  a. A negative test does not mean there is immunity from contracting the virus
  b. A retest in 6 months due to recent possible exposure is recommended
✓ The modes of transmission were reviewed
✓ Behavioral methods of risk reduction were reinforced
✓ The validity of a negative test result based on last possible exposure
✓ The need for retesting if future possible exposure occurs was stressed

VETERAN:

✓ Participated in counseling and asked appropriate questions
✓ Was given information regarding test sites for future utilization
✓ Was encouraged to return to clinic with any future questions or concerns
✓ All veteran's questions were answered

COMMENTS:

Tested in 1994

SIGNATURE AND TITLE OF PRACTITIONER: Martha Ann Wright, MA DATE: 7/13/98

IMPRINT PATIENT DATA CARD

Dove 6094 29 A

DOVE, GAYLE A
[redacted] 08/15/57

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE
FOR SPECIALIZED DISCIPLINES

12/9

CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS (HIV)
ANTIBODY TESTING

I have asked or been asked to have my blood tested for antibodies to the HIV (Human Immunodeficiency Virus), the virus which causes AIDS. It has been explained to me that the test is for HIV infection. It is not a test for AIDS. If I do have antibodies to the virus (a POSITIVE test), this means that I have been infected with the virus. If I do not have antibodies (a NEGATIVE test) but am in a group of people who are at high risk for AIDS (people who have had multiple sex partners or who share needles when using drugs), this does not mean that I will not become infected in the future. In fact, I may already be infected but have not yet had time to develop antibodies.

I have been told that the blood tests for antibodies to the virus are not foolproof. In a small number of people, other things such as another virus or disease may wrongly cause a positive test. This is called a false positive test. It is also possible to have a false negative test. In this case, I do have the antibodies to the virus but the test did not show this. If the first test on my blood is positive, the test will be repeated. If positive again, a different test will be conducted. These tests will all be done on the blood taken after I sign this consent.

I have been told that HIV is spread through the blood from an infected person. It is also spread by having sex with an infected person. I understand that if my test is positive, I can spread the infection to others. I must not give blood or plasma or donate my organs or sperm if I am positive.

If I have a positive test, I should explain this to any sexual partner. If I am unable to tell my spouse or any other sexual partner whom I have identified, my doctor or counselor may do so but only to protect their health.

If I have a positive test, my case may be reported to public health agencies. However, the public health staff may only use or give out that information for the public health purpose for which it was given. Otherwise, information about my HIV testing cannot be revealed to anyone outside the VA without my written permission, or, a court order, a medical emergency, for research, Congressional oversight, or audit purposes, or for medical treatment provided to me by the Armed Forces.

I have been told that the results of my test (positive or negative) will be in my medical record. I understand that any VA employee who improperly releases information about my HIV testing is subject to a fine. Even though I understand every effort will be made to protect the results of my test, I also understand that disclosure of a positive test result can lead to discrimination in housing, jobs and other areas in some communities.

29 6

[redacted]

I have been counseled about the HIV test and have been given a chance to ask questions. I understand what a positive and a negative test means. I understand that the test is voluntary and that I will still receive care from the VA if I refuse to have the test done.

Therefore, I give my permission for my blood to be tested for HIV antibodies.

Gayle A. Dove — 7/13/98
PATIENT or LEGAL GUARDIAN — DATE

Martha Ann Wright — 7/13/98
WITNESS — DATE

VA Form 10-0121

DEC 1988

*U.S. GPO: 1989-241-638/92604

296

DOVE, GAYLE A
[redacted] 08/15/57

MEDICAL RECORD	PROGRESS NOTES
DATE 7-13-98	Wt 128 T 97.5 BP 103/64 P 57 R 16 Age 40
0850	PC appt c Dr. Pennisson. CWallantRN
PMH/ PID? Diffuse GAS tubes multi cortical cysts HHD	EGD 96
	40 yo WF c migraines / PTSD / TAH BSO / No RHP
PSH/pelvic adhesions. unk etiol. Poss. endometriosis TAH/BSO 87	Recent 4/98 admit & dc by neurology for IVDHE tp
	2/98 had Dental exam - nl.
Premarin TRAZ 200mg HS	SRW Gyn & they put her on Premarin.
Risp 2 HS	
Pepcid 20 bid	4 HA in 1 mon. Former/recent
Bisacodyl & Miralax	Boyfriend in hosp. for heat exhaustion
Prozac 20 AM	former IVDU → HCV+ who is in jail for cocaine
Inderal 10 bid	PE/ NAD WD WN A x O x 4 Indian dc Lab WNL
	Venas clear Cor RRG. Abd NDNT NC liver sp.
Meds	Peri Pulses nl
	Lab/ HCV Hepatitis B Profile
FHM/ ∅ GM/ unknown	HIV.
	DC Motrin
	Rx MIGRANOL
	1 spray q nostril may repeat dose in 15 min prn. No more than 4 doses in any 24° period
*	See infection control nurse — Pat Tuber. called re: TB exp 7/15/98 OK
	Mr Inman's ex-wife & young children need dc
	RTC. 3 month
	Lab LFT, HIV, HC (Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

C Pennisson

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR
FIRMR(41CFR)201-45.505
509-111

[redacted] A 08/15/57

PROGRESS NOTES

DATE	
7/13/98 1115	Call to Pat Butler on inmate control number & counsel re: HEPATITIS B, C. Per R. Pennison's orders. Anita Jennell
7/14/98	INFection Control: Educational Counseling done on Hep B & C - TRANSmission and prevention information fact sheets given to pt. A. able to verbally explain information given. Tatiana M Zuelke RN ICN
7/13/98 1145	Call to Inmate intern to counseling & confidence re HIV testing. Anita Jennell

STANDARD FORM 509 BACK (Rev. 11-77)

*U.S.GPO:1997-425-359

MEDICAL RECORD	PROGRESS NOTES
DATE	
7/13/98	P. wants tubal clinical counseling initiated. Refer
1110	to Fam. Stress smokes 1½ pks/day. Has completed
	smoking cessation clinic & has quit for 6 mos.
	Pt declines to quit smoking & prefers to not
	Instructed risks of bladder use. Uses QIS of Dane.
	BMI 22.6. Instructed goal to exercise 3x/
	5 x week. Uses QIS of Dane. Cholesterol checked
	10/94 - 196. No HX CAD, diabetes. S/P hysterectomy
	1987. Age to ½ uses stairs colorectal CA screen
	age >49. will offer pneumonia & flu vaccine
	as appropriate age >64 unless otherwise indicated.
	Will give Tetanus booster today. Refer to
	immunization record. — Cathi Jensen

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

POVE, SAYLE

[redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
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FIRMR(41CFR)201-45.505
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PROGRESS NOTES

DATE

*U.S.GPO:1997-426-359

STANDARD FORM 509 BACK (Rev. 11-77)

MEDICAL RECORD	PROGRESS NOTES
DATE 8/28/98	neuro cl 7/11 c Dr V Nalluri
NKDA	T 98.2 P 50 R 16 BP 95/51
1630	Age 41 Wt 122.6 Ht 66"
	Reyed. Elizabeth Rose
	NDEUO:- Pt with migraine headache.
10:35	She is getting headache daily
	mainly in the morning &
	she does to come to ER for relief shot.
	Pt is getting diplopia, dizzy & headache
	q day 3-4/wk. She is getting relief
	with imitrex, Pt tried verapamil,
	nortriptyline, valproic acid before.
	NDEUOs → alert, oriented x 3
	Speech - fluent
	CN: grossly intact
	motor all ext.
	A headache - migraine.
	T dilaudid 4mg IM.
	Follow up 3 wks
	V. K. NALLURI, MD
	AS3285170-396

4/16/98 @ 10:00

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

[redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
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509-111

PROGRESS NOTES

DATE

*U.S.GPO:1997-425-359

STANDARD FORM 509 BACK (Rev. 11-77)

NOTE DATED: 07/10/98 10:20 PSYCHOLOGY-MENTAL HEALTH
VISIT: 07/10/98 09:45 WOMEN'S MHPC GOLD GROUP-GPT
WOMEN'S MHPC CLINIC/ GOLD TEAM/ RELAXATION GROUP/ PROBLEM #2

PT. FAILED TO SHOW FOR TODAY'S SESSION. AN APPT. WAS MADE FOR HER FOR NEXT WEEK AND SHE WAS MAILED A REMINDER LETTER.

Signed by: /es/ JANICE K. TAYLOR, B.S.
PSYCHOLOGY INTERN 07/10/98 10:22
Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.
STAFF PSYCHOLOGIST 07/10/98 16:21

NOTE DATED: 06/26/98 15:31 PSYCHOLOGY-MENTAL HEALTH
VISIT: 06/26/98 09:45 WOMEN'S MHPC GOLD GROUP-GPT
WOMEN'S MHPC CLINIC/ GOLD TEAM/ RELAXATION GROUP

MS. DOVE CANCELED TODAY'S APPT. HER APPT. WAS RESCHEDULED FOR THE NEXT GROUP MEETING.

Signed by: /es/ JANICE K. TAYLOR, B.S.
PSYCHOLOGY INTERN 06/26/98 15:33
Cosigned by: /es/ SAUNDRA SAPORITI, PSY.D.
STAFF PSYCHOLOGIST 06/29/98 08:37

SURGERY CLINIC

MEDICAL RECORD — PROGRESS NOTES

DATE

6/24/98 Lloyd - F/V I+D cyst neck

330 BP 104/65 197# P52 R 20 Ht 5'6" Wt 130 #Prod/24

40 yo WF s/p I+D of EDIC on back of neck. = 8 days ago. doing well.

O: neck: small clean wound = 1cm on back of neck good granulation tissue & erythema & exudate

A/P s/p I+D EDIC doing well local wound care will schedule for minor OR 10 Jul 98 to remove cyst capsule.

J. LLOYD, MD
AS3285170-995

C.B. WILLIAMS, M.D.
STAFF SURGEON

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle)

DOVE, GAYLE [redacted]

REGISTER NO. [redacted] WARD NO.

PROGRESS NOTES
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PROGRESS NOTES

DATE	

STANDARD FORM 509 BACK (Rev. 11-77)

*U.S.GPO:1997-426-359

MEDICAL RECORD	PROGRESS NOTES

DATE

6-30-93 pt 40 40 WM still is depressed
psych after therapist's leaving. has
intermittent suicidal ideations but
no plans. sm is sleeping with
doesn't do anything, watching
TV, lives with family.
Hist trazodone 250-0-45
prozac 20-0-AM
Risperidone 2mg HS
Klonopin 1mg TID
pt looks depressed, sm bodily
incongruent, tearful, hallucinations
neg, has individual sessions
supportive psychotherapy
Rec: to stay on prozac
M on long haul, has had problem
since in 80's and does
have since 3-4 episodes
Dx PTSD,
Major Depressive Disorder
RETURN 1 month

GAFS: -

Maurice D. Gelder, M.D.
AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; race; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES
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DOVE, GARY

[redacted]

PROGRESS NOTES

DATE	

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*U.S.GPO:1997-426-359

WT Perm

MEDICAL RECORD — **PROGRESS NOTES**

PURPLE TEAM

DATE	
6/10/98 0840 NKDS	wt 130.5 TPR 98 62-8 BP 99/62 age 40 ~~Left~~ c/o influenza, pimple like area on upper back that recently had a pimple - Refer to Dr Pierce Thomas Pt infected sebaceous cyst - red, swollen by band 3 cm. 2 cm fluctuant area pointing Dx cellulitis Back infected sebaceous cyst upper back Rx 5/13 Zmax today 6/24/98 @ 1:20
6/11/98 11:00	Pharmacist education Pt. counseled on medication, dose, use, side effects.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

, GAYLE A
4-6094 08/15/57

LOVE, GAYLE A
[redacted]

REGISTER NO. | WARD NO.

PROGRESS NOTES
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PROGRESS NOTES

DATE	

*U.S.GPO:1997-426-359

STANDARD FORM 509 BACK (Rev. 11-77)

MEDICAL RECORD	PROGRESS NOTES

DATE

5-16-58 PATIENT WAS SEEN FOR MIGRAINE HEADACHES PSYCH. RX.

MORPHINE 250 mg IVS

RISPERIDONE 2 mg HS

LORAZEPAM 1 mg BID

PROBE 20 mg AM

PATIENT SEEMS LOGICAL, SHE IS MUCH LESS PARANOID, LOOKS WELL & COMPOSED PLAN CONTINUE GAME PLAN

PATIENT IS ALSO SIMPLE & BRITE.

Maurice D. Gelder, M.D.
AS3285170-867

PATIENT & MOTHER:

PTSD & MAJOR DEPRESSIVE DISORDER

GAF 60

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE, BRIAN

[redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
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PROGRESS NOTES

DATE	

V23E92110-923

*U.S.GPO:1997-426-359

NOTE DATED: 05/15/98 12:28 PSYCHOLOGY-MED
VISIT: 05/14/98 08:48 PC PURPLE PSYCHOLOGY JONES
PROBLEM: #26 OTHER (TENSION HEADACHES)
THIS NOTE REFLECTS THE 5/13 INDIVIDUAL PSYCHOTHERAPY WITH MS. DOVE. MS. DOVE REPORTEDLY HAD A TENSION HEADACHE UPON ARRIVAL AT THE SESSION. SHE WAS GIVEN FOUR BIOFEEDBACK TRIALS TO ASSIST HER IN LEARNING HOW TO RELAX. SHE WAS NOT ABLE TO RELAX SUCCESSFULLY DURING THE INITIAL TRIALS. CONSEQUENTLY, SHE WAS GIVEN TRAINING IN AUTOGENIC RELAXATION AND HER SUBSEQUENT ABILTY TO RELAX IMPROVED. SHE WAS DIRECTED TO PRACTICE AUTOGENIC RELAXATION TRAINING REGULARLY BETWEEN NOW AND OUR NEXT APPOINTMENT ON 4/27. GAF=60

Signed by: /es/ LAWRENCE J LARDIERI
PSYCHOLOGY RESIDENT 05/15/98 12:35
Cosigned by: /es/ Kenneth R. Jones, Ph.D.
Psychologist 05/21/98 22:27

MEDICAL RECORD **PURPLE TEAM** PROGRESS NOTES Ht. 66"

DATE		
5-14-98	PC DR. Permission	TPR 98°-62-18 Wt. 132.8#
1040	BP 107/69 40 y/o NKA	— Frances Grimes RN
1205	Could not wait any longer to be seen; reschedule appt. Wallace RN	

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)* 2 60

REGISTER NO. | WARD NO.

LOVE, GAYLE A [redacted] 08/15/57

PROGRESS NOTES
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PROGRESS NOTES

DATE	
	S ¥0

MEDICAL RECORD	PROGRESS NOTES

DATE

5-5-98 40YO VET FOLLOWED FOR MAJOR DEPRESSIVE
PSYCH DISORDER + PTSD, UPSET OVER DC DECISIONS
LEAVING. THE T IS KLONOPIN TO 1-½- TID
SEEMED TO BE HELPING. STILL HAS INSOMNIA
WAKES UP AT 3:30 AM + CAN'T GO BACK TO
SLEEP. FEELS BETTER DURING THE DAY TIME
MEDS. PROZAC 20-½- AM
TRAZODONE 200-½- HS → T TO 250-½- HS
DESIPRAMINE 2-½- HS
KLONOPIN 1-½- TID
PT SEEMS HOPELESS. BUT STILL HAS OCCASIONAL
SUICIDAL THOUGHTS BUT NO PLANS
DX MAJOR DEPRESSIVE DISORDER GAF 57
PTSD
INSOMNIA RETURN IN WEEKS MONTH.
CONTINUING WITH PT TO CONT US IF SHE STARTED
TO FEEL SUICIDAL, DOESN'T LOOK LIKE AN IMMINENT
RISK.

5/9/98 @ 10 AM

Maurice D. Gelder, M.D.
AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO. | WARD NO.

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PROGRESS NOTES

DATE		

STANDARD FORM 509 BACK (Rev. 11-77)

*U.S.GPO:1997-426-359

MEDICAL RECORD — Progress Notes

NOTE DATED: 04/30/98 14:58 GROUP THERAPY
/ISIT: 04/30/98 13:30 WOMEN'S MHPC GOLD GROUP-GPT
)EPRESSION AND WEIGHT MANAGEMENT GROUP THERAPY: PROBLEM -- (2)DEPRESSION

/ET SEEN FOR FINAL GROUP THERAPY SESSION. SESSION INCLUDED A REVIEW OF
IOMEWORK FOCUSING ON EACH PARTICIPANTS' CHOSEN HOMEWORK EXERCISE. GAYLE
:HOSE TO KEEP A DAILY RECORD OF WHAT AND WHERE SHE EATS. SHE ALSO TOLD
'HE GROUP THAT SHE HAS GONE ON A 6 DAY LIQUID DIET. GROUP LEADERS AND
IEMBERS EXPRESSED THEIR CONCERN, HIGHLIGHTING THOUGHTS AND FEELINGS THAT
.ED TO THIS DECISION AS WELL AS THE RELATIONSHIP BETWEEN DIETING, BODY
.MAGE, AND DEPRESSION. DISCUSSED PERFECTIONISTIC TENDENCIES, WITH MEMBERS
;ENERATING IDEAS ABOUT HOW TO COMBAT PERFECTIONISM. PARTICIPANTS WERE
;IVEN A LIST OF EXERCISES TO COMBAT PERFECTIONISM. GROUP MEMBERS
'ARTICIPATED IN THE DISCUSSION AND WERE SUPPORTIVE OF GROUP PROCESSES.
;AF: 60

Signed by: /es/ JULIE V BATTLE
PSYCHOLOGY RESIDENT 04/30/98 15:08
Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 05/11/98 14:50

[redacted]

MEDICAL RECORD	PROGRESS NOTES
DATE 4/28/98	Neuro cl F/U c Dr V. Nalluri
NKA	Chart being reviewed -
0855	Age 40, wt 144.2 Ht 66"
	T 96.3 P 54 R 16 BP 116/66 Elizabeth Ro
	Neuro :- Pt was discharged for headache
	9.05 Mol & Reglan IV on 4/26 for Migraine
	no previous charts available.
	She didn't get any more Migraine
	headache but she does have it on the
	couple of times/days. She gets fleeting
	throat the head. She takes Tylenol
	or Motrin, any relaxation tec. She
	feels that couple of days.
	She is on Inderal 80 mg bid.
	& Imitrex PRN
	Neuro: neg Kernig's, clears
	Dx a) Ch. Headache - Migraine - controlled
	still gets tension type - Trip Codeine
	PRN
	Follow up 4 months,
	V. K. NALLURI, MD
	AS3285170-396

4/28/98 @ 10:20

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

, GAYLE A

[redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
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PROGRESS NOTES

DATE	

STANDARD FORM 509 BACK (Rev. 11-77)

*U.S.GPO:1997-426-359

IOTE DATED: 04/27/98 14:21 PSYCHOLOGY GROUP-MENTAL HEALTH
'ISIT: 04/27/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
'roblem #2 Depression
;AF: 75
iagnosis: Dysthymia; PTSD
t reported success in forming relationships, although she did
ot follow through to formally join clubs. Difficulties with
ather's recent controlling behavior were discussed, with
mphasis on pt's need to assert self in order to establish
ealthier relationships given recent developmental gains socially.
ole plays were conducted in order to help pt reduce peacemaking
ehavior and reduce reassurances that she might be available to
hare her life in the same way with her father. Therapist
ighlighted the role of protector tht her father played with
er when she was socially isolated and the role of peer that
he needed given her present growth.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/27/98 14:38

MEDICAL RECORD	PROGRESS NOTES
DATE	
4-21-98	HAS PRAZ 2MG QHS
PSYCH	DALMANE 30MG QHS
	RISPERIDONE 2MG QHS
	KLONOPIN 0.5MG TID
	NEAR SUICIDAL, CAN'T SIT STILL, X 1 MONTH.
	UPSET ABOUT DR DEATH'S LEAVING.
	DENIES SUICIDAL INTENTIONS
	ADMITTED TO SHOCKING + HALLUCINATING
	STILL HAS HALLUCINATING.
	PLAN TO CHANGE FROM TID 1MG TID
	DX PTSD, MAJOR DEPRESSION + PSYCHOTIC
	GAF 55
	RETURN IN WK,
	Maurice D. Gelder, M.D.
	AS3285170-867

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE, GARY

REGISTER NO.

WARD NO.

PROGRESS NOTES
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*U.S.GPO:1997-426-359

MEDICAL RECORD | **PROGRESS NOTES**

DATE

DICATE MYDR NE02.5
OU OD OS X1 X2 X3
DATE 4.14.97 TIME 1000

① REFERRAL (Neptune)

② FU

DUA CC 20/25 20

M +0.25 sph 20/20⁻² (1/M) +1.25
+0.25 sph = 20/20 ft

SLE

IKI

BZDO7 TAI

Lid

Exam flg nml
Ht FTF
EAT-WM (92 11 16)
f 4-3, 2in
PRAPD

DFE

D sph 0.4, ~~0.5~~ 0.45

VWM

mcl

f Allen 3 Hm of OD

f Jetted by RR

Allen 5 Hm

① RD present
② glass
③ RTC 6 mo/prn

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; race; hospital or medical facility)

Dow, Gayle
[redacted]

REGISTER NO. | WARD NO.

V. CARRIER, M.D.
OPHTHALMOLOGY

PROGRESS NOTES
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PROGRESS NOTES

DATE	

U.S. GOVERNMENT PRINTING OFFICE : 1996 O - 171-075

NOTE DATED: 04/13/98 14:01 PSYCHOLOGY GROUP-MENTAL HEALTH
VISIT: 04/13/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
Problem: #2 Depression
GAF: 70
Diagnosis: PTSD; Dysthymia
Pt reported success in discovering that current activity with father did not give her as much pleasure as she once thought. Pt did not journal assignment, but reported that she noticed social relationships brought others pleasure during her assignment of observing other people have fun. Therapist discussed observations of pt during group and directed pt toward practice involving increasing verbalizations with others by asking questions and showing interest. Therapist also recommended that pt break sustained eye contact when she is not verbalizing in order to decrease tension associated with lack of verbage. Therapist and pt discussed pt's past successes with joining group activities and how this fit with her sense of purpose in life (e.g. relationship oriented) and loneliness. HW: Pt to attend AA meetings more and attend one more club meeting.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/13/98 14:08

NOTE DATED: 04/09/98 17:41 GROUP THERAPY
VISIT: 04/09/98 14:30 WOMEN'S MHPC GOLD GROUP-GPT
DEPRESSION AND WEIGHT MANAGEMENT GROUP THERAPY: PROBLEM -- (2)DEPRESSION

VET SEEN FOR THIRD GROUP THERAPY SESSION. SESSION INCLUDED A REVIEW OF HOMEWORK AND PSYCHOEDUCATION ABOUT EFFECTIVELY DEALING WITH CRITICISM. THIS WAS PRESENTED IN FOUR STEPS: IDENTIFYING AUTOMATIC NEGATIVE COGNITIONS, EMPATHIZING WITH THE CRITIC, DISARMING THE CRITIC, AND FEEDBACK AND NEGOTIATION. GROUP MEMBERS ROLE-PLAYED THIS TECHNIQUE. HW: CONTINUE KEEPING SCHEDULE OF ACTIVITIES IN THE SAME FORMAT, PRACTICE SKILLS OF EFFECTIVELY DEALING WITH CRITICISM AT LEAST 5 TIMES BEFORE THE NEXT SESSION. GAYLE SEEMED ATTENTIVE, THOUGH SHE DID NOT ACTIVELY PARTICIPATE AS MUCH AS OTHER GROUP MEMBERS. HER PARTICIPATION IN ROLE-PLAYS SUGGESTED THAT SHE UNDERSTOOD AND COULD APPLY THE FIRST TWO STEPS OF DEALING EFFECTIVELY WITH CRITICISM, BUT HAD DIFFICULTY APPLYING THE LAST TWO. GAF=60.

Signed by: /es/ JULIE V BATTLE
PSYCHOLOGY RESIDENT 04/09/98 17:46
Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/24/98 14:39

MEDICAL RECORD — Progress Notes

NOTE DATED: 04/09/98 17:41 GROUP THERAPY
VISIT: 04/09/98 14:30 WOMEN'S MHPC GOLD GROUP-GPT
DEPRESSION AND WEIGHT MANAGEMENT GROUP THERAPY: PROBLEM -- (2)DEPRESSION

VET SEEN FOR THIRD GROUP THERAPY SESSION. SESSION INCLUDED A REVIEW OF HOMEWORK AND PSYCHOEDUCATION ABOUT EFFECTIVELY DEALING WITH CRITICISM. THIS WAS PRESENTED IN FOUR STEPS: IDENTIFYING AUTOMATIC NEGATIVE COGNITIONS, EMPATHIZING WITH THE CRITIC, DISARMING THE CRITIC, AND FEEDBACK AND NEGOTIATION. GROUP MEMBERS ROLE-PLAYED THIS TECHNIQUE. HW: CONTINUE KEEPING SCHEDULE OF ACTIVITIES IN THE SAME FORMAT, PRACTICE SKILLS OF EFFECTIVELY DEALING WITH CRITICISM AT LEAST 5 TIMES BEFORE THE NEXT SESSION. GAYLE SEEMED ATTENTIVE, THOUGH SHE DID NOT ACTIVELY PARTICIPATE AS MUCH AS OTHER GROUP MEMBERS. HER PARTICIPATION IN ROLE-PLAYS SUGGESTED THAT SHE UNDERSTOOD AND COULD APPLY THE FIRST TWO STEPS OF DEALING EFFECTIVELY WITH CRITICISM, BUT HAD DIFFICULTY APPLYING THE LAST TWO. GAF=60.

Signed by: /es/ JULIE V BATTLE
PSYCHOLOGY RESIDENT 04/09/98 17:46
Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/24/98 14:39

[redacted]

MEDICAL RECORD | **PROGRESS NOTES**

DATE	
4-7-98 psych.	PT WAS HX AT BIMX1 FOR MIGRAINE HEADACHES, WANTS MEDS FOR DEPRESSION HEADACHES, PT IS NERVOUS ANXIOUS + STRESSED OUT IF IN A GROUP OF PEOPLE. HAS BEEN ON LORAZEPAM 1-½-BID, LORAZEPAM 1-½ BID DC FLUOXETINE 20-½ AM RISPERIDONE 1 mg-½ HS STARTKLONOPIN 0.5-½-TID. MS: ALERT ORIENTED, LOOKS DEPRESSED HAS OCCASIONAL SUICIDAL THOUGHTS BUT NO PLANS. HAS BEEN FEELING WORSE SINCE SHE IS DEALING WITH SEXUAL ABUSE ISSUES. RETURN IT WEEKS

4/21 Cpm

Maurice D. Gelder, M.D.
AS3285170-867

GAF 55

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

DAVID R. GAYLOR

REGISTER NO. | WARD NO.

PROGRESS NOTES
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PROGRESS NOTES

DATE	

WORKSHEET-DPL
Manual Engineering NTD

U.S. GOVERNMENT PRINTING OFFICE : 1996 O - 171-075

MEDICAL RECORD — Progress Notes

NOTE DATED: 04/06/98 14:12 PSYCHOLOGY-MENTAL HEALTH
VISIT: 04/07/98 09:00 WOMEN'S MHPC GOLD PSYCHIA-GPT
Problem: #2 Depression
GAF: 70
Diagnosis: PTSD; Dysthymia
Pt reported decrease in migraines since hospitalization. Recent sleep patterns involve 12 hours of sleep and pt indicated that she views ativan as needing to be increased due to increase in anxiety, especially socially. Therapist discussed cognitions associated with anxiety and identified patterns of victimization cognitions (e.g., expecting the worse) that interfere with pleasure/relaxation. Therapist prompted pt to generate alternative thoughts and practiced in session. One of thouhgts involved focusing on social aspects of group activity, rather than what she might receive from it (e.g., winning). Pt was again asked to write assignments in journal and noncompliance with this was framed as difficulty with holding self to same expectations that she holds others to with respect to commitment to growth.
Tw: Observe and document how others have fun. Observe and document importance of physical appearance in social relationships.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 04/06/98 14:26

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/30/98 15:04 PSYCHOLOGY-MENTAL HEALTH
VISIT: 03/30/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
Problem: #2 Depression
GAF: 65
Diagnosis: PTSD; Dysthymia
Pt reported progress with issues of trust. Low energy noted and pt reported sleep patterns of 12 hours per day. The role of sleep as avoidance was noted and pt reported that she sleeps to escape boredom as a result of lack of structure in her day. Pt's high expectations for structured eating was noted and therapist prompted pt to examine feelings that precede overeating, including helplessness and need for emotional comfort. Pt took more initiative to identify themes to discuss during the session; more progress targetted for increasing active participation in session. HW: Pt to exercise as an alternative to reducing anxiety through eating.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/30/98 15:09

NOTE DATED: 03/26/98 14:53 GROUP THERAPY
VISIT: 03/26/98 13:30 WOMEN'S MHPC GOLD GROUP-GPT
DEPRESSION AND WEIGHT MANAGEMENT GROUP THERAPY: PROBLEM -- (2)DEPRESSION

VET SEEN FOR FIRST GROUP THERAPY SESSION. SESSION INCLUDED AN INTRODUCTION OF RELEVANT GROUP ISSUES (EG., CONFIDENTIALITY), AN OVERVIEW OF THE GROUP, AND A DISCUSSION ABOUT COGNITIVE THERAPY AND COGNITIVE DISTORTIONS. ALSO DISCUSSED BEHAVIOR THERAPY TECNIQUES TO INCREASE ACTIVITY AND REDUCE ISOLATION. GROUP MEMBERS WERE GIVEN A HANDOUT LISTING 10 COMMON COGNITIVE DISTORTIONS. GAYLE IDENTIFIED WITH SEVERAL OF THE COGNITIVE DISTORTIONS, ESPECIALLY ALL OR NONE THINKING AND OVERGENERALIZATION. HW: COMPLETE MULITPLE CHOICE EXERCISES IDENTIFYING COGNITIVE DISTORTIONS; KEEP LOG OF 5 COGNITIVE DISTORTIONS WHICH OCCUR PERSONALLY DURING THE WEEK, THE FEELING EACH LED TO, AND A MORE RATIONAL THOUGHT FOR THE SAME TRIGGER; KEEP AN ACTIVITY SCHEDULE FOR 2 TYPICAL DAYS OUT OF THE WEEK. DX: PTSD GAF:60

Signed by: /es/ JULIE V BATTLE
PSYCHOLOGY RESIDENT 03/26/98 15:09
Cosigned by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/31/98 11:53

NOTE DATED: 03/26/98 17:16 PSYCHOLOGY GROUP-MENTAL HEALTH
VISIT: 03/26/98 15:30 WOMEN'S MHPC GOLD GROUP-GPT
FAMILY ISSUES GROUP: # 11 INTERPERSONAL RELATIONSHIP. THIS WAS THE LAST SESSION OF THE FAMILY ISSUES GROUP. GROUP DISCUSSION FOCUSED ON MEMBERS SUMMARIZING WHAT THEY THOUGHT THEY HAD LEARNED OR FELT ABOUT THE GROUP EXPERIENCE. GAYLE WAS ABLE TO IDENTIFY GAINS SHE HAD MADE IN MORE ASSERTIVE INTERACTION WITH MOTHER. SHE ACTIVELY PARTICIPATED IN ROLE PLAY DURING THE GROUP GIVING SUPPORTIVE FEEDBACK TO ANOTHER.

DX309.81
GAF 60

Signed by: /es/ MARTHA CAMPBELL
RN, HEAD NURSE 03/26/98 17:22

NOTE DATED: 03/23/98 13:56 PSYCHOLOGY-MENTAL HEALTH
VISIT: 03/23/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
PROBLEM: #2 DEPRESSION
GAF: 70
DIAGNOSIS: DYSTHYMIA
PT REPORTED THAT SHE SUCCESSFULY INITIATED SOCIAL CONTACT WITH FRIEND AS PLANNED FOR HOMEWORK. PT DISCUSSED EFFECTS (E.G., SATISFIED WITH SELF) OF FOLLOWING THROUGH WITH INITIATED CONTACT. PT ALSO DISCUSSED HER REACTION FOLLOWING INITIATION BY A FRIEND WHO HAS NOT CALLED IN QUITE SOME TIME. THERAPIST HIGHLIGHTED THE BENEFITS OF REINFORCING FRIEND'S INITIATION AND ENCOURAGED PT TO USE HER INITATION AS AN OPPORTUNITY TO DISCUSS HER EXPECTATIONS FOR SELF REGARDING MAINTENANCE OF A RECIPROCAL RELATIONSHIP. THERAPIST MODELED CONVERSATION IN WHICH APPRECIATION FOR INITIATION WAS EXPRESSED AND EXPECTATIONS WERE INTRODUCED. PT RELUCTANTLY, BUT SUCCESSFULLY, PRACTICED. PT ALSO USED SESSION TO DISCUSS ISSUES OF LOSS RELATED TO TERMINATION. THERAPIST OUTLINED STRATEGIES FOR PT TO INCREASE PARTICIPATION IN SESSION, INCLUDING WRITING DOWN WHAT SHE WANTED TO ADDRESS BEFORE THE SESSION AND ELABORATING ON WHAT THE THERAPIST DISCUSSED OR ASKING QUESTIONS ABOUT MATERIAL INTRODUCED.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/23/98 14:17

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
32496	1510 (AM/PM)	40	☐ M ☐ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☐ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA			78	20	148/85	☐ NO ☐ YES

9. CURRENT MEDICATIONS See Rx Profile

10. TRIAGE Woke up c migraine headache - took 2 injections but state they have not helped any - since she has woken up c the headache.

11. SIGNATURE Grace E. Ladilaw

12. HISTORY AND PHYSICAL

Awoke c pounding HA left side, nausea, photophobia vomited, dizziness weak, numb blurr vision ~~way~~ Took Imitrex X2 ~~way~~ slight improvement

Hx: 0
Rx: 0
Lg-C
Hx:
Neuro: no focal deficit

13. DIAGNOSTIC IMPRESSIONS Migraine HA

14. PLAN ① Benadryl 25 phenergan 25 IM 1550 Advil 400

② Tylenol #3 # 6 ~~1~~ q4h p.r.n.

F/u c PCC

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED		Grace E. Ladilaw

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

F/u in ~~ASAP~~ PCC

LOVE, GAYLE A
[redacted]

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE

VA FORM [illegible] SUPERSEDES VA FORM 10-10M, MAY 1999

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 3-22-98

Time in: 1510

Allergies NKA

Chief Complaint migraine

Mode Of Entry: Ambulatory: ☐ From: Home ☑
Wheelchair: ☐ Foster Home: ☐
Ambulance: ☐ Nursing Home: ☐
Other: ☐

Accompanied by family: Yes No Who

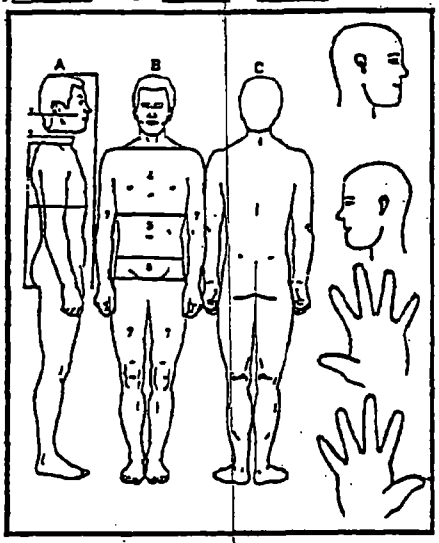
Mental status: Alert Awake,but Confused: Lethargic Unresponsive

Behavior: Cooperative Uncooperative Combative Other

Physical Assessment: Height (in inches)____ Weight____ lbs____ kg

VITAL SIGNS

Time	B/P	P	R	T	
1514	148/78	78	20		



SKIN:
Hot:
Warm: ✓
Cool:
Dry: ✓
Diaphoretic:
Pink:
Cyanotic:
Rash:
Lesions:
Decubiti:
Lacerations:
Hematoma:
Flushed
other
Pupils: Lt Rt
Size:
React:
Fixed:
Dilated:
Constricted:

CARDIOVASCULAR

Pulses: Lt Rt
Radial:
Do Pedis
P. Tibal

HEART

Apical:
Rhythm
Regular
Irregular

CHEST PAIN

Location
Duration
Frequency
Intensity

Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL

Extremities:
Moves X4
Hemiplegia
Paraplegia
Amputee
Contractures
other

RESPIRATORY

Chest: Lt Rt
Lungs
Clear
Wheezing
rhonchi
rales
other

GASTROINTESTINAL

Abdomen:
Soft
rigid
Distended
Non-tender
tender
Bowel sounds
other
Last BM
Diarrhea
other

GENITOURINARY

No Problem
Burning
Frequency
Hematuria
Incontinence
other

List size as: 1 2 3 4 5 6 7 8 9
List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

[redacted]

DOVE, GAYLE A
[redacted]

[redacted]

VA FORM SEP 1985 10-0096

U.S. Government Printing Office: 1988-241-638/92342

E.R. Treatments:
IV:___(Flow sheet started___)
NG tube:___(Size:___Time:___)
EKG:___
ABG:___
Lab tests:___
Aerosol Tx:___
Wound Care:___
Sutures___
Gastric lavage:___
Finger stick glucose:__@___=___
Pulse oximeter:___
X-Ray___

Medications Administered/Response to Medication:
Tet. Tox (0.5 mil IM):
Procardia (10mg SL):
NTG (mg. SL):
1545 Demerol 75mg & Phenerganig 25mg IM (L) Gtn

EKG RHYTHM STRIP

Disposition of Patient: 1620 Time: Mode:Ambulatory___Wheelchair:_____Stretcher:___
Accompanied by: Friend /P.O.V. _____: Taxi___: Station Car:_____
Ambulance_____: Security/Police _____

To: Home___ Admit✓ Ward:_____Report called @___
to _____
Disposition of personal belongings: To Family: _____
Other:_____ _____
(Specific Name) (Specific Name)
To appropriate hospital area for safekeeping
_____(list all items and to where: Via RMC personnel, MD

Signature Grace E Kallenberg

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/17/98 08:42 PSYCHOLOGY-MENTAL HEALTH
VISIT: 03/16/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
PROBLEM: DEPRESSION
GAF: 70
DIAGNOSIS: DYSTHYMIA
PT REPORTED SUCCESS IN ATTENDING AA MEETING AND RESPONDING TO INITIATION BY OTHERS FOR LUNCH. PT ALSO REPORTED THAT SHE MADE EFFORTS TO INITIATE CONVERSATIONS SO THAT SHE MIGHT FEEL INCLUDED, RATHER THAN NOT TAKING RESPONSIBILITY TO MAKE CONVERSATION AND FEELING REJECTED. PT'S SUCCESS IN SMOKING CESSATION WAS DISCUSSED WITH RESPECT TO PT'S ABILITY TO MAKE POSITIVE STATEMENTS ABOUT HER CAPABILITIES, RATHER THAN MAKING STATEMENTS ABOUT HOW SHE HAS FAILED. HW: PT TO INITIATE PHONE CALL TO PERSON THAT CALLED HER AND PROMPTED HER TO ATTEND AA MEETING.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/17/98 08:46

[redacted]

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
3/15/98	1850 (AM/PM)	40	☐ M ☒ F	☒ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKDA	140	98.6	62	22	130/47	☒ NO ☐ YES

9. CURRENT MEDICATIONS See profile Tylenol #3 q 4 1300

10. TRIAGE 40 y/o female c c/o migraine - pain on top of head
Emetrol injection @ 0900 & 0800 S relief - mineral oil c Tylenol #3
D&O - should BBS clear

11. SIGNATURE Rebecca Cutting

12. HISTORY AND PHYSICAL Father is to drive Home
Companion
Mrs. L. Harris RD
Gen Alert Oriented
HEENT PERRL
Eomfuls
Tonsils Middle
Neck Supple ✗ CAROTID Bruit
Lungs CTA
Heart ✗ focal findings

13. DIAGNOSTIC IMPRESSIONS Cephalgia

14. PLAN
Demerol 50mg
Phenergan 50mg > IM 1111920

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	3/15/98 1950	Ursula Hamm RN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS
F/U as needed

LEE, GAYLE A
[illegible] 08/15/57

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Lee

VA FORM [illegible] SUPERSEDES VA FORM [illegible]

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 3/15/98

Time in: 1840h

Allergies NKA

Chief Complaint Headache

Mode Of Entry: Ambulatory: ☑ From: Home ☐
Wheelchair: ☐ Foster Home: ☐
Ambulance: ☐ Nursing Home: ☐
Other: ☐

Accompanied by family: Yes No Who Father

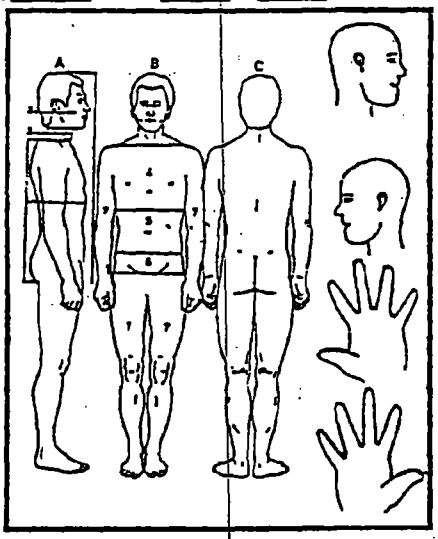
Mental status: Alert Awake,but Confused: Lethargic Unresponsive

Behavior: Cooperative Uncooperative Combative Other

Physical Assessment: Height (in inches) 66" Weight 140 lbs ____ kg.

VITAL SIGNS

Time	B/P	P	R	T
1840h	130/74	62	22	98.6



SKIN:
Hot: ____
Warm: ✓
Cool: ____
Dry: ✓
Diaphoretic: ____
Pink: ✓
Cyanotic: ____
Rash: ____
Lesions: ____
Decubiti: ____
Lacerations: ____
Hematoma: ____
Flushed ____
other ____
Pupils: Lt Rt
Size: 3 3
React: ____
Fixed: ____
Dilated: ____
Constricted: ____

CARDIOVASCULAR

Pulses:	Lt.	Rt.
Radial:	✓	✓
Do Pedis	✓	✓
P. Tibal	✓	✓

HEART
Apical: ____
Rhythm ____
Regular ✓ ✓
Irregular ____ ____

CHEST PAIN
Location ____ ____
Duration ____ ____
Frequency ____ ____
Intensity ____ ____
Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL

Extremities:
Moves X 4 ✓
Hemiplegia ____
Paraplegia ____
Amputee ____
Contractures ____
other ____

RESPIRATORY

Chest:	Lt.	Rt.
Lungs	✓	✓
Clear	____	____
Wheezing	____	____
rhonchi	____	____
rales	____	____
other	____	____

GASTROINTESTINAL

Abdomen:
Soft ✓
rigid ____
Distended ____
Non-tender ✓
tender ____
Bowel sounds ✓
other ____
Last BM ____
Diarrhea ____
other ____

GENITOURINARY

No Problem ✓
Burning ____
Frequency ____
Hematuria ____
Incontinence ____
other ____

List size as: ● ● ● ● ● ● ● ●
2 3 4 5 6 7 8 9
List reaction as: B-brisk S- sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

03 15 98

DOVE, GAYLE A
[redacted]

MEDICAL RECORD

520-OP-14-11A2 FEB 91

VA FORM SEP 1988 10-0096

*U.S. Government Printing Office: 1988-261-638/92342

E.R. Treatments:
IV:___(Flow sheet started___)
NG tube:___(Size:___Time:___)
EKG:___
ABG:___
Lab tests:___
Aerosol Tx:___
Wound Care:___
Sutures___
Gastric lavage:___
Finger stick glucose:__@___=___
Pulse oximeter:___
X-Ray___

Medications Administered/Response to Medication:
Tet. Tox (0.5 ml IM):
Procardia (10mg SL):
NTG (mg. SL):

Demerol 50mg IM @ 1920
Phenergan 50mg
M. Hauck

EKG RHYTHM STRIP

NA

1950

Disposition of Patient: Time: Mode:Ambulatory___ Wheelchair:___ Stretcher:___
Accompanied by: Father /P.O.V. ___: Taxi___: Station Car:___
Ambulance___: Security/Police ___

To: Home ___ Admit___ Ward:___ Report called @___
to ___
Disposition of personal belongings: To Family: ___
Other:___ ___
(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping
___(list all items and to where: Pt discharged to home in stable condition - pain free.

Signature Ursula Hauck

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 3-12-98
Time in: 1700
Allergies NKA
Chief Complaint migraine headache

Mode Of Entry: Ambulatory: ☑ Wheelchair: ☐ Ambulance: ☐
From: Home ☐ Foster Home: ☐ Nursing Home: ☐ Other: ☐

Accompanied by family: Yes__ No ✓ Who _____

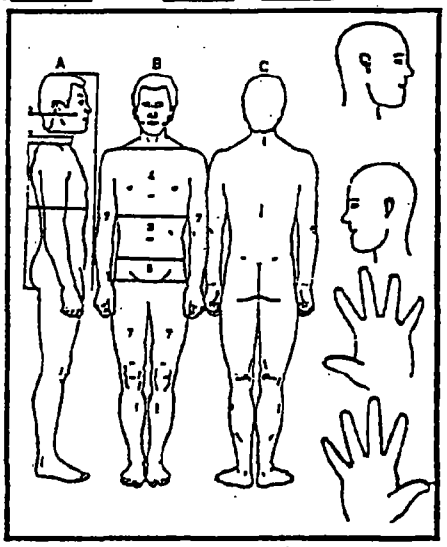
Mental status: Alert __ Awake,but Confused: __ Lethargic __ Unresponsive _____

Behavior: Cooperative ✓ Uncooperative __ Combative __ Other _____

Physical Assessment: Height (in inches)_____ Weight_____ lbs_____ kg

VITAL SIGNS

Time	B/P	P	R	T
1700	133/67	67	20	99



SKIN:
Hot: ✓
Warm: ✓
Cool: ✓
Dry: ✓
Diaphoretic: _____
Pink: _____
Cyanotic: _____
Rash: _____
Lesions: _____
Decubiti: _____
Lacerations: _____
Hematoma: _____
Flushed _____
other _____
Pupils: Lt Rt
Size: _____
React: B
Fixed: _____
Dilated: _____
Constricted: _____

CARDIOVASCULAR

Pulses: Lt Rt
Radial: ___ ___
Do Pedis ✓ ___
P. Tibal ___ ___

HEART
Apical: _____
Rhythm ✓
Regular ✓ ___
Irregular ___ ___

CHEST PAIN
Location ___ ___
Duration ___ ___
Frequency ✓ ___
Intensity ___ ___

Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL

Extremities: ✓
Moves X4 _____
Hemiplegia _____
Paraplegia _____
Amputee _____
Contractures _____
other _____

RESPIRATORY

Chest: Lt Rt
Lungs ___ ___
Clear ✓ ___
Wheezing ___ ___
rhonchi ___ ___
rales ___ ___
other ___ ___

GASTROINTESTINAL

Abdomen:
Soft ✓
rigid _____
Distended _____
Non-tender ✓
tender _____
Bowel sounds ✓
other _____
Last BM _____
Diarrhea _____
other _____

GENITOURINARY

No Problem ✓
Burning _____
Frequency ✓
Hematuria _____
Incontinence _____
other _____

List size as: 1 2 3 4 5 6 7 8 9
List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

Grace E Sullivan

03 11 98

DOVE, GAYLE A
[redacted]

MEDICAL RECORD
[redacted]

VA FORM SEP 1985 10-0096

*U.S. Government Printing Office: 1988-241-638/92342

E.R. Treatments:
IV:___(Flow sheet started___)
NG tube:___(Size:___Time:___)
EKG:___
ABG:___
Lab tests:___
Aerosol Tx:___
Wound Care:___
Sutures___
Gastric lavage:___
Finger stick glucose:___@___=___
Pulse oximeter:___
X-Ray___

Medications Administered/Response to Medication:
Tet. Tox (0.5 ml IM):
Procardia (10mg SL):
NTG (mg. SL):

1725 ~~Demerol 75mg~~ IM (L) 4m
~~Phenergan 50mg~~ IM
_____ @ _____:
_____ @ _____:

pt to wait 30min p injection to monitor for possible S/S & reaction - Pt verbalized understanding
Grace E. Scaller RN

EKG RHYTHM STRIP

Disposition of Patient: Time: 1800 Mode:Ambulatory___Wheelchair:___Stretcher:___

Accompanied by: father /P.O.V. _____: Taxi___: Station Car:_____
Ambulance_____: Security/Police _____

To: Home ✓ Admit_____Ward:_____Report called @___

to _____

Disposition of personal belongings: To Family: _____

Other:_____ _____
(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping
_____(list all items and to where: Pt encouraged to make f/u appt to see primary physician.

Signature Grace E. Scaller RN

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
3-12-98	1700 AM (PM)	42	☐ M ☒ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA		99.3	67	20	133/67	☐ NO ☐ YES

9. CURRENT MEDICATIONS See Rx Prof'le

10. TRIAGE Pt states she has had a migraine headache for 2 days. Took Imitrex pills 4 tablets daily & relief, took 2 injections today at 1 & #3 = any relief.

11. SIGNATURE Grace E. Saldivar

12. HISTORY AND PHYSICAL

Grade 10 migraine
Rt HA, N/V, Photophobia, Phonophobia
Fatigue will drive home
Gen: Alert & oriented
Heart: RRR
Neuro: DERM EOM full, PERRL
TM's WNL
Discharge: none
Neck: supple
Carotid: good
Pulses: WNL

13. DIAGNOSTIC IMPRESSIONS Migraine

14. PLAN

Demerol 75 mg + Phenergan 25 mg IM done in ER @ 1720

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE [illegible]

SECTION II – FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	☐ YES ☐ NO	[illegible]

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☒ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED		

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

1. Continue
2. Follow up as needed
3. Keep appts

03 11 98

DOVE, GAYLE A

[redacted]

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VA FORM

NOTE DATED: 03/09/98 15:16 PSYCHOLOGY-MENTAL HEALTH
VISIT: 03/09/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
PROBLEM: #2 DEPRESSION
GAF: 70
DIAGNOSIS: PTSD; DYSTHYMIA
SESSION BEGAN WITH THERAPIST PROMPTING PT TO RECALL IMPORTANT EVENTS FOR HER IN LAST SESSION. THERAPIST ASSIGNED TASK OF PT PURCHASING A JOURNAL IN ORDER TO DOCUMENT INSIGHTS LEARNED IN THERAPY AND IN ORDER TO PROMOTE CHANGE. PT AGREED AFTER DISCUSSION OF BENEFITS OF JOURNAL USE. PT GIVEN BRIEF ASSESSMENT AND RESULTS SUGGESTED TENDENCIES TO BEHAVE IN AN ANALYTICAL FASHION. THERAPIST USED THIS DATA IN ORDER TO SET GOALS FOR MORE ACTION. GOALS MET FOR INVOLVEMENT IN DAV NOTED AND HIGHLIGHTED AS SOCIALIZATION SUCCESSES. THERAPIST PROMPTED PT TO IDENTIFY A PRACTICE BEHAVIOR FOR FUTURE SOCIALIZATION. SHE AGREED TO ASK SOMEONE FOR COFFEE AFTER AA MEETING THIS WEEK. ROLE PLAYS WERE CONDUCTED IN ORDER TO ALLOW FOR MODELING AND PRACTICE OF SOCIAL INITIATIONS. THERAPIST DISCUSSED APPROPRIATE SOCIALIZATION CANDIDATES (E.G., SOMEONE QUIET VERSUS BUSY AND GREGARIOUS AS THOSE INDIVIDUALS MAY HAVE LESS TIME AND "DIRECTED" ENERGY). PT ADMITTED TO FEELINGS OF ANGER RELATED TO UNMET SOCIALIZATION NEEDS AND PROVIDED EXAMPLE OF HER STATING THAT SOMEONE COULD/SHOULD HAVE CALLED WHEN THEY GREETED HER ENTHUSIASTICALLY AND INSINUATED THAT THEY MISSED HER AT THE MEETINGS.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/09/98 15:26

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 3-8-98

Time in: 1120

Allergies NKA

Mode Of Entry: Ambulatory: ☑ Wheelchair: ☐ Ambulance: ☐

From: Home ☑ Foster Home: ☐ Nursing Home: ☐ Other: ☐

Chief Complaint Migraine Headache

Accompanied by family: Yes ☑ No ☐ Who Father

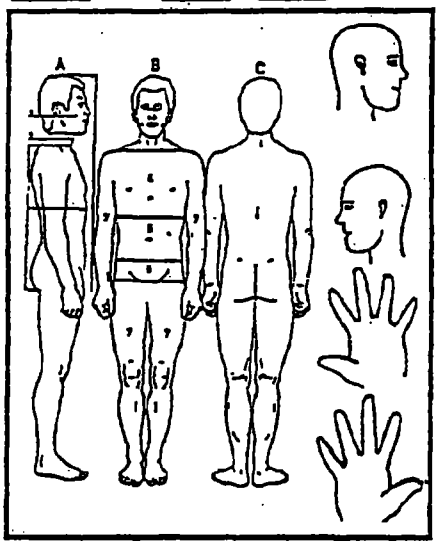
Mental status: Alert ✓ Awake,but Confused: __ Lethargic __ Unresponsive

Behavior: Cooperative ✓ Uncooperative __ Combative __ Other

Physical Assessment: Height (in inches) ____ Weight ____ lbs ____ kg.

VITAL SIGNS

Time	B/P	P	R	T
	105/70	74	20	98.1



SKIN:
Hot: ____
Warm: ✓
Cool: ____
Dry: ✓
Diaphoretic: ____
Pink: ✓
Cyanotic: ____
Rash: ____
Lesions: ____
Decubiti: ____
Lacerations: ____
Hematoma: ____
Flushed ____
other ____
Pupils: Lt. Rt.
Size: ____
React: ____
Fixed: ____
Dilated: ____
Constricted: ____

CARDIOVASCULAR

Pulses: Lt. Rt.
Radial: ✓ ✓
Do Pedis ____ ____
P. Tibal ____ ____

HEART

Apical: ____
Rhythm ____ ____
Regular ____ ____
Irregular ____ ____

CHEST PAIN

Location ____ ____
Duration ____ ____
Frequency ____ ____
Intensity ____ ____

Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL

Extremities: X4
Moves X4 ____
Hemiplegia ____
Paraplegia ____
Amputee ____
Contractures ____
other ____

RESPIRATORY

Chest:	Lt.	Rt.
Lungs	____	____
Clear	✓	✓
Wheezing	____	____
rhonchi	____	____
rales	____	____
other	____	____

GASTROINTESTINAL

Abdomen:
Soft ✓
rigid ____
Distended ____
Non-tender ✓
tender ____
Bowel sounds +4
other ____
Last BM ____
Diarrhea ____
other ____

GENITOURINARY

No Problem ✓
Burning ____
Frequency ____
Hematuria ____
Incontinence ____
other ____

List size as: ●●●●●●● 2 3 4 5 6 7 8 9

List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

Virginia Williamson

03 08 98

[redacted]

[redacted]

VA FORM SEP 1985 10-0096

*U.S. Government Printing Office: 1988-241-638/92342

E.R. ~~Treatments~~:
IV: (Flow sheet started)
NG tube: (Size: Time:)
EKG:
ABG:
Lab tests:
Aerosol Tx:
Wound Care:
Sutures:
Gastric lavage:
Finger stick glucose: @ =
Pulse oximeter:
X-Ray

Medications Administered/Response to Medication:
Tet. Tox (0.5 ml IM):
Procardia (10mg SL):
NTG (mg. SL):
given @ 1150 Compazine 10mg I.M.
V. Williamson
N/V relief
given @ 1230 - Demerol 50mg/25- Phenergan I.M.
V. Williams

@ 1150 O2 @ 2 liters per N/C

EKG RHYTHM STRIP

@ 1300

Disposition of Patient: Time: Mode: Ambulatory ✓ Wheelchair: Stretcher:

Accompanied by: Father /P.O.V. ✓ : Taxi : Station Car:
Ambulance : Security/Police

To: Home ✓ Admit Ward: Report called @

to

Disposition of personal belongings: To Family:
Other:
(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping
(list all items and to where:

Signature Virginia W. Williams RN

CONTINUE ON BACK WHEN NECESSARY (V. OVIT

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS:	6. PHONE NUMBER	7. HOMELESS
3/8/98	1120 AM PM	40	☐ M ☒ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☒ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA		98.9	74	20	105/49	☒ NO ☐ YES

9. CURRENT MEDICATIONS See Rx profile

10. TRIAGE Patient came in for Evaluation of a Migraine Headache. States she had Tylenol #3 this morning about 0300. NR relief of pain. States she had Nausea / Vomiting.

11. SIGNATURE Virginia Williams RN

12. HISTORY AND PHYSICAL

40 year old w/ migraine HA's, Depression - Has 4-5 HA's per wk - last seen at the walk in clinic (under + given Demerol. C/o (R) Temporal HA, Usual HA's ? loss of vision (R) eye x 5-10 min N/V/photophobia. Took motrin x 2. Tylenol #3 x 1. Meds: motrin, Tylenol #3, Verapamil, prn, Respiridone, Fluoxetine, Atrovent, Trazodone, PE: VSS afeb

Gen: well developed WF mild distress

Heart: Disc's clear Brief per la Gomi

neck supple Pulmonary Sigs

HEAT / RRR Fm, no

lungs: clear

Abd: soft NT Neuro: Neurol / gait steady

Migraine

13. DIAGNOSTIC IMPRESSIONS Migraine HA

14. PLAN

Compazine 10mg IM - done @ 1150 - V. Williams RN

Qe 2 hr prn Demerol 50mg / phenergan 25mg IM

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
Home	☐ YES ☐ NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☒ SATISFACTORY ☐ UNCHANGED	3-8-98 @	Virginia Williams RN

IMPRINT PATIENT DATA CARD

DOVE, GAYLE A

[redacted]

7. PATIENT INSTRUCTIONS Cont home meds

Rx with pain prn

return if Sx's R or worse

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

VA FORM

CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
3-4-98	2100 AM PM	40	☐ M ☑ F	☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	( )	☐ YES ☑ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
WKPA	66 135	97.4	71	18	105/56	☑ NO ☐ YES

9. CURRENT MEDICATIONS See profile - claims compliance

10. TRIAGE Pt. c/o recurrent of chronic Migraine HA, not responsive to home Rx. Hx Migraines x 4 wk ⊕ N+V denies any unusual recent or near syncope

11. SIGNATURE Dean Eccles

See notes for Dr. E G

12. HISTORY AND PHYSICAL Dr Benson

⊕ pt c Hx migraine and normal tx c nursing which did not work due to advanced state when she took it

⊙ Normal alert appropriate Neck supple Lungs CTA Cor RRR Abd soft nontender Skin warm and dry good finger pulses bilat

13. DIAGNOSTIC IMPRESSIONS Migraine Cephalgia

14. PLAN Demerol 100 mg phenergan 25 IM RG at 2115 dose # - tylenol #3 (4)

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE R. Benson MD

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOW-UP ACTIVITY - LIMITATIONS
as needed	☑ YES ☐ NO	As discussed

4. CONDITION	5. DATE/TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN
☐ IMPROVED ☑ SATISFACTORY ☐ UNCHANGED	3/4/98	RN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

03 03 98

Follow up as needed

J

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Dove

DOVE, GAYLE A [redacted] [redacted]

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 3-4-98

Time in: 2100

Allergies WKDA

Chief Complaint Migraine HA

Mode Of Entry: Ambulatory: ☐ Wheelchair: ☑ Ambulance: ☐

From: Home ☑ Foster Home: ☐ Nursing Home: ☐ Other: ☐

Accompanied by family: Yes ☑ No ☐ Who Father

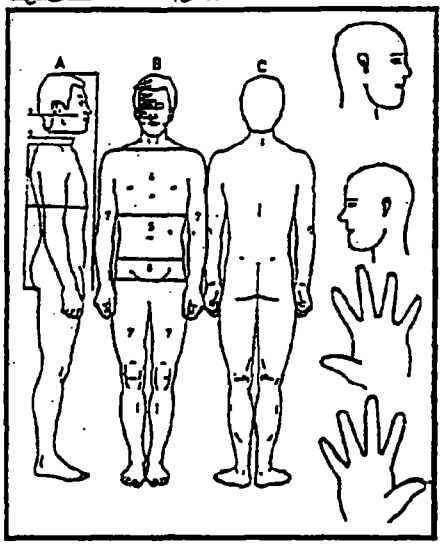
Mental status: Alert ☑ Awake, but Confused: ☐ Lethargic ☐ Unresponsive ☐

Behavior: Cooperative ☑ Uncooperative ☐ Combative ☐ Other ☐

Physical Assessment: Height (in inches) 66 Weight 136 lbs ____ kg.

VITAL SIGNS

Time	B/P	P	R	T
2100	163/ 150	71	16	97



SKIN:
Hot: ☐
Warm: ☐
Cool: ☑
Dry: ☐
Diaphoretic: ☐
Pink: color good
Cyanotic: ☐
Rash: None
Lesions: ☐
Decubiti: No ☑
Lacerations: ☐
Hematoma: ☐
Flushed ☐
other ☐

Pupils: Lt. Rt.
Size: ☐
React: ☐
Fixed: ☐
Dilated: ☐
Constricted: ☐

CARDIOVASCULAR

Pulses: Lt. Rt.
Radial: ☑ ☑
Do Pedis ☑ ☑
P. Tibal ☑ ☑

HEART
Apical: ☐
Rhythm ☑
Regular ☑
Irregular ☐

CHEST PAIN
Location N/A
Duration ☐
Frequency ☐
Intensity ☐

Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL

Extremities:
Moves X 4 ☑
Hemiplegia ☐
Paraplegia ☐
Amputee ☐
Contractures ☐
other Ambulates well

RESPIRATORY

Chest: Lt. Rt.
Lungs ☑ ☑
Clear ☑ ☑
Wheezing ☐ ☐
rhonchi ☐ ☐
rales ☐ ☐
other ☐ ☐
Smoks <ff

GASTROINTESTINAL

Abdomen:
Soft N/A
rigid ☐
Distended ☐
Non-tender ☐
tender ☐
Bowel sounds ☐
other ☐
Last BM ☐
Diarrhea ☐
other ☐

GENITOURINARY

No Problem KDMC
Burning ☐
Frequency ☐
Hematuria ☐
Incontinence ☐
other ☐

List size as: ● ● ● ● ● ● ●
2 3 4 5 6 7 8 9
List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

Dean Ochsner

030398

[redacted]

MEDICAL RECORD

[redacted]

VA FORM SEP 1985 10-0096

*U.S. Government Printing Office: 1988-241-638/92342

E.R. Treatments:
IV:___(Flow sheet started___)
NG tube:___(Size:___Time:___)
EKG:___
ABG:___
Lab tests:___
Aerosol Tx:___
Wound Care:___
Sutures___
Gastric lavage:___
Finger stick glucose:___@___=___
Pulse oximeter:___
X-Ray___

Medications Administered/Response to Medication:
Tet. Tox (0.5 ml/IM):
Procardia (10mg SL):
NTG (mg. SL):
Demerol 100 mg IM RG at 2115 hrs
Phenergan 25 mg IM
_____:
_____:

EKG RHYTHM STRIP

Disposition of Patient: Time: 2145 Mode: Ambulatory ✓ Wheelchair:___ Stretcher:___

Accompanied by: Dad /P.O.V. ✓ : Taxi___: Station Car:_____
Ambulance_____: Security/Police_____

To: Home ✓ Admit_____Ward:_____Report called @___

to _____

Disposition of personal belongings: To Family: Dad

Other:_____

(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping

_____(list all items and to where: _____

Signature _____

Department of Veterans [redacted]

MENTAL HEALTH SERVICE
TREATMENT PLAN

Provisional/Confirmed Diagnosis: Post Traumatic Stress Disorder.

Advance Directives: YES: ____ NO: ✓

Barriers to learning: YES ____ NO ✓

List: ____

1. Identified Problem(s) and Number: #2 Depression

2. Patient's Assessment of Need: Learn how to cope with world - not be afraid and learn to trust

3. Patient's Strengths/Weaknesses: ____

4. Goal(s): (1) Increase Assertiveness
(2) Learn to Discriminate Trustworthy / Untrustworthy People
(3) Pt will initiate more interactions / statements of need.

5. Method(s) to be used and Objectives with target dates of completion:
(1) Pt will learn and practice saying NO without feeling guilty Beh Ther 5/23/
(2) Pt will learn and practice skills in saying "NO" Beh Ther 5/23/
(3) Pt will learn to feel more comfortable taking risks Cost/Benefit Analysis 5/23/

6. Medication Follow-up: Prozac, Trazodone, Lorazepam Respendone

7. Prognosis/Motivation: Good / Good

Signature/Date: Case Manager: [redacted], MSW, Staff Psychologist
Patient: Doyle A Dave
Other Team Member(s): Alejandro Jaime
Lindsey Johnson, LCSW

SIGNATURE AND TITLE OF PRACTITIONER: [redacted], MA, Staff Psychologist — DATE: 5-3-98

IMPRINT PATIENT DATA CARD

Doyle Dave
[redacted]

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE
FOR SPECIALIZED DISCIPLINES

VA FORM MAY 1990 10-0114J — EXISTING STOCK OF VA FORM 10-0114, SEPT. 1988, WILL BE USED. — U.S. Government Printing Office: 1991 — 282-804/46333

NOTE DATED: 03/02/98 15:07 PSYCHOLOGY-MENTAL HEALTH
VISIT: 03/02/98 13:00 WOMEN'S MHPC GOLD DEROMA-GPT
DIAGNOSIS: DYSTHYMIA; PTSD
PROBLEM: #2 DEPRESSION
GAF: 60

PT PRESENTED WITH ANGRY MOOD DUE TO THERAPIST'S REQUEST TO DELAY APPT. ONE HOUR TO DEAL WITH CRISES. THERAPIST ACKNOWLEDGED PT'S ANGER AS HEALTHY, BUT PROMPTED HER TO DISCUSS THE MEANING THAT SHE ASCRIBED TO THE DELAY. PT DISCUSSED FEELINGS THAT SHE WAS UNIMPORTANT; HER ALL OR NOTHING THINKING WAS CHALLENGED BY THERAPIST AS DISTORTED AND PT WAS ENCOURAGED PT TO IDENTIFY THE VISITS IN THE CLINICS SHE VISITED IN WHICH SHE WAS SEEN PROMPTLY. PT'S FEELINGS OF UNIMPORTANCE WERE NOTED AS A THEME IN HER CHILDHOOD EXPERIENCES OF REJECTION. THERAPIST PROMPTED PT TO CHOSE TO SEEK CLARIFICATION REGARDING THERAPIST'S INTENTIONS AND SHE CHOSE TO ASK THERAPIST ABOUT HOW IMPORTANT SHE WAS AND IF THIS RELATED TO RESCHEDULING. THERAPIST EXPLAINED TRIAGING SYSTEM OF CRISES INTERVENTION AND SEPARATED THE IMPORTANCE OF THE PERSON FROM THE IMPORTANCE OF THE PROBLEM. PT COMPLETED ASSIGNMENT OF REMEMBERING INSTANCES OF REJECTION FROM CHILDHOOD - ONE INVOLVING HER MOTHER DISPLAYING ANGRY WHEN SHE WAS SICK AND VOMITED ON THE CARPET AND ANOTHER INVOLVING HER REBUFFING HER PHYSICAL AFFECTION. SHE SUCCESSFULLY IDENTIFIED WHAT SHE NEEDED TO FEEL BETTER IN EACH SITUATION. PT ALSO BROUGHT IN PICTURE OF SELF AT 9 OR 10 AND DISCUSSED HOW SHE REMEMBERED FEELING AT THAT TIME. PT'S EXPERIENCES OF REJECTION AT SCHOOL APPEARED TO RELATE TO HER SENSITIVITY ABOUT NOT HAVING A GREAT DEAL OF MONEY (FREE LUNCHES) and not being selected for games/activities. Therapist prompted pt to express what she would have wanted to say then in session. Therapist focused pt's attention on the successes that she has experienced when she feels comfortable with empowerment to take up for needs (with father, friends, therapists). Therapist challenged her to do so without withdrawing. Her success in remaining in office at the rescheduled time was highlighted as an example of her remaining, rather than withdrawing, when faced with unmet needs.

Signed by: /es/ VIRGINIA M. DEROMA
STAFF PSYCHOLOGIST 03/02/98 15:24

MEDICAL RECORD — PROGRESS NOTES

NEURO

DATE

12/10/99 F/U c Dr V Nalluri
NKDA Cont to have migraine headaches
09:30 Age 42 Wt 134.6 HT 66"
T 98.7 P 61 R 16 B/P 85/51 93/56
Pain 4/10 Headache Elizabeth Ro
N.Neuro:- no chest

10:05 Pt c headaches.
She is off Celebrex
She is on Atenolol, Imitrex &
Clordol PRN. Now she is off by 3/04
before 1/00 - She went OK - 1/04 &
started on Imitrex
N.Neuro - alert, oriented X3
PERRL, EOM full
Fundus - WNL.
Motor: no deficits
Diff c/o headaches - Migraine & Tension →
Clordol PRN only.

Follow up 2 → Nalluri 3/14/2000
V. Nalluri MD
V. K. NALLURI, MD
AS3285170-396

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

DOVE, GAYLE A
[redacted]

REGISTER NO. Q

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE

☆ U.S. GPO:1998-443-732

111 HC

CONTINUE ON BACK WHEN NECESSARY

Sat 11/15 9pm

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
11-29-90	0620 AM/PM	42	M X F	AMBULATORY STRETCHER WHEELCHAIR	( )	YES X NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA	140.1	99.4	83	16	114/61	X NO YES

9. CURRENT MEDICATIONS fluoxetine, gabapentin, olanzapine, hydroxyzine, buspirone, ranitidine, Tylenol #3, butalbital Sterat, estradiol, metoclopramide

10. TRIAGE Pt states has migraine since Sun. AM. Has experienced some nausea & episodes of vomiting. Pt states has felt flu-like symptoms for a couple of days.

11. SIGNATURE Linda Jones

12. HISTORY AND PHYSICAL

42 y.o. f c migrain HA 2x per wk
as per above & charted (+) constipation

Ears nose + throat nl
lungs upper airway sounds
RRR ϕ m
abd supra pubic tenderness
& rebound BS nl
P
Neurologically intact

13. DIAGNOSTIC IMPRESSIONS Viral illness c HA, Constipation 2° codeine

14. PLAN
Migraine diet
Atenolol 25 mg. p.o. q d.
Stop Smoking
Compazine 25 mg. supp PR q 12 hr PRN

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE B. J. Hart

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
Home	YES NO	

4. CONDITION	5. DATE / TIME OF DISCHARGE	6. SIGNATURE & INDICATE INSTRUCTIONS GIVEN
IMPROVED X SATISFACTORY UNCHANGED	11-29-90 0730	Virginia Williams RN

IMPRINT PATIENT DATA/CARD

7. PATIENT INSTRUCTIONS
Force fluids, tylenol 325 mg
3 tablets every 4 hours
Migraine Diet
Atenolol 25 mg p.o. q d.
Compazine supp 25 PR every 12hr

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE Gayle A. Dove

VA FORM MAR 1992 **10-10M**

SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

[redacted]

11-Headaches 1 of 2

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

admin 210

Exam Results Continued

competency of deep circulation): None.

M. Respiratory system (describe cough, expectoration, mobility, palpation, percussion, and auscultation and specify the area as well as the veteran's tolerance for exercise, such as how far can he walk, how many flights of stairs can he climb, etc.): Chest expansion is symmetrical. The leaves of the diaphragm move normally. The lung fields are clear to percussion and oscillation.

N. Digestive system (describe findings on inspection and palpation, enlargements, masses, tenderness or rigidity, hemorrhoids (internal/external), fissures, bowel movements - control or lack of): No abdominal viscera or masses are felt. There is diffuse lower abdominal tenderness without rebound. There is an area approximately one inch from the right lateral border of her transverse abdominal scar which is markedly tender.

O. Hernia (describe type, location, size, whether complete, reducible, recurrent, supported by truss or belt, and whether operable): None.

P. Genitourinary system (describe kidneys, bladder, frequency of urination and control or lack thereof, prostate, seminal vesicles, testes, cord, penis, and appendages; evidence of past or present venereal disease; for females report pelvic exam, if indicated): See Gyn exam.

Q. Musculoskeletal system:

1. Diseases and injuries (include effect of gunshot wounds and other injuries on skin and underlying structures) - None.

2. Scars (describe location, measurements, depression, type of tissue loss, adherence, disfiguration, and tenderness) - None.

3. Functional effects (describe location, swelling, atrophy, tenderness, degree of limitation of flexion and extension, angle of fixation, fracture or disease, fibrous or bony residual and specify mechanical aid used and benefit) - All major joints show a full range of painless motion. There is a scar, which is longitudinal in its orientation overlying the right wrist with a marked indentation below it. This is the site of the previous ganglion surgery. See Orthopedic consult.

4. Feet (describe objective evidence of pain at rest and on manipulation, rigidity, spasm, circulatory disturbance, swelling, callus, strength, mobility of ankles, feet, toes and limitation in degrees and indicate whether right or left, acquired or congenital) - Normal.

5. Burns (indicate degree, shape and dimension, specifying inches or centimeters) - None.

Continued on next page

Name: DOVE,GAYLE A [redacted] [redacted]
For GENERAL MEDICAL Exam

Exam Results Continued

R. Endocrine system (describe disease of thyroid, pituitary, adrenals, gonads, other body systems affected, etc.): No physical signs of endocrine disease.

S. Nervous system:

1. Neurological (describe motor status, coordination, reflexes, sensory status, equilibrium and give level of lesions) - Sensory, motor, proprioceptid modalities are grossly intact. The deep tendon reflexes are present and symmetrical. There are no pathological reflexes.

2. Psychiatric and Personality (describe behavior, comprehension, coherence of response, emotional reaction, orientation, memory, signs of tension and response as to social and industrial capacity) - See Psychiatry consult.

3. State whether the veteran is capable of managing his/her benefit payments in the individual's own best interests without restriction (a physical disability which prevents the veteran from attending to financial matters in person is not proper basis for a finding of incompetency unless the veteran is, by reason of that disability, incapable of directing someone else in handling the individual's financial affairs) - She is competent to manage her own affairs.

T. Remarks:

U. Other tests/exams recommended:

V. Diagnostic/clinical test results:

W. Diagnoses:

1. Migraine, classic, occurring two times per month.
2. S/P total abdominal hysterectomy, with recurrent abdominal pain, see Gyn consult.
3. Ganglion, right wrist, recurrent, see Orthopedic consult.
4. Shin splint, see Orthopedic consult.
5. PTSD due to sexual trauma, see Psychiatry consult.

Approved by: _____ Date: _____

Provider signature: _____ Date: _____

VA Form 2507

For NOSE AND SINUSES Exam

Name: DOVE,GAYLE A SSN: [redacted]
C-Number: [redacted]
DOB: AUG 15,1957

Address: 4457 POPPS FERRY RD.LOT 195

City,State,Zip+4:
BILOXI MISSISSIPPI 39532

Res Phone: 601-396-1919
Bus Phone: NONE

Entered active service: SEP 4,1975 Last rating exam date:
Released active service: SEP 16,1987

Priority of exam: Original SC

Examining provider: JAMES W. SOLOMON, M.D.
Examined on: JUN 29,1995

Examination results:

A. MEDICAL HISTORY:

The patient is a 38-year-old female who worked in the radar field and gives a history of recurrent nasal congestion and postnasal drip and paranasal pressure and pain associated with headaches. She states that upper respiratory symptoms worsen the problem. She denies allergies and states that at one time allergy skin tests were performed while on active duty and were normal. The patient has never had any nasal or sinus surgery or trauma. She states that at one time an upper right wisdom tooth was extracted, and she was told that it was next to the sinus, but no sinus surgery was ever performed. She smokes cigarettes. She takes over-the-counter medications for congestion and has, in the past, over-used nasal sprays with rebound congestion. She, therefore, no longer uses nasal sprays. She denies purulent postnasal drip or nasal discharge. She occasionally notes some scant blood on a Kleenex when she blows her nose.

B. SUBJECTIVE COMPLAINTS:

C. OBJECTIVE FINDINGS:

Examination of the ears - the external ears, ear canals, tympanic membranes, middle ears and mastoids are normal. Oral cavity is normal. Tonsils are tiny and uninfected. Oropharynx is normal. Nasopharynx is normal. Neck is palpably negative without masses, nodes or tenderness.

D. SPECIFIC EVALUATION INFORMATION REQUIRED BY THE RATING BOARD (if the information requested is included elsewhere, do not repeat here):

1. External nose -

Continued on next page

Name: DOVE,GAYLE A
For NOSE AND SINUSES Exam

Exam Results Continued

The nasal pyramid is normal without deformity.

2. Nasal vestibule -

Nasal vestibules are normal.

3. Right and left nasal cavities - >

Right and left nasal cavities and mucosa are normal.

a. Septum -

Nasal septum has an S-shaped deformity but is nonobstructive. Nasal airways appear good.

b. Floor of the nose -

The floor of the nose is normal.

c. Inferior meatus -

The inferior meatus is normal.

d. Inferior turbinates -

The inferior turbinates are normal.

e. The middle meati -

The middle meati are normal.

f. The middle turbinate -

The middle turbinates are normal.

g. The spheno-ethmoidal recess -

Normal.

h. The olfactory area -

Normal.

i. The superior turbinates -

Rudimentary, normal.

Continued on next page

Name: DOVE,GAYLE A [redacted]
For NOSE AND SINUSES Exam

Exam Results Continued

4. The paranasal sinuses -

The paranasal sinuses transilluminate clearly. The paranasal sinus radiographs are within normal limits bilaterally.

E. DIAGNOSTIC/CLINICAL TEST RESULTS:

F. DIAGNOSES:

1. Vasomotor rhinitis, mild, associated with vascular headaches.

2. No active sinus disease at present.

/njf

Approved by: _____ Date: _____

Provider signature: James W. Solomon MD Date: 2/7/95

VA Form 2507

BILOXI VAMC 520
** FINAL **

For POST-TRAUMATIC STRESS DISORDER Exam

Name: DOVE,GAYLE A [redacted]

DOB: AUG 15,1957

Address: 4457 POPPS FERRY RD.LOT 195

City,State,Zip+4:
BILOXI MISSISSIPPI 39532

Res Phone: 601-396-1919
Bus Phone: NONE

Entered active service: SEP 4,1975 Last rating exam date:
Released active service: SEP 16,1987

Priority of exam: Original SC

Examining provider: B. FRANK VOGEL, M.D.
Examined on: JUN 28,1995

Examination results:

HISTORY:
This veteran left the 8th grade at 16 because she had become pregnant in a brief relationship with a much older man, a policeman, who did not want to marry her. Later, at the age of 17, she did get her GED. While still in high school, she was briefly in the choir and also was a junior swimming instructor for junior high school kids.

She was sexually abused by two different men at the age of 8; this was just fondling and on another occasion, an older man performed oral sex on her.

She was sent to a home when she became pregnant at the age of 16, had a boy baby which she adopted out and then worked in the home for about six months and then decided to enlist in the Air Force.

She joined the Air Force on September 4, 1975, and was stationed at a number of posts in the United States as well as Greenland and Alaska. Her job was that of a radar operator. She got along well until she was in Greenland, which was a very isolated posts and everybody there did a good deal of drinking, and she also started to drink heavily, and then even more heavily when she learned that her mother had attempted suicide, and also when a man to whom she was engaged abruptly broke the engagement. She talked about suicidal feelings, cried all the time, was depressed and she was hospitalized at the station hospital in Greenland for a week and was diagnosed has having a depression, but apparently was given no special treatment and was returned to duty. When she was at the Langley Air Force Base in Virginia, she was doing a good deal of drinking and her supervisor - a Master Sergeant - came to her house one night at 10 PM towards the end of August 1987 and found her drunk and forced intercourse on her three times that night, and she finally got away from him and reported it to the

Continued on next page
VA Form 2507

Name: DOVE,GAYLE A [redacted]
For POST-TRAUMATIC STRESS DISORDER Exam

Exam Results Continued

City Police who informed the Office of Special Investigation of the Air Force, and they investigated a situation and were questioning ~~the~~ a Master Sergeant and after one such period of investigation, he committed suicide.

Her presence in the Air Force on that base was felt to be, she says, "an embarrassment" and they hurried her into making a decision of leaving the Air Force and she received an honorable discharge as an E5 on September 16, 1987. Since that time, she has worked as a clerk, as a ~~apprentice water analysis~~ apprentice water analyst, as a hotel maid, a waitress, a night auditor, a rose girl - a woman who sells roses in bars and ~~salons~~ saloons, as well as a ~~warehouse assistance.~~ warehouse assistant. At this time, she is working in one of the Coast's casinos, as a poker dealer and has done so for three months. She is concerned, about the stress of the job, and concerned about making an error and losing her position.

She has been married a number of times, she had the relationship at age 16 as already mentioned, and then was married for the first time from 1980 to 1982 but they were too much apart because of the demands of the military service and there were no children, and they got a divorce. Again, in 1983, she was married a second time and this broke up in 1984 because he drank a good deal, used drugs and beat her almost everyday.

A third marriage was from 1990 and they separated in March 1995 and she is expecting a divorce next month. Again, he has been on foreign duties being in the Air Force and is always away from home, and there were no children, so, she is getting the divorce.

In 1992, for eight or nine months, she was going to the Keesler Mental Health Center and talked to a ~~psychiatrist~~ psychologist because she felt depressed and worthless and that life was not worth living. She talked to a psychologist and never received any medication and looking back, she says that the talking to the psychologist was of no value.

She was drinking very heavily, and in October 1994, with the urging of her father she entered the SATP at the Gulfport VA and stayed in it for 30 days. She was also prescribed Zoloft but does not know the dose and that helped her. Since that time, she has stopped drinking and has been attending the AA, going not only daily but sometimes twice daily, and her only friend, she says, is her sponsor. At this time, because of the work situation, she is going three or four times a week. It should be said that she began drinking at the age of 14, but this was once a week or once every two weeks, and it became heavy when she was 21 and she was drinking s much as a half gallon in three or four days. She has been abstinent nine months now.

MENTAL STATUS EXAMINATION:
This is a 37 year old white separated woman who is 5'6-1/2" tall and

Continued on next page

Name: DOVE,GAYLE A [redacted] [redacted]
For POST-TRAUMATIC STRESS DISORDER Exam

Exam Results Continued

weighs 135 pounds. Her forehead is lined, her eyes are pouched, and she appears depressed. She is casually dressed but quite neatly groomed.

She finds she cannot easily talk about her rape experience even to a professional person such as a psychologist. She has troubling intrusive thoughts about the sexual trauma at least twice a week, nightmares once or twice every two weeks, and flashbacks are especially troubling when she is having sexual intercourse with her present man friend. It occurs about once every three times, and especially if her eyes are closed, and she will suddenly have the impression that it is the Master Sergeant who was forceably attacking her and raping her. She has to keep her eyes open, otherwise, she has this flashback and has to remember with whom she is. This has been a problem in her relationship with men since the experience, and is causing problems presently, because she pulls away from experiences.

She has lost interest in previous activities and has a great deal of difficulty in relating to people. She does not want to let people get close to her, especially men. She dislikes being touched and sometimes if a man who casually touches her shoulder or arm, she gets the impression that there is a sexual meaning and pulls away. She will always sit in the back of a room and she says "so no one would notice me or so no one could come up behind me". She also told me she does the same thing in restaurants where she sits so she can see the door.

At a sudden noise behind her, she would scream, jump and swing around with her fist clinched.

This woman is also markedly depressed and on two different occasions during the interview, her eyes filled with tears and she had to wipe them away. She feels sad most of the time and has crying spells twice a week and feels as if she wants to cry but holds it in almost daily. She feels that he thinking, her concentration, and her memory are not as good as they used to be, prior to this sexual trauma.

She has a fair self-opinion, has a low energy level, feels tired all the time, has no friends and again, this is to be emphasized. She distrusts people and says "everybody is out to screw me"- she laughed, her. "I don't mean literally, I don't feel I can rely on people".

About a year and a half ago, she had daily suicidal thoughts and took about 90 tablets of Elavil that had been given her at the Keesler Mental Health Center. She swallowed these pills with the help of a pint or more of alcohol, and was semi-conscious for the next three days, but unable to walk, she had to crawl on the floor from her bed to the bathroom and then back to her bed, but did recover without medical help.

Her sleep is poor; she averages five hours of broken sleep, feels tired

Continued on next page
VA Form 2507

Name: DOVE,GAYLE A [redacted]
For POST-TRAUMATIC STRESS DISORDER [redacted]

Exam Results Continued

when she wakes up. In the past 2-1/2 months, she has lost 20 pounds because she wasn't really interested in eating. About once a week, she will wish to die in her sleep. About once a week, she will have the thought that she would be better off dead.

This woman is in the range of average intelligence. She is competent for VA purposes.

DIAGNOSES:
AXIS I. A. Post-traumatic stress disorder; 309.81.
B. Dysthymic disorder; 300.4.
C. Alcohol dependence (in beginning remission); 303.90.
AXIS II. V71.09.
AXIS III. Abdominal pains; migraines.
AXIS IV. Money worries; ~~enlist her father~~; impending divorce; sexual trauma: Extreme.
AXIS V. Current GAF 55.

/pw

Approved by: _____ Date: _____
[illegible] signature: _____ Date: July 3, 1995
2507

SINGING RIVER RADIOLOGY GROUP
A Professional Association

CLINICAL OFFICE
Doctor's Plaza
Suite 110
Pascagoula, MS 39581
Telephone (601) 769-8512

100 WEST CAPITOL STREET
JACKSON MS 39216

BUSINESS OFFICE
1365 Market Street
Pascagoula, MS 39567
Telephone (601) 762-1353
FAX (601) 762-1359

Mailed 7/14/95

X-RAY REPORT

[redacted]

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHYSICIAN	DATE	X-RAY #
DOVE	GAYLE	A	BASS	7-7-95	VA2339

RIGHT WRIST, 7-6-95:

Some demineralization is noted but the wrist appears to be otherwise unremarkable.

LEFT TIBIA/FIBULA, 7-6-95:

Neither knee nor ankle is fully included on this examination. This examination is otherwise unremarkable.

RIGHT TIBIA/FIBULA, 7-6-95:

A sclerotic area is noted in the proximal tibia and is compatible with an old bone infarct. The tibia and fibula are otherwise unremarkable.

HAL MOORE, M.D./bt
7-10-95

SIGNED RADIOLOGIST _____

Parsley Printing Co.

SINGING RIVER RADIOLOGY GROUP

DICTAT

PATIENT NAME	AGE	SEX	RACE	SSN	CLAIM NUMBER
DOVE GAYLE A	40	F	WHIT	[redacted]	[redacted]

ADM DATE	DISC DATE	TYPE OF RELEASE	INP	ABS	WARD NO
MAR 31, 1998	APR 03, 1998	OPT-SC	3	0	1-5WMED

4-20-98 Lc

DICTATION DATE: APR 03, 1998 TRANSCRIPTION DATE: APR 07, 1998
TRANSCRIPTIONIST: sb

346.90
309.81
305.1

DISCHARGE DIAGNOSES:
1. HEADACHES - MIGRAINE TYPE.
2. POST-TRAUMATIC STRESS DISORDER.
3. HISTORY OF HYSTERECTOMY.

DIAGNOSES NOTED BUT NOT TREATED:

OPERATIONS/PROCEDURES PERFORMED:

1P
99.29 1

SUMMARY:
HISTORY OF PRESENT ILLNESS:
This is a 40 year old female with migraine headaches since the age of 20. She has been followed in the Neurology Clinic. She was seen in the Neurology Clinic on the 3/13/98 and complained of increasing headaches in the last two months and they are more constant. The headaches are associated with spots in front of her eyes and also nausea. She has been followed in the Neurology Clinic and also Psychology for a long time. She was tried on prophylactic medications like Inderal, Pamelor, valproic acid, and Tylenol exra-strength, but this didn't help. She was also tried on verapamil.

As the patient complained of constant headaches, the patient admitted for IV DHE treatment to break the constant headache.

She had a CAT scan and MRIs before.

PAST MEDICAL HISTORY:
Significant for a hysterectomy. She had PTSD and had been followed by Psychology.

[redacted]

[redacted]

PATIENT NAME	AGE	SEX	RACE	SSN	CLAIM NUMBER
DOVE,GAYLE A	40	F	WHIT	[redacted]	[redacted]

ADM DATE	DISC DATE	TYPE OF RELEASE	INP	ABS	WARD NO
MAR 31, 1998	APR 03, 1998	OPT-SC	3	0	1-5WMED

ALLERGIES:
No history of any allergies.

SOCIAL HISTORY:
No history of alcohol abuse. She smokes one pack per week.

PHYSICAL EXAMINATION:
Blood pressure 104/66, pulse 73. The patient was afebrile. She is well developed, not in acute distress. HEENT was within normal limits. Neck - supple, no bruits. Heart - regular rhythm. Lungs - clear to auscultation. On neurological examination, the patient was alert and oriented x 3. Speech was fluent, gait normal, cranial nerves. Pupils were equal and reacting to light, extraocular movements full, no nystagmus, fundi negative. No facial weakness. Nasal cannula, nares intact. On motor examination, no muscle atrophy, no involuntary movements. Power was 4+/5 in the upper and lower extremities. Deep tendon reflexes are +2 bilaterally, Plantar's are downgoing. Sensory is intact.

LABORATORY DATA:
4/03/98 - sodium 143, potassium 4.5, chloride 109. WBC was 5.4, RBC 4.0, hemoglobin 13.0, hematocrit 38.8. Urinalysis was within normal limits. 03/31/98 - magnesium 1.8, LDH 506, glucose 85, BUN 7, creatinine 0.8, uric acid 0.9, sodium 142, potassium 4.1, chloride 110, albumin 3.8, phosphatase 3.1. LFTs were within normal limits. Calcium 9.8, alkaline phosphatase 88, PT/PTT normal. ESR was 17 mm/hr.

HOSPITAL COURSE:
The patient was admitted with constant headaches. She has had migraine headaches since the age of 20. She also has tension type headaches and has been followed by Psychology. After admission, the patient was started on IV DHE protocol. He headaches are improved with IV DHE and she has no headaches at the time of discharge.

She was also seen by Psychology while in the hospital and will follow her as an out-patient. We also discussed with the patient about starting back on Inderal for prophylaxis and she is willing to take the medication.

DISCHARGE RECOMMENDATIONS:

[redacted]

VA FORM 10-1000 DISCHARGE SUMMARY
ELECTRONICALLY SIGNED CHART COPY

PATIENT NAME	AGE	SEX	RACE	SSN
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

ADM DATE	DISC DATE	TYPE OF RELEASE	INP	ABS	WARD NO
MAR 31, 1998	APR 03, 1998	OPT-SC	3	0	1-5WMED

As the patient was stable, she was discharged to follow-up in the Neurology Clinic. Discharge medications -

1. Trazodone 50 mg four tablets qhs.
2. Estrogen, conjugated, 0.625 mg po q day.
3. Risperidone 1 mg two tablets hs.
4. Famotidine 20 mg po bid.
5. Bisacodyl 4 mg two q daily.
6. Prozac 20 mg q d.
7. Inderal 10 mg bid.

She is to follow-up in the Neurology Clinic and also in the Psychology and Mental Health Clinic.

SIGNATURE APPROVING PHYSICIAN/DENTIST

/es/ VASANTHI KUMARI NALLURI
VASANTHI KUMARI NALLURI
M.D.

[redacted]

VA FORM 10-1000 DISCHARGE SUMMARY
ELECTRONICALLY SIGNED CHART COPY

Veterans Administration

Place In Front Of Medical Record

Advance Directives

Documentation to initiate, revise/review, revoke, or provide education for VA Living Will, Durable Power of Attorney, for Health Care, or Treatment Preferences.

Date/Time: April 1, 1998 @ 11:15

Documentation:

Filled out VA Forms
10-0137A & 10-0137B
on this Patient

Vernon Cargill
Chaplain

~~4/2/98~~ 4/1/98 11:40 AM — Reviewed & discussed with Pt above advanced directives.

V. R. NALLURI, MD
AS3200.70.398

IMPRINT PATIENT DATA CARD

[redacted]

00

DOVE, GAYLE A

[redacted]

520-OP-32-118 OCT 1992

MEDICAL RECORD SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES

VA FORM 10-0114j
SEP 1988

025396

ACKNOWLEDGMENT

This is to acknowledge that I have received a copy of the brochure entitled 'YOUR PATIENT RIGHTS.' This information includes my right to complete a VA Living Will and/or Durable Power of Attorney for Health Care. I understand that I may seek further counseling through a Chaplain or Social Worker upon request.

Do you have ADVANCE DIRECTIVES?
(If not on file, obtain a copy) ___ YES ✓ NO

Are you interested in completing a VA Living Will and/or Power of Attorney for Health Care? ✓ YES ___ NO

Are you an ORGAN DONOR?
(If interested in being an organ donor, information is available in your Patient Rights brochure.) ✓ YES ___ NO

Gayle A. Dove
PATIENT SIGNATURE

Sara Rolleri 3-31-98
WITNESS/DATE

COMMENTS: _____

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

[redacted]

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted] [redacted]

VA FORM SEP 1992 **10-0114J(R)**

*U.S. Government Printing Office: 1995 — 622-868/83104

MEDICAL RECORD | HISTORY—Part 1

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

Headaches increasing over last 2 months.

HISTORY OF PRESENT ILLNESSES

This is a 40 yr old female with migraine headache since 20's, & followed in neuroclinic. She was seen in clinic 3/30 & pt c/o increasing headache in last 2 months & more constant. The headaches associate c photo & phono & eyes. & also nausea. She tried prophylactic med (Inderal, Pamelor, Valproic acid etc). Pt admitted for IV DHE treatment.

(Continue or reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

HISTORY—Part 1
Medical Record

[redacted]

STANDARD FORM 504 (REV. 7-91)
Prescribed by GSA/ICMR. FIRMR (41 CFR) 201-9.202-1
*U.S. Government Printing Office: 1995 - 775-180/83222

NURSING HISTORY AND ASSESSMENT

Date 3/31/98 Time 910A Unit 1-SW Source of Information: patient Hgt: 5'6" Wgt: 140 Age: 40

Mode of Arrival: Ambulatory ___ W/C ✓ Stretcher ___ Other ___

Chief Complaint migraines all over head.

Allergies: NKA Past Surgeries: hysterectomy, 4 surgery on wrist

Anesthesia Reactions ___ BP: 100/60 P: 13 R: 20 T: 98.9

Present Medications: Prozac, Estrogen, Trazodone, Risperdal, Fosinopril, Bisoprolol, advair

ADLs LEVEL OF FUNCTIONING: Bathing (S)A/T: Dressing (S)A/T: Eating (S)A/T: Mobility (S)A/T: Oral Hygiene (S)A/T: Toileting (S)A/T:

Religious Preference: Protestant Marital Status: Married /Single/ (Divorced) / Widowed

Valuables silver color watch, earrings

Disposition of Valuables: ___

PHYSICAL DISABILITIES:

Arthritis	YES	(NO)
Neuromuscular		
Coordination Problems	YES	(NO)
Limb Loss	YES	(NO)
Seizures	YES	(NO)
Emotional Status: (Calm)		
Relaxed		
Apprehensive		
Paralysis	YES	(NO)
Mobility Devices	YES	(NO)
Pain: (Yes) No Severity (0-10)		
Tolerable Level of Pain		
Location: head.		
New Onset		
Acute:		
(Chronic)		

Comments: headache all over head.

SKIN INTEGRITY:

Rashes	YES	(NO)
Bruises	YES	(NO)
Infections	YES	(NO)
Cuts	YES	(NO)
Edema	YES	(NO)
Site:		
Degree:		
General Problems:		

Comments: ___

TEETH:

Caps	YES	(NO)
Bridges	YES	(NO)
Dentures	YES	(NO)
Partial	YES	(NO)
Broken	YES	(NO)
Loose	YES	(NO)
Missing	YES	(NO)

Comments: ___

ELIMINATION:

Incontinence	YES	(NO)
Indwelling Foley	YES	(NO)
Ileostomy	YES	(NO)
Colostomy	YES	(NO)
Constipation	YES	(NO)
Diarrhea	YES	(NO)
Black, tarry stools	YES	(NO)
Renal:	YES	(NO)
Prostate	YES	(NO)

LMP: hysterectomy 98

Last Bowel Movement: today

Comments: pt take Bisoprolol soft stools

NUTRITION:

N&V from migraines	(YES)	NO
Feeding Tube	YES	(NO)
Diabetic	YES	(NO)
Hx of Ulcers	(YES)	NO
ETOH Use	(YES)	NO
Dysphagia	YES	(NO)
Weight Loss/Gain	YES	(NO)

Special Diet: none

Comments: ___

PULMONARY:

Smoker	(YES)	NO
Recent URI	YES	(NO)
COPD	YES	(NO)
Tracheostomy	YES	(NO)
O2 Adm	YES	(NO)
TB	YES	(NO)
Asthma	YES	(NO)
SOB	YES	(NO)

Lung Sounds: clear

Cough YES NO

Productive: ___

Non-Productive: ___

Color of Sputum: ___

Comments: ___

LEVEL OF CONSCIOUSNESS:

Alert	(YES)	NO
Oriented	(YES)	NO
Confused	YES	(NO)
Sleep Problems	(YES)	NO
Memory Loss	YES	(NO)
Suicidal	YES	(NO)
Depression	YES	(NO)

Comments: take trazodone.

CIRCULATION:

CHF	YES	(NO)
Angina	YES	(NO)
Last Occurrence:		
Location:		
Severity (0-10):		
Relieved by:		
MI	YES	(NO)
Arrhythmias	YES	(NO)
Hx Vascular Disease	YES	(NO)
HTN	YES	(NO)
Pacemaker	YES	(NO)
Thyroid Disease	YES	(NO)
Hepatitis	YES	(NO)
HIV (Neg) Pos.	YES	NO
CVA	YES	(NO)
Blood Transfusion	(YES)	NO

Comments: ___

MISCELLANEOUS:

Dentures: Upper: Full: ___ Partial: ___

Lower: Full: ___ Partial: ___

Glasses	(YES)	(NO)
Contact Lens	(YES)	NO
Hearing Aid	YES	(NO)
Artificial Eye	YES	(NO)
Pacemaker/AICD	YES	(NO)
Artificial limb	YES	(NO)
Brace	YES	(NO)
Walker	YES	(NO)
Cane	YES	(NO)
Wheelchair	YES	(NO)

Comments: ___

Patient Signature: ___ Nurse Signature: [signature] Date/Time: 3/31/98 1030am

IMPRINT PATIENT DATA CARD (Name, Address, and Social Security Number)

DOYE, GAYLE A

[redacted]

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted]

INTEGUMENTARY SYSTEM ASSESSMENT

Skin Problems/Open Sores: YES (NO) If yes, describe: _____

Dressings: YES (NO) If yes, describe: _____

ULCER DOCUMENTATION

DATE ACQUIRED	LOCATION	SIZE	STAGE	DRAINAGE

BRADEN RISK SCALE

Score	1	2	3	4	Total
Sensory Preception	Unresponsive	Respond to Pain	Responds to Verbal	No Problems	
Moisture	Constantly Moist	Often Wet	Occasionaly Wet	Mostly dry	
Activity	Bedfast	Chairfast	Walks With Help	Walks Frequently	
Mobility	Completely Immobile	Limited Movement	Slightly Limited	No Limits	
Nutrition	Very Poor Intake	Inadequate <1/2 meal	Inadequate >1/2 meal	Excellent	
Friction/Shear	Max Assist to to Move in Bed	Minimum Assist to Move in Bed	No Problem		

TOTAL: _____

Patient with a score of 16 or less are at risk for Pressure Ulcers (Initiate Pressure Ulcer Standard of Care)

COMMENTS: _____

SLEEP/REST ASSESSMENT

Sleep Pattern: Time of Day: night Hours: 8° Difficulty Sleeping: NO ___ (YES) ___ If yes, explain: Can't sleep Seroquel.

Sleeping Aids: (ie., pillows, elevate HOB, meds) NO ____ YES ____ Explain: _____

COMMENTS: _____

Predisposition for falling: If > 6. pt is high risk:

____ Unsteady on Feet	____ Poor eyesight	____ Dizziness/Fainting	____ Poor bladder control
____ Confused/disoriented	____ 65 years or older	____ Neurological problems	____ Current medication, Narcotics, Hypnotics, Sedatives, Diuretics
____ Patient has fallen previously	____ Physical disability	____ Unsafe footwear	

TOTAL 00

NOTES: _____

ORIENTATION ✓

ID Band: ✓ T.V./Telephone: _____ Meal Hours: _____

Visiting Hours: _____ Smoking Policy: _____ Bathroom: _____

Nurse/Emergency Call: _____ Bed Controls: _____

Bed in Low Position: _____ Slippers: _____ Safety: _____

Organ Donation: _____ Home Phone Number: _____

DISCHARGE PLANNING

Do you care for yourself at home? (YES) NO

Who will help you? _____

Does anyone depend on your care at home? no

VA Consult: _____ Physical Therapy: _____ NCF: _____

Home Health: _____ Transportation: _____

Social Services indicated: YES (NO)

PRIORITY PATIENT CARE NEEDS:

1. _____
2. _____
3. _____

Elaine Jalicoff — SIGNATURE/TITLE OF PRACTITIONER

3/31/98 10:30 am — DATE/TIME

Standard Form 508

CLINICAL RECORD	PHYSICAL EXAMINATION					
DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
3/30/98					febrile	73	204/66

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

1. GENERAL APPEARANCE AND MENTAL STATUS: well developed, not in acute distress, alert, oriented x3.
2. HEAD AND NECK (GENERAL): scalp: Normocephalic, atraumatic neck: Supple, no bruits
3. EYES: PERRL
4. EARS: WNL
5. NOSE: no congestion
6. MOUTH: no lesions
7. THROAT: no congestion
8. TEETH: D
9. CHEST (GENERAL): Symmetrical
10. BREASTS: no masses palpable.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO.

WARD NO.

LOVE, GAYLE A [redacted]

PHYSICAL EXAMINATION
Standard Form 508
General Services Administration and Interagency Committee on Medical Records
FIRMR (41 CFR) 201-45.505

PHYSICAL EXAMINATION

11. LUNGS: clear on auscultation.

12. CARDIOVASCULAR: regular rhythm, no murmurs

13. ABDOMEN: soft, no hepatomegaly

14. HERNIA: ∅

15. GENITALIA:

16. RECTUM:

17. PROSTATE: —

18. BACK: WNL

19. EXTREMITIES: WNL

20. NEUROLOGICAL: alert, oriented X3, speech fluent
cerebellar: normal
Pupils equal, reacting to light
CN II-XII intact, no nystagmus. Tandem - ok.
No facial weakness, otherwise CN intact
Motor: no atrophy, no involuntary movements
Power - 4/5 throughout, sensory ok

21. SKIN:

22. ~~LYMPHATICS:~~

INITIAL IMPRESSION

headache - migraine

SIGNATURE OF PHYSICIAN

V. Nalluri

V. K. NALLURI, M.D.

U.S.GPO: 1991-521, 654/82055
AS3285170-396

Standard Form 505

CLINICAL RECORD	HISTORY—Part 2

PAST HISTORY

INSTRUCTIONS.—*Include (1) OCCUPATION (Civilian and military), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.*

4 0625 4.

1. **OCCUPATION (Civilian and military)**

2. **MILITARY HISTORY (Include geographic locations and dates)**
Airforce - 1975-8Y.

3. **HABITS (Alcohol, tobacco, and drugs)**
NO ETOH, Remote / occ / wk

4. **FAMILY HISTORY** — none

5. **CHILDHOOD ILLNESSES** 0

6. **ADULT ILLNESSES** Migraine headaches.

7. **OPERATIONS** — Appendectomy; surgery to remove tooth
Re- hand surgery for ganglion cyst

8. **INJURIES**

9. **DRUG SENSITIVITIES AND ALLERGIC REACTIONS** none.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
LOVE, GAYLE A [redacted]		

HISTORY (Parts 2 and 3)
Standard Form 505

[redacted]

INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

505-110

HISTORY—Part 3

SYSTEM REVIEW

INSTRUCTIONS.—*Include (1) GENERAL, (2) HEAD [Including (3) EYE, (4) EAR, (5) NOSE and (6) THROAT], (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY [and (12) GYNECOLOGICAL], (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NEURO-PSYCHIATRIC SYSTEMS.*

1. **GENERAL** well developed, not in acute distress
2. **HEAD (including)** headache.
3. **EYE** ~~effects~~ in front of eyes & headache.
4. **EAR** ϕ
5. **NOSE and** no runny nose
6. **THROAT** ϕ
7. **NECK** ϕ
8. **RESPIRATORY** no SOB
9. **CARDIOVASCULAR** no chest pains
10. **GASTROINTESTINAL** none
11. **GENITOURINARY** none
12. **GYNECOLOGICAL** none
13. **HEMOPOIETIC**
14. **LYMPHATIC**
15. **MUSCULOSKELETAL**
16. **NEUROPSYCHIATRIC SYSTEMS** as in history

SIGNATURE OF PHYSICIAN: V. Nalluri

DATE: 3/31/98

V K. NALLURI, MD
AS3285170-396

* U.S Government Printing Office 1992-313-106/63656

Interdisciplinary Patient and Family Teaching Record

TEACHING ASSESSMENT

Learns best: ☐ Seeing ☐ Hearing ☑ Doing **Able to read:** ☑ Yes ☐ No **Education level:** 16

Barriers/limitations: ☑ Physical ☑ Visual ☐ Cognitive ☐ Auditory ☐ Language ☐ Emotional ☐ Other ☐ None

Describe barriers/limitations and note plan to adapt patient teaching: Physical – Migraines
Glasses: farsighted

Cultural/religious practices affect the patient's healthcare? ☑ No ☐ Yes **If yes, describe and document plan to adapt teaching:** _____

Signature/Title [illegible], Staff Psychologist Date 2-23-98.

CODES

A. Topic/Teaching Need
1. Disease/Condition
2. Medications
3. Diet/Nutrition
4. Food/Drug Interaction
5. Treatment/Procedure
6. Equipment Use/Safety
7. Hygiene
8. Rehab/ADLs
9. Health Promotion/ Prevention
10. Community Resources
11. Follow-up Instructions
12. Other

B. Learner
P = Patient
S = Spouse
F = Family member
O = Other

C. Teaching Method
E = Explanation
H = Handouts * (list title)
D = Demonstrate
AV = Audiovisual * (list title)
G = Group Presentation
R = Reinforced

D. Evaluation
1. Verbalizes/Discusses essential concepts
2. Asks appropriate questions
3. Demonstrates
4. Demonstrates with assistance
5. Requires reinforcement
6. No evidence of understanding
7. Refused teaching

For each entry, include appropriate codes from above. *** Asterisk items require additional information in the "Comments" section on the back.**

A. Topic/ Teaching Need(s)	Readiness to learn Y/N *	B. Learner	Instructions/ Discussion	C Teaching Method	D. Eval.	Date/ Initial
5	Y	P	Self Protection	E	1	UMD 2/23/98
5	Y	P	Socializing	E,D,R	1,3	UMD 3/9/98
5	Y	P	Reciprocity in Relationships	E,D.	1,2	UMD 3/16/98
5	Y	P	Confronting/Reinforcing	E,D.	1	3/23 AB UMD
5	Y	P	Establishing New Role as Father	E,D,R	1,3,4	UMD 4/27/98
1,2	Y	P	DISCUSSED INSOMNIA - USED TO ? TRAZODONE	E	1-2	Cle. 5-5-98

SIGNATURE AND TITLE OF PRACTITIONER | DATE

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOE, Gayle

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL
520-OP-212b-14A MARCH 1997

VA FORM SEP 1992 **10-0114J(R)**

*U.S. GPO: 1995-822-059/83055

A. Topic/ Teaching Need(s)	Readiness to learn Y/N	B. Learner	Instructions/ Discussion	C. Teaching Method	D. Eval	Date/ Initial

Date	Time	Initials	Comments

Initials	Signature/Title
VMD	[signature] Staff Psychologist

Initials	Signature/Title

Referrals for further education or support (circle P, S, F and/or O)

P,S,F,O referred to Dental Date 2/23/15 Initial VMD

P,S,F,O referred to _____ Date _____ Initial _____

LABORATORY TESTS

Date	CBC	Chem 7	Chem 10	Coag	Other	Resol
3/31	↘		↘		PT, PTT, LFT's, UA ESR ANA	
4/1	✓				~~CBC~~, Lytes	

DIAGNOSTIC TESTS

Date	CXR	Other	EKG	CAT	Nuclear	Ultra	Resol
3/31	↘		↘	↘ Head ± Contrast			

SPECIAL CARE NEEDS

DATE	ACTIVITY	TYPE / FREQUENCY	INITIAL / RESOL
	CHEST TUBES		
	HEMOVAC		
	N G / GASTRO TUBE		
	PROSTHESIS		
	PHYSICAL THERAPY		
	OSTOMY CARE		
	DECUBITUS CARE		

CONSULTATIONS

DATE	FORWARDED TO	RESOL

PHYSICAL IMPAIRMENTS

☐ GLASES ☐ BLIND ☐ DEAF ☐ APHASIC ☐ MUTE ☐ DENTURES
☐ CANE ☐ HARD OF HEARING ☐ HEARING AID ☐ WHEELCHAIR
☐ WALKER ☐ ARTIFICIAL LIMB ( ) ☐ LANGUAGE
☐ BRACES ☐ OTHER _____
☐ **TOTAL CARE REQUIRED**

Multidisciplinary PLAN OF CARE (Kardex)

NOTE: Write with black ink only. Indicate resolution of each problem with a CHECK MARK, indicate date and initial.

Central Nervous System

DATE	INTERVENTION	INITIAL/RESOL
	Neuro Ck Call MD Temps >	

Gastrointestonal

	NPO Fluid Restrict (cc) Force Fluids (cc) Daily/QOD/Weekly Wts Occult Blood (X) Diet: Regular	
3/31		

Genito-Urinary

	Foley (Type:) E U D Diaper I & O q	

Cardiovascular

DATE	INTERVENTION	INITIAL/RESOL
	Bleeding Precautions EKG's Cardiac Enzymes Telemetry (#)	

Respiratory

	O2 @ Aerosol Incentive Spir CPT Sputum Chest Tube L / R	

Pain Management

	PCA Pump Tolerance Level (/10) Epidural	

C B G's

Musculo-Skeletal & Skin

Activity

DATE	INTERVENTION	INITIAL/RESOL
	Bed Rest Turn q. Decubitus Precautions OOB as Tolerated Ward Restrictions B R P Personal Hygiene	

Safety

	Bed Rails Soft Ties Posey Fall Precautions Chemo Precautions	

Wound / Drain Care

	Dressing Cng.	

Miscellaneous

Vital Signs

DATE	INTERVENTION	INITIAL/RESOL
3/31	q Shift	

IV's

3/31/98	D1/2 NS + 20 KCl at 75 cc/hr	

ISOLATION

	Psycho/Social Needs AGE Specific Needs Physical Impairments Discharge Planning	

CODE STATUS

- (1) None
- ○ Advanced Directives
- ○ D N R (Date: __/__/__)

Seriously Ill _____ DATE INITIATED

ALLERGIES

NKA

ROOM NUMBER 120

IMPRINT PATIENT DATA CARD
(NAME, ADDRESS AND SOCIAL SECURITY NUMBER)

[redacted]

Acuity (date) I ___ II ✓ III ___ IV ___

DIAGNOSIS:

1) Headache
2) [redacted] HE Tx
3) _____

PHYSICIAN: _____

Admission Date: 3/31/98 Time: _____

0361

520-OP-186-111 SEPT '96

VA FORM 1
MAR 1992

IMPRINT PATIENT DATA CARD (NAME, ADDRESS AND SOCIAL SECURITY NUMBER)

[redacted]

515 [redacted]

520-OP-11 136 MAR 1996

Multidisciplinary Discharge Planning

Problem List:

	PATIENT ASSESSMENT	PATIENT TREATMENT PLAN
Dietician		Dietician's Signature:
Social Worker		Social Workers Signature:
Nurse	Pt c/o headache - migraine for DHE tx	Pt wife here & HA Nurse's Signature: M. [illegible]
Other		Other Signature:
Physician		Physician's Signature:

0362

☆U.S.Govern t PrintingOffice:1993-343-134/ 74297

0363

DATE	

ADDITIONAL CONFERENCE PARTICIPANTS: NAME & TITLE

1)
2)
3)
4)
5)
6)

INPATIENT ORAL EXAMINATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

ASSESSMENT *(Initial)* *(Subsequent)*

Oral Hygiene ——— *(Good)* (fair) (poor)

Masticatory Function ——— (adequate) (inadequate)

Oral Mucosa/Gingiva ——— color - (light) (medium) (dark) (other)
(no gross oral pathosis noted)
(oral pathosis present as described)

Salivary Hydration ——— (good) (fair) (poor)

Plans:

DX: good dentition, asymptomatic (R) TMJ

Admission Dx:

RX: None

Service Connection:

Diagnosis	Treatment

SIGNATURE AND TITLE OF PRACTITIONER R Hummel 03 31 98

DATE 4/1/98

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A
[redacted]

15W

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted]

VA FORM SEP 1992 **10-0114J(R)**

*U.S. GPO: 1995-622-059/83055

CONTINUE ...K WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME	3. AGE	4. SEX	5. ON ARRIVAL PATIENT WAS	6. PHONE NUMBER	7. HOMELESS
3/26/94	1800 AM/PM	40	F	AMBULATORY STRETCHER WHEELCHAIR	( )	YES NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY
NKA			72	20	120/80	NO YES

9. CURRENT MEDICATIONS See Rx Prof'le

10. TRIAGE Pt states she awoke again this morning c a pounding type headache - took Imitrex which helped but came back around lunch took shot but no relief from it. States this is the 3rd day this week 11. SIGNATURE Gayle E Sadler RN

12. HISTORY AND PHYSICAL Still c/o the headache.
Eyes c anicteric.
Neck - supple, no masses
PERLA. Neck supple
Heart. Reg. rate & rhythm
Lungs - clear
Neurological: 2+ Reflexes

migraine

13. DIAGNOSTIC IMPRESSIONS Migraine headache

14. PLAN Demerol 75 mg IM
Phenergan 25 mg IM
done 1830

15A. ATTENDING OF RECORD

15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN	3. FOLLOWUP - ACTIVITY - LIMITATIONS
	YES NO	

4. CONDITION: IMPROVED SATISFACTORY UNCHANGED

5. DATE / TIME OF DISCHARGE: 3/26/94 1900

6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN: Gayle E Sadler RN

7. PATIENT INSTRUCTIONS: Keep appt. c Dr. Tucker
30 Tuesday

IMPRINT PATIENT DATA CARD

DOVE, GAYLE A
[redacted]

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS

8. PATIENT'S SIGNATURE: Gayle A Dove

VA FORM MAR 1992 **10-10M** SUPERSEDES VA FORM 10-10M, MAY 1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT / PROGRESS NOTE

STUDIES REQUESTED	RESULTS

Veterans Administration

MEDICAL RECORD - NURSING DOCUMENTATION

EMERGENCY ROOM NURSING ASSESSMENT

Date: 3-26-98

Time in: 1500

Allergies NKA

Chief Complaint Headache

Mode Of Entry: Ambulatory: ☑ From: Home ■
Wheelchair: ☐ Foster Home: ■
Ambulance: ☐ Nursing Home: ☐
Other: ☑

Accompanied by family: Yes ~~No~~ Who _____

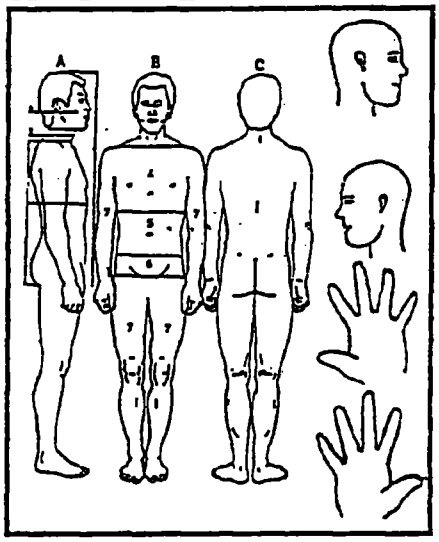
Mental status: Alert ~~Awake,but Confused:__ Lethargic__ Unresponsive~~ _____

Behavior: Cooperative ~~Uncooperative__ Combative__ Other~~ _____

Physical Assessment: Height (in inches)_____ Weight_____ lbs_____ kg.

VITAL SIGNS

Time	B/P	P	R	T	
1500	140/80	72	20		



SKIN:
Hot: _____
Warm: _____
Cool: _____
Dry: ~~_____~~
Diaphoretic: _____
Pink: _____
Cyanotic: _____
Rash: _____
Lesions: _____
Decubiti: _____
Lacerations: _____
Hematoma: _____
Flushed _____
other _____
Pupils: Lt Rt
Size: _____
React: _____
Fixed: _____
Dilated: _____
Constricted: _____

CARDIOVASCULAR

Pulses: Lt Rt
Radial: ~~_____~~
Do Pedis _____ _____
P. Tibal _____ _____

HEART
Apical: ~~_____~~
Rhythm ~~_____~~
Regular _____ ~~_____~~
Irregular _____ _____

CHEST PAIN
Location _____
Duration _____
Frequency _____
Intensity _____

Chest Pain Scale 0-10
0(no pain) to 10(worse pain)

MUSCOSKELETAL
Extremities: ~~_____~~
Moves X4 _____
Hemiplegia _____
Paraplegia _____
Amputee _____
Contractures _____
other _____

RESPIRATORY
Chest: Lt Rt
Lungs ~~_____~~
Clear _____ ~~_____~~
Wheezing _____ _____
rhonchi _____ _____
rales _____ _____
other _____ _____

GASTROINTESTINAL
Abdomen:
Soft ~~_____~~
rigid _____
Distended ~~_____~~
Non-tender _____
tender _____
Bowel sounds _____
other _____
Last BM _____
Diarrhea _____
other _____

GENITOURINARY
No Problem ~~_____~~
Burning _____
Frequency _____
Hematuria _____
Incontinence _____
other _____

List size as: ●2 ●3 ●4 ●5 ●6 ●7 ●8
List reaction as: B-brisk S-sluggish N-none

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

Susan E. Sadlers

03 26 98

[redacted]

MEDICAL RECORD

[redacted]

VA FORM SEP 1985 10-0096

U.S. Government Printing Office: 1988-241-638/92142

E.R. Treatments:
IV:___(Flow sheet started___)
NG tube:___(Size:___Time:___)
EKG:___
ABG:___
Lab tests:___
Aerosol Tx:___
Wound Care:___
Sutures___
Gastric lavage:___
Finger stick glucose:___@___=___
Pulse oximeter:___
X-Ray___

Medications Administered/Response to Medication:
Tet. Tox (0.5 mil IM):
Procardia (10mg SL):
NTG (mg. SL):
1830 Demerol 50mg & Phenergan 25mg (12) GMX - Nas
_____:
_____:
_____:
_____:

1830 - pt to wait 30 min for injection to monitor for pain control & possible reaction to medication. Pt verbalized understanding -

1835 - pt up out of room to go to Bathroom - voices some relief - Grace Eschbach

EKG RHYTHM STRIP

Disposition of Patient: Time: 900 Mode:Ambulatory___Wheelchair:___ Stretcher:___

Accompanied by: father /P.O.V. _____: Taxi___: Station Car:_____
Ambulance_____: Security/Police _____

To: Home ✓ Admit_____Ward:_____Report called @___

to _____

Disposition of personal belongings: To Family: _____

Other:_____ _____
(Specific Name) (Specific Name)

To appropriate hospital area for safekeeping
_____(list all items and to where: Pt to 7 in Neurology c Dr Wallace
as scheduled. If no improvement Pt to Dr Zimmerman
in Am.

Signature Grace E Eschbach RN

NOTE DATED: 03/31/98 14:52 CHAPLAINCY ASSESSMENT
ADMITTED: 03/31/98 08:19 1-5WMED

Met with veteran on this date to assess pastoral care needs.
Religious Preference: PROTESTANT, NO DENOMINATION
Support System: FAMILY

The following pastoral concerns were noted: (5)

0. None
1. Guilt
2. Anger/resentment
3. Grief/sadness
4. Loneliness
5. Fear/worry
6. Despair/Hopelessness
7. Lack of meaning or purpose
8. Feeling that God/life is unfair
9. Religious doubts/disbelief
10. Cultural or religious barriers
11. Desire to complete advanced directives
12. Other

I discussed the concerns noted above and recommended: (2)

0. None
1. Group participation
2. Pastoral counseling
3. Grief counseling
4. Educational/Religious Literature
5. Referral
6. Completion of advanced directives

I provided the following pastoral care: (3,6,10)

0. None
1. Sacraments
2. Prayer
3. Listening
4. Touch
5. Confession
6. Emotional Support
7. Assisted with Advanced Directives
8. Info on Advanced Directives
9. Info about hospital
10. Pastoral counseling
11. Grief counseling
12. Religious/educational literature
13. Referral
14. Message to staff
15. Other:

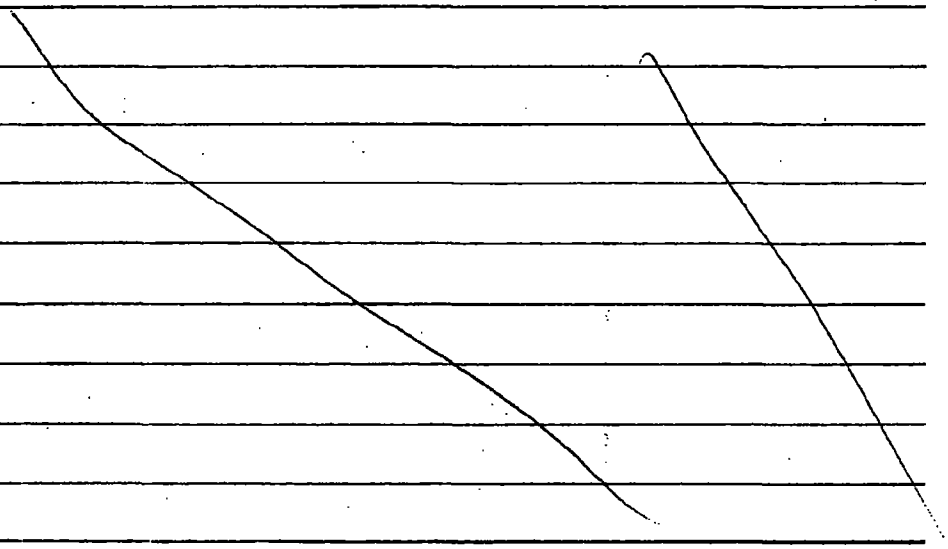
Follow up planned (Y/N): Y

Comments:

Signed by: /es/ PAUL L KENDALL
CHAPLAIN 03/31/98 14:53

PROGRESS NOTES

DATE	
3/30/98 1200hrs	(Cont) relocated re- no shaking, NO weakness other ext. intact sensation; no deficit @ headache - migraine Hx headaches are more constant discussed with Dr. Lowes (Psychology) & referred the headaches are migraine type & use Dhe trial to break the cycle. Discussed with pt about Dhe Tx & pt'd & willing to try. Admit pt on 3/31/98 for IV Dhe Tx V. Williams
1000 hrs 4/1/98	Dental - exam, px consult answered - R Hummelbrs



*U.S.GPO:1997-426-359

STANDARD FORM 509 BACK (Rev. 11-77)

MEDICAL RECORD	PROGRESS NOTES

DATE

3/30/98 Neuro el F/u c Dr V Nallani
NKA T 98.8 P 73 R 18 BP 104/66
11.00 age 40 wt/443 Ht 66" Elizabeth Rose

NEURO :- No previous chart available.
11.46 AM Pt c headaches. Seen per dictation c Venkatesh & she was to quit. She tried valproic acid, sodium-valproate, topamax, klonopin, fioricet, ranitidine. She is getting headaches daily & sometimes 2 or couple of days. She was in bed all weekend. The headaches are worse from 2 months. The headaches are throbbing constant. Pain score 10/10 for couple of times for 2 hrs. Pain - is throbbing & pulsating. She been followed by psychology -

on exam - alert, oriented x 3
Speech fluent.
Cranial - normal
Pupils equal & reactive to light & accomodation, EOM intact.
Fundus (Continued on reverse side) no papilledema, sharp

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle)

DOVE, GAYLE [redacted]

REGISTER NO. [redacted] WARD NO. [redacted]

cont. margins

PROGRESS NOTES V. K. NALLURI, MD

STANDARD FORM 509 (Rev. 11-77) AS32[illegible]70-396
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505

509-111

NOTE DATED: 04/01/98 09:11 DISCHARGE PLANNING-MED
ADMITTED: 03/31/98 08:19 1-5WMED

MS.DOVE IS A 40Y.O.W\F WITH DIAGNOSIS HEADACHES. SHE LIVES IN D'IBERVILLE, MS. WITH HER FATHER, RAY, AND PLANS TO RETURN HOME AFTER SHE IS MEDICALLY STABLE. SHE HAS VA DISABILITY AS INCOME. SHE IS 100% SERVICE CONNECTED. SHE STATES SHE QUIT DRINKING ALCOHOL IN 1994. SHE STATES SHE SMOKES CIGARETTES AND DESIRES TO QUIT ON HER OWN. SHE REFUSES PATCHES AND PSYCH CONSULT.

Signed by: /es/ SANDRA K ALEXANDER
RN,BSN 04/01/98 09:13

MEDICAL RECORD | [redacted]

DATE	
4/1/98 10:30 AM	Neuro: The migraine headaches are better, but does [illegible] complete headache but not like migraine HA. VS: stable Heart: reg rhythm Lungs: clear. D/C headache - migraine → on IV DHE 8 mg. We will does billing headache-location type. Does migraine headache does then well continue on Toles (Psychology) @ cont IV DHE for 3 days V. [redacted] MD AS3285170-396
4/2/98 11:45 AM	Neuro: no complaints no headaches today VS: stable. Lab: UA - WNL BUN: 7 Cr: 0.8 Glucose: 85 Mg 1.8 Na: 142 K: 5.1 Cl: 110 HCO3: 28 Ca: 9.2 GSR: 17 mm/hr WBC: 7.6 Hb: 12.2 Hct: 35.5 D/C headache - migraine - on IV DHE will discharge tomorrow. V. [redacted] MD AS3285170-396

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; race; hospital or medical facility)

REGISTER NO. [redacted]

WARD NO. [redacted]

[redacted]

Principal [redacted]

[redacted]

[redacted]

DOVE, GAYLE A [redacted]

PROGRESS NOTES

DATE	

U.S. GOVERNMENT PRINTING OFFICE : 1996 O - 171-076

STANDARD FORM 509 BACK (Rev. 11-77)

S: Chewing Problems: Y (N)
Dysphagia: Y (N)
Appetite: (+) -
Feeding Assistance Required: Y (N)
Food Allergies: None on file NKA
Food Preferences:

Pre-Admission Diet: Regular
Wt. + - ___# in last ___ months
Nausea: (Y) N Vomiting: (Y) N
Diarrhea: Y (N) Constipation: Y (N)

O: Current Diet: REG
Adm. Dx: HEADACHES, DHE protocol
Age: 40 Sex: F
Height: 5'6"
Curr. Weight: 140/5
Last Weight:
Usual Weight: 140/5
Ideal Weight: 142/6

Adm. Date: 31-Mar-98 8:19am
Prior Assessment:
Frame Size:
Amputation %:
Weight Taken:
Weight/Usual Wt:
Weight/IBW:

Laboratory Data

Test	Result		units	Ref. range	Date
GLUCOSE	85.		MG/DL	62 - 128	31-Mar-98
UREA NITROGEN	7.	L	MG/DL	9 - 20	31-Mar-98
CREATININE	0.8		MG/DL	.5 - 1.4	31-Mar-98
SODIUM	142.		MEQ/L	137 - 145	31-Mar-98
ALBUMIN	3.8	L	GM/DL	3.9 - 5	31-Mar-98
MAGNESIUM	1.8		MG/DL	1.7 - 2.2	31-Mar-98
HGB	12.2		g/dl	12 - 16	31-Mar-98
HCT	35.6	L	%	37 - 47	31-Mar-98
LYMPH#	2.2		#/cmm	1.2 - 3.4	31-Mar-98

Appearance:

10 Food Drug Interaction
Nutrition Education
Further Education Required: Y (N)

A: Nutrition Status
X Normal
___ Mildly Compromised
___ Moderately Compromised
___ Severely Compromised

Comments: Pt's appetite good. No problems chewing or swallowing. Wt stable

P: Nutrition Plan
X Provide basic nutritional care
___ Screening data not available: Please order_____
___ Nutrition Education
___ Recommend Diet Change
___ Further Nutritional Assessment
Recommendations:

as needed

Karen Lewis, RD 4/2/98
Signature Date

DOVE,GAYLE A [redacted]

MEDICAL RECORD	PROGRESS NOTES
DATE	
	Psychology (Purple Team)
4-2-98	MS. Dove appeared much more relaxed than
1540	in recent months. She expressed appreciation about the treatment that she has been receiving and she expressed "guarded optimism about having ongoing benefits from the tx. Her mood was calm and happy and her affect reflected stated mood. Thought content centered how good she is now feeling. Attention, concentration & memory within normal limits. We discussed her post hospitalization tx plans. We intend to continue weekly psychotherapy and to incorporate EMG Biofeedback into our work. GAF = 65
	Lawrence Kaplan PhD
	Psychology Resident
4/3/98	Neuro: NO complaints.
8:35	Ortho: Pt c/o L calf, decreased ROM L ankle
RK	Follow up Hematologic &
	Follow up Psychology. Discussed
	above. Referred for Physiotherapy. V Nallurl
	V. K. NALLURI, MD
	AS3285170-396

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

GAYLE A
-6654 08/15/57

REGISTER NO.	WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	

E. CATLE A

[redacted]

Veterans Administration

NURSING DISCHARGE PROGRESS NOTE

1. Discharge living arrangements: D/C to home
2. Accompanied by: Father
3. Ambulation: Ambulatory
4. TPR: 98.7 67 20 BP: 101/64
5. General condition (including resolved and unresolved nursing diagnosis):
Awake, alert Oriented 41 yo WF admitted 3/31/98 Dx' headache, DHE tx. Treated c DHE for HA while hospitalized.
6. Nursing care needed following discharge (including Nursing Care Referral):
Take meds as prescribed, Return for F/U visits as ordered
7. Patient/family education, instructions, medications, follow-up and assessment of understanding: Instructed pt. on medication regimen, F/U visits. Pt. voices full understanding of instructions

SIGNATURE AND TITLE OF PRACTITIONER: [signature] RN

DATE/TIME: 4/3/98 1430

IMPRINT PATIENT DATA CARD

[redacted]

[redacted]E, GAYLE A

[redacted]

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE
FOR SPECIALIZED DISCIPLINES

VA FORM [redacted] 025398

Department of Veterans Affairs

MEDICAL RECORD - DISCHARGE INSTRUCTIONS

DATE OF ADMISSION	DATE OF DISCHARGE	TYPE OF DISCHARGE

1. DIAGNOSES AND DATE TO BE FOLLOWED ON OUTPATIENT SERVICES

Migraine headache
PTSD / Depression

2. SUGGESTED PLAN FOR FOLLOWUP

Neurology clinic
MHC clinic, PC Pimple, as scheduled

3. DISCHARGE MEDICATIONS AND INSTRUCTIONS

As in the prescriptions.

4. DISCHARGE DIETARY INSTRUCTIONS *(Check one)*

☐ NO RESTRICTIONS ☐ RESTRICTIONS *(Specify and include drug and food interactions)*

Regular

5. PHYSICAL ACTIVITY LIMITATIONS *(Check one)*

☐ NO RESTRICTIONS ☐ RESTRICTIONS *(Specify)*

OOB as tolerated

6. OTHER *(Include employment status)*

PATIENT IDENTIFICATION *(Name, Address, Social Security Number)*	SIGNATURE OF PHYSICIAN/DENTIST	DATE
Doll Gayle 609-40	Veronica G. Wallin	4/3/98

I HAVE RECEIVED AND UNDERSTAND MY DISCHARGE INSTRUCTIONS

SIGNATURE OF PATIENT	DATE
Gayle A. Doll	3 Apr 98

VA FORM 10-7978M JAN 1990

EXISTING STOCKS OF VA FORM 10-7978M, NOV 1987, WILL BE USED.

MEDICAL RECORD

MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting physician or activity)	DATE OF REQUEST
Dental	Dr. DeRoma.	2-23-98

REASON FOR REQUEST (Complaints and findings)

Pt is 40y/o white, female, Air Force veteran who is experiencing migraines. that Pt reports may be 2° to tooth grinding in sleep. Requests evaluation for mouth guard.

PROVISIONAL DIAGNOSIS

PTSD.

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	ROUTINE / TODAY
[illegible] MD. Psychologist		☐ BEDSIDE ☐ ON CALL	☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

Exam revealed vet to have a good dentition missing only her third molars. Vet has a symptomatic (R) TMJ; vet can subluxate the (R) TMJ upon excessive opening of the mandible.

Do the migraines cause bruxism or vice versa? Are they related at all?

It is my opinion that the dentition and migraines are unrelated.

Thanks for the consult.

(Continued on reverse side)

SIGNATURE AND TITLE	DATE
P Rothermel DDS	4/1/98

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO	WARD NO

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

Dove, Gayle [redacted]

PTSD - 70%
Hysterectomy - 50%
Migraine - 30%
Rhinitis - 0%
Neoplasm - 0%

10:00 - 3/6 - eval - letter sent

CONSULTATION SHEET
STANDARD FORM 513 (Rev. 9-77)
Prescribed by GSA/ICMR
FIRNR (41 CFR) 201-45.505
513-108

Exception to Standard Form 508
Approved by OMB

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	√	NURSE'S SIGNATURE
3/30/98 1420 PM		Admit pt on 3/31/98 bsp under Dr Wallace		
		Dx: Headache - Hypertension		
		for IV D5W @ TKO rate		
		VS q shift		
		Diet: Regular		VP bsp
		Lab: CBC & diff		✓ P
		PT/PTT		✓ #169203
		Chem 10, LFT		✓
		UA		✓ P #169206
		EKG		✓ P reg ✓ comp
		ESR by westergreen Method,		✓ P #169207
		AFB, RE		
0900		Chest x-ray - admission		✓ P reg ✓ comp
		CT Head c & s contrast		✓
		Dx with persistent		✓ P reg
		headache - R/o Tumor		✓ comp
		(cont) V. Wallace		
				K. KHALEGHI, MD AS3285170-396

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

Rose Coupld

[redacted]

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM OCT 1975 10-1158

EXISTING STOCK OF VA FORM 10-1158, MAY 1973 AND VA FORM 10-1158c, NOV 1972, WILL BE USED.

Exception to Standard Form 508
Approved by OMB

MEDICAL RECORD | **DOCTOR'S ORDERS**

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	√	NURSE'S SIGNATURE
3/30/96 1:15 PM		Heel; IV D&B Protocol. IV D5 1/2 NS c 20 mEq KCl at 75 cc/hr.		
		Replan 10 mg IV wait 15 min then give D&B 0.5 mg IV over 5 min		
If pt has N&V 1 hr after D&B wait 8 hrs then give Replan 10 mg + D&B 0.3 mg IV Q8° x 3 days		If NO N or V & feeding, pt walks away wait plus 8 hrs then give Replan 10 mg + D&B 0.5 mg IV Q8° x 3 days		If NO N or V out-bed feeding cont wait 1 hr & replan Replan 10 mg + D&B 0.5 mg IV Q8° x 3 days
		If N&V in 1 hr after 2nd dose of D&B wait 8 hrs, then give Replan 10 mg + D&B 0.75 mg IV Q8° x 3 days		If NO N or V in 1 hr after 2nd dose of D&B wait 8 hrs, then give Replan 10 mg + D&B 1 mg IV Q8° x 3 days
KUB 0900 CT 4/8				

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

V.K. NALLURI, MD
AS3285170-398

MEDICAL RECORD

DOCTOR'S ORDERS

3/31/96 10 MED

Dove Gayle

DOVE, GAYLE A [redacted] 60 Yrs.

VA FORM OCT 1975 10-1158

EXISTING STOCK OF VA FORM 10-1158, MAY 1973, AND VA FORM 10-1158c, NOV 1972, WILL BE USED.

Exception to Standard Form 5
Approved by OM

MEDICAL RECORD | **DOCTOR'S ORDERS**

NOTE: Physician's signature must accompany each entry including standing orders.
Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed UNLESS checked)	√	NURSE'S SIGNATURE
3/31/98 1440 Pol		Trazodone HCl 50 mgs q hs Ertropen controlled 0.625 mg po daily Risperidone #i PO BID Famotidine 20 mgs po BID Bisacodyl 5 mgs PR #i q daily Prozac 20 mgs po q AM V. K. NALLURI, MD AS3285170-396		
3/31/98 Pol		Risperidone strength is one mgm (1 mgm). Give #i HS. Verbal Readback 3/31/98 4:30pm		
2400		1 April 1998 — 0100 — M. Stu		

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. DATE

[redacted]

D 6094

DOVE, GAYLE A
[redacted]

MEDICAL RECORD
DOCTOR'S ORDERS

VA FORM DEC 1995 **10-1158**

EXISTING STOCK OF VA FORM 10-1158, OCT. 1 WILL BE USED.

Exception to Standard Form 5
Approved by OM

MEDICAL RECORD	DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders.
Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed UNLESS checked)	√	NURSE'S SIGNATURE
4/1/98 1025 Adol $cTb 1105 CTP		Renew IVF D5 1/2 NS @ 125 cc/hr Psychology Dr. Jones consult Tylenol #1 PO Q 4-6° PRN headache V. Nallury		VR VR VR Robert Roman RN 4/1/98 1345
4/2/98		24 √ @ 0145		
4/2/98 1142 Adol $cTb 0115		Renew IVF D5 1/2 NS @ 125 cc/hr DC'd sin IV CBC, Lytes in AM Pt discharge tomorrow V. Nallury V. K. NALLURI, MD AS3285170-396		VR VR VR VA#17058 VR Noted Robert Roman RN 4/2/98 1200
4/3/98		24° √ @ 0215		

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. DATE

[redacted]

D 6094

MEDICAL RECORD
DOCTOR'S ORDERS

VA FORM DEC 1995 10-1158

EXISTING STOCK OF VA FORM 10-1158, OCT.19 WILL BE USED.

Department of Veterans Affairs

CONTINUING MEDICATION/TREATMENT RECORD

MONTH(S): March-April YEAR: 14

ORDER/ RECORD DATE	STOP DATE	INITIALS	MEDICATION/TREATMENT DOSE/ROUTE/FREQUENCY	ADMIN. TIMES	DATES: 31 1 2 3 4 5 6 7 8 9 10 11 12 13
3/31	4/30	eg	Trazodone Hcl 50mg 4 tabs qhs	2100	RW RW DD
3/31	4/30	eg	Estrogen conjugated 0.625 mg po q daily	0900	→ 07 JPH qds
3/31	4/30	eg	Risperidone 1mg ii po qhs	2100	RW RW DD
3/31	4/30	eg	Famotidine 20mg po bid	900	→ 07 JPH qds
				2100	RW RW DD
3/31	4/30	eg	Bisacodyl 5mg EC ii q daily	900	→ (07) JPH qds
3/31	4/30	eg	Prozac 20mg po qam	900	→ 07 JPH qds

IMPRINT PATIENT DATA CARD

E, GAYLE A
[redacted] [redacted]
Dove

ALLERGIES [redacted]

IM OR SQ INJECTION SITES

Indicate right (R) or left (L)
1 = abdomen 4 = gluteal area
2 = arm 5 = thigh
3 = iliac crest

OMISSION LEGEND

N = NPO S = See Progress Notes
R = Refused P = On Pass
O = Off Ward H = Held per MD Order
M = Medication Not Available

VA FORM JUN 1995 10-2970C

0385

OMISSION LEGEND

N = NPO S = See Progress Notes O = Off Ward/Unit H = Held for MD Order
R = Refused M = Medication Not Available P = On Pass

DATE	TIME	MEDICATION/DOSE/ROUTE	OMISSION LEGEND SYMBOL	COMMENT (if necessary)	INITIALS

0386

GPO:1998-409-664

Department of Veterans Affairs

CONTINUING MEDICATION/TREATMENT RECORD

MONTH(S): March-April YEAR: 1[redacted]

ORDER/ RECORD DATE	STOP DATE	INITIALS	MEDICATION/TREATMENT DOSE/ROUTE/FREQUENCY	ADMIN. TIMES	DATES: 31	1	2	3	4	5	6	7	8	9	10	11	12	13
3/1	4/3	[redacted]	Reglan 10mg IM	0600	—		[redacted]	[redacted]										
			+ DHE 1mg IM	1400	—	[redacted]	[redacted]	[redacted]										
			q 8° x 3 days	2200	—	[redacted]	[redacted]											

IMPRINT PATIENT DATA CARD

LOVE, GAYLE A

[redacted]

IM OR SQ INJECTION SITES

Indicate right (R) or left (L)

1 = abdomen
2 = arm
3 = iliac crest
4 = gluteal area
5 = thigh

OMISSION LEGEND

N = NPO
R = Refused
O = Off Ward
M = Medication Not Available
S = See Progress Notes
P = On Pass
H = Held per MD Order

VA FORM JUN 1995 10-2970C

0387

OMISSION LEGEND

N = NPO S = See Progress Notes O = Off Ward/Unit H = Held for MD Order
R = Refused M = Medication Not Available P = On Pass

DATE	TIME	MEDICATION/DOSE/ROUTE	OMISSION LEGEND SYMBOL	COMMENT (if necessary)		INITIALS

0388

VA FORM 10-2570
JUN 1995

S.GPO:1998-409-564

Department of Veterans Affairs

MEDICATION & TREATMENT SIGNATURE RECORD

DATE	PRINT FULL NAME & TITLE	SIGN FULL NAME & TITLE	INITIALS
3/31/98	Elaine Santiago RN	Elaine Santiago	ES
3-31	Ramona Wolf LPN	Ramona Wolf LPN	RW
3/31	M Anita Fennell, RN	M. Anita Fennell	MAF
4/1	ANITA FENNELL	Anita Fennell	AF
4/1	Gail S. Haslup NP	Gail S. Haslup NP	GSH
4/1/98	Robert Ranson, RN	Robert Ranson, RN	RR
4/2/98	Jennifer Harrison RN	Jennifer Harrison RN	JH
4/2	Geraldine Bailey LPN	Geraldine Bailey LPN	GB
4/2	John Halliday JDSN	John Halliday JDSN	JPH
4-2-98	Johnnie E. Stephenson LPN	Johnnie E. Stephenson LPN	JES
4/2/98	Debbie Livingston LPN	Debbie Livingston LPN	DL
4/2	Danielle Benton	Danielle Benton RN	DB

IMPRINT PATIENT DATA CARD

[redacted]

0389

DATE	PRINT FULL NAME & TITLE	SIGN FULL NAME & TITLE		INITIALS

0390

VA FORM [illegible]-2970E

*U.S. Government Printing Office: 1998-514-118

IV FLOW SHEET

DATE/TIME/INITIALS	CURRENT SITE	CURRENT GAUGE	SITE COND	DISCONTINUED SITE DATE/TIME/INIT.	COND.	OLD SITES INIT.@24	OLD SITES INIT.@48	CHANGE DSG	CHANGE TUBING
3/3/98 ? ?	L-14		New					C	C
3/3/98 2100 MDF	L-14		↓						
4/1/980800	L-14		↓						
4/2/980830	L-14		↓	4/2/981230	↓	4/3 ↓	4/4		
4/2/98 1400	R-5	20	New						
4/2/98 2800	R-5		T ↓						
4/3/98 0800	R-5		↓	D/ced 4/3 ↓		4/4	4/5		

SITE ASSESSMENT CODE

1. Clear
2. Red
3. Swollen
4. Streaked
5. Soreness, Drainage
6. Purulent Drainage

CHART COMPLICATIONS & OBSERVATIONS ON REVERSE

IV SITE CODES:

ANTERIOR

1. Jugular
2. Subclavian
3. Hickman - Broviac
4. Wrist
5. Hand
6. Fingers
7. Thumb
8. Ankle
9. Foot

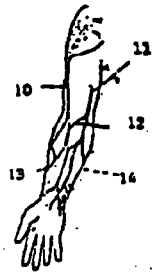
INDICATE AS NEEDED:
R= Right
L= Left
P= Proximal
D= Distal

POSTERIOR

10. Upper arm - Lateral
11. Upper arm - Medial
12. Antecubital fossa
13. Forearm - Lateral
14. Forearm - Medial
15. Other_____

ANTERIOR

POSTERIOR



00

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A

[redacted]

MEDICAL RECORD

NURSING DOCUMENTATION

[redacted]

VA FORM 10-0096(R)
SEP 1992

☆ U.S. GOVERNMENT PRINTING OFFICE: 1993 343-134/74322

DATE	TIME	INITIALS	SITE	SOLUTION & AMOUNT HUNG
4/1	1530	GG		D5 1/2 NS to 20kCl @ 75cc/hr
4/2/98	1220	JtS	L-5	D5 1/2 NS @ 75cc hr 1000cc

SIGNATURE/TITLE	INIT.	ALLERGIES

Department of Veterans Affairs

PRN MEDICATION/TREATMENT RECORD

MONTH(S): March-April YEAR: 98

ORDER/ REORD. DATE	STOP DATE	INIT.	MEDICATION/TREATMENT DOSE/ROUTE/FREQUENCY & PURPOSE	ADMINISTRATION AND RESULTS													
4/1	5/1	RR	1g amox ii PO Q 4h° PRN Headache	DATE	4/1	4/1	4/2	4/3	4/3 98								
				TIME	1100	1720	14	0720	1415								
				DOSE	ii	ii	ii	i	i								
				INIT.	RR	[illegible]	[illegible]	[illegible]	DB								
				*/**													
				DATE													
				TIME													
				DOSE													
				INIT.													
				*/**													
				DATE													
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				DATE													
				TIME													
				DOSE													
				INIT.													
				*/**													

IMPRINT PATIENT DATA CARD

[redacted]

OVE, GAYLE A

[redacted]

ALLERGIES [redacted] NKA

IM OR SQ INJECTION SITES

Indicate right (R) or left (L)

1 = abdomen
2 = arm
3 = iliac crest
4 = gluteal area
5 = thigh

RESULTS

E = Effective
I = Ineffective (Record Observation)
A = Adverse Reaction (Record Observation)
** INITIALS VERIFYING RESPONSE

0393

[redacted]

☆U.S.GOVERNMENT PRINTING OFFICE 1995-400-719

ORDER/ REORD. DATE	STOP DATE	INIT.	MEDICATION/TREATMENT DOSE/ROUTE/FREQUENCY & PURPOSE	ADMINISTRATION AND RESULTS													
				DATE													
				TIME													
				DOSE													
				INIT.													
				*/**													
				DATE													
				TIME													
				DOSE													
				INIT.													
				*/**													
				DATE													
				TIME													
				DOSE													
				INIT.													
				*/**													
				DATE													
				TIME													
				DOSE													
				INIT.													
				*/**													
				DATE													
				TIME													
				DOSE													
				INIT.													
				*/**													

RECORD OF INEFFECTIVE ACTION AND/OR ADVERSE REACTION			
DATE	TIME	MEDICATION/TREATMENT AND DOSAGE	OBSERVATIONS

RECORD OF INEFFECTIVE ACTION AND/OR ADVERSE REACTION			
DATE	TIME	MEDICATION/TREATMENT AND DOSAGE	OBSERVATIONS

0394

Department of Veterans Affairs

STAT AND ONE TIME MEDICATION TREATMENT RECORD

MONTH(S): March-April YEAR: 98

MEDICATION/TREATMENT DOSE/ROUTE/INSTRUCTIONS	ADMINISTRATION	RESULTS
ORDER DATE 3/31 INIT. — IV D5 1/2 NS c 20 meq KCL at 75cc/hr REASON:	DATE 3/31/98 TIME 10A INITIALS CS	INITIALS
ORDER DATE 3/31 INIT. — Reglan 10mg IV Wait 15 mins then REASON:	DATE 3/31/98 TIME 10:15A INITIALS CS	INITIALS
ORDER DATE 3/31 INIT. — give DHE 0.5 mg IV over ~~15~~ mins REASON:	DATE 3/31/98 TIME 10:30A INITIALS CS	INITIALS
ORDER DATE 3/31 INIT. — ~~If pt has N+V 1hr after DHE, wait 8hrs, then give Reglan 10mg + DHE 0.3 mg IV q 8°~~ REASON: ~~x 3 days~~	DATE TIME INITIALS	INITIALS

MEDICATION/TREATMENT DOSE/ROUTE/INSTRUCTIONS	ADMINISTRATION	RESULTS
ORDER DATE 3/31 INIT. — ~~If NO N or V & Headache give following wait 8hrs & give Reglan 10mg + DHE 0.5mg IV q 8° x 3 days~~ REASON:	DATE equal TIME INITIALS	INITIALS
ORDER DATE 3/31 INIT. — ~~If NO N or V or H/A continue wait 1hr + repeat Reglan 10mg + DHE 0.5 mg~~ REASON:	DATE 3/31/98 TIME 1P INITIALS	INITIALS
ORDER DATE 3/31 INIT. — ~~If N+V in 1 hr after 2nd dose of DHE Wait 8hrs, then give Reglan 10mg + DHE 0.75mg~~ IV q 8° x 3 days REASON:	DATE TIME INITIALS	INITIALS
ORDER DATE 3/31 INIT. — ~~If NO N or V in 1° after 2nd dose of DHE wait 8hrs. then give Reglan 10mg + DHE 1mg IV q 8°~~ REASON: ~~x 3 days~~	DATE TIME INITIALS	INITIALS

IMPRINT PATIENT DATA CARD — 00

OVE, GAYLE A [redacted]

ALLERGIES — NKA

IM OR SQ INJECTION SITES

Indicate right (R) or left (L)

1 = abdomen
2 = arm
3 = iliac crest
4 = gluteal area
5 = thigh

~~last~~ dose RESULTS pm

E = Effective
I = Ineffective (Record Observation)
A = Adverse Reaction (Record Observation)
NO = Not Observable

VA FORM JUN 1995 10-2970D

0395

MEDICATION/TREATMENT DOSE/ROUTE/INSTRUCTIONS		ADMINISTRATION	RESULTS	MEDICATION/TREATMENT DOSE/ROUTE/INSTRUCTIONS		ADMINISTRATION	RESULTS
ORDER DATE 4/1	Renew IVF	DATE		ORDER DATE		DATE	
		TIME				TIME	
INIT.		INITIALS	INITIALS	INIT.		INITIALS	INITIALS
REASON:				REASON:			
ORDER DATE		DATE		ORDER DATE		DATE	
		TIME				TIME	
INIT.		INITIALS	INITIALS	INIT.		INITIALS	INITIALS
REASON:				REASON:			
ORDER DATE		DATE		ORDER DATE		DATE	
		TIME				TIME	
INIT.		INITIALS	INITIALS	INIT.		INITIALS	INITIALS
REASON:				REASON:			
ORDER DATE		DATE		ORDER DATE		DATE	
		TIME				TIME	
INIT.		INITIALS	INITIALS	INIT.		INITIALS	INITIALS
REASON:				REASON:			

RECORD OF INEFFECTIVE ACTION AND/OR ADVERSE REACTION				RECORD OF INEFFECTIVE ACTION AND/OR ADVERSE REACTION			
DATE	TIME	MEDICATION/TREATMENT AND DOSAGE	OBSERVATIONS	DATE	TIME	MEDICATION/TREATMENT AND DOSAGE	OBSERVATIONS

0396

VA FORM 10-2970D

DOVE, GAYLE A | ID: 515646094 | 31-MAR-1998 13:29 | BILOXI VAMC-MIP | ROUTINE RECORD

40 yr
Female Caucasian
66in 140lb
Room:15W
Loc:5

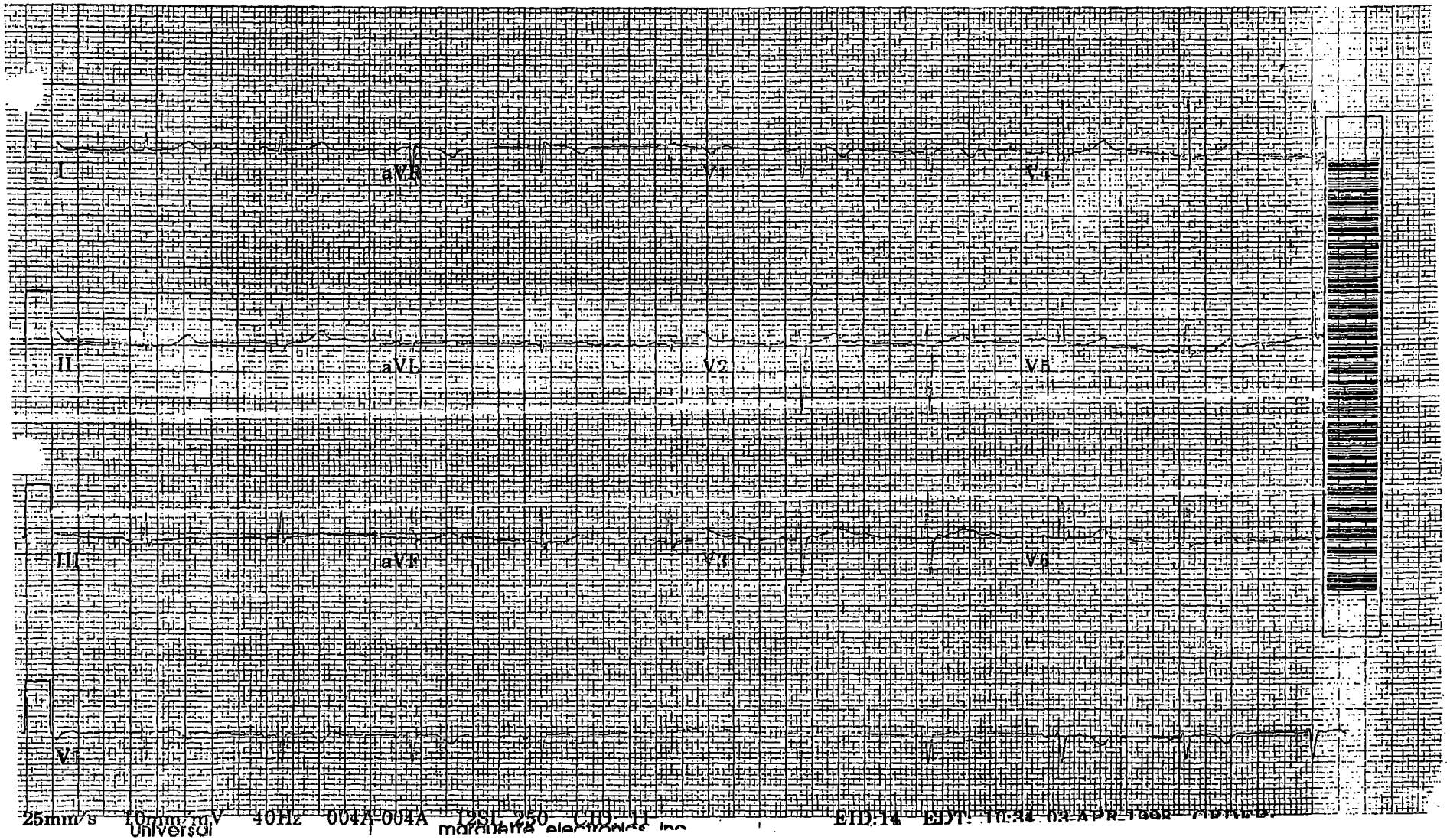
Vent. rate	59	BPM
PR interval	124	ms
QRS duration	92	ms
QT/QTc	430/425	ms
P-R-T axes	-4 60	39

SINUS BRADYCARDIA
OTHERWISE NORMAL ECG
WHEN COMPARED WITH ECG OF 17-OCT-1996 09:48,
NO SIGNIFICANT CHANGE WAS FOUND

Technician: BONNIE BOYD

Referred by: DR NALLURI

Confirmed by: ASHOK KANADE M.D.



0397

AMBULATORY SURGERY

HISTORY & PHYSICAL EXAM

Diagnosis: Recurrent nausea / dyspepsia

Procedure Scheduled:

EGD

Date of Procedure: 10/25/96

Chief Complaint/History of present illness:

recurrent nausea. abd pain / on + off

⊖ Colonoscopy ⊖ U/S abdomen ⊖ small bowel series

H/ pelvic surgery / Adhesions ⊕ NSAIDS.

Past History/Prior Surgeries:

S/p Hysterectomy / Appendectomy

Depression.

Migraine Headaches

⊖ allergies

TYPE OF REPORT (Check one) Dove Gayle 6094

- ☒ HISTORY & PHYSICAL EXAM SF 504, 505, 506 or VAF 10-7978A, B, D AND E)
- ☐ DISCHARGE SUMMARY (VAF 10-1000 & A)
- ☐ PROGRESS NOTE (SF 509)
- ☐ AUTOPSY PROTOCOL (SF 503)
- ☒ CONSULTATION SHEET (SF 513)
- ☐ OTHER (Specify)
- ☐ OPERATION REPORT (SF 516)

DOVE,GAYLE A 25 09 [illegible]
[illegible] MS 39532
[illegible] DF 081557 520

SIGNATURE OF PHYSICIAN/DENTIST

PATIENT'S NAME

SOCIAL SECURITY NUMBER | DATE OF BIRTH

VAMC

WARD/SERVICE | DATE DICTATED | DATE TYPED

C-SSN 1 080 8
VA FORM 10-9034B 520-OP-145-112 JULY 1994
SEP 1993 *U.S. Government Printing Office: 1993 — 343-134/85138

MEDICAL RECORD REPORT

Risk Factors/Co-Morbidity: Depression
Migraine Headaches

Physical Exam (only pertinent positive or negative findings:
B.P. _____, P. _____, Wt. _____

Alert. oriented x3 ⊖JVD ⊖rales
⊖acute distress
Ventilating well on RA
bilateral scar post-surgery ⊖L/S ⊖Murmurs

Adverse Drug Reactions/Allergies:

None

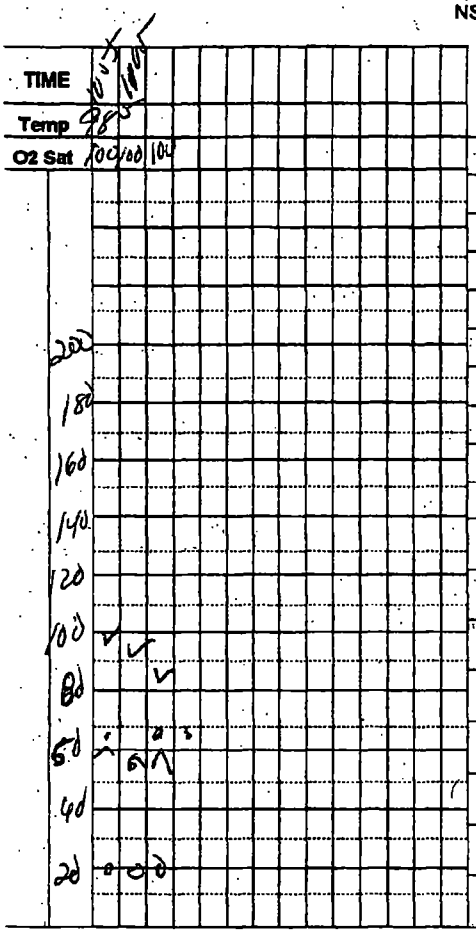
Current Medications/Dose (attached computer printout):

See print out

Surgeon's Signature

OBSERVATION AND DISCHARGE NOTES

Arrival Time: 1055 | Marital Status: Wdf | Drain: No ✓ Yes ___
Procedure: EGD c BX | Alert: ✓ | Drowsy: ___ | Pain: No ✓ Yes ___
IV Solution: RL | Dressing: ___ | Nausea: No ✓ Yes ___
LTC: R650 | Dry: ___ NA: ✓ | CM: No ✓ Yes ___
Site: R dorsal | Drainage: ___ | Oximetry: No ___ Yes ✓
NSR: ___ | Other: ___



NURSES NOTES

SR's Increased ___ Family Present ___ Up in Chair ___ Amb to BR ___

From RR alert and oriented x3
Breath sound clear all fields
Active bowel sounds. Grip equal & strong. Good foot flex + good movement & pulses all ext.
Laurel Benzel

MEDICATION RECORD

Time	Medication	Dose	Route	Site	Given by:

Intake	Output
IV: 700	Urine: Voided
PO: Coke	Emesis: 0

DISCHARGE SUMMARY AND INSTRUCTIONS

Return Time: 1055
VS: 98 - 55 - 20 1130
Discharge Time: 1130
Alert-Oriented: Yes ✓ No ___
Tolerated Fluids: Yes ✓ No ___
Pain: Yes ___ No ✓

Nausea: Yes ___ No ✓
IV DC'd @ 1102 20 # Intact: ✓
fids. abs. 700
Dressing: Dry: ___ NA: ✓
Drainage: ___
Drain: NA: ✓ DC'd: ___
Intact on discharge: ___
Voided: Yes ✓ No ___ Urge ___ Discomfort ___
Valuables returned: Yes ___ None ___

Verbalized-demonstrated understanding of discharge instructions: Yes ✓ No ___
Copy of instructions given: Yes ✓ No ___
RX given: Yes ✓ No ___
Mode of discharge: WC ✓
Discharged with: Father
By: Car: ✓ Other: ___
Nurse: Laurel Benzel RN

POST-OPERATIVE

Follow-Up: 1/30/97 @ 1030 Yes: ✓ No Phone: ___ No Answer: ___
DATE/TIME: 10/28/96 @ 0815 Problems Noted: Nausea still & Sore throat
Recommendations: ___
Signature: Laurel Benzel RN

Ops EUD

AMBULATORY SURGERY OBSERVATION UNIT
NURSING HISTORY AND ASSESSMENT

Chief Complaint/Reason for Surgery: Nausea, dyspepsia H:T: 5'6 1/2 WT: 119 AGE: 39

Allergies: NKDA

Anesthesia Reactions: 0 BP: 107/68 P: 73 R: 18 T: 99° 9:25

Past Surgeries: C-Scope 9-96, Hyst, Append, 95-adhesions, knee arthroscopic removal

Present Medications: Tylenol, Ativan, Depo Provera, Imitrex, Cyproheptadine, Prilosec, Darvocet

Communication or Sensory Problems: migraines

PHYSICAL DISABILITIES:

Arthritis	Yes ___	No ✓
Neuromuscular Coordination Problems	Yes ___	No ✓
Limb Loss	Yes ___	No ✓
Seizures	Yes ___	No ✓

Emotional Status: Calm ___ Relaxed ___ Apprehensive ✓ Depression, PTSD

ELIMINATION: LMP - 0

Incontinence	Yes ___	No ✓
Indwelling Foley	Yes ___	No ✓
Ileostomy	Yes ___	No ✓
Colostomy	Yes ___	No ✓

Other: ___

LEVEL OF CONSCIENCE:

Alert	Yes ✓	No ___
Oriented	Yes ✓	No ___
Confused	Yes ___	No ✓

Other: ___

SKIN INTERGRITY:

Rashes	Yes ___	No ✓
Bruises	Yes ___	No ✓
Infections	Yes ___	No ✓
Cuts	Yes ___	No ✓
Edema	Yes ___	No ✓
General Problems	Yes ___	No ✓

Other: ___

NUTRITION:

N & V most of time	Yes ✓	No ___
Feeding Tube	Yes ___	No ✓
Diabetic	Yes ___	No ✓
Hx of Ulcers	Yes ___	No ✓
ETOH Use	Yes ___	No ✓

0 hepatitis
0 TB/asthma

PULMONARY:

Smoker 1 ppd x 20yrs.	Yes ✓	No ___
Recent URI sinus	Yes ✓	No ___
COPD	Yes ___	No ✓
Tracheostomy	Yes ___	No ✓
O2 Adm.	Yes ___	No ✓

Other: Clear

CIRCULATION:

CHF	Yes ___	No ✓
Angina	Yes ___	No ✓
M.I.	Yes ___	No ✓
Arrhythmias	Yes ___	No ✓
Hx Vascular Dz	Yes ___	No ✓
HTN	Yes ___	No ✓
Pacemaker	Yes ___	No ✓

0 CVA

TEETH: Crowns molars 1

Caps	Yes ___	No ✓
Bridges	Yes ___	No ✓
Dentures	Yes ___	No ✓
Partial	Yes ___	No ✓
Broken	Yes ___	No ✓
Loose	Yes ___	No ✓

MISCELLANEOUS:

Prosthesis	Yes ___	No ✓
Contact Lens	Yes ✓	No ___
Hearing Aid	Yes ___	No ✓
Artificial Eye	Yes ___	No ✓
Eye Glasses	Yes ✓	No ___

Other: Veterine 2° nausea o/n Had

PRE-OP TEACHING

Signed Pre-op Instructions: Yes
Peri-operative care: Yes
Approximate time in OP/OR/RR: Yes
Instructed on prep/video: Verbal
Prep Kit given: 0

Waiting area: Family or S.O. Dad
Phamplets: Written
Must have designated driver: Dad
Questions answered: Yes
Home Phone Number: 396-1919

DISCHARGE PLANNING

Do you care for yourself at home? Yes ✓ No ___
Who will help you? Dad
Does anyone depend on your care at home? Yes ___ No ✓
VA Consult ___ Physical Therapy ___ NCF ___
Home Health ___ Transportation DSO
Social Services Indicated: Yes ___ No ✓
Education Needs: D/C Instructions, meds

PATIENT SIGNATURE: Gayle A Dove NURSE SIGNATURE: Dawn Lee RN DATE/TIME: 10/25/96 0955

NURSING ASSESSMENT

Designated Driver: Father

Time admitted to ASO: 0900 NPO Since: AM meds Mode of arrival: Ambulatory: ✓ W/C: ___ Stretcher: ___ Other: ___

Physician: Ayalew Disposition of valuables: gone

Skin: Intact, dry, warm Circulation: warm, extr. Nutrition/Hydration: well hydrated / well nourished

Sensory: (+) Intact Skeletal: WNL Elimination: Last BM AM 10/25/96

Ventilation: No resp distress Neuro: Intact / awake / alert Psychosocial: appropriate affect, response

NOTES: # 18g rt CO (R) lower Arm. No S/S of infiltration. LR flowing x 1 liter. BO

SIGNATURE AND TITLE OF PRACTITIONER: Sonita L. Parker, RN DATE: 10/25/96

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

[redacted]

09 [illegible]

BI_DXI

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted]

Department of Veterans Affairs

PRE OP ANESTHESIA INFORMED CONSENT

SURGICAL SERVICE

DATE\TIME: 10/17/96 9 55 PATIENT COMPETENT: YES ✓ NO ____

BRIEF SUMMARY: 39 y/o essentially healthy woman c PTSD ngoing
2 N/V
Allergies: 0 ASA 2

PATIENT CONDITION: Awake Alert
(i.e. awake, alert, sedated, anxious, confused, lethargic, unconscious, intubated, other)

PROPOSED PROCEDURE\TREATMENT PLAN:
EGD c MAC

POSSIBLE RISKS\COMPLICATIONS:
all reviewed

ALTERNATIVE TREATMENT IDENTIFIED TO PATIENT\GUARDIAN:
0

~~Patient~~ and\or guardian\next of kin has been given opportunity to ask questions:
Yes____ No____

~~Patient~~ and\or guardian\next of kin comprehends what has been proposed and why:
Yes____ No____

~~Patient~~ and\or guardian\~~next of~~ kin has agreed and freely consented to the proposed procedure\treatment plan without duress or coercion: Yes____ No____

ATTENDING ANESTHESIOLOGIST CONCURS with proposed\treatment plan: Yes____ No____

ATTENDING ANESTHESIOLOGIST NOTE:

CRNA\ANESTHESIA RESIDENT

DMcClean 10/17/96
ATTENDING ANESTHESIOLOGIST 1008

SIGNATURE AND TITLE OF PRACTITIONER	DATE

IMPRINT PATIENT DATA CARD

[redacted]

C-SSN 1 [redacted]

89 23 94

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE
[redacted]

[redacted] FORM MAY 1990 10-0114j

EXISTING STOCK OF VA FORM 10-0114j, SEPT 1988, WILL BE USED.

*U.S. Government Printing Office: 1991 — 282-804/46333

Anesthetic procedures may be associated with, but not limited to:

infection
hemorrhage (excessive bleeding)
drug reactions
blood clots
loss of sensation
loss of limb function
paralysis
organ damage
heart attack
stroke
loss of life
blood reactions (including rash, itching, nausea, vomiting & shock)

Other risks/complications associated with <u>General Anesthesia</u>

sore throat
hoarseness
shortness of breath
difficulty in breathing
injury to teeth
injury to eyes
injury to airway
injury to arteries or veins
awareness under anesthesia
pain or discomfort continuing after discharge from the hospital

Other risks/complications associated with <u>regional, spinal or epidural anesthesia</u>

pain or discomfort
injury to arteries or veins
residual pain
residual sensation
residual dysfunction
low blood pressure
headache
high blood pressure
seizure
failure of regional, spinal or epidural anesthesia & subsequent need for general anesthesia

Gayle A. Dove

MEDICAL RECORD	PROGRESS NOTES
DATE	GI service
10/11/96.	followup
2pm	
ambulatory	1mo nausea / abd pain - on-off
	Non-ulcer dyspepsia
referred by	⊖ Colonoscopy ⊖ Ultrasound
9/18/96	⊖ small bowel series
LFTs: WNL	still with nausea, a little vomiting
Amylase: WNL	on/off occ abd pain
	now dizzy. on/off
HCV ⊖	
HBsAg ⊖	Plan to perform EGD.
10/96	↳ ASOV on 10/25/96.
Ultrasound:	
WNL	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle)

[redacted]

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	

☆U.S. GPO:1995-397-405

MEDICAL RECORD	PROGRESS NOTES
DATE 10-24-78 0845	Pre-op Call spoke to pt Concerning NPO p MN except regular Am med. Shes prep. arrival time 0900 to designated Driver – No questions. Voiced understanding of instructions Betty Hudson

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name--last, first, middle; grade; rank; rate; hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted]

PROGRESS NOTES

DATE

☆U.S. GPO:1995-397-405

MEDICAL RECORD | NURSE INTRAOPERATIVE REPORT PAGE 1

Operating Room: OR E1 Surgical Priority: ELECTIVE

Patient in Hold: OCT 25, 1996 08:35 Patient in OR: OCT 25, 1996 08:36

Operation Begin: OCT 25, 1996 09:45 Operation End: OCT 25, 1996 09:56

Patient Out OR: OCT 25, 1996 10:00

Surgeon: AVALOS,MARTIN First Assistant: N/A

Attending Surg: AVALOS,MARTIN Second Assistant: N/A

Anesthetist: LINCOLN,JANIE B Assistant Anesth: N/A

Other Scrubbed Assistants: N/A

OR Support Personnel:

Scrubbed Circulating

LEE,BRENDA B (FULLY TRAINED) BELLAIS,DAWN (FULLY TRAINED)

Other Persons in OR: N/A

Preop Mood: RELAXED Preop Consc: ALERT-ORIENTED

Preop Skin Integ: N/A Preop Converse: N/A

Valid Consent/ID Band Confirmed By: BELLAIS,DAWN

Skin Prep By: N/A Skin Prep Agent: N/A

Skin Prep By (2): N/A 2nd Skin Prep Agent: N/A

Preop Shave By: N/A

Surgery Position(s): SUPINE Placed: N/A

Restraints and Position Aids:

SAFETY STRAP Applied By: N/A

Electrocautery Unit: N/A

Electroground Position(s): N/A

Major Operations Performed:

Primary: ESOPAHGOGASTRODUODENSOCPY WITH BXS CPT Code: NOT ENTERED

Material Sent to Laboratory for Analysis:

Specimens:

#1 GASTRIC BXS

Cultures: N/A

Anesthesia Technique(s): N/A

Tubes and Drains: N/A

Tourniquet: N/A

Thermal Unit: N/A

Prosthesis Installed: N/A

Medications: N/A

Irrigation Solution(s): N/A

Blood Replacement Fluids: N/A

Sponge Count: N/A

Sharps Count: N/A

Instrument Count: N/A

Counter: N/A

Counts Verified By: N/A

NURSE'S SIG: OCT 25, 1996@10:02

DOVE,GAYLE A 515-64-6094

WARD: ROOM-BED:

VAMC: Biloxi, MS (CONS) SF 509 PROGRESS NOTES

Dressing: N/A
Packing: N/A
Blood Loss: 0 cc's Urine Output: 0 cc's
Postoperative Mood: RELAXED
Postoperative Consciousness: SEDATED
Postoperative Skin Integrity: N/A
Postoperative Skin Color: N/A
Type of Laser: N/A
Sequential Compression Device: NO

Wound Classification: CONTAMINATED
Operation Disposition: PACU (RECOVERY ROOM)
Discharged Via: STRETCHER W/SAFETY STRAP,S/R UP
Nursing Care Comments:
ADMITTED TO ENDO AWAKE ALERT COOPERATIVE
PT VERBALIZES UDNERSTANDING OF PROCEDURE AND OF POST OPERATIVE INSTRUCTIONS
PT TOPICALLY ANETHEZED WITH HURRACINE SPRAPY X2 BY DR.AVALOS
PT TOLERATED PROECDURE WELL DISCAHRGED TO PACU IN STABLE COND PER DR. AVALOS MD

NURSE'S SIG: OCT 25, 1996@10:02
DOVE,GAYLE A 515-64-6094
WARD: ROOM-BED:
VAMC: Biloxi, MS (CONS) SF 509 PROGRESS NOTES

AMBULATORY SURGERY - POST OP ENDOSCOPIC INSTRUCTIONS

Department of Veterans Affairs

MEDICAL RECORD - DISCHARGE INSTRUCTIONS

DATE OF ADMISSION	DATE OF DISCHARGE	TYPE OF DISCHARGE
10/25/96	10/25/96	

1. DIAGNOSES AND DATE TO BE FOLLOWED ON OUTPATIENT SERVICES

DX: gastric ulcer / esophagitis hx EGD

SURGEON: evaluated 11/30 @ 1030 ATTENDING STAFF: VA Phone 1-800-296-8872 Ext:

F/U Appt: Date/Time: GI clinic Clinic: 3 months VA Phone #(601)388-5541 Ext:

If you are unable to keep your appointment, please call and reschedule.

2. SUGGESTED PLAN FOR FOLLOWUP

If you are coughing up or vomiting excessive blood, having chest or abdominal pain, difficulty breathing, fainting, fever, or have any questions about symptoms you are experiencing after 1630 call 388-5541, ask the operator to page the surgical resident.

Tell him or her your symptoms or you may come directly to the emergency room.

3. DISCHARGE MEDICATIONS AND INSTRUCTIONS

MEDS: Resume routine medicine.

Instructions: Omeprazole 20 mg / day x 8 weeks

4. DISCHARGE DIETARY INSTRUCTIONS *(Check one)*

☐ NO RESTRICTIONS ☐ RESTRICTIONS *(Specify and include drug and food interactions)*

Start diet gradually with liquids, then resume previous diet. Call Dr. if nausea and/or vomiting more than 12 hours.

anti-reflux regimen.

5. PHYSICAL ACTIVITY LIMITATIONS *(Check one)*

☐ NO RESTRICTIONS ☐ RESTRICTIONS *(Specify)*

call w 10-15 days for Bx reports

No driving or operating anything that requires coordination.
It is necessary to have a responsible adult with you for 24 hours.
Specific:

booklet of ulcer/reflux given

6. OTHER *(Include employment status)* for pain use Tylenol

Avoid intake of Aspirin or NSAIDs like Motrin/Advil/ Naprosyn/Aleve/Ondis/etc.

[redacted] 09 25 96 [redacted] Valo [redacted] DATE 10/25/96

[redacted] 520

C-SSN 1 080 8

SIGNATURE OF PATIENT x Gayle A Dove DATE 10/25/96

VA FORM JAN 1990 **10-7978M** EXISTING STOCKS OF VA FORM 10-7978M, NOV 1987, WILL BE USED. 520-OP-141-112 JULY 1994 MEDICAL RECORD

Department of Veterans Affairs | **MEDICAL RECORD - NURSING DOCUMENTATION**

SURGICAL CHECKLIST

(Check if accomplished)

____ Patient has ID armband on

N Consent completed

Q Op Report (SF 515) on chart

N Tissue Examination (SF 515) on chart

____ Most current COMBINED MEDICAL RECORD available

Q Type and [screen/cross] accomplished (if ordered)

Q Units of blood available Q (number)

Allergies/Drug Sensitivities (according to Doctor's order):

NKDA

Q Patient has red armband on

Pre-op lab/cxr/ekg (must be accomplished within 30 days of surgery)

10/17 CXR - - - - - - - - - - [Results on chart/not available/in computer]

10/17 EKG - - - - - - - - - - [Results on chart/not available/in computer]

____ URINALYSIS Mult - - - - [Results on chart/not available/in computer]

8/96 CBS - - - - - - - - - - [Results on chart/not available/in computer]

8/96 LYTES - - - - - - - - - [Results on chart/not available/in computer]

OTHER: PT/PTT 8/96 [Results on chart/not available/in computer]

Lipase/Amylase 10/17 [Results on chart/not available/in computer]

_____ [Results on chart/not available/in computer]

(over)

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

[redacted]

09 [illegible]

MEDICAL RECORD

[redacted]

VA FORM FEB 1980 **10-0096** EXISTING STOCKS OF VA FORM 10-0096, SEP 1985, WILL BE USED.

*U.S. Government Printing Office: 1991 — 282-804/46005

ON CALL TO OR:

Physical disabilities: Migraines

RN Pre-op and post-op teaching accomplished

RN Most current COMBINED MEDICAL RECORD with patient

___ Patient data card on chart

RN ~~Medication sheets on chart~~

RN Betadine AM/PM showers accomplished

RN NPO after midnight

RN Voided (within one hour pre-op)

Took AM medication Atarax (2 Amt.)

REMOVE THE FOLLOWING:

qRN ___ Dentures

___ Jewelry

___ Wig/Hairpiece

___ Glasses/Contacts

___ Prosthesis

___ Hearing Aid

___ Make-up

___ Nail polish

___ Hairpins

RN Temp 98°

Pulse 77

Weight 119

Respirations 20 Sat 2 100

BP 94/67

Pre-op medication on chart _____

Pre-op medication to be given (on call) _____

Pre-op medication given by: _____
(signature)

_____
(date/time)

Patient identified to OR by: Laurel Bergum
(signature)

10/25/90 0930
(date/time)

Standard Form 517

ENDO

CLINICAL RECORD — ANESTHESIA

NICDA

0930 45 1000 15 30 45 HOUR 1100

IV
ANESTHETIC(S)
VERSED/NAPSINE 3mg
AMID/N.PEN/PROF
D.T.C./ANECTINE
NORC/TRAC/PAV
ALF/FENT/SUF
ETH/FOR
AIR/N2O
OXYGEN V.C. 3→X
ET CO_2 ABSORP.

LEVEL OF ANAL-ANES.
EKG
FIO_2 21
SaO_2 97 98 99
TEMP SK/ESO

CODE
● PULSE
○ RESP.
V/A B. P.
X ANES.
◎ OPER.
T TOURN.

CVP
PAP
PCWP
I&O/CO
220 200 180 160 140 120 100 80 60 40 20
TV
R
PIP

10/51
(78)

FLUIDS
D 5% 996
N SALINE
G
DX EXPAND

NUMBERS FOR REMARKS (1) (2) (3) (4)

IV FLUIDS
CR 1000
18 Ga. CORTIS Ga. RA

POSITION
EBL
Foley

AGENTS AND TECHNIQS
MONITORS Verbal
EKG ET CO_2 A/Line PCWP Skin
NIBP FT O_2 S/G Temp ESOP
SaO_2 STETH PREC ESOP CVP C.O./C.I.
Warm (I.V.) Foley

IV Sedation
Versed 3mg
Propofol 20mg

KIT
Lot No.
Exp. Dt.

INDUCTION
SATIS ✓
UNSATIS AND WHY

REMARKS
XS 0935 E 1005
OS 0945 0956
(1) ID, ALL EQUIP. ✓ & O.K. MONITORS APPLIED Chartsreviewed
(2) NO GADO / Venipuncture patent.
(3) Cetacaine spray by Allen
(4) NO PACU

ENDOTRACHEAL: SIZE ..... BLADE ..... ORO ..... NASO ..... CUFF ..... PACK .....
REMARKS: Direct Vision, Atraumatic, Stylet___Y/N___, BBS, Lido___Y/N___OU Taped___Y/N___ Taped at _____Cm.

RECOVERY
REFLEX IN O.R. .....
EMESIS .....
ASPIR. .....
EXCITEMENT N/A
HYPOTENSION .....
OTHERS .....

OPERATION PERFORMED
EGD c Bx
Diffuse gastritis c multiple ulcerated in antrum

TOTAL FLUIDS
LR 300cc
NS
PPF
SC( )
PRBC( )
FFP( )

NAME(S) OF SURGEON(S)
Alvalos

Janie B. Lincoln CRNA
Signature of Anesthetist.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital/medical facility)
[redacted]
TOTAL 2000cc

REGISTER NO. D6994 WARD NO. ASU DATE 25 OCT 96

ANESTHESIA

GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505 517 111 01
OCTOBER 1975

C-SSN [redacted]

10/25 MAC

PREANESTHETIC SUMMARY

Hx Bld Trans. ___Y/N___

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
EGD	39	119 Ht. 5 ft. 7 in.	Airway Cormack Mallam Class 2 MS 97
	PHYSICAL STATUS ASA 1 (2) 3 4 5 6 7		

URINALYSIS
NORMAL
ABNORMAL AND WHY?
WBC ____ HPF
RBC ____ HPF
Bact ____
Prot ____
N/A

HEMATOLOGY
HGB 15.0 RBC ____ HCT 44.9
OTHER WBC 7.7 PLT. 245
PT 11.1
PTT 21.3

BLOOD CHEMISTRY
Hypoxia: 0
Glu ____
Cr ____
Bun ____
Bsd ____
Kal ____
Cl ____
CO_2 ____
146 / 107 / 7 .7
5.0 / 26 / 89
8/96

RESPIRATORY SYSTEM 97%	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) Lungs	BP 127/68 PULSE 70 ECG (IF PERTINENT) NSR	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) CVA 0	(ALLERGIES) NKDA Y/N
PFT: FVC ____ FEV ____	CAD HTN MI Ang. CHF ASPVD 0	Seizures	Hepatitis DM 0
ABG ____/____/____/____	Muga/ECHO ____ EF ____ %	Oriented x 3 Y Y/N ____	renal: 0 Thyroid: 0
TB/Asthma 0	P.Thal ____	good recall	
Tob. PPD 1 x 20 Yrs.			ETOH: (-)
CXR (-)			

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
Colonoscopy 9/96 Hysterectomy 1987 + appendix Skin Lesion 1995 Electric cord 1995 Anesth ok	Trazadone Imitrex LMP Atarax (PRN) Cyproheptadine Synthroid Propranolol Prilosec

PREOPERATIVE DIAGNOSIS	PREMEDICATION
Nausea/dyspepsia PTSD Migraine	Atarax Prilosec

SIGNATURE OF EVALUATING PHYSICIAN: DMcClain — DATE: 10/17/96

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

25 OCT 96 @ 1005 hrs. PACU/SICU.

AWAKE ✓, TALKING ✓, RESPONDING ✓, INTUBATED 0.

VS. BP 112/63, HR 68, R 16, SaO_2 98%, Temp 98.5°F

O_2 NASAL 2LPM T-PIECE ____ REPORT GIVEN ____ MASK ____ VENT ____

Janie B. Lincoln CRNA

10/25/96 @ 1135 hrs. Anesthesia Post OP Note.

97-37

7.M

BC

MD

*U.S. GPO: 1993-815-799/81310

COVE, GAYLE A 25
4857 POPPS FERRY RD. LO 041
BILOXI MS 39532

[redacted] DF 081557 52

MEDICAL RECORD | ANESTHESIA REPORT

Preop Status: 2-MILD DISTURB. Operating Room: OR E1
Principal Operation: ESOPAHGOGASTRODUODENSOCPY WITH BXS
Anesthesia Technique(s):
MONITORED ANESTHESIA CARE(PRINCIPAL)
Agents: MIDAZOLAM 3 mg
PROPOFOL 20 mg

Intubated: NO
Anesthesia Start: OCT 25, 1996 08:36 Anesthesia Stop: OCT 25, 1996 10:10
Anesthetist: LINCOLN,JANIE B Relief Anesth:
Anesthesiologist: BARCLAY,VIVEK Attending Code: 6. STAFF AVAILABLE IN OR SUITE
Assistant Anesth: Min Intraoperative Temp:
Blood Replacement Fluids:
RINGERS LACTATED SOLUTION Quantity: 300 cc's
Intraoperative Blood Loss: Urine Output:
Operation Disposition: PACU (RECOVERY ROOM)
PAC(U) Admit Score: PAC(U) Discharge Score:
Postop Anesthesia Note:

ANESTHETIST'S SIG: Janie B Lincoln MD OCT 25, 1996@10:30:25
DOVE,GAYLE A [redacted]
WARD:
VAMC: Biloxi, MS (CONS)

OST ANESTHETIC RECOVERY SCORE

Activity	
Moves 4 Extremities	= 2
Moves 2 Extremities	= 1
Moves 0 Extremities	= 0
Respirations	
Deep-breathes and Coughs	= 2
Dyspnea-Limited Breathing	= 1
Apneic	= 0
Circulation	
BP ± 20 - Preanesthesia	= 2
BP ± 20/50 - Preanesthesia	= 1
BP ± 50 - Preanesthesia	= 0
Consciousness	
Fully Awake	= 2
Arousable on Calling	= 1
Not Responding	= 0
Color	
Pink	= 2
Pale, dusky, blotchy	= 1
Cyanotic	= 0
Score Must = 8 or Above	

PACU TRANSFER NOTE

LEVEL OF CONSCIOUSNESS: ALERT ✓ ORIENTED ✓ CONFUSED ___ OTHER ___

SKIN CONDITION: WARM ✓ DRY ✓ OTHER ___

COLOR: PINK ✓ OTHER ___

IV SITE: CLEAR ✓ PATENT ✓ REDDENED ___ OTHER ___

DRESSING: DRY NA INTACT ___ OTHER ___

CATHETERS/DRAINS: PATENT NA OTHER ___

#1 ___

#2 ___

#3 ___

TRANSPORTED VIA: STRETCHER/SIDERAILS UP ✓ WHEELCHAIR ___ AMBULATORY ___

TRANSFERRED TO: WARD ___ ASOU ✓ SICU ADMIT ___ SICU RECOVERY ___ HOME ___

POST OP INSTRUCTIONS: DISCUSSED WITH PATIENT ✓ RE: IV, diet, activity

RE: ___

PATIENT VOICED UNDERSTANDING: YES ✓ OTHER ___

FAMILY NOTIFIED OF PATIENT TRANSFER: YES ___ NO FAMILY PRESENT ✓

REPORT GIVEN TO: Owen RN

TIME OF DISCHARGE: 1050

NURSE SIGNATURE: Carol DuBose RN

LR LIC 850 cc

OR 300 cc

PACU 50 cc

PACU FLOWSHEET

Standard Form 507

DATE: 10/25/96
TIME IN: 1000
SURGERY/PROCEDURE: EGD CBX

ALINE:

TIME: 1000 1005 1015 1030 1045

CODE
PULSE
RESP.
B. P.

220 200 180 160 140 120 100 80 60 40 20

SaO2 98 98 98 98
TEMP 98.5
CM NLR
OXY. 2L NC off

ANESTHESIA:
Versed 3 mg
Propofol 30 mg

FLUIDS IN OR:
LR 300

FLUIDS LEFT TO COUNT:
LR 700

P.A.R.S.

	1000	1030	1045
Color	2	2	
Activity	2	2	
Respiration	2	2	
Circulation	2	2	
Conciousness	1	2	
Total Score	9	10	

OR PACU

	OR	PACU
CHEST TUBES:	0	
NG TUBE:	0	
URINE:	0	20
T-TUBE	0	
OTHER	0	
EBL:		

DRESSING: YES (NO)
#1 DRY SOILED SITE:
#2 DRY SOILED SITE:

ITAL SIGNS:

R:	BP 129/57	P 90	R —	RASaO2 97%
ARD:	BP 94/67	P 77	R 20	RASaO2 100
	BP 107/68	P 73	R 18	RASaO2 97

KG: NSR HR 70

NURSE SIGNATURE:
1. Barbara Cooper RN
2. Carol DuBois R.N.

PATIENT'S IDENTIFICATION
Dove, Gayle
6694

HISTORY:
Nausea Vomiting
E Mult lacerations inside
Smoker
PTSD
T

MEDS:

FAMILY: Father
ALLERGY:
NKA

PACU ASSESSMENT
BREATH SOUNDS: clear bilaterally
ABD: Soft, rounded
BOWEL SOUNDS: active
PEDAL PULSES: palpable bilaterally
IV: #18 R hand patent
HOB: ↑

WARD NO.
RSCN

STANDARD FORM 507
General Services Administration and Interagency Committee on Medical Records
FIRMR (41 CFR) 201-45.505
October 1975 507-107

* U.S. GPO:1992-624-458/60127

Preoperative Diagnosis:
Primary: NAUSEA DYSPESIA ICD9 Code: NOT ENTERED
Surgeon: AVALOS,MARTIN Surgical Priority: ELECTIVE
Attend Surgeon: AVALOS,MARTIN Attend Code: 0. STAFF
1st Assistant: N/A 2nd Assistant: N/A

Other Scrubbed Assistants: NONE ENTERED
Anesthetist: LINCOLN,JANIE B Asst Anesthetist: N/A
Attending Anesthesiologist: BARCLAY,VIVEK
Anesthesia Supervisor Code: 6. STAFF AVAILABLE IN OR SUITE
Perfusionist: N/A Asst. Perfusionist: N/A
OR Support Personnel:
Scrubbed Circulating
LEE,BRENDA B (FULLY TRAINED) BELLAIS,DAWN (FULLY TRAINED)
Anesthesia Technique(s):
MONITORED ANESTHESIA CARE (PRINCIPAL)
Agent: MIDAZOLAM
PROPOFOL
Anesthesia Begin: OCT 25, 1996 08:36 Anesthesia End: OCT 25, 1996 10:10
Operation Begin: OCT 25, 1996 09:45 Operation End: OCT 25, 1996 09:56
Tubes and Drains:
N/A
Tourniquet: N/A
Material Sent to Laboratory for Analysis:
Specimens:
#1 GASTRIC BXS
Cultures: N/A
Postoperative Diagnosis:
Primary: DIFFUSE GASTRITIS MULTIPLE ANTRAL ULCERS ICD9 Code: NOT ENTERED
Major Operations Performed:
Primary: ESOPAHGOGASTRODUODENSOCPY WITH BXS CPT Code: 43239

Concurrent Procedure(s): N/A
Date/Time of Dictation: NOT ENTERED
Date/Time Transcribed: OCT 25, 1996 15:50
Indications for Operation:
NAUSEA DYSPESIA
Surgeon's Dictation:
INDICATIONS:
Recurrent episodes of dyspepsia with nausea continuously in a patient taking H2 blockers with no relief and a history of nonsteroidal anti-inflammatory agent intake due to osteoarthritis.

MEDICATIONS:
Intravenous sedation with monitored anesthesia care.

SURGEON'S SIG: [signature] OCT 30, 1996 12:26
DOVE,GAYLE A AGE: 39 ID#: [redacted]
WARD: OPT ROOM-BED:
VAMC: Biloxi, MS (CONS) REPLACEMENT FORM 516

PROCEDURE IN DETAIL:
Using the video gastroscope, the esophagus, stomach, and duodenum were visualized. The endoscopic findings were as follows: The oropharynx was visualized within normal limits. The esophagus was visualized within normal limits. The gastroesophageal junction was noted with a small hiatal hernia. The stomach was then examined and the presence of diffuse erythematous mucosa with punctoid hemorrhage in the body and multiple small antral ulcerations with yellowish exudates and edematous mucosa were noted. This ulceration measured approximately 5-6 mm in diameter with yellowish exudate and edematous border. A CLO test performed on sample tissue of the stomach was negative for Helicobacter at two hours. We will check it at 24. The fundus of the stomach was noted within normal limits. The pyloric channel was noted within normal limits. The duodenal bulb and duodenum examined and were noted within normal limits. The patient tolerated the procedure with no immediate complications.

ENDOSCOPIC IMPRESSION:
Multiple gastric ulcerations in the antral area (small in size with diffuse gastritis). A small hiatal hernia. A stomach biopsy was sent for pathological analysis.

PLAN:
The plan for this patient is to change to a ~~prothrombin~~ proton pump and inhibitor by mouth for 6-8 weeks, avoid the intake of nonsteroidal anti-inflammatory agents and aspirin, and use Tylenol for pain. We will check the biopsy report. The possibility that Helicobacter pylori is not found in the biopsies, is that the ulcerations are induced by nonsteroidal anti-inflammatory agents. A fasting gastrin level was sent prior to her discharge.

/caw

SURGEON'S SIG: [signature] OCT 30, 1996 [redacted]
DOVE,GAYLE A [redacted]
WARD: OPT ROOM-BED:
VAMC: Biloxi, MS (CONS) REPLACEMENT FORM 516

Oct 17 @ 0900

Exception to Standard Form 508
Approved by OMB

MEDICAL RECORD

DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed, UNLESS checked.)	√	NURSE'S SIGNATURE
10/11/96 2IM		**ORDERS FOR ESOPHAGOGASTRODUODENOSCOPY** 10-25		DW
	1.	**Admit to:** Dr. Avalos	√	BD
avail	2.	**Dx:** Recurrent nausea/dyspepsia	√	BD
	3.	**Allergies:** None	√	BD
	4.	**Routine Vital Signs:**	√	BD
	5.	**Bed rest with activity as tolerated** as per ASO	√	BD
	6.	**Diet:** **and NPO after midnight (except medications)**		
	7.	**Patient Education: EGD Film/Consent for EGD**	√	BD
#544933 2W 10/11	8.	**CBC, PT/PTT, LYTES, BUN, CREAT, GLUCOSE, ~~UA~~, EKG, PA&LAT CXR NOW** 9/96 Amylase/Lipase		DW BD
	9.	**Additional lab orders:**	√	BD
	10.	**Medications:**	√	DW
		KL x ASO		
		and		
		Noted 10/05/96 @ 0900		

Enter in space below: PATIENT IDENTIFICATION – TREATING FACILITY – WARD NO. – DATE

[redacted]

MEDICAL RECORD

DOCTOR'S ORDERS

[redacted] MARCH 1993

VA FORM OCT 1975 10-1158

EXISTING STOCK OF VA FORM 10-1158, MAY 1973 AND VA FORM 10-1158c, NOV 1972, WILL BE USED.

★U.S.GPO:1992-0-313-106/63698

Exception to Standard Form 5
Approved by OM

MEDICAL RECORD | **DOCTOR'S ORDERS**

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed UNLESS checked)	√	NURSE'S SIGNATURE
10/25/96		Transfer to ASOU when fully awake/stable		done GD
10[illegible]				
avail.		in ASOU D/C IVF when able to swallow/void		
				10/25/96 1100
10/25/96	1030	Transfer to ASOU		done
		fasting gastrin level stat.		#54808d
10/25/96		D/C pt home today		
11AM		GI follow up 3 months		
avail.				10/25/96 1110

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. DATE

DAVE, GAYLE A 25 89 ?? 94
8657 POPPS FERRY RD.LO 047
BILOXI MS 39532
[redacted] DF 081557 520
[redacted] 1 080 8

MEDICAL RECORD
DOCTOR'S ORDERS

VA FORM DEC 1993 **10-1158**

EXISTING STOCK OF VA FORM 10-1158, OCT.197[illegible] WILL BE USED.

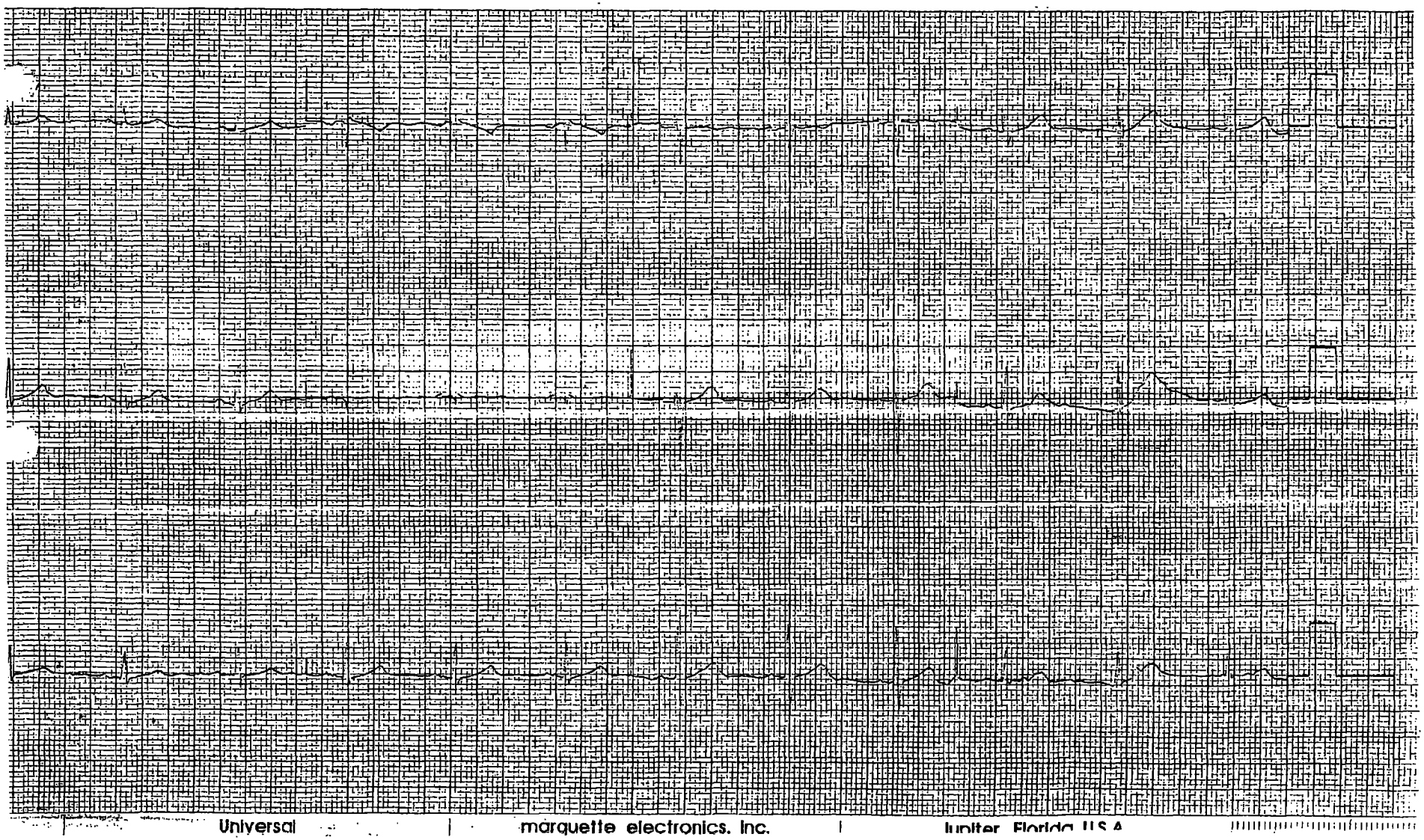
ROUTINE ECG

DOVE. GAYLE A
ID:515646094 LOC:PA
39YR 66IN 119LB CAU FEM
MED:
OPT:20 BP:107/ 68 RM:ASOU
ECG TAKEN: 17-OCT-96 09:48
VENT. RATE 70 BPM
PR INTERVAL 144 MS
QRS DURATION 80 MS
QT/QTC 384/409 MS
P-R-T AXES 38 65 57

NORMAL ECG
WHEN COMPARED WITH ECG OF 22-NOV-95 11:48,
NO SIGNIFICANT CHANGE WAS FOUND

REFERRED BY: AVALOS

REVIEWED BY: ASHOK KANADE M.D.



0422

Universal | marquette electronics, inc. | Jupiter, Florida U.S.A.

MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSIES/BRUSHINGS/SCLEROTHERAPY/ CAUTERIZATON/DILATION/POLYPECTOMY

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be

(Description of operation or procedure in layman's language)

~~LONG FLEXIBLE TUBE TO BE PASSED THROUGH THE MOUTH AND BACK OF~~ THROAT INTO UPPER DIGESTIVE TRACT TO EXAMINE LINING OF ESOPHAGUS, ~~STOMACH, AND FIRST PART OF SMALL BOWEL.~~ Avalon

which is to be performed by or under the direction of Dr. _____

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: _____

(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

MEard 11/11/96

(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

Dawn Lewis — (Signature of Witness, excluding members of operating team)

K Gayle A Dove — (Signature of Patient)

10-17-96 0955 — (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) — (Signature of Sponsor/Legal Guardian) — (Date and Time)

PATIENT'S IDENTIFICATION *(For typed or written entries, use Name—last, first, middle, grade, date; hospital or medical facility)*

DOVE, CAYLE A 09 [illegible]

4457 POPPS FERRY RD. LO 047

BILOXI Gayle MS 39532

[redacted]

REGISTER NO. | WARD NO.

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-45.505
522-110

*U.S. GPO: 1993-721-101/80084

MEDICAL RECORD ASOU PRE-OPERATIVE INSTRUCTION

You have been scheduled for EGD Friday October 25th 4th floor

1. **DO NOT** eat food or drink any liquids, including water, coffee, tea, juice or alcohol after 12 midnight the night before your surgery. If you routinely take medication for any condition, ask your surgeon or anesthesiologist whether to take it or to miss taking medicine the day of your surgery. (For example: insulin, blood pressure pills or heart medication). Take your medication with small sips of water. **DO NOT** take any aspirin, aspirin products, motrin, or ibuprofen one week prior to surgery. stop Oct 18th

2. **DO NOT** smoke, chew tobacco or dip snuff after 12 midnight the night before your surgery.

3. Failure to follow the above instructions could result in cancellation of your surgery.

4. You will need to bring your medications, that you take at home, with you the morning of your surgery.

5. **DO NOT** bring valuables or wear jewelry to the hospital. All jewelry must be removed prior to surgery. The hospital cannot be responsible for these items. You will be asked to remove your glasses, contact lenses, dentures/partials and hearing aides. Please brin the appropriate containers for these items.

6. You will be required to have a responsible adult of your choice licensed to drive and to accompany you from the unit to take you home at the time of discharge. You will be given sedation for the procedure and you will not be able to drive for 24 hours after the procedure for your safety. Your surgery will definitely be cancelled if there is not a designated driver with you. Your designated driver must wait in the waiting room at all times. Father

7. Remember to wear comfortable loose fitting clothing. Often after surgery, tight clothing will be uncomfortable an could create difficulty in getting dressed.

8. The night before your surgery, you must shampoo your hair with the shampoo of your choice. **DO NOT** use hair spray or other hair products. Take a bath or shower with soap, the night before and the morning of your surgery. **DO NOT** use powder, perfume, oils, deodorant, aftershave lotions. Remove nail polish. The morning of your surgery, you may brush your teeth and shave before your morning bath or shower.

9. Please **DO NOT** bring children with you. We do not have facilities or personnel for adequate supervision for your children.

10. If for any reason you cannot keep this appointment, please call (601) ~~385-5752~~ or the operating room supervisor, beeper #648.
Dawn or Bettye 385-5732 Mon-Fri ~~Mon-F~~ 0730-1600

11. You must report to building 1, ward 1-4 East, Nurses station at the designated time above. If you are late, your surgery may be cancelled. Notify your doctor of any change in your physical condition, such as a bad cold or sore throat.

12. In case of an emergency, your procedure may be delayed. This is rare, but please be aware that this can occur.

Further Instructions: 1) EGD instructions
2) meds - take morning (Ativan + Prilosec) medications with sip of water then nothing else AM of procedure.

LARRY J. FONTENELLE, M.D.
Chief, Surgical Service
Biloxi VA Medical Center

PATIENT'S SIGNATURE X Bettye A Dove

WITNESS' SIGNATURE Dawn Cellon

SIGNATURE AND TITLE OF PRACTITIONER

[redacted] 520

C-SSN [redacted]

VA FORM SEP 1992 10-0114J(R)

AMBULATORY SURGERY

HISTORY & PHYSICAL EXAM

Diagnosis: Chronic constipation

Procedure Scheduled: C-scope.

Date of Procedure: 12 Aug 96

Chief Complaint/History of present illness:
38 y.o. W.F. c % chronic/intermittent abd. pains, N & V & constipation x many mos (worse x 1 mo.)

Past History/Prior Surgeries:

PSHx
Hyst. 87
Laparoscopy '95
↓
Laparotomy '95
(Appendix also removed)

PMHx
Migraines

Soc Hx
(+) tobacco ~1 ppd.
Ø ETOH
Ø caffine

ROS
Ø MI, CP.
Ø SOB,
Ø F/C/sweats wt loss
Ø rectal bleed
(+) constipation

TYPE OF REPORT (Check one)

DOVE, GAYLE A

- [XX] HISTORY & PHYSICAL EXAM (SF 504, 505, 506 or VAF 10-7978A, B, D AND E)
- [ ] DISCHARGE SUMMARY (VAF 10-1000 & A)
- [ ] PROGRESS NOTE (SF 509)
- [ ] AUTOPSY PROTOCOL (SF 503)
- [ ] CONSULTATION SHEET (SF 513)
- [ ] OTHER (Specify)
- [ ] OPERATION REPORT (SF 516)

SIGNATURE OF PHYSICIAN/DENTIST

PATIENT'S NAME

SOCIAL SECURITY NUMBER | DATE OF BIRTH

VAMC

WARD/SERVICE | DATE DICTATED | DATE TYPED

VA FORM SEP 1993 10-9034B [redacted] U.S. Government Printing Office: 1993 — 343-134/85138 MEDICAL RECORD REPORT

Risk Factors/Co-Morbidity: none.

Physical Exam (only pertinent positive or negative findings:
B.P. 110/58, P. 64, Wt. 116

GEN: WDWNF in NAD A+Ox3

HEENT: WNL

CHEST: CTA (B) HEART: RRR S (M) or (S)

ABD: nl to ↓. 1'd B.S., soft, (+) tenderness in RLQ
Ø masses or megaly. (-) CVAT.
Ø rebound or guarding

EXTREM: WNL NEURO: non-focal.

Adverse Durg Reactions/Allergies:
NKDA

Current Medications/Dose (attached computer printout):

PA-C
Surg.

Surgeon's Signature

MICHAEL C. LILLY, M.D.
AS3285170-645

AMBULATORY SURGERY
PRE-OP NOTE - INFORMED CONSENT

DATE/TIME: 5 Aug 96

Diagnosis:

Chronic constipation / Rt mass

Brief Summary: 38 y.o. WF. c/o chronic/intermittent abd pains, N & V, & constipation x many mos (worse during past mo.)

Proposed Procedure/Treatment Plan: C-scope

Possible Risks/Complications: Bleeding, infection, perforation, reaction to meds used for procedure

SIGNATURE AND TITLE OF PRACTITIONER

PA-C Surg

SEE REVERSE

DATE 5 Aug 96

(IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

[redacted]

14 17 6

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted]

VA FORM SEP 1992 10-0114J(R)

INFORMED CONSENT CONT.

Benefits: to allow better examination to help rule out abnormalities

Patient's condition: awake, alert, (i.e., awake, alert, sedated, anxious, confused, lethargic, unconscious, etc.....)

Alternative Treatment identified to patient/guardian: none

Next of kin/guardian: Ray Dove Contacted: Yes ____ No ✓

NAME: father 396-1919

Patient ***Competent:*** Yes ✓ No ____

Do you have an Advance Directive? Yes ____ No ✓

Patient and/or guardian/next of kin has been given opportunity to ask questions:

Yes ✓ No ____

Patient and/or guardian/next of kin comprehends what has been propsed and why:

Yes ✓ No ____

Patient and/or guardian/next of kin has agreed and freely consented to the proposed procedure/treatment plan without duress or coercion: Yes ✓ No ____

Patient and/or guardian/next of kin has been informed of the Surgical Team:

Attending Staff	***Surgeon***	***Members***

Attending Surgeon concurs with proposed procedure/treatment plan: Yes ✓ No ____

Attending Surgeon Note: I consulted the chart and agree with the plan. I will co-sign the note.

Discharge Planning: Estimate date of discharge: 6/11

Discharged to: Home ____ NHC ____ IMC ____ Other: ____ ***Date***

Patient consulted to Social Work Service? Yes ____ No ____

Special Requirements:

Resident Surgeon **Attending Surgeon**

MEDICAL RECORD ASOU PRE-OPERATIVE INSTRUCTION 0700

You have been scheduled for C-Scope Monday 8-12-96 4th Floor ASOU

1. **DO NOT** eat food or drink any liquids, including water, coffee, tea, juice or alcohol after 12 midnight the night before your surgery. If you routinely take medication for any condition, ask your surgeon or anesthesiologist whether to take it or to miss taking medicine the day of your surgery. (For example: insulin, blood pressure pills or heart medication). Take your medication with small sips of water. **DO NOT** take any aspirin, aspirin products, motrin, or ibuprofen one week prior to surgery. starting 8-5-96

2. **DO NOT** smoke, chew tobacco or dip snuff after 12 midnight the night before your surgery.

3. Failure to follow the above instructions could result in cancellation of your surgery.

4. You will need to bring your medications, that you take at home, with you the morning of your surgery.

5. **DO NOT** bring valuables or wear jewelry to the hospital. All jewelry must be removed prior to surgery. The hospital cannot be responsible for these items. You will be asked to remove your glasses, contact lenses, dentures/partials and hearing aides. Please brin the appropriate containers for these items.

6. You will be required to have a responsible adult of your choice licensed to drive and to accompany you from the unit to take you home at the time of discharge. You will be given sedation for the procedure and you will not be able to drive for 24 hours after the procedure for your safety. Your surgery will definitely be cancelled if there is not a designated driver with you. Your designated driver must wait in the waiting room at all times.

7. Remember to wear comfortable loose fitting clothing. Often after surgery, tight clothing will be uncomfortable an could create difficulty in getting dressed.

8. The night before your surgery, you must shampoo your hair with the shampoo of your choice. **DO NOT** use hair spray or other hair products. Take a bath or shower with soap, the night before and the morning of your surgery. **DO NOT** use powder, perfume, oils, deodorant, aftershave lotions. Remove nail polish. The morning of your surgery, you may brush your teeth and shave before your morning bath or shower.

9. Please **DO NOT** bring children with you. We do not have facilities or personnel for adequate supervision for your children.

10. If for any reason you cannot keep this appointment, please call (601)~~385-5752~~ or the operating room supervisor, beeper #648.
Bettye Hudson RN Questions 385-5732. Mon-Fri 0730-1600

11. You must report to building 1, ward 1-4 East, Nurses station at the designated time above. If you are late, your surgery may be cancelled. Notify your doctor of any change in your physical condition, such as a bad cold or sore throat.

12. In case of an emergency, your procedure may be delayed. This is rare, but please be aware that this can occur.

Further Instructions: 1) C-Scope-Instructions
2) Meds - Take regular morning medication with sip of water on awakening - on Monday Aug 12th

LARRY J. FONTENELLE, M.D.
Chief, Surgical Service
Biloxi VA Medical Center

PATIENT'S SIGNATURE Gayle A. Dove

WITNESS' SIGNATURE Bettye Hudson

SIGNATURE AND TITLE OF PRACTITIONER

DATE 08-05-96 1430

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)
DOVE, GAYLE A 25 11 1
4457 POPPS FERRY RD. LO 047
BILOXI MS 39532
[redacted]
C-55% 1 090 8

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL
[redacted] FEBRUARY 1994

VA FORM SEP 1992 10-0114J(R)

Department of Veterans Affairs

PRE OP ANESTHESIA INFORMED CONSENT

SURGICAL SERVICE

DATE\TIME: 8/5/96 1130-1145 PATIENT COMPETENT: (YES) NO ____

BRIEF SUMMARY: 38 y.o. ot for C-scope ASA PS II 4/6 myomas, PTSD

PATIENT CONDITION: ____
(i.e. awake, (alert) sedated, anxious, confused, lethargic, unconscious, intubated, other)

PROPOSED PROCEDURE\TREATMENT PLAN: 4/NAC ; GA backup

POSSIBLE RISKS\COMPLICATIONS: see reverse

ALTERNATIVE TREATMENT IDENTIFIED TO PATIENT\GUARDIAN: ✓

Patient and\or guardian\next of kin has been given opportunity to ask questions:
(Yes) ____ No ____

Patient and\or guardian\next of kin comprehends what has been proposed and why:
(Yes) ____ No ____

Patient and\or guardian\next of kin has agreed and freely consented to the proposed procedure\treatment plan without duress or coercion: (Yes) ____ No ____

ATTENDING ANESTHESIOLOGIST CONCURS with proposed\treatment plan: Yes ____ No ____

ATTENDING ANESTHESIOLOGIST NOTE: ____

CRNA\ANESTHESIA RESIDENT

ATTENDING ANESTHESIOLOGIST

SIGNATURE AND TITLE OF PRACTITIONER	DATE

IMPRINT PATIENT DATA CARD

[redacted]

C-SSN 1 [redacted]

MEDICAL RECORD SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES

[redacted]

VA FORM MAY 1990 10-0114j

EXISTING STOCK OF VA FORM 10-0114j, SEPT 1988. WILL BE USED.

*U.S. Government Printing Office: 1991 — 282-804/46333

Anesthetic procedures may be associated with, but not limited to:

infection
hemorrhage (excessive bleeding)
drug reactions
blood clots
loss of sensation
loss of limb function
paralysis
organ damage
heart attack
stroke
loss of life
blood reactions (including rash, itching, nausea, vomiting & shock)

Other risks/complications associated with General Anesthesia

sore throat
hoarseness
shortness of breath
difficulty in breathing
injury to teeth
injury to eyes
injury to airway
injury to arteries or veins
awareness under anesthesia
pain or discomfort continuing after discharge from the hospital

Other risks/complications associated with regional, spinal or epidural anesthesia

pain or discomfort
injury to arteries or veins
residual pain
residual sensation
residual dysfunction
low blood pressure
headache
high blood pressure
seizure
failure of regional, spinal or epidural anesthesia & subsequent need for general anesthesia

Gayle A. Dove

MEDICAL RECORD	PROGRESS NOTES
DATE 08-09-96 0800	Pre-op Call spoke ☎ pt Concerning NPO ☞ MN on Sunday except sip ☕ water ☎ AM med. Colon ☞ Skin prep discussed arrival time 0800 ☎ designated driver - questions discussed - Voiced understanding of instructions Sally Hudson

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

[redacted]

REGISTER NO.	WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR,
FPMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE

[redacted]

[redacted]

MEDICAL RECORD | NURSE INTRAOPERATIVE REPORT PAGE 1

Operating Room: OR E1 Surgical Priority: ELECTIVE
Patient in Hold: AUG 12, 1996 08:30 Patient in OR: AUG 12, 1996 08:32
Operation Begin: AUG 12, 1996 08:45 Operation End: AUG 12, 1996 09:00
Patient Out OR: AUG 12, 1996 09:04
Surgeon: MOORE,JON MICHAEL First Assistant: NEUMASTER,T.
Attending Surg: NEUMASTER,TERRY DAVID Second Assistant: N/A
Anesthetist: GRAY,ANTONETTE Assistant Anesth: N/A
Other Scrubbed Assistants: N/A
OR Support Personnel:
Scrubbed Circulating
LEE,BRENDA B (FULLY TRAINED) BELLAIS,DAWN (FULLY TRAINED)
Other Persons in OR: N/A
Preop Mood: RELAXED Preop Consc: ALERT-ORIENTED
Preop Skin Integ: N/A Preop Converse: N/A
Valid Consent/ID Band Confirmed By: BELLAIS,DAWN
Skin Prep By: N/A Skin Prep Agent: N/A
Skin Prep By (2): N/A 2nd Skin Prep Agent: N/A
Preop Shave By: N/A
Surgery Position(s): SUPINE Placed: N/A
Restraints and Position Aids:
SAFETY STRAP Applied By: N/A
Electrocautery Unit: N/A
Electroground Position(s): N/A
Major Operations Performed:
Primary: C-SCOPE CPT Code: NOT ENTERED
Material Sent to Laboratory for Analysis:
Specimens: N/A
Cultures: N/A
Anesthesia Technique(s): N/A
Tubes and Drains: N/A
Tourniquet: N/A
Thermal Unit: N/A
Prosthesis Installed: N/A
Medications: N/A
Irrigation Solution(s): N/A
Blood Replacement Fluids: N/A
Sponge Count: N/A
Sharps Count: N/A
Instrument Count: N/A
Counter: N/A
Counts Verified By: N/A
Dressing: N/A
Packing: N/A

NURSE'S SIG: [redacted]
DOVE,GAYLE A
WARD:
VAMC: Biloxi, MS (CONS)

Blood Loss: 0 cc's Urine Output: 0 cc's

Postoperative Mood: RELAXED
Postoperative Consciousness: SEDATED
Postoperative Skin Integrity: N/A
Postoperative Skin Color: N/A

Type of Laser: N/A
Sequential Compression Device: NO

Wound Classification: CONTAMINATED
Operation Disposition: PACU (RECOVERY ROOM)
Discharged Via: STRETCHER W/SAFETY STRAP,S/R UP

Nursing Care Comments:

ADMITTED TO ENDO AWAKE ALERT COOPERATIVE
PT VERBALIZES UNDERSTANDING OF PROCEDURE AND OF POST OPERATIVE INSTRUCTIONS
PT TOPICALLY ANETHEZED BY DR. NEUMASTER WITH HURRACINE SPRAY X2
PT TOLERATED PROCEDURE WELL DISCAHRGED TO PACU INSTABLE COND PER DR.
NEUMASTER MD

NURSE'S SIG: [redacted]
DOVE,GAYLE A
WARD: [redacted]
VAMC: Biloxi, MS (CONS)

AMBULATORY SURGERY

DAY OF SURGERY

TIME:

PRE-OP DIAG: chronic abdominal pain; chronic constipation

FINDINGS: Normal Colon

POST-OP DIAG: " ; Abdominal pain likely 2° to adhesion

PROCEDURE: C-scope

ANES: IV sedation

SURGEON: MOORE

ASST: Neumaster (staff)

BLOOD LOSS: ϕ

BLOOD: ϕ

FLUIDS: 400 cc LR

DRAINS: ϕ

POST-OP COND: Good

SPECIMEN: ϕ

J MOORE MD
Resident Signature

Attending Signature

J. MOORE, MD
AS3285170-899

***For all EGD/Colonoscopy attach form - Date/Time/Sign Each

SIGNATURE AND TITLE OF PRACTITIONER	DATE

IMF [redacted] al Security Number)

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted]

VA FORM SEP 1992 10-0114J(R)

Time Post Op Notes:

Discharge Note:

J. MOORE, MD
A53285170-899

Signature

AMBULATORY SURGERY OBSERVATION UNIT
NURSING HISTORY AND ASSESSMENT

Chief Complaint/Reason for Surgery: Constipation - chronic-worsen H:T: 5'6½ WT: 116 AGE: 38

Allergies: NKDA

Anesthesia Reactions: None BP: 105/53 P: 53 R: 18 T: 99 Y SAO 96

Past Surgeries: C/S hyst BTL Mandibular Repr x4 (R) Pelvic adhesion release 3/85
(2) Groin repair 11-95

Present Medications: Prozac trazadone Ativan Phenergan Depo-Provera Motrin Migraines

Communication or Sensory Problems:

PHYSICAL DISABILITIES:

	Yes	No
Arthritis		✓
Neuromuscular Coordination Problems		✓
Limb Loss		✓
Seizures		✓
Emotional Status: Calm ✓		
Relaxed		
Apprehensive		

ELIMINATION:

	Yes	No	
Incontinence		✓	
Indwelling Foley		✓	
Ileostomy		✓	
Colostomy		✓	
Other:			

LEVEL OF CONSCIENCE:

	Yes	No
Alert	✓	
Oriented	✓	
Confused		✓
Other:		

PTSD Renal → ND Hypoid + CVA-R

SKIN INTERGRITY:

	Yes	No
Rashes		✓
Bruises		✓
Infections		✓
Cuts		✓
Edema		✓
General Problems		✓
Other: bruises easily		

NUTRITION: (N&V)

	Yes	No
Feeding Tube		✓
Diabetic		✓
Hx of Ulcers		✓
ETOH Use		✓
Hepatitis		
TB/Asthma		

CIRCULATION:

	Yes	No
CHF		✓
Angina		✓
M.I.		✓
Arrhythmias		✓
Hx Vascular Dz		✓
HTN		✓
Pacemaker		✓

Exercise tol good

TEETH:

	Yes	No
Caps 11 molars	✓	
Bridges		✓
Dentures		✓
Partial		✓
Broken		✓
Loose		✓

PULMONARY:

	Yes	No
Smoker ppd x 25+	✓	
Recent URI		✓
COPD		✓
Trachesotomy		✓
O2 Adm		✓
Other: bil clear - course breath sounds		

MISCELLANEOUS:

	Yes	No
Prosthesis		✓
Contact Lens		✓
Hearing Aid		✓
Artificial Eye		✓
Eye Glasses	✓	
Other:		

PRE-OP TEACHING

Signed Pre-op instructions: Yes
Peri-operative care: Yes
Approximate time in OP/OR/RR: Yes
Instructed on prep/video: Verbal
Prep Kit given: Colon

Waiting area: Family or S.O. Joyce
Phamplets: Written prep
Must have designated driver: yes
Questions answered: Yes
Home Phone Number: 376-1919

DISCHARGE PLANNING

Do you care for yourself at home? Yes ✓ No
Who will help you? friend
Does anyone depend on your care at home? Yes No
VA Consult: Physical Therapy NCF
Home Health Transportation
Social Services indicated: Yes No
Education Needs: Pt & Fam Diet, Act, meds
DATE/TIME: 8/5/96 1145

PATIENT SIGNATURE: Gayle A Dove NURSE SIGNATURE: Barbara Leden

NURSING ASSESSMENT

Designated Driver: Joyce friend

Time admitted to ASOU: 1100 NPO Since: MN Mode of arrival: Ambulatory: ✓ W/C: Stretcher: Other:

Physician: Neumann Disposition of valuables: None

Skin: W, Dry Defer R wrist due to surg Circulation: pulses good all ext Nutrition/Hydration: Very thin WF; Well hydrated

Sensory: Normal Skeletal: Amb + dizzy good foot + flex Elimination: last BM this Am "clear" Active BS

Ventilation: BS clear Neuro: grip = + strong Psychosocial: alert + O x 3 active BS

NOTES:

SIGNATURE AND TITLE OF PRACTITIONER: Leonard Bourgeois RD DATE: 8/12/96

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A 25
4457 POPPS FERRY RD. LO 047 14 17 6
BIL OXI MS 39532
[redacted] DF 081557 520
C-SSN 1 080 8

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted]

VA FORM 10-0114J(R)
SEP 1992

OBSERVATION AND DISCHARGE NOTES

Arrival Time: 1300
Procedure: C Scope + ileoIC
IV Solution: RL Sm burn
LTC: 350
Site: Rt hand

Marital Status: Single
Alert: ✓ Drowsy:
Dressing: NL
Dry: NA:
Drainage:
NSR: ✓

Drain: No ✓ Yes
Pain: No ✓ Yes
Nausea: No ✓ Yes
CM: No — Yes
Oximetry: No Yes ✓
Other:

TIME 1300
Temp 98
O2 Sat 100

180
160
140
120 VV
100
80 AA
60 o p
40
20 0

NURSES NOTES

SR's Increased Family Present ✓ Up in Chair ✓ ~~Amb to BR~~

Returned from xray after C Scope. Breath sounds clear. Active bowel sounds. Grip equal & strong. Good feet & Hx. Good movement & pulses. Call ck turned. Instructed on need for bx after Barium study. Appears to understand. Laurel Benyon

Ambulated on unit and stopped to recent. Left & waiting for w/c Bari Bolton

MEDICATION RECORD

Time	Medication	Dose	Route	Site	Given by:

Intake / Output

IV: 650 — Urine: Voided

PO: Cola 360 — Emesis: 0

DISCHARGE SUMMARY AND INSTRUCTIONS

Return Time: 1350
VS: 98-8 130/72 54 20
Discharge Time: 1355
Alert-Oriented: Yes ✓ No
Tolerated Fluids: Yes ✓ No
Pain: Yes Gas No

Nausea: Yes No ✓
IV DC'd: @ 1325 Intact: ✓
flds. abs. 650
Dressing: Dry: NA: ✓
Drainage:
Drain: NA: ✓ DC'd:
Intact on discharge:
Voided: Yes ✓ No Urge Discomfort
Valuables returned: Yes None ✓

Verbalized-demonstrated understanding of discharge instructions: Yes ✓ No
Copy of instructions given: Yes ✓ No
RX given: Yes ✓ No
Mode of discharge: WC
Discharged with: Friend
By: Car: ✓ Other:
Nurse: Laurel Benyon

POST-OPERATIVE

Follow-Up: 8/14 @ 215 Yes: No Phone: No Answer:
DATE/TIME: 8/13/ @ 700 Problems Noted: abd cramps
Recommendations: Appointment given
Signature: Laurel Benyon

AMBULATORY SURGERY - POST-OP ENDOSCOPIC INSTRUCTIONS

Department of Veterans Affairs

MEDICAL RECORD - DISCHARGE INSTRUCTIONS

DATE OF ADMISSION	DATE OF DISCHARGE	TYPE OF DISCHARGE
8/12/96	8/12/96	

1. DIAGNOSES AND DATE TO BE FOLLOWED ON OUTPATIENT SERVICES

DX: s/p C-scope; Chronic Abd pain likely 2° to adhesions

SURGEON: MOORE 8/14/96 ATTENDING STAFF: VA Phone 1-800-296-8872 Ext:

F/U Appt: Date/Time: ~~1 month~~ Clinic: Surg VA Phone #(601)388-5541 Ext:

If you are unable to keep your appointment, please call and reschedule.

2. SUGGESTED PLAN FOR FOLLOWUP

If you are coughing up or vomiting excessive blood, having chest or abdominal pain, difficulty breathing, fainting, fever, or have any questions about symptoms you are experiencing after 1630 call 388-5541, ask the operator to page the surgical resident.

Tell him or her your symptoms or you may come directly to the emergency room.

3. DISCHARGE MEDICATIONS AND INSTRUCTIONS

MEDS: Resume routine medicine.

Instructions: Dulcolax ŧ po BID ~~q~~ od

TENS unit for chronic abdominal pain

4. DISCHARGE DIETARY INSTRUCTIONS *(Check one)*

☐ NO RESTRICTIONS ☒ RESTRICTIONS *(Specify and include drug and food interactions)*

Start diet gradually with liquids, then resume previous diet. Call Dr. if nausea and/or vomiting more than 12 hours.

High fiber diet

5. PHYSICAL ACTIVITY LIMITATIONS *(Check one)*

☐ NO RESTRICTIONS ☐ RESTRICTIONS *(Specify)*

No driving or operating anything that requires coordination.
It is necessary to have a responsible adult with you for 24 hours.
Specific:

6. OTHER *(Include employment status)*

[redacted]

PATIENT IDENTIFICATION *(Name, Address, Social Security Number)*	SIGNATURE OF PHYSICIAN/DENTIST	DATE
VE, GAYLE A 57 POPPS FERRY RD. LO 047 MS 39532 LOXI [redacted] PF 081 7 520 1 080 8	J Moore MD	8/12/96

I HAVE RECEIVED AND UNDERSTAND MY DISCHARGE INSTRUCTIONS

SIGNATURE OF PATIENT	DATE
[signature]	12 Aug 96

VA FORM 10-7978M JAN 1990 EXISTING STOCKS OF VA FORM 10-7978M, NOV 1987, WILL BE USED. 520-OP-141-112 JULY 1994 MEDICAL RECORD

Standard Form 507 — 648-16-81472-3 GPO

CLINICAL RECORD	Report on AMBULATORY SURGERY OBSERVATION UNIT or POST OP PHONE CONTACT Continuation of S. F. _____ (Strike out one line) (Specify type of examination or data)

(Sign and date)

SPOKE WITH PT DATE/TIME 8/13/96 @ 0700

TYPE OF PROCEDURE/SURGERY Oscope NO ANSWER _____

POST EVALUATION	YES	NO	NA	COMMENTS
Is the Dressing Dry? IV Site?	OK	✓		
Did You have Nausea or Vomiting?		✓		Nausea
Did You Sleep Well?		✓		Sleep
Did You Have Pain? Did You Take Pain Medication? Did It Help?	✓ ✓	✓	L	abdomen cramping motrin not effective
Did You Have Any Circulation Problems? (If Appropriate)			✓	
Are You Having Any Problems with Crutches, Sling, ETC?			✓	
Did You Have to Call SDP Unit, Clinic, or ER for problems? If so, Did They Respond?			✓	
Could We Have Done Anything to Make Your Stay with Us More Pleasant?		✓		
Appointment or Follow-up?				8/14 @ 215p

Evaluation Card

(Continue on reverse side)

Nurse's Signature Laura Benezee RN

PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle; grade; duty; hospital or medical facility)

4457 POPPS FERRY RD. LO 047
BILOXI MS 39532

REGISTER NO. _____ WARD NO. _____

REPORT ON _____ or CONTINUATION OF _____

[redacted] C-SSN [redacted]

STANDARD FORM 507
General Services Administration and Interagency Committee on Medical Records
FIRMR (41 CFR) 201-45.505
October 1975 507-107

OP-148-549
March '95

U.S. GPO:1992-624-498/60128

Department of Veterans Affairs | **MEDICAL RECORD - NURSING DOCUMENTATION**

SURGICAL CHECKLIST

(Check if accomplished)

____ Patient has ID armband on

M Consent completed

Ø Op Report (SF 515) on chart

M Tissue Examination (SF 515) on chart

____ Most current COMBINED MEDICAL RECORD available

Ø Type and [screen/cross] accomplished (if ordered)

Ø Units of blood available ____ (number)

Allergies/Drug Sensitivities (according to Doctor's order):

None

____

____ Patient has red armband on

Pre-op lab/cxr/ekg (must be accomplished within 30 days of surgery)

11/95 CXR - - - - - - - - - - [Results on chart/not available/in computer]

11/95 EKG - - - - - - - - - - [Results on chart/not available/in computer]

11/30/95 URINALYSIS - - - - - - [Results on chart/not available/in computer]

11/95 CBS - - - - - - - - - - [Results on chart/not available/in computer]

11/95 LYTES - - - - - - - - - - [Results on chart/not available/in computer]

OTHER: ____ [Results on chart/not available/in computer]

____ [Results on chart/not available/in computer]

____ [Results on chart/not available/in computer]

H & PE Chart reviewed / Dr. Gilly / 0 Sodas Pacerq

(over)

ENTER IN SPACE BELOW - PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. (Continue on Reverse)

DOVE, GAYLE A 25
4457 POPPS FERRY RD. LO 47
BILOXI MS 39532

NO

[redacted]

MEDICAL RECORD

[redacted]

VA FORM FEB 1990 10-0096 EXISTING STOCKS OF VA FORM 10-0096, SEP 1985, WILL BE USED.

*U.S. Government Printing Office: 1991 — 282-804/46005

ON CALL TO OR:

Physical disabilities: None

DL Pre-op and post-op teaching accomplished

__ Most current COMBINED MEDICAL RECORD with patient

__ Patient data card on chart

__ Medication sheets on chart

__ Betadine AM/PM showers accomplished

__ NPO after midnight

__ Voided (within one hour pre-op)

REMOVE THE FOLLOWING:

__ Dentures

__ Jewelry

__ Wig/Hairpiece

__ Glasses/Contacts

__ Prosthesis

__ Hearing Aid

__ Make-up

__ Nail polish

__ Hairpins

Pulse OX 100%

Temp 98.3 Respirations 18

Pulse 56 BP 94/59

Weight 116

Pre-op medication on chart _____

Pre-op medication to be given (on call) _____

Pre-op medication given by: _____
(signature)

_____
(date/time)

Patient identified to OR by: [signature]
(signature)

8/12/9 0820
(date/time)

Standard Form 517

CLINICAL RECORD — ANESTHESIA

NKDA

ANESTHETIC(S) — HOUR

VERSED/NAPSINE
AMID/N PEMBROL
D.T.C./ANECTINE
NORC/TRAC/PAV
ALF/PENT/SUF
ETH/FOR
AIR/N2O
OXYGEN
ET CO2 ABSORP.

LEVEL OF ANAL-ANES.
EKG
FIO2
SaO2
TEMP SK/ESO

CODE
● PULSE
○ RESP.
V/Λ B. P.
X ANES.
Ⓞ OPER.
T TOURN.

CVP
PAP
PCWP
IND/CO

220 200 180 160 140 120 100 80 60 40 20

FLUIDS
B BLOOD
S SALINE
G 5% G/W
DX EXPAND-

T.V.
R
PIP

NUMBERS FOR REMARKS

IV FLUIDS — Ga. — CORTIS — Ga.

POSITION
EBL
Foley

INDUCTION
SATIS.
UNSATIS AND WHY

REMARKS
Xs 8½ E 8½
Gs 8½ E 8½
ID, ALL EQUIP. ✓ & O.K. MONITORS APPLIED
Pt to endo
Consent sgd
Checked
Monitors applied
20 G I.V. started
Rt hand
Nasal cannula

AGENTS AND TECHNICS

MONITORS
EKG — ET CO2 — NIBP — FI O2 — SaO2 — STETH — PREC — ESOP

A/Line
S/G
CVP
Warm (I.V.)

PCWP — Skin
Temp — ESOP
C.O./C.I.
Foley

MAC & I.V.
Sedation
Versed 2mg
Fentanyl 100 mcgm
Prop. 150 mg

KIT
Lot No.
Exp. Dt.

ENDOTRACHEAL: SIZE ____ BLADE ____ ORO ____ NASO ____ CUFF ____ PACK ____
REMARKS: Direct Vision, Atraumatic, Stylet___Y/N___, BBS, Lido___Y/N___OU Taped___Y/N___ Taped at _____Cm.

RECOVERY
REFLEX IN O.R.
EMESIS
ASPIR.
EXCITEMENT
HYPOTENSION
OTHERS

OPERATION PERFORMED: Colonoscopy

TOTAL FLUIDS
LR 900 cc
NS
PPF
SC( )
PRBC( )
FFP( )
TOTAL

NAME(S) OF SURGEON(S): Neumeister / Moore

Anesthetist: Gray Cross
Signature of Anesthetist.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. | WARD NO. OPS | DATE 7-13-96

ANESTHESIA

[redacted] ROVED

PER [redacted]

8/12/96 0850

[redacted] DF 081557 520

8/22

PREANESTHETIC SUMMARY

Hx Bld Trans. ___Y/N___

OPERATION PROPOSED: Colonoscopy

AGE: 38 | WEIGHT: 190 | Ht. 5 ft. 6 in.

PHYSICAL STATUS: ASA 1 (2) 3 4 5 6 7

SPECIAL INFORMATION: Airway Class I 15cm

URINALYSIS: NORMAL ___ ABNORMAL ___
WBC [illegible] HPF
RBC ___ HPF
Bact ___ N/A
Prot ___

HEMATOLOGY: HGB ___ WBC 12.5 RBC ___ PLT 403 HCT ___
OTHER: 12.3 24.7

BLOOD CHEMISTRY: Glu ___ Cr ___ Bun ___ Sod ___ Kcl ___ Cl ___ CO_2 ___
141/23/6 .8
3.9/105/11

RESPIRATORY SYSTEM: 96
(Lungs) (CLEAR) (96)
PFT: FVC ___ FEV ___
ABG ___/___/___/___
TB/Asthma Ø
Tob. PPD ___/___ x 25 Yrs.
CXR 4/95 (-)

CIRCULATORY SYSTEM
BP 105/53 PULSE 53
ECG (IF PERTINENT) NSR
CAD
HTN
MI
Ang.
CHF
ASPVD } Ø
Muga/ECHO ___ EF ___ %
P.Thal ___
Reg Ø m

CENTRAL NERVOUS SYSTEM
(CVA/CEREBROVASCULAR, POLIO, NEUROLOGICAL)
Seizures Ø
Oriented x 3 (Y/N) ___
PTSD
migraines

OTHER SYSTEMS
(ANEMIA) Y/N
Hepatitis
DM
renal
thyroid } Ø
ETOH: Ø

PREVIOUS ANESTHETICS AND COMPLICATIONS
TAH 1987
exp lap (adhesions) 3/95
Sutures removed 11/95 - GA
Ganglion excised x 4 (R)
Amitriptyline

PRESENT DRUG THERAPY; E.G. STEROIDS, TRANQUILIZERS
Prozac
Phenergan
Theodur
Ativan

PREOPERATIVE DIAGNOSIS
Chronic constipation
R/O mass
PTSD
migraines

PREMEDICATION
NPO x meds
hold motrin

SIGNATURE OF EVALUATING PHYSICIAN: [signature]
DATE: 8/5/96

POSTANESTHETIC VISITS

RECORD OF PERTINENT COMPLICATIONS
8/12/96 @ 940 hrs. PACU/SICU.
8/12/96 @ 1610 hrs. Anesthesia Post OP Note.

AWAKE ✓, TALKING ___, RESPONDING ___, INTUBATED ___.
VS. BP 107/63 HR 73, R 14, SaO_2 98, Temp 97.7
O_2 NASAL ___ T-PIECE ___ REPORT ✓ B. Cooper RN
MASK ___ VENT ___ GIVEN ___

Anticoagulation Stay Ura

[illegible] GAYLE A 25
[illegible] FERRY RD LO [illegible]

*U.S. GPO: 1993-515-799/81310

MEDICAL RECORD | ANESTHESIA REPORT

Preop Status: 2-MILD DISTURB. Operating Room: OR E1
Principal Operation: C-SCOPE
Anesthesia Technique(s):
MONITORED ANESTHESIA CARE(PRINCIPAL)
Agents: PROPOFOL 150 mg
MIDAZOLAM 2 mg
FENTANYL .1 mg

Intubated: NO
Anesthesia Start: AUG 12, 1996 08:33 Anesthesia Stop: AUG 12, 1996 09:10
Anesthetist: GRAY,ANTONETTE Relief Anesth:
Anesthesiologist: BARCLAY,VIVEK Attending Code: 6. STAFF AVAILABLE IN OR SUITE
Assistant Anesth: Min Intraoperative Temp:
Blood Replacement Fluids:
RINGERS LACTATED SOLUTION Quantity: 400 cc's
Intraoperative Blood Loss: Urine Output:
Operation Disposition: PACU (RECOVERY ROOM)
PAC(U) Admit Score: PAC(U) Discharge Score:
Postop Anesthesia Note:

ANESTHETIST'S SIG: Antonette Gray CRNA [redacted]
DOVE,GAYLE A
WARD: ROOM-BED:
VAMC: Biloxi, MS (CONS)

POST ANESTHETIC RECOVERY SCORE

Activity	
Moves 4 Extremities	= 2
Moves 2 Extremities	= 1
Moves 0 Extremities	= 0
Respirations	
Deep-breathes and Coughs	= 2
Dyspnea-Limited Breathing	= 1
Apneic	= 0
Circulation	
BP ± 20 - Preanesthesia	= 2
BP ± 20/50 - Preanesthesia	= 1
BP ± 50 - Preanesthesia	= 0
Consciousness	
Fully Awake	= 2
Arousable on Calling	= 1
Not Responding	= 0
Color	
Pink	= 2
Pale, dusky, blotchy	= 1
Cyanotic	= 0
Score Must = 8 or Above	

PACU TRANSFER NOTE

LEVEL OF CONSCIOUSNESS: AWAKE ✓ CONFUSED ___ ORIENTED ✓ OTHER ___

SKIN CONDITION: WARM ✓ DRY ✓ OTHER ___

COLOR: PINK ✓ OTHER ___

IV SITE: CLEAR ✓ PATENT ✓ REDDENED ___ OTHER ___

DRESSING: DRY ___ INTACT ___ OTHER n/a

CATHETERS/DRAINS: PATENT ___ OTHER ___

#1 ___

#2 ___

#3 ___

TRANSPORTED VIA: STRETCHER/SIDERAILS UP ✓ WHEELCHAIR ___ AMBULATORY ___

TRANSFERRED TO: WARD ___ ASOU ✓ SICU ADMIT ___ SICU RECOVERY ___ HOME ___

POST OP INSTRUCTIONS: DISCUSSED WITH PATIENT ✓ RE: diet, activ

DISCUSSED WITH FAMILY ___ RE: ___

PATIENT VOICED UNDERSTANDING: YES ✓ OTHER ___

REPORT GIVEN TO: Benigno RN

FAMILY NOTIFIED OF PATIENT TRANSFER: YES ✓ NO FAMILY PRESENT ___

TIME OF DISCHARGE: 935AM

NURSES SIGNATURE: Barbara Borges RN

LR 550 cc IVC

OR 400
PACU 50
450

PACU FLOWSHEET

Standard Form 507

TIME IN: 905

SURGERY/PROCEDURE:
Colonoscopy
Wound I+D

ANESTHESIA:
Lidocaine 1.2 mg
Versed 2 mg
Fentanyl 100 mg
Demerol 150 mg

FLUIDS LEFT FROM O.R.
LR 1000 cc

FLUIDS IN O.R.
LR 900 cc

ALINE:

TIME: 905 910 915 930

CODE
PULSE
RESP.
B.P.

220 200 180 160 140 120 100 80 60 40 20

SaO2 93 98 91 98/2
TEMP 97.7
CM NSR
OXY. 2 NC

P.A.R.S.		905	930
Color	2	2	2
Activity	2	2	2
Respiration	2	2	2
Circulation	2	2	2
Conciousness	1	2	2
Total Score	9	10	

	OR	PACU
CHEST TUBES:	—	—
NG TUBE:	—	—
URINE:	0	
T-TUBE	—	—
OTHER	—	—
EBL:	—	—

DRESSING: YES NO
#1 DRY SOILED SITE:
#2 DRY SOILED SITE:

PRE-OP VS:
O.R. BP 128/63 P 95 RASaO2 98%
WARD BP 94/59 P 56 RASaO2 100
105/53 53 96
EKG: NSR HR 63

SIGNATURE: Barbara Caporale

PATIENT'S IDENTIFICATION

Doe [redacted]

HISTORY:
38
PTSD
Migraines
Cough
Hyperlipidemia
NSR
Smokes 1PD
TAH
Emphysema
Hemorrhoids

Family: yes
ALLERGY:
NKA

PACU ASSESSMENT:
BREATH SOUNDS clear diminished
ABD: soft, flat
BOWEL SOUNDS: active
PEDAL PULSES: palpable diminished
IV: NS, R post hand, intact
HOB: 1

WARD NO.

STANDARD FORM 507
General Services Administration and Interagency Committee on Medical Records
FIRMR (41 CFR) 201-45.505
October 1975 507-107

* U.S. GPO:1992-624-458/60127

Preoperative Diagnosis:
Primary: ABDOMINAL PAIN ICD9 Code: NOT ENTERED
Surgeon: MOORE,JON MICHAEL Surgical Priority: ELECTIVE
Attend Surgeon: NEUMASTER,TERRY DAV Attend Code: 1. ATTENDING IN O.R.
1st Assistant: NEUMASTER,TERRY DAV 2nd Assistant: N/A

Other Scrubbed Assistants: NONE ENTERED
Anesthetist: GRAY,ANTONETTE Asst Anesthetist: N/A
Attending Anesthesiologist: BARCLAY,VIVEK
Anesthesia Supervisor Code: 6. STAFF AVAILABLE IN OR SUITE
Perfusionist: N/A Asst. Perfusionist: N/A
OR Support Personnel:

Scrubbed	Circulating
LEE,BRENDA B (FULLY TRAINED)	BELLAIS,DAWN (FULLY TRAINED)

Anesthesia Technique(s):
MONITORED ANESTHESIA CARE (PRINCIPAL)
Agent: PROPOFOL
MIDAZOLAM
FENTANYL
Anesthesia Begin: AUG 12, 1996 08:33 Anesthesia End: AUG 12, 1996 09:10
Operation Begin: AUG 12, 1996 08:45 Operation End: AUG 12, 1996 09:00
Tubes and Drains:
N/A
Tourniquet: N/A
Material Sent to Laboratory for Analysis:
Specimens: N/A
Cultures: N/A
Postoperative Diagnosis:
Primary: NORMAL COLON ICD9 Code: NOT ENTERED
Major Operations Performed:
Primary: C-SCOPE CPT Code: 45378

Concurrent Procedure(s): N/A
Date/Time of Dictation: NOT ENTERED
Date/Time Transcribed: AUG 20, 1996 10:05
Indications for Operation:
ABDOMINAL PAIN
Surgeon's Dictation:
FINDINGS:
Normal colon.

INDICATIONS:
This is a 38-year-old, white female with a complaint of chronic/intermittent abdominal pains, nausea and vomiting and constipation for many months. The patient reports that this nausea has become worse over the last month. The patient denies any obstructive symptoms and also

denies any bright red blood per rectum. The patient has a history of hysterectomy in 1987 and a laparoscopy which was converted to laparotomy in 1995 for lysis of adhesions. Upper GI with small bowel follow through on 8/12/96 was normal except for a small sliding hiatil hernia. KUB on 7/29/96 was normal. Pelvic ultrasound on 5/96 was normal.

PROCEDURE IN DETAIL:
After informed consent was obtained, the patient was taken to the Operating Room, placed in the left lateral decubitus position. IV sedation was administered. Rectal was unremarkable. Next, the Olympus colonoscope was passed per rectum into the colon. It was passed the entire length of the colon until the cecum was clearly visualized. The scope was then slowly retracted visualizing the entire colon. The colon was without lesions. No abnormalities were seen. There were no areas of compression either intrinsic or extrinsic. The scope was withdrawn. The patient tolerated the procedure well and was taken to the Recovery Room. There were no complications.

I agree with the above described operation/procedure.

AUTHENTICATED BY: _____
V.A. STAFF PHYSICIAN

/klw

DEPARTMENT OF VETERANS AFFAIRS

VA ADVANCE DIRECTIVE:
Living Will and Durable Power of Attorney for Health Care

This form is a tool to document or capture a patient's wishes regarding a designated health care agent and their future treatment preferences. This form is a tool, not an end in itself. The form does not substitute for comprehensive dialogue with the patient. It is expected that the health care professional assisting the patient will bring up for discussion other possible end stage scenarios, as appropriate. Supplemental pages may be appended as necessary.

I, GAYLE A. DOVE [redacted], write this document as a
(print or type patient's name and social security number)
directive regarding my health care. I have put my initials by the choices I want.

Part I. - Durable Power of Attorney for Health Care (DPAHC)

initials GAD I appoint this person to make decisions about my health care if there ever comes a time when I cannot make those decisions myself.

Name DONALD K. MURRAY	
Street Address 922 PARKVIEW PLACE	
City, State and Zip Code GULFPORT, MS 39507	
Work Telephone Number with Area Code	*Home Telephone Number with Area Code* (228) 897-1430

If the person above cannot or will not make decisions for me, I appoint this person:

Name	
Street Address	
City, State and Zip Code	
Work Telephone Number with Area Code	*Home Telephone Number with Area Code*

initials GAD I have notified the individuals listed above of my decision.

initials I have not appointed anyone to make health care decisions for me in this or any other documents.

Part II. - Living Will

These are my, Gayle A. Dove [redacted], wishes for my future health care if there ever comes a time when I can't make these decisions for myself. I want the person I have appointed as my Health Care Agent (HCA), my doctors, my family and others to be guided by the decisions I have made below.

(print or type patient's name and social security number)

A. Life-Sustaining Treatments

initials GAD

If I should have an incurable or irreversible condition that will cause my death, or am in a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be artificially prolonged by administration of "life-sustaining" procedures. If, at that time, I am unable to participate in decisions regarding my medical treatment, I direct my physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

B. Treatment Preferences/Other Directions

initials

You have the right to be involved in all decisions about your health care. If you have wishes not covered in other parts of this document, please indicate them here. Treatments or situations you may wish to consider include, but are not limited to: Transfusion, dialysis, CPR, artificial nutrition and hydration, mechanical breathing, pain medications, antibiotics, and a time-limited trial of a given therapy.

Part III. - Signatures

A. Your Signature — By my signature below, I show that I understand the purpose and effect of this document.

Signature	[redacted]	Date
Gayle A. Dove / Gayle Ann Dove		10/17/01
Name (Printed or Typed): GAYLE A. DOVE		
Street Address: 922 PARKVIEW PLACE		
City, State and Zip Code: GULFPORT, MS 39507		

B. Your Witnesses' Signatures

I am not, to the best of my knowledge, named in the person's will.
I am not the person appointed as Health Care Agent (HCA) in this advance directive.
I am not a health care provider (or an employee of the health care provider), or financially responsible, now or in the past, for the care of the person making this advance directive. *(Exception: where other witnesses are not reasonably available, employees of the Chaplain Service, Psychology Service, Social Work Service, or nonclinical employees such as Voluntary Service or Environmental Management Service may serve as witnesses.)*

Witness #1: I personally witnessed the signing of this advance directive.

Signature	Social Security Number	Date
[illegible]		17Oct01
Name (Printed or Typed): Christy E. Smith, LMSW		
Street Address: VAMC		
City, State and Zip Code: BILOXI, MS 39531		

Witness #2: I personally witnessed the signing of this advance directive.

Signature	Social Security Number	Date
Michelle Williams		17Oct01
Name (Printed or Typed): Michelle Williams		
Street Address: VAMC		
City, State and Zip Code: BILOXI, MS 39531		

Produced by VA Gulf Coast Veterans Health Care System, Medical Media Service (142B-Biloxi), 99-389, 7/99; Printed by the Therapeutic Printing Plant (Gulfport)

VA DPAHC (DURABLE POWER OF ATTORNEY FOR HEALTH CARE)

Gayle A Doue (print name) do hereby appoint

Name: Raymond H Doue

Address: 4457 Popps Ferry Rd #195
Biloxi MS 39532

Telephone: (work) _____ (home) (228) 396-1919

is my true and lawful personal care attorney in fact, my health care agent. This appointment shall take effect only if I am unable to make or communicate my own health care decisions. My health care agent shall be authorized to make any and all health care decisions for me except to the extent I provide otherwise in this, or another document. My agent is specifically authorized to grant, refuse or withdraw consent on my behalf for any health care service, treatment or procedure. This authority expressly includes the withholding or withdrawal of life-sustaining treatments.

My health care agent shall have the authority to talk to health care providers, get information and sign any forms necessary to carry out these decisions. I hereby consent to the release by VA, to my health care agent appointed hereunder, of any and all information from my medical records that is, or may be, relevant to enable or assist my health care agent to make decisions about my health care and treatment. This authorization to release information is intended to include any information related to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus and sickle cell anemia.

My health care agent is instructed to follow the treatment preferences, if any, expressed by me in the attached document entitled, "Treatment Preferences," or similar document. If the other document does not assist my health care agent in making the decision at issue, I instruct my agent to follow those preferences that I previously expressed, when I was competent to make such decisions. If this information is not known or available, I trust my agent to make decisions that he/she believes to be in my best interests.

In the event the person I have appointed is unable, unwilling or unavailable to act as my health care agent, I appoint the following as my alternate agent:

Name: _____

Address: _____

_____

Telephone: (work) _____ (home) _____

CHECK ONE: ☒ This document is to remain in effect indefinitely. ☐ This document is to expire on	INITIALS GAD
ATTACHED IS A DOCUMENT CONTAINING ADDITIONAL INFORMATION TO GUIDE MY AGENT ☐ YES ☒ NO	INITIALS GAD
SIGNATURE Gayle A. Doue	DATE April 1, 1998
[redacted] 8-15-1957	Marilyn Mossman

We declare that Gayle A Doue (print name) appears to be of sound mind and free from duress at the time the durable power of attorney for health care was signed and that the principal has affirmed that he/she is aware of the nature of the document and is signing it freely and voluntarily.

SIGNATURE OF WITNESS	ADDRESS OF WITNESS
[illegible]	Biloxi VAMC
SIGNATURE OF WITNESS Vernon J Langrid	ADDRESS OF WITNESS Biloxi VAMC

VA FORM 10-0137B

VA LIVING WILL/VA ADVANCE DIRECTIVE

) any medical facility in whose care I happen to be in and to any individual who may become responsible r my health care: If the time comes when I, _____ (print name), can no nger take part in the decisions affecting my health care and treatment, it is my intention while I am still of und mind that this document shall stand as an expression of my wishes.

terminal illness, for the purposes of this directive, is a debilitating condition which is medically incurable or ot treatable in terms of available technology, and which can be expected to cause death. A terminal illness is so one in which death will occur whether or not life-sustaining treatment is utilized, and the application of fe-sustaining treatment would serve only to artificially prolong the dying process. In addition, terminal illness iall include conditions where death is imminent as well as debilitating conditions from which there is no easonable hope for recovery, e.g., a coma or persistent vegetative state.

Life-Sustaining treatment" means medical care, procedures or interventions which when applied to a patient ith a "terminal illness," would have little or no effect on the underlying disease, injury or condition and hich would only serve to delay death. Such treatment may include, but is not limited to resuscitation, rtificial nutrition and hydration, mechanical ventilation and dialysis.

f at any time I should have a terminal illness, as defined herein, as determined by my attending (or primary reating) physician, with the concurrence of another physician, I direct that such life-sustaining treatment, as efined herein, be withheld or withdrawn, and that I be permitted to die naturally with only the administration f such medical care and procedures deemed necessary to help make me comfortable.

n the absence of an ability to give directions regarding the use of such life-sustaining treatment, it is my ntention that this declaration shall be honored as the final expression of my moral and legal right to refuse nedical or surgical treatment and to accept the full consequences (including death) of such refusal.

understand that this is a pre-printed form. Therefore, any comments, restrictions or additional instructions hat I wish to make are described on the attached document entitled, "Treatment Preferences." The specific natters addressed in the attached document shall take priority over the provisions set forth in this doucment if here is any conflict. THIS PARAGRAPH SHALL TAKE EFFECT ONLY IF MY INITIALS ARE ENTERED HERE: _____

I understand the full importance of this declaration and I am emotionally and mentally competent to make this declaration.

SIGNATURE Gayle A Doe	DATE April 1 1998
SOCIAL SECURITY NUMBER [redacted] DATE OF BIRTH 8-15-1957	MOTHER'S MAIDEN NAME Hossman

We declare that Gayle A Doe (print name) has signed this VA Living Will/VA Advance Directive in our presence and that he/she appears to be of sound mind and free from duress at the time this instrument was signed. In addition, we declare that the signer of this document has affirmed that he/she is aware of the nature and potential consequenses of this document and that it has been signed freely and voluntarily.

SIGNATURE OF WITNESS	ADDRESS OF WITNESS
SIGNATURE OF WITNESS	ADDRESS OF WITNESS

VA FORM NOV 1991 10-0137A

Veterans Administration

Place In Front Of Medical Record

Advance Directives

Documentation to initiate, revise/review, revoke, or provide education for VA Living Will, Durable Power of Attorney, for Health Care, or Treatment Preferences.

Date/Time: 10/28/99 1300

Documentation: Has on file dated 9/0 Changed. Donna Pellum BSW

IMPRINT PATIENT DATA CARD

DOVE, GAYLE A [redacted]

[redacted]

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE
FOR SPECIALIZED DISCIPLINES

VA FORM 10-0114j
SEP 1988

025386

ACKNOWLEDGMENT

This is to acknowledge that I have received a copy of the brochure entitled 'YOUR PATIENT RIGHTS.' This information includes my right to complete a VA Living Will and/or Durable Power of Attorney for Health Care. I understand that I may seek further counseling through a Chaplain or Social Worker upon request.

Do you have ADVANCE DIRECTIVES? ✓ **YES** ____ **NO**
(If not on file, obtain a copy)

Are you interested in completing a VA Living Will and/or Power of Attorney for Health Care? ____ **YES** ✓ **NO**

Are you an ORGAN DONOR? ____ **YES** ✓ **NO**
(If interested in being an organ donor, information is available in your Patient Rights brochure.)

X Gayle A Dove
PATIENT SIGNATURE

Dawn Bellem RN
WITNESS/DATE 10/26/99 800

COMMENTS: _____

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A
[redacted]

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted] DECEMBER 1996

VA FORM 10-0114I(P)

Department of Veterans Affairs

AMBULATORY SURGERY HISTORY & PHYSICAL EXAM

Diagnosis: Epigastric pain

Procedure Scheduled: ECG

Date of Procedure: 11/5/99

Chief Complaint / History of Present Illness:

Epigastric pain

Past History / Prior Surgeries / Social History / Review of Systems:

DU (1) S/P Total Hysterectomy (-) SOB

Bronchitis (2) Asthma (-) Chest pn.

Pulmonary Bowel movements normal 905.

Risk Factors / Co-Morbidity: (-)

Adverse Drug Reactions / Allergies: (-) NKA

Current Medications / Dose (attached computer printout):

Physical Exam (only pertinent positive or negative findings):

B.P. 84/72, P. 80, Wt. 132

Cvs 1+2

R/sclm.

SIGNATURE AND TITLE OF PRACTITIONER

DATE 11/5/99

IMPRINT PATIENT DATA CARD

[redacted]

DOVE, GAYLE A

[redacted]

MEDICAL RECORD SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES

[redacted]

VA FORM MAY 1990 **10-0114j**

EXISTING STOCK OF VA FORM 10-0114j, SEPT 1988, WILL BE USED.

*U.S. Government Printing Office: 1991 — [illegible]

AMBULATORY SURGERY PRE-OP NOTE/INFORMED CONSENT

Date / Time: 10/28/94 8:24

Possible Risks / Complications: Bleeding
Perforation
Infection

Benefits: To R/O PUD

Patient's condition: _____, (i.e., awake, alert, sedated, anxious, confused, lethargic, unconscious, etc...)

Alternative Treatment identified to patient/guardian: _____

Patient *Competent*: Yes _____ No _____

Do you have an Advanced Directive? Yes _____ No _____

Patient and/or guardian/next of kin has been given opportunity to ask questions: Yes ____ No ____

Patient and/or guardian/next of kin comprehends what has been proposed and why: Yes ___ No __

Patient and/or guardian/next of kin has agreed and freely consented to the proposed procedure/treatment plan without duress or coercion: Yes _____ No _____

Patient and/or guardian/next of kin has been informed of the Surgical Team:

_____ _____ _____

Attending Staff ***Surgeon*** ***Members***

Attending Surgeon concurs with proposed procedure/treatment plan: Yes ____ No ____

Attending Surgeon Note: _____

Discharge Planning: Estimate date of discharge: _____ (*date*)

Discharged to: Home _____ NHC _____ IMC _____ Other _____

Patient consulted to Social Work Service? Yes _____ No _____

Special Requirements: _____

_____ _____

Resident Surgeon **Attending Surgeon**

MEDICAL RECORD	PROGRESS NOTES
DATE	

PHYSICIAN H&P INTERIM NOTE

DATE/TIME: 11/5/09 10-hrs

Is there any significant change in the patient's health status since the last exam: Yes ___ No (circled)

If YES, explain: ___

Are there any significant changes in the patient's physical findings? Yes ___ No (circled)

If YES, explain: ___

Are there any contraindications to the planned surgery? Yes ___ No (circled)

If YES, explain: ___

The patient is cleared for the scheduled surgery? Yes (circled) ___ No ___

If NO, explain: ___

[redacted]

Physician Signature

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

Dove, Gayle

[redacted]

[redacted]-111

PROGRESS NOTES

DATE	

*U.S.GPO:1997-426-359

COLLABORATIVE INTERDISCIPLINARY PLAN OF CARE/PROGRESS NOTE/DISCHARGE PLANNING

Admission: _____
Diagnosis: _____
_____
_____

[ ] Palliative Care
[ ] Patient and/or [ ] Significant other will be knowledgeable about medications, diet, activity, treatments, and follow-up care.
[ ] Discussed discharge plans with family/significant other.
[ ] Patient will be discharged to Nursing Home.
[ ] Discharge to home.

DATE	PROBLEM	PLAN	GOAL	PROBLEM ID BY (INITIALS)	DATE COMPLETED
	KNOWLEDGE DEFICIT REGARDING DIAGNOSIS AND SURGICAL INTERVENTION NEEDED.	SURGEON WILL DISCUSS WITH PT/FAMILY IF PRESENT DX, PROCEDURE RISKS BENEFITS ALTERNATIVES IF ANY	PT/FAMILY WILL HAVE TIME TO DISCUSS WITH SURGEON PROCEDURE AND IF CONCUR WILL SIGN CONSENT		
10/28/99	KNOWLEDGE DEFICIT REGARDING ANESTHESIA TYPES.	MDA/CRNA WILL DISCUSS OF ANESTHESIA BEST FOR PT INCLUDING RISKS AND BENEFITS	PT/FAMILY WILL VERBALIZE UNDERSTANDING OF ANESTHESIA TO BE USED AND WILL CONCUR BY SIGNING ANESTHESIA CONSENT	DW	10/28/99 DW
	KNOWLEDGE DEFICIT REGARDING ADVANCED DIRECTIVES.	PRE-ADMIT NURSE/SOCIAL WORKER/CHAPLAIN WILL DISCUSS AD WITH PT/FAMILY & COMPLETE IF PT WISHES.	PT/FAMILY WILL VERBALIZE UNDERSTANDING AND SIGN AD ACKNOWLEDGEMENT		
	KNOWLEDGE DEFICIT REGARDING PREOPERATIVE INSTRUCTIONS.	PRE-ADMIT RN WILL REVIEW PRE-OP INSTRUCTIONS WITH PT/FAMILY AND GIVE WRITTEN INSTRUCTIONS TO PT.	PT/FAMILY WILL VERBALIZE UNDERSTANDING BY RESTATING INSTRUCTIONS.		
	UNDERSTANDING OF PROCEDURE TIME.	PRE-ADMIT RN WILL CALL PT DAY BEFORE PROCEDURE AND VERIFY TIME WITH PT	PT WILL UNDERSTAND TIME AND WILL HAVE ANY FURTHER QUESTIONS ANSWERED IF NEEDED.		
11/5/99	ANXIETY REGARDING OPERATING ROOM.	OR RN WILL FOLLOW NURSING PLAN OF CARE FOR OR AND WILL ENCOURAGE PT TO EXPRESS ANY FEARS/CONCERNS.	PT WILL VERBALIZE ANY FEARS HE/SHE MAY HAVE.	DW	11/5/99

Problems resolved upon discharge Yes [ ] No [ ]
If no, explain: _____

Signature: _____
Patient Identification:

DOVE, GAYLE A
515-64-6094 08/15/52

0462

PROGRESS NOTE:								
MEETING DATES:		10/28	11/5/99					
ATTENDANCE	SIGNATURE	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	
CHIEF OF SURGERY								
STAFF SURGEON								
~~ANESTHESIOLOGIST~~/CRNA	D.M.C. Clan	DM						
RESIDENT								
PC DOCTOR								
CONSULTING DOCTOR								
REGISTERED NURSE	Donna Mitchell		DM					
REGISTERED NURSE								
REGISTERED NURSE								
SOCIAL WORKER								
REGISTERED DIETITIAN								
PHARMACIST								
KT/OT/PT/SPEECH								
RESPIRATORY TECH								
I.C. NURSE								
PT./SIGNIFICANT OTHER								

COLLABORATIVE INTERDISCIPLINARY PLAN OF CARE/PROGRESS NOTE/DISCHARGE PLANNING

Admission: 11/5/99
Diagnosis: CABG x 4

[ ] Palliative Care
[ ] Patient and/or [ ] Significant other will be knowledgeable about medications, diet, activity, treatments, and follow-up care.
[ ] Discussed discharge plans with family/significant other.
[ ] Patient will be discharged to Nursing Home.
[ ] Discharge to home.

DATE	PROBLEM	PLAN	GOAL	PROBLEM ID BY (INITIALS)	DATE COMPLETED
11/5	POTENTIAL FOR AIRWAY OBSTRUCTION HEMODYNAMIC INSTABILITY, ALTERED STATE OF CONSCIOUSNESS & POST OPERATIVE DISCOMFORT/PAIN	PACU RN WILL MONITOR VS. PT STATUS ACCORDING TO PACU ADMISSION DISCHARGE CRITERIA.	PT WILL REMAIN HEMODYNAMICALLY HAVE PARS SCORE OF 10 OR EQUAL TO PRE-OP STATUS. PT WILL HAVE TOLERABLE	CP	11/5/99
			LEVEL OF PAIN AS DOCUMENTED IN PT. ASSESSMENT.		
	KNOWLEDGE DEFICIT REGARDING POST-OPERATIVE INSTRUCTIONS	SURGEON WILL DISCUSS WITH PT/FAMILY POST-OP INSTRUCTIONS	PT/FAMILY WILL VERBALIZE UNDERSTANDING OF POST-OPERATIVE INSTRUCTIONS		
11/5	CONFIRMATION OF UNDERSTANDING POST-OPERATIVE INSTRUCTIONS	ASOU RN WILL VERBALLY REVIEW POST-OPERATIVE INSTRUCTIONS AND GIVE PT A WRITTEN COPY. THE RN	PT/FAMILY WILL VERBALIZE UNDERSTANDING OF POST-OPERATIVE INSTRUCTIONS BY RESTATING INSTRUCTIONS &	BD	11/5/99
		WILL ALSO GIVE PT A CARD WITH NAME OF MD AND PHONE NUMBER TO CALL IF ANY PROBLEM.	WHAT TO DO IF PROBLEMS OCCUR. PT WILL VERBALIZE RETURN APPOINTMENT DATE & TIME.	BJ	11/5/99
11/5	POST-OPERATIVE FOLLOW-UP	THE ASOU RN WILL CALL PT 24 HOURS AFTER SURGERY TO SEE IF PT HAS ANY PROBLEMS.	PT WILL BE ASSURED WE ARE CONCERNED ABOUT HIM/HER.	[illegible]	11/8/99

Problems resolved upon discharge Yes [✓] No [ ]
If no, explain:

Signature: [signature] Patient Identification:

520-OP-275-11
Page 1

DOVE, GAYLE A 615-44-6064 08/15/57

0464

PROGRESS NOTE:	

MEETING DATES:		11/5/99	11/8				
ATTENDANCE	SIGNATURE	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL
CHIEF OF SURGERY							
STAFF SURGEON							
ANESTHESIOLOGIST/CRNA							
RESIDENT							
PC DOCTOR							
CONSULTING DOCTOR							
REGISTERED NURSE	Carol DeBraal						
REGISTERED NURSE	Bobbye Williams CM	CM					
REGISTERED NURSE	Amanda Schmidt RN		MS				
SOCIAL WORKER							
REGISTERED DIETITIAN							
PHARMACIST							
KT/OT/PT/SPEECH							
RESPIRATORY TECH							
I.C. NURSE							
PT/SIGNIFICANT OTHER							

AMBULATORY SURGERY OBSERVATION UNIT ADMISSION ASSESSMENT

I. Time of Admission: 0815 Designated Driver: Friends from Sleep Bob Murray
NPO Since: MN Medications (This AM): Cardizem CD @ 0700
Mode of Arrival: ☒ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Other:
Allergies: ☐ Medications ☐ Food ☐ Insects ☐ Latex (must complete Latex Allergy questionnaire) NKA
Cultural/Religious Preference: Roost
Advance Directives: ☒ Yes ☐ No If yes, the Advance Directives **must** be on the chart.
Physician: Mohiuddin
Disposition of Valuables: ☐ Agent Cashier ☐ Administrative Officer of the Day (AOD)
☐ Patient Effects ☒ Patient ☐ Family/Home

II. **SKIN**
☐ Hot ☒ Warm ☐ Cool ☒ Dry ☐ Diaphoretic ☒ Pink ☐ Cyanotic
☐ Rash ☐ Lesions ☐ Decubiti ☐ Lacerations ☐ Hematoma ☐ Flushed
☐ Other: scratch on (L) Forearm

III. **MUSCULOSKELETAL**
☒ Moves All 4 Extremities ☐ Hemiplegia ☐ Paraplegia ☐ Quadriplegia
☐ Amputee ☐ Contractures ☐ Other:
Comments:

IV. **CARDIOVASCULAR/CIRCULATION**
☒ No Problem Identified ☐ Chest Pain ☐ Exertional ☐ Rest low substernal pain
Chest Pain: Location: Duration:
Frequency: Severity: (0-10 Scale)
What relieves pain:
Rhythm: ☒ Regular ☐ Irregular
Leg Pain: ☒ ☐ Exertional ☐ Rest

PULSES	Left	Right
Radial	2+	2+
Dorsalis Pedal	✓	✓
Posterior Tibial	✓	✓

PUPILS	Left	Right
Size	3mm	3mm
React	✓	✓
Fixed		
Dilated		
Constricted		

1MM 2MM 3MM 4MM 5MM

V. **RESPIRATORY**
Breathing Pattern: ☒ Normal ☐ Dyspnea
☐ Exertional ☐ At Rest
Cough: ☐ None ☒ Non-Productive
☐ Productive
smokes 1 pk daily

BREATH SOUNDS	Left	Right
Clear	✓	✓
Wheezing		
Rhonchi		
Rales		

Signature/Title: Lauren Benzie RN Date/Time: 11/5/99 @0825
Date/Time:

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: Date/Time:
Date/Time:

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)
DOVE, GAYLE A [redacted]

520-OP-277-118 JUNE '99

REV. 6/99

AMBULATORY SURGERY OBSERVATION UNIT

VI. GASTROINTESTINAL

Abdomen: ☒ Soft ☐ Rigid ☐ Distended ☒ Non-Tender ☐ Tender
Bowel Sounds: ☒ Normal ☐ Absent ☐ Hypoactive ☐ Hyperactive
Last Bowel Movement: Yest Other: _____

VII. GENITOURINARY

☒ No Problem Identified ☐ Burning ☐ Frequency ☐ Hematuria ☐ Incontinence
☐ Last Menstrual Period 1987 hysterectomy
Other: _____

VIII. SLEEP/REST ASSESSMENT

Usual Number of Hours of Sleep: 5-6 Varies Goes to Sleep at: 10p Rises at: 6Ai
Difficulty Sleeping: ☒ Yes ☒ No Sleeping Aids: ☒ Yes ☒ No
Why? Night mares What? Alprazolam

IX. MISCELLANEOUS

Glasses	☒ Yes	☐ No	Crutches	☐ Yes	☒ No	Cane	☐ Yes	☒ No
Contact Lens	☐ Yes	☒ No	Artificial Limb	☐ Yes	☒ No	Wheelchair	☐ Yes	☒ No
Hearing Aid	☐ Yes	☒ No	Brace	☐ Yes	☒ No	Infusaport/Hickman	☐ Yes	☒ No
Artificial Eye	☐ Yes	☒ No	Walker	☐ Yes	☒ No			

Comments: _____

TEACHING ASSESSMENT

Learns Best: ☒ Seeing ☐ Hearing ☐ Doing Able to Read: ☒ Yes ☐ No Education Level: 12
Barriers/Limitations: ☐ Physical ☒ Visual ☐ Cognitive ☐ Auditory ☐ Language ☐ Emotional ☐ None
Other _____
Describe Barriers/Limitations and note plan to adapt patient teaching: Wear glasses to read
Age Specific Needs: Glasses
Cultural/Religious practices affect patient's healthcare? ☐ Yes ☒ No
If yes, describe and document plan to respect patient's needs: _____

KNOWLEDGE OF DIAGNOSIS:

1. Understands disease/condition: ☒ Yes ☐ No Explain: _____
2. Understands treatment: ☒ Yes ☐ No Explain: _____
3. Able to demonstrate use of prescribed equipment: ☐ Yes ☐ No ☒ N/A Explain: _____

KNOWLEDGE OF MEDICATIONS:

1. Knows when to take: ☒ Yes ☐ No Explain: _____
2. Knows reason medication is prescribed: ☒ Yes ☐ No Explain: _____

SUPPORT SYSTEM TO ASSIST WITH LEARNING: (Check those applicable)

☐ Spouse ☒ Family Member ☐ Friend ☐ No Support ☐ N/A
Name of Person included in teaching: _____

Signature/Title: Laurel Bergin RN Date/Time: 11/5/99 @ 0845
Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: _____ Date/Time: _____
Date/Time: _____

[redacted]

11/5/99

INTERDISCIPLINARY ADMISSION ASSESSMENT 3

AMBULATORY SURGERY OBSERVATION UNIT
OBSERVATION AND DISCHARGE NOTES

Arrival Time: 1145
Procedure: EGD
IV Solution: L/R
Left to Count: 530
Site: #20 Lt Hand

☑ Alert ☐ Drowsy
Dressing: _____
Dry: _____ N/A ☑
Drainage: _____

Drain: ☐ Yes ☑ No
Pain: ☐ Yes ☑ No Pain 0/10
Nausea: ☐ Yes ☑ No
Other: _____

	11	12					
TIME	45	25					
TEMP	98	98					
O2 SAT	95	97					
200							
180							
160							
140		✓					
120	✓						
100							
80							
60							
40							
20	16	16					

NURSES NOTES

☑ Side Rails Up ☑ Family Present ☐ Up in Chair ☑ BRP _____

Alert oriented x3, color pink, skin W/D. #A Rt. hand, strong pulse 3+, soft flex - Tongue/Trach midline, PCRL, chest clear soft active bowel sounds. B. Dunnam

INTAKE	OUTPUT
IV: 600	URINE Voided
PO: 360	EMESIS 0

MEDICATION RECORD

Time	Medication	Dose	Route	Site	Given By

DISCHARGE SUMMARY AND INSTRUCTIONS

Discharge Time: 1340
Alert/Oriented: ☑ Yes ☐ No
Tolerated Fluids: ☑ Yes ☐ No
Pain: ☐ Yes ☑ No
Nausea: ☐ Yes ☑ No
IV: ☑ Discontinued ☑ Intact

Drain: ☑ N/A ☐ Discontinued ☐ Intact on Discharge
Voided: ☑ Yes ☐ No ☐ Urge ☐ Discomfort
Dressing: ☐ Dry ☑ N/A
Fluids Absorbed: 600

Copy of Instructions: ☑ Yes ☐ No
Prescriptions Given: ☐ Yes ☑ No
Mode of Discharge: W/C
Discharged With: Friend
Valuables Returned: ☐ N/A ☐ Yes ☐ No

Verbalized/Demonstrated understanding of Discharge Instructions: ☑ Yes ☐ No
Comments: _____
Signature/Title: Barbara Dunnam RN Date/Time: 11/5/99 @ 1340

POST-OPERATIVE

Follow-Up: Ø ☐ Yes ☐ No Phone ☐ No Answer
Date/Time: 11/8/99 @ 0845 Problems Noted: none
Recommendations: Ø
Signature/Title: Laura Banerjee RN Date/Time: 11/8/99 @ 0845
Date/Time: _____

Readmission/Reassessment within 30 days
Reviewers:
Signature/Title: _____ Date/Time: _____
Date/Time: _____

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number) 520-OP-277-118 JUNE '99

DOVE, GAYLE A
[redacted]

REV. 6/99

SURGERY SERVICE
PREADMIT CLINIC ASSESSMENT

I. Date: 10/28/99 Time: 1300 Age: 42 Ht.: 5'6" Wt.: 136 Gender: M
Mode of Arrival: ☐ Ambulance ☒ Walk-In ☐ Extended Care Facility ☐ Other: _____
Source of Information: ☒ Patient ☐ Family/Friend ☐ Old Chart ☐ Other: _____
Chief Complaint: Epigastric pain
Allergies: ☐ Medications ☐ Food ☐ Insects ☐ Latex (must complete Latex Allergy questionnaire) NKDA
Reactions to Anesthesia: _____
Medical History/Past Surgeries/Hospitalizations: ED'S S/S THA, BI, EXP LAPS- R Lumpectomy Cyst L4 Bipolar
Present Medications: Carbamazepine 200, Olanzapine, Buspirone, Ranitidine, Estrogen
Marital Status: ☐ Married ☐ Single ☒ Divorced ☐ Separated ☐ Widowed
Cultural/Religious Preference: Roman Catholic
Blood/Blood Product Transfusion Preference: ☒ None ☐ Yes; Explain: _____
EMERGENCY NOTIFICATION:
Relative/Friend: Raymond Nova Relationship: Father Phone Number: 396-1915

II. **LEVEL OF CONSCIOUSNESS:**
☒ Alert ☒ Oriented ☒ Person ☒ Place ☒ Time
☒ Verbally Responsive ☐ Confused/Disoriented ☐ Responds to Pain
BEHAVIOR: ☒ Cooperative ☐ Uncooperative ☐ Combative ☐ Withdrawn ☐ Other: _____
EMOTIONAL/PSYCHOSOCIAL STATUS:
☒ Calm ☐ Anxious ☐ Fearful ☐ Depressed ☐ Suicidal ☐ Apathetic
ADL's/Level of Functioning: *S = Self A = Assist T = Total*
Bathing: (S) / A / T Dressing: (S) / A / T Eating: (S) / A / T Mobility: (S) / A / T
Oral Hygiene: (S) / A / T Toileting: (S) / A / T
Comments: _____

VITAL SIGNS					
TIME	B/P	PULSE	RESP.	TEMP.	PAIN (0-10 Scale)
1300	88/72	80	16	98	2

IV. **POTENTIAL ABUSE:**
☒ Not Applicable
☐ Rape or Other Sexual Molestation
☐ Domestic Abuse
☐ Abuse or Neglect of Elders or Children
☐ Evidence of Physical Assault
☐ Unexplained Bruises
☐ Unexplained Injuries
☐ Unkempt, Dirty, Poor Hygiene

If yes to above, **Initiate Center Memorandum 11-13-98** (Mandatory Reporting of Adult and Child Abuse or Neglect) and contact Social Worker.
Date/Time Initiated: _____

III. **PATIENT RIGHTS (If Yes, must be on chart):**
Advance Directives: ☒ Yes ☐ No
Type: _____
Location: _____
Organ Donor: ☐ Yes ☒ No
Tissue Donor: ☐ Yes ☒ No
Information/Pamphlet Provided:
☐ Yes ☐ No ☐ Refused
Comments: _____

Signature/Title: _____ Date/Time: _____
_____ Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: _____ Date/Time: _____
Signature/Title: _____ Date/Time: _____

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

520-OP-278-118 JUNE '99

DOVE, GAYLE A [redacted] [redacted]

[redacted] 6/99

PREADMIT CLINIC ADMISSION ASSESSMENT

V. PHYSICAL DISABILITIES:

Arthritis: ☐ Yes ☒ No
Coordination Problems: ☐ Yes ☒ No
Limb Loss: ☐ Yes ☒ No
Seizures: ☐ Yes ☒ No
Emotional Status:
☒ Calm ☐ Apprehensive ☐ Cooperative
Paralysis: ☐ Yes ☒ No
Pain: ☐ Yes ☒ No
Severity (0-10): 8
Tolerable Level of Pain: 5/10
Location: _____
Duration: _____
Exacerbation: _____
What relieves pain: _____
Comments: Headaches

ELIMINATION:

Incontinence: ☐ Yes ☒ No
Indwelling Foley: ☐ Yes ☒ No
Ileostomy: ☐ Yes ☒ No
Colostomy: ☐ Yes ☒ No
Constipation: ☐ Yes ☒ No
Diarrhea: ☐ Yes ☒ No
Black, Tarry Stools: ☐ Yes ☒ No
Renal: ☐ Yes ☒ No
Prostate: ☐ Yes ☒ No
Comments: _____

GASTROINTESTINAL:

Diabetes: ☐ Yes ☒ No
Nausea and Vomiting: ☐ Yes ☒ No
Feeding Tube: ☐ Yes ☒ No
Hx of Ulcers: ☒ Yes ☐ No
ETOH Use: ☐ Yes ☒ No
_____/wk. Last Drink: _____
Dysphagia: ☐ Yes ☒ No
Religious Food Preference: none
Type of Diet: Reg
Comments: Reflux GERD

TEETH:

Bridges: ☐ Yes ☒ No
Dentures: ☐ Yes ☒ No
Upper: Full _____ Partial _____
Lower: Full _____ Partial _____
Broken: ☐ Yes ☒ No
Loose: ☐ Yes ☒ No
Missing: ☐ Yes ☒ No
Caps: ☐ Yes ☒ No

PULMONARY:

Smoker: ☒ Yes ☐ No
Packs Per Day: 1
Number of Years: 26
Recent URI: ☐ Yes ☒ No
COPD: ☐ Yes ☒ No
Tracheostomy: ☐ Yes ☒ No
Home O2: ☐ Yes ☒ No
TB: ☐ Yes ☒ No
Asthma: ☐ Yes ☒ No
SOB: ☐ Yes ☒ No
Cough: ☐ Yes ☒ No
Productive: _____
Nonproductive: _____
Color of Sputum: _____
Comments: _____

CARDIOVASCULAR/CIRCULATION:

CHF: ☐ Yes ☒ No
Angina: ☐ Yes ☒ No
Last Occurrence: _____
Location: _____
Severity (0-10): _____
Exacerbation: _____
Relieved by: _____
MI: ☐ Yes ☒ No
Arrhythmias: ☐ Yes ☒ No
Hx Vascular Disease: ☐ Yes ☒ No
HTN: ☐ Yes ☒ No
CVA: ☐ Yes ☒ No
Pacemaker/AICD: ☐ Yes ☒ No
Thyroid Disease: ☐ Yes ☒ No
Sickle Cell Trait: ☐ Yes ☒ No
Hepatitis: ☐ Yes ☒ No
HIV: ☐ Yes ☒ No
Previous Blood Transfusion: ☐ Yes ☒ No
Comments: _____

Signature/Title: Dawn Bellamy RN Date/Time: 10/25/99 1330
Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: _____ Date/Time: _____
Signature/Title: _____ Date/Time: _____

[redacted]

PREADMIT CLINIC ADMISSION ASSESSMENT

VI. SLEEP/REST ASSESSMENT:

Usual Number of Hours of Sleep: _____ Goes to Sleep at: Varies Rises at: Varies

Difficulty Sleeping: ☐ Yes ☑ No Sleeping Aids: ☐ Yes ☑ No

Why? _____ What? _____

VII. MISCELLANEOUS:

Glasses:	☑ Yes	☐ No	Rashes:	☐ Yes	☑ No
Contact Lens:	☐ Yes	☑ No	Bruises:	☐ Yes	☑ No
Hearing Aid:	☐ Yes	☑ No	Infections:	☐ Yes	☑ No
Artificial Eye:	☐ Yes	☑ No	Cuts:	☐ Yes	☑ No
Crutches:	☐ Yes	☑ No	Edema:	☐ Yes	☑ No
Artificial Limb:	☐ Yes	☑ No			
Brace:	☐ Yes	☑ No			
Walker:	☐ Yes	☑ No			
Cane:	☐ Yes	☑ No			
Wheelchair:	☐ Yes	☑ No			
Infusaport/Hickman:	☐ Yes	☑ No			

Comments: _____

SKIN INTEGRITY:

Site: _____

Degree: _____

General Problems: _____

Comments: _____

VIII. PRE-OP TEACHING:

Signed Pre-Op Instructions: Yes Waiting Area: Family/Significant Other: Yes

Peri-Operative Care: Yes Approximate Time for Procedure: Yes

Pamphlets: TO Valley Health

Must Have Designated Driver: Father Instructed on Prep/Video: Verbal

Questions Answered: N/A

Prep Kit Given: Yes

Home Phone Number: 396-1915

Patient Signature: Gayle A. Dove Date/Time: _____

Nurse Signature: Dawn Bellar RN Date/Time: 10/26/99 1200

IX. POST-OP DISCHARGE PLANNING:

Do you care for yourself at home? ☑ Yes ☐ No Who will help you? father

Does anyone depend on your care at home? ☐ Yes ☑ No

Transportation: _____

Lodging: ☐ Pre-Op ☐ Post-Op Room Number: Car

Initial: WDB Date/Time: 10/26/99 1200

Signature/Title: Dawn Bellar RN Date/Time: 10/26/99 1200

Date/Time: _____

Readmission/Reassessment within 30 days:

Reviewers:

Signature/Title: _____ Date/Time: _____

Date/Time: _____

DOVE, GAYLE [redacted]

PRINT PATIENT DATA CARD (Name, Address and Social Security Number)

REV. 6/89

PRE-OP CALL

X. Spoke With: ☑ Patient ☐ Other: _____
☐ Left Message ☐ No Answer ☐ No Phone ☐ To Return Call

Discussed: ☑ NPO after Midnight ☑ Except AM Medicine: _____
☐ Do Not Take Medicine ☑ Bring Medicine: ☐ Yes ☐ No

Arrival Time: 0800 Designated Driver: Friend

Prep: ☐ Colon _____ ☑ Skin: _____
☐ Laxative: _____

Patient Questions: ☐ Yes ☑ No Discussed: ☐ Yes ☑ No
Changes in Physical Condition: ☐ Yes ☑ No Fever: ☐ Yes ☐ No
Infection/Draining Wound: ☐ Yes ☐ No
Pre/Post-Op Lodging Protocol: _____ Discussed: ☐ Yes ☑ No
Voiced Understanding of Pre-Op Instruction Sheet/Standard Post-Op Care: ☑ Yes ☐ No

Progress Notes: _____

Signature/Title: barbara cooper rn Date/Time: 11/4/99 0745
_____ Date/Time: _____

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: _____ [redacted]
Signature/Title: _____ [redacted] '99

PREADMIT CLINIC SCREENING TOOL

XI. NUTRITIONAL SCREENING: **Need Identified:** ☐ Yes ☑ No

Unintentional weight loss of 5 pounds in last week: ☐ Yes ☑ No
NPO > 3 Days: ☐ Yes ☑ No
Unintentional weight loss of 10 pounds in last month: ☐ Yes ☑ No
Tube Feeding/IV Nutritional Support: ☐ Yes ☑ No Type: _____
Non-Formulary Nutritional Support
(Tube Feeding/Parenteral) Products: ☐ Yes ☑ No Type: _____
If any of the above identified, contact Clinical Dietitian.
Method of Identification: ☐ E-Mail ☐ Phone ☐ Verbal Date/Time Notified: _____
Initial: KS

SOCIAL WORK/DISCHARGE PLANNING SCREENING: **Need Identified:** ☐ Yes ☑ No

Patient will need supportive care or support of caregiver at discharge for activities of daily living: ☐ Yes ☑ No
Patient lives alone and is not capable of independent living: ☐ Yes ☑ No
Patient is not capable of planning for own care: ☐ Yes ☑ No
Patient is homeless: ☐ Yes ☑ No
If any of the above identified, contact Social Worker:
Method of Identification: ☐ E-Mail ☐ Phone ☐ Verbal Date/Time Notified: _____
Initial: ALS

FUNCTIONAL SCREENING: **Need Identified:** ☐ Yes ☑ No

Able to perform activities of daily living without assistance: ☑ Yes ☐ No
Developed within the last month: 8 ☐ CVA ☐ Head Trauma ☐ Brain Injury ☐ Fall
Newly identified weakness/paralysis: ☐ Yes ☐ No
If any of the above identified, contact Rehabilitation Medicine.
Method of Identification: ☐ E-Mail ☐ Phone ☐ Verbal Date/Time Notified: _____
Initial: KB

TEACHING ASSESSMENT:

Learns best: ☐ Seeing ☐ Hearing ☐ Doing Able to Read: ☐ Yes ☐ No Education Level: 12
Barriers/Limitations: ☐ Physical ☐ Visual ☐ Cognitive ☐ Auditory ☐ Language ☐ Emotional
☐ Other _____ ☑ None
Describe barriers/limitations and note plan to adapt patient teaching: NONE

Age Specific Needs: Wishes To Read
Cultural/Religious practices affect patient's healthcare? ☐ Yes ☑ No
If yes, describe and document plan to respect patient's needs: NONE

KNOWLEDGE OF DIAGNOSIS:

1. Understands disease/condition: ☑ Yes ☐ No Explain: _____
2. Understands treatment: ☑ Yes ☐ No Explain: _____
3. Able to demonstrate use of prescribed equipment: ☐ Yes ☐ No ☑ N/A Explain: _____

KNOWLEDGE OF MEDICATIONS:

1. Knows when to take: ☑ Yes ☐ No Explain: _____
2. Knows reason medication is prescribed: ☑ Yes ☐ No Explain: _____

SUPPORT SYSTEM TO ASSIST WITH LEARNING: (Check those applicable)

☐ Spouse ☑ Family Member ☐ Friend ☐ No Support ☐ N/A
Name of Person Included in teaching: NONE
Signature/Title: Alma Bellman RN Date/Time: 10/25/99 1800

Signature/Title: Alma Bellman RN [redacted]

Readmission/Reassessment within 30 days:
Reviewers:
Signature/Title: [redacted]

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A
[redacted]

[redacted] 6/99

INPATIENT ASSESSMENT

NOT ADMITTED _____

XII. ULCER DOCUMENTATION:

Date Acquired	Location	Size	Stage	Drainage

BRADEN RISK SCALE:

SCORE	1	2	3	4	TOTAL
Sensory Perception	Unresponsive	Responds to Pain	Responds to Verbal	No Problem	
Moisture	Always Wet	Often Wet	Rarely Wet	Dry	
Activity	Bedfast	Chairfast	Slightly Limited	Walks Frequently	
Mobility	Completely Immobile	Limited Movement	Slightly Limited	No Limits	
Nutrition	Very Poor Intake	Inadequate <1/2 meal	Adequate >1/2 meal	Excellent	
Friction	Max assist to move to bed	Minimum assist to move to bed	No Problem	No Problem	
				TOTAL	

If score is <16, initiate Nursing Procedure 311, place patient on turning schedule, notify Enterostomal Therapy Nurse, and document skin changes.

Method of Notification: ☐ E-Mail ☐ Phone ☐ Verbal Date/Time Notified: _____

Initial: _____

Comments: _____

_____

_____

XIII. PREDISPOSITION FOR FALLING:

☐ Unsteady on Feet ☐ Neurological Problems ☐ Confused/Disoriented ☐ Dizziness/Fainting ☐ Prior Falls

☐ Poor Bladder Control ☐ Poor Eyesight ☐ Physical Disability ☐ 65 Years or Older

☐ Current Medication: Narcotics, Hypnotics, Sedatives, Diuretics ☐ Unsafe Footwear

Patient placed on fall risk precautions: ☐ **Yes** ☐ **No**

Explanation: _____

Signature /Title of Initiator: _____ Date/Time: _____

PROGRESS NOTES: _____

_____

_____

_____

_____

Signature/Title: _____ Date/Time: _____

_____ Date/Time: _____

Readmission/Reassessment within 30 days:

Reviewers:

Signature/Title: _____ Date/Time: _____

Signature/Title: _____ Date/Time:

520-OP-278-118 JUNE '99

Department of Veterans Affairs

PRE OP ANESTHESIA INFORMED CONSENT

SURGICAL SERVICE

DATE\TIME: 10/28/99 1305 PATIENT COMPETENT: YES ✓ NO ____

BRIEF SUMMARY: 48 y/o c PUD + Migraine PTSD
Adeq wkup
Allergies: ∅ ASA 2

PATIENT CONDITION: awake alert
(i.e. awake, alert, sedated, anxious, confused, lethargic, unconscious, intubated, other)

PROPOSED PROCEDURE\TREATMENT PLAN:
EGD c MAC

POSSIBLE RISKS\COMPLICATIONS:
All Reviewed

ALTERNATIVE TREATMENT IDENTIFIED TO PATIENT\GUARDIAN:
∅

Patient and\or guardian\next of kin has been given opportunity to ask questions:
Yes ✓ No ____

Patient and\or guardian\next of kin comprehends what has been proposed and why:
Yes ✓ No ____

Patient and\or guardian\next of kin has agreed and freely consented to the proposed procedure\treatment plan without duress or coercion: Yes ✓ No ____

ATTENDING ANESTHESIOLOGIST CONCURS with proposed\treatment plan: Yes ✓ No ____
ATTENDING ANESTHESIOLOGIST NOTE: ∅

DEBORAH McCLAIN, MD
ANESTHESIOLOGIST

CRNA\ANESTHESIA RESIDENT

ATTENDING ANESTHESIOLOGIST 1305 10/28/99

SIGNATURE AND TITLE OF PRACTITIONER	DATE

IMPRINT PATIENT DATA CARD

[redacted]

DOVE, GAYLE A
[redacted]

MEDICAL RECORD
SUPPLEMENT TO PROGRESS NOTE
FOR SPECIALIZED DISCIPLINES
[redacted]

VA FORM MAY 1992 10-0114j

EXISTING STOCK OF VA FORM 10-0114j, SEPT 1988. WILL BE USED.

*U.S. Government Printing Office: 1991 — 282-804/46333

Anesthetic procedures may be associated with, but not limited to:

infection
hemorrhage (excessive bleeding)
drug reactions
blood clots
loss of sensation
loss of limb function
paralysis
organ damage
heart attack
stroke
loss of life
blood reactions (including rash, itching, nausea, vomiting & shock)

Other risks/complications associated with <u>General Anesthesia</u>

sore throat
shortness of breath
injury to teeth
injury to airway
awareness under anesthesia
pain or discomfort continuing after discharge from the hospital
hoarseness
difficulty in breathing
injury to eyes
injury to arteries or veins

Other risks/complications associated with <u>regional, spinal or epidural anesthesia</u>

pain or discomfort
residual pain
residual dysfunction
headache
seizure
failure of regional, spinal or epidural anesthesia & subsequent need for general anesthesia
injury to arteries or veins
residual sensation
low blood pressure
high blood pressure

Gayle A. Dave

MEDICAL RECORD | NURSE INTRAOPERATIVE REPORT PAGE 1

perating Room: OR E1 Surgical Priority: ELECTIVE
atient in Hold: NOV 05, 1999 10:15 Patient in OR: NOV 05, 1999 10:15
peration Begin: NOV 05, 1999 10:43 Operation End: NOV 05, 1999 10:55
Patient Out OR: NOV 05, 1999 11:00
urgeon: MOHIUDDIN,JAVED First Assistant: N/A
ttending Surg: MOHIUDDIN,JAVED Second Assistant: N/A
nesthetist: SIMPKINS,MARC L Assistant Anesth: N/A
ther Scrubbed Assistants: N/A
R Support Personnel:
Scrubbed Circulating
LEE,BRENDA B (FULLY TRAINED) WELLS,DONNA M. (FULLY TRAINED)
ther Persons in OR: N/A
reop Mood: ANXIOUS Preop Consc: ALERT-ORIENTED
reop Skin Integ: INTACT Preop Converse: N/A
alid Consent/ID Band Confirmed By: WELLS,DONNA M.
kin Prep By: N/A Skin Prep Agent: N/A
kin Prep By (2): N/A 2nd Skin Prep Agent: N/A
reop Shave By: N/A
urgery Position(s): SUPINE Placed: N/A
estraints and Position Aids:
SAFETY STRAP Applied By: N/A
lectrocautery Unit: N/A
SU Coagulation Range: N/A
SU Cutting Range: N/A
lectroground Position(s): N/A
lajor Operations Performed:
rimary: ESOPHAGOGASTRODUODENOSCOPY /C BIOPSIES CPT Code: 43239
laterial Sent to Laboratory for Analysis:
pecimens:
A. GASTRIC BIOPSY FOR PYLORITEK IN ENDO ROOM
ultures: N/A
nesthesia Technique(s): N/A
ubes and Drains:
NONE
ourniquet: N/A
hermal Unit: N/A
rosthesis Installed: N/A
ledications: N/A
rrigation Solution(s):
STERILE WATER
lood Replacement Fluids: N/A
ponge Count: N/A
harps Count: N/A
nstrument Count: N/A
ounter: N/A
ounts Verified By: N/A

URSE'S SIG: Donna M Wells NOV 05, 1999@11:00
OVE,GAYLE A
ARD: ROOM-BED:
AMC: Biloxi, MS (CONS) SF 509 PROGRESS NOTES

ressing: NONE
acking: NONE
lood Loss: 0 cc's Urine Output: 0 cc's
ostoperative Mood: RELAXED
ostoperative Consciousness: SEDATED
ostoperative Skin Integrity: INTACT
ostoperative Skin Color: N/A
ype of Laser: N/A
equential Compression Device: NO

ound Classification: CLEAN/CONTAMINATED
peration Disposition: PACU (RECOVERY ROOM)
ischarged Via: PACU BED
ursing Care Comments:
ID, PROCEDURE, CONSENT AND + NPO STATUS CONFIRMED VERBALLY PER PATIENT AND /C PATIENT RECORD/ID BAND. ABD FLAT AND SOFT. PIV STARTED PER MARC SIMPKINS,SRNA. CONNECTED TO EKG, B/P, SAO2 AND SKIN TEMP MONITORS. POST-OP: TOLERATED PROCEDURE WELL. PIV PATENT AND INFUSING. RETURNED TO SUPINE POSITION IN GOOD ALIGNMENT /C HOB ELEVATED 30 DEGREES AND KNEES SLIGHTLY FLEXED. TO PACU ON ORDER OF DR. MOHIUDDIN.
SCOPE 714 PHOTO X 2 GIVEN TO DR. MOHIUDDIN

NURSE'S SIG: Donna Dowell RN NOV 05, 1999@11:00
DOVE,GAYLE A [redacted]
WARD: ROOM-BED:
VAMC: Biloxi, MS (CONS) SF 509 PROGRESS NOTES

AMBULATORY SURGERY
DAY OF SURGERY

DATE/TIME: 11/15/99-

PRE-OP DIAG: Epigastric pain NSAID

FINDINGS: - Post wall Duodenal Ulcer
0.4cm x 0.6cm - Clean base

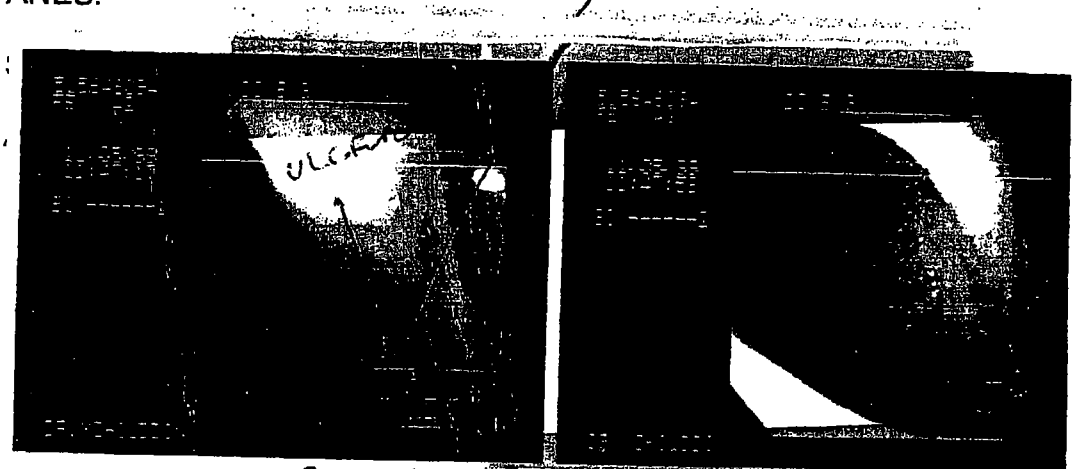
POST-OP DIAG: - as above

PROCEDURE: EGD

ANES: -

S. Mahlman

DU



POST-OP COND: Stable

SPECIMEN: Pylorus

Resident Signature

Attending Signature

*** For all EGD/Colonoscopy attach form - Date/Time/Sign Each

SIGNATURE AND TITLE OF PRACTITIONER SEE REVERSE DATE 11/15/99

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A [redacted]

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted] Revised July 1995

AMBULATORY SURGERY
DAY OF SURGERY
CONT.

Date/Time:

Post-Op Notes:

Stable
O2 as per

Plan for Follow Up Care:

Clinic Visit:

Further Treatment Indicated: Zantac.

Avoid NSAIDs.

↑ Zantac 300 mg po BID

Follow Up Colonoscopy/EGD: ~

Discharge Note:

Signature:

AMBULATORY SURGERY - POST OP ENDOSCOPIC INSTRUCTIONS

Department of Veterans Affairs

MEDICAL RECORD - DISCHARGE INSTRUCTIONS

DATE OF ADMISSION	DATE OF DISCHARGE	TYPE OF DISCHARGE
11/5/99	11/5/99	

1. DIAGNOSES AND DATE TO BE FOLLOWED ON OUTPATIENT SERVICES

DX: Duodenal Ulcer

SURGEON: J. Mohnnn ATTENDING STAFF: VA Phone 1-800-296-8872 Ext:

F/U Appt: Date/Time: 11/5/99 Clinic: VA Phone #(601) ~~388-5541 Ext:~~ 523-5000

If you are unable to keep your appointment, please call and reschedule.

2. SUGGESTED PLAN FOR FOLLOWUP

If you are coughing up or vomiting excessive blood, having chest or abdominal pain, difficulty breathing, fainting, fever, or have any questions about symptoms you are experiencing after 1630 call 388-5541, ask the operator to page the surgical resident.

Tell him or her your symptoms or you may come directly to the emergency room.

3. DISCHARGE MEDICATIONS AND INSTRUCTIONS

MEDS: Resume routine medicine. Yes

Instructions: - Avoid NSAIDS., Excedrin'

- ↑ Zantac to 300 mg po BID

4. DISCHARGE DIETARY INSTRUCTIONS *(Check one)*

☐ NO RESTRICTIONS ☐ RESTRICTIONS *(Specify and include drug and food interactions)*

Start diet gradually with liquids, then resume previous diet. Call Dr. if nausea and/or vomiting more than 12 hours.

Yes

5. PHYSICAL ACTIVITY LIMITATIONS *(Check one)*

☐ NO RESTRICTIONS ☐ RESTRICTIONS *(Specify)*

No driving or operating anything that requires coordination.
It is necessary to have a responsible adult with you for 24 hours.
Specific:

6. OTHER *(Include employment status)* F/U Dr. Penrose

PATIENT IDENTIFICATION *(Name, Address, Social Security Number)*	SIGNATURE OF PHYSICIAN/DENTIST	DATE
DOVE, GAYLE A [redacted]		

I HAVE RECEIVED AND UNDERSTAND MY DISCHARGE INSTRUCTIONS

SIGNATURE OF PATIENT	DATE
Gayle A. Dove	

Department of Veterans Affairs | MEDICAL RECORD - NURSING DOCUMENTATION

SURGICAL CHECKLIST

NKDA

(Check if accomplished)

Pt Patient has ID armband on

ISOLATION: YES NO (circle)

OR Consent completed

ON CALL TO OR:

Physical disabilites: _____

DR Pre-op and post-op teaching accomplished

P Most current COMBINED MEDICAL RECORD with patient

Pt Patient data card on chart

Ø Medication sheets on chart

Pt Betadine AM/PM showers accomplished

Pt NPO after MIDNIGHT

Pt Voided (within one hour pre-op)

REMOVE THE FOLLOWING: Pt Dentures Pt Jewelry Pt Wig/Hairpiece/Hairpins

Pt Glasses/Contacts Pt Prosthetesis Pt Hearing Aid Pt Make-up Pt Nail polish

Temp 98° Respirations 16 Pulse 92 BP 110/78 Weight 136

Pain level 4/10

Pulse Ox 95%

Pre-op medication on chart _____

Pre-op medication to be given (on call) _____

Pre-op medication given by: _____ (Signature/Date)

Patient identified to OR by: Robert L. Baille RN (Signature/Date) 11/5/99 10:15

DOVE, GAYLE A [redacted]

MEDICAL RECORD [redacted]

VA FORM 10-0096 FEB 1990 | EXISTING STOCKS OF VA FORM 10-0096, SEP 1985, WILL BE USED. | *U.S. Government Printing Office: 1991 — 282-804/46005

MEDICAL RECORD | ANESTHESIA REPORT

ASA Code: 2-MILD DISTURB. Operating Room: OR E1

Principal Operation: ESOPHAGOGASTRODUODENOSCOPY /C BIOPSIES (43239)

Anesthesia Technique(s):
MONITORED ANESTHESIA CARE (PRINCIPAL)
Agents:
Intubated: NO

Medications:
MIDAZOLAM HCL 1MG/ML,5ML VI,VI
NOV 05, 1999 10:30

FENTANYL 0.05MG/ML 2ML AMP,EA
NOV 05, 1999 10:35

Anesthesia Start: NOV 05, 1999 10:25 Anesthesia Stop: NOV 05, 1999 11:05

Anesthetist: SIMPKINS,MARC L Relief Anesth: N/A

Anesthesiologist: N/A

Assistant Anesth: N/A Min Intraoperative Temp: N/A

Intraoperative Blood Loss: 0 Urine Output: 0

Operation Disposition: PACU (RECOVERY ROOM)

M.S. SRNA 11/05/99 @ 1110

DOVE,GAYLE A
WARD: ROOM-BED: [redacted]

VAMC: Biloxi, MS (CONS)

MEDICAL RECORD | ANESTHESIA REPORT

ANESTHETIST'S SIG: NOV 05, 1999@11:11:15

DOVE,GAYLE A [redacted]
WARD: ROOM-BED:

VAMC: Biloxi, MS (CONS)

PTSD

62kg / ASA II

NKDA

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD--ANESTHESIA

PROCEDURE: EGD c BX

ITEM	START	STOP
Anesthesia	1020	1110
Procedure	1043	1055

DATE: 11/05/99 | OR NO: Endo | PAGE | OF | SURGEON(S): Mohiuddin

PRE-PROCEDURE

- X Identified
- X ID Band
- X Questioning
- X Chart Review
- X Permit Signed
- X NPO Since MN
- Pre-anesthetic State: X Calm, X Awake, Asleep, Apprehensive, Confused, Uncooperative, Unresponsive

PATIENT SAFETY

- X Anes. Machine # EMO6 Checked
- X Safety Belt On SPA
- Axillary Roll
- Arm Restraints
- Arms Tucked
- Pressure points checked and padded
- Eye Care: Ointment, Saline, Taped, Pads, Goggles

MONITORS AND EQUIPMENT

- X Stet. Esoph.
- X Precord
- Other
- X Non-invasive B/P
- Nerve Stimulator
- X Continuous EKG
- X Lead EKG
- X Pulse Oximeter
- Oxygen Analyzer
- X End Tidal CO_2
- Resp Gas Anlyzr
- X Temp Skin
- EEG
- Warming Blanket
- Fluid Warmer
- Airway Humidifier
- NG/OG Tube
- Foley Catheter
- Art Line
- CVP
- PA Line
- IV(s) 20 & PIV - L hand x 1 attempts

ANESTHETIC TECHNIQUES

Method: General, Spinal, Epidural, Caudal, Brachial, Bier Block, Ankle Blk, X M.A.C., General: Pre-O_2, T.I.V.A., Rapid Sequence, Cricoid Pressure, Intravenous, Inhalation, Intramuscular, Rectal

Regional: Position, Prep, Local, Needle, Drug(s), Dose, Attempts, Site, Level, Catheter, See Remarks

AIRWAY MANAGEMENT

- Intubation: Oral, Nasal
- Direct Vision, Magill's, Blind
- Diff. see Rmks, Fiber Op, Stylet
- Attempts, Blade
- Tube size, Endobronchial
- Regular, RAE, Armored, Laser
- Cuffed, Min. occ. pres., Air, NS
- Uncuffed, leaks at cm H_2O
- Secured at, ET CO_2 Present
- X Breath Sounds BBSE
- Circuit: Circle, Non-rebreathing
- Airway: Oral, Nasal, Natural
- Mask Case, Via Tracheostomy
- Nasal Cannula, X Simple O_2 Mask

RECOVERY ROOM

Time 1102 | B/P 104/58 | O_2 Sat 96%

- PACU
- NICU, L&D
- P 78 | R 18 | 97.3
- X Awake, Asleep, Stab's, Unstable
- X Spont Resp, Ventilator, Extubated, Intubated
- Oral Airway, Nasal Airway, Face Shield O_2, T-Piece O_2

Regt to Pulmonary

CONTROLLED DRUGS

Drug	Used	Destroyed	Returned
Versed			
Fent			

Promis: See Chart

TIME: 1015, 1030 A

AGENTS / FLUIDS				TOTALS
☐ Hal ☐ Enf ☐ Iso (%) ☐ N_2O ☐ Air (L/min)				
Oxygen (L/min)	6	6	6	
Versed (mg)	1			1cc 1mg
Fent (cc)		2		60mg
Diprivan (mg)		200		
Lido (mg)	40			40mg
LR			400	400cc
Urine (ml)				
EBL (ml)				
EKG				
% O_2 Inspired (FIO_2)	99	99	99	
O_2 Saturation (SaO_2)	99	97	97	
End Tidal CO_2				
Temp: ☐ °C ☐ °F	98.6	98.6	96.8	

Baseline Values: 110/71 B/P, 71 P, 14 R

Tidal Vol. (ml)			
Resp. Rate	14	14	
Peak Pres. (cm H_2O)			
PEEP (cm H_2O)			
Symbols for Remarks	X	⊙	
Position	Supine		

SYMBOLS
× ANESTHESIA
⊙ OPERATION
V / Λ B/PCUFF PRESSURE
↓ / ↑ ARTERIAL LINE PRESSURE
Δ MEAN ARTERIAL PRESSURE
PULSE
O SPONTANEOUS RESP
Ø ASSISTED RESP
⊗ CONTROLLED RESP
T TOURNIQUET

ANESTHESIA PROVIDER(S): MS SRNA

PATIENT'S IDENTIFICATION (For typed or written entries give: Name–last, first, middle; ID No. (SSN or other); hospital or medical facility.)

DOVE, GAYLE A

[redacted]

REMARKS: 1020 to Endo. Interviewed. PIV placed. Std. monitors on. N/C and skin temp on. Lido 4% topical and Lido 2% viscous gargle done

1101 to recovery c N/C 4 L O_2/m spont resp. 98% O_2 sat

11/5

PRE-ANESTHESIA EVALUATION

92%

AGE	SEX	HEIGHT	WEIGHT	PRE-PROCEDURE VITAL SIGNS
42	☒ M. ☐ F	56" in./cm.	136 lb./kg.	B/P 88/72 P 80 R 16 T 98

PROPOSED PROCEDURE
EGD ~~Colonoscopy~~

PREVIOUS ANESTHESIA/OPERATIONS (If none, check here ☐)
EGD 12/98 / 196 ® Bradycardia x 4
TAH 18 y
Exp Lap 2° Adhesions '95

CURRENT MEDICATIONS (If none, check here ☐)
Gabapentin ~~Butalbital~~ Estrogen
Prozac Buspirone ~~Clonazepam~~
Olanzapine Reglan ~~Codeine (Sinus)~~

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS (If none, check here ☐)
Emesis ↓

ALLERGIES (If NKDA, check here ☐)
NKDA

AIRWAY/TEETH/HEAD AND NECK
Wax Tech
Crown in Back Class I MS 90.

HISTORY FROM
☐ PARENT/GUARDIAN ☐ POOR HISTORIAN ☒ CHART
☐ SIGNIFICANT OTHER ☒ PATIENT

SYSTEM		WNL	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY		☒	Tobacco Use: ☐ No ☒ Yes 1 Pack/Day for 28 Years	Chest X-ray / Pulmonary Studies
Asthma	Pneumonia		Wheeze	7/99 ⊖
Bronchitis	Productive cough	–	Beno	10/99
COPD	Recent cold			
Dyspnea	SOB			
Orthopnea	Tuberculosis			
CARDIOVASCULAR		☐		EKG Sinus brady
Angina	MI			
Arrhythmia	Murmur			
CHF	MVP			
Exercise Tolerance	Pacemaker			
Hypertension	Rheumatic fever			
HEPATO/GASTROINTESTINAL		☒	Ethanol Use: ☒ No ☐ Yes Frequency	
Bowel obstruction	Jaundice			
Cirrhosis	N&V			
Hepatitis	~~Reflux/heartburn~~			
Hiatal hernia	Ulcers ?			
NEURO/MUSCULOSKELETAL		☒		
Arthritis	Paresthesia			
Back problems	Syncope			
CVA/stroke	Seizures			
DJD	TIAs			
~~Headaches~~	Weakness			
Loss of consciousness				
Neuromuscular disease				
Paralysis			Migraine - Aura - Cloudy spots & blind vision	
			1-2/wk	
RENAL/ENDOCRINE		☒		
Diabetes				
Renal failure/Dialysis				
Thyroid disease				LMP 5/0 PAH
Urinary retention				
Urinary tract infection				
Weight lose/gain				
OTHER				
Anemia				
Bleeding tendencies				
Hemophilia				
Pregnancy				
Sickle cell trait				
Transfusion history	1987			10/28

PROBLEM LIST/DIAGNOSES
Epigastric pain
5/NVSx → Wheeze
PTSD

ASA PS: 1 (2) 3 4 5 E

LAB STUDIES — Hgb/HcT/CBC: 9.0 / 13.4 / 348, 39.1 — Electrolytes: 138 | 28 | 5.4 | 1.0 / 1.5 | 108 | 91 — Urinalysis

Other

PLANNED ANESTHESIA/SPECIAL MONITORS
MAC

PRE-ANESTHESIA MEDICATIONS ORDERED
WNL

POST-ANESTHESIA NOTE
NAAE. D/C stable to escort.

DEBORAH [illegible] ANESTHESIOLOGIST, MD

SIGNATURE OF EVALUATOR(S)
DM McClain 10/28/99 1305

Signed — Date — Time: 1240

OPTIONAL FORM 517 BLACK
☆U.S. GPO:1998-618-075/81342

[redacted] VE, GAYLE A

ANESTHETIC RECOVERY SCORE

Activity	
oves 4 Extremities	= 2
oves 2 Extremities	= 1
oves 0 Extremities	= 0
Respirations	
ep-breathes and Coughs	= 2
spnea-Limited Breathing	= 1
neic	= 0
Circulation	
± 20 - Preanesthesia	= 2
= 20/50 - Preanesthesia	= 1
= 50 - Preanesthesia	= 0
Consciousness	
ily Awake	= 2
ousable on Calling	= 1
t Responding	= 0
Color	
nk	= 2
le, dusky, blotchy	= 1
anotic	= 0
ore Must = 8or Above	

1110 Pt denies discomfort, passing flatus ca

Dove, gayle 6094 11-5-99 @ 1102 Lead II
PR 0,10 QRS 0,08

PACU TRANSFER NOTE

EVEL OF CONSCIOUSNESS: ALERT ✓ ORIENTED ✓ CONFUSED ___ OTHER ___
KIN CONDITION: WARM ✓ DRY ✓ OTHER ___
OLOR: PINK ✓ OTHER ___
/ SITE: CLEAR ✓ PATENT ✓ REDDENED ___ OTHER ___
RESSING: DRY NA INTACT ___ OTHER ___
ATHETERS/DRAINS PATENT NA OTHER ___
#1 ___
#2 ___
#3 ___

RANSPORTED VIA: STRETCHER/SIDERAILS UP ✓ WHEELCHAIR ___ AMBULATORY ___
RANSFERRED TO: WARD ___ ASOU ✓ SICU ADMIT ___ SICU RECOVERY ___ HOME ___
OST OP INSTRUCTIONS: DISCUSSED WITH PATIENT ✓ RE: IV, diet, activity
RE: inhaler, avoid NSAIDS, quit smoking

ATIENT VOICED UNDER-
TANDING: YES ✓ OTHER ___

AMILY NOTIFIED OF
ATIENT TRANSFER: YES ✓ NO FAMILY PRESENT ___

EPORT GIVEN TO: Benezuela

IME OF DISCHARGE: 1140

URSE SIGNATURE: Cayce DuBose

UR LTC 550 cc

OR 400 cc
PACU 50 cc
TOTAL 450 cc

PACU FLOWSHEET

Standard Form 507

DATE: 11-5-99
TIME IN: 1102
SURGERY/PROCEDURE: EgD c Bx

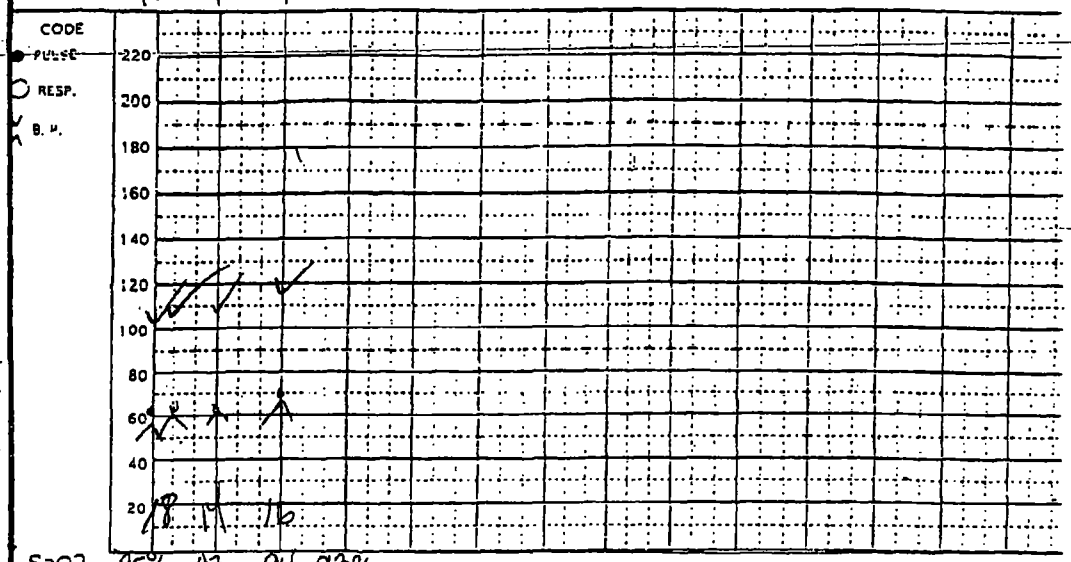
ANESTHESIA:
topical / IV
Versed / mg
Fentanyl 50 ug
Diprivan 60 mg
Lidocaine 40 mg

FLUIDS IN OR:
LR 400

FLUIDS LEFT TO COUNT:
LR 600

ALINE:

TIME: 1102 1115 1130



SaO2 95% 93 94 93%
TEMP 97.3
CM NSR
OXY 2 L N/C 1 L N/C RA

P.A.R.S.	1102	1130
Color	2	2
Activity	2	2
Respiration	2	2
Circulation	2	2
Conciousness	1	2
Total Score	9	10

OUTPUT	OR	PACU	1 HR	2 HR	3 HR	4 HR	5 HR	6 HR	7 HR
CHEST TUBES:	C								
NG TUBE:									
URINE:		100							
T-TUBE									
OTHER									
EBL:									

DRESSING: YES (NO)
#1 DRY SOILED SITE:
#2 DRY SOILED SITE:

VITAL SIGNS:
OR: BP 110/71 P 71 R 14 RASaO2 94%
WARD: BP 88/52 P 80 R 16 RASaO2 92
BP 115/70 P 72 R 16 RASaO2 95

EKG: Sinus brady HR 57

NURSE SIGNATURE:
1. Carol DeBoer RN
2.

PATIENT'S IDENTIFICATION
Dove, Gayle
[redacted]

HISTORY:
sinusitis c wheezing
PTSD
epigastric pain
migraines

MEDS:

FAMILY: friends
ALLERGY: NKDA

PACU ASSESSMENT
BREATH SOUNDS Clear bilateral
faint end expiratory wheeze
ABD: soft, flat
BOWEL SOUNDS: active
PEDAL PULSES: warm palpable bilateral
IV: 20ga R hand - site clear
HOB: ↗ 15°

ASA: 2
WARD NO. ASOR

STANDARD FORM 507
General Services Administration and Interagency Committee on Medical Records
FIRMR (41 CFR) 201-45.505
October 1975 507-107

* U.S. GPO: 1992-624-458/60127

IV FLOW SHEET

DATE/TIME/INITIALS	CURRENT SITE	SITE GAUGE	SITE COND	DISCONTINUED SITE DATE/TIME/INIT.	COND.	OLD SITES INIT.@24	INIT.@48	CHANGE DSG	CHANGE TUBING
				11/7-2300 BD	1				

SITE ASSESSMENT CODE

1. Clear
2. Red
3. Swollen
4. Streaked
5. Site-sens. Drainage
6. Purulent Drainage

CHART COMPLICATIONS & OBSERVATIONS ON REVERSE

IV SITE CODES:

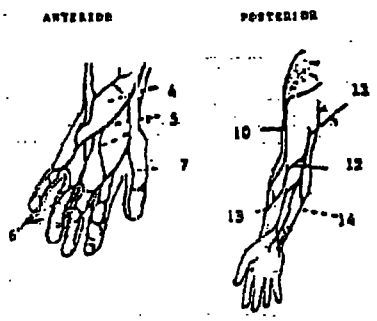
ANTERIOR

1. Jugular
2. Subclavian
3. Hickman - Broviac
4. Wrist
5. Hand
6. Fingers
7. Thumb
8. Ankle
9. Foot

INDICATE AS NEEDED:
R= Right
L= Left
P= Proximal
D= Distal

POSTERIOR

10. Upper arm - Lateral
11. Upper arm - Medial
12. Antecubital fossa
13. Forearm - Lateral
14. Forearm - Medial
15. Other_____



IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A

[redacted]

MEDICAL RECORD

NURSING DOCUMENTATION

[redacted]

VA FORM 10-0096(R)
SEP 1992

GOVERNMENT PRINTING OFFICE: 1993 343-134/74322

DATE	TIME	INITIALS	SITE	SOLUTION & AMOUNT HUNG

SIGNATURE/TITLE	INIT.	ALLERGIES
Lauren Bengee RN	LB	NKA
Gabbriye Jurenas CA	BJ	

Exception to Standard For
Approved b

MEDICAL RECORD | **DOCTOR'S ORDERS**

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing the orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed UNLESS checked)	√	NURSE'S SIGNATURE
11/5/99 11:20	①	Transfer to floor when stable		
	②	F/U c Dr Peterson as scheduled		
05NOV99		Transfer to ASU		
5/11/99 12:35	①	DC line		
		11/5/99		

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD(S), DATE

DOVE, GAYLE A
[redacted] 08/15/57

MEDICAL RECORD
DOCTOR'S ORDERS

VA FORM DEC 1995 **10-1158**

EXISTING STOCK OF VA FORM 10-1158, OCT. 197[illegible] WILL BE USED

Exception to Standard Form 50
Approved by OME

MEDICAL RECORD — DOCTOR'S ORDERS

NOTE: Physician's signature must accompany each entry including standing orders. Date and time for instituting and discontinuing orders must be recorded.

DATE AND TIME	PROB. NO.	ORDERS (Another brand, equal in quality, of the same basic drug may be dispensed UNLESS checked)	✓	NURSE'S SIGNATURE
10/4/99	(1)	~~Colonscopy Admission Orders: ASOU~~		
	1.	Admit to ASOU Gold Team (Gold/Purple) (Date)		
	2.	Diagnosis: Epigastric pain ? Non-ulcer dyspepsia		
	3.	For ~~Colonoscopy~~ EGD on 10/5/99. (Date)		
	4.	Diet: Clear Liquids; NPO after midnight on 10/4/99 (Date)		
	5.	Vital signs on admission.		
	6.	Have patient sign consent form.		
	7.	Allergies: (-)		
	8.	Colonoscopy prep at home:		
		A. Magnesium Citrate 1 bottle p.o.		
		B. Dulcolax tabs 4 p.o.		
		C. Golytely on ice 4 liters p.o. over 2 hours.		
		D. Notify M.D. if stools are not clear for possible additional Golytely.		
		E. Give instructions.		
	9.	~~Pre-op lab work~~ (CBC, UA, Chem 7, PA & LAT Chest x-ray, 12 lead EKG) 4 MMD		
	10.	Have all pre-op test results on chart prior to surgery.		
	11.	Medications:		
		Laurel Bay 10/5/99 OPAD		

Enter in space below: PATIENT IDENTIFICATION - TREATING FACILITY - WARD NO. - DATE

[redacted]

MEDICAL RECORD
DOCTORS ORDERS
[redacted]R)

DOVE, GAYLE A
[redacted]

Preoperative Diagnosis:
Primary: EPIGASTRIC PAIN

Surgeon: MOHIUDDIN,JAVED Surgical Priority: ELECTIVE
Attend Surgeon: MOHIUDDIN,JAVED Attend Code: 0. STAFF
1st Assistant: N/A 2nd Assistant: N/A

Other Scrubbed Assistants: NONE ENTERED

Anesthetist: SIMPKINS,MARC L Asst Anesthetist: N/A
Attending Anesthesiologist: N/A
Anesthesia Supervisor Code: N/A

Perfusionist: N/A Asst. Perfusionist: N/A

OR Support Personnel:

Scrubbed	Circulating
LEE,BRENDA B (FULLY TRAINED)	WELLS,DONNA M. (FULLY TRAINED)

Anesthesia Technique(s):
MONITORED ANESTHESIA CARE (PRINCIPAL)
Agent: NONE ENTERED

Anesthesia Begin: NOV 05, 1999 10:25 Anesthesia End: NOV 05, 1999 11:05
Operation Begin: NOV 05, 1999 10:43 Operation End: NOV 05, 1999 10:55

Tubes and Drains:
NONE

Tourniquet: N/A

Material Sent to Laboratory for Analysis:
Specimens:
A. GASTRIC BIOPSY FOR PYLORITEK IN ENDO ROOM
Cultures: N/A

Postoperative Diagnosis:
Primary: POST. WALL DUODENAL ULCER ICD9 Code: 532.90

SURGEON'S SIG: DEC 06, 1999 14:32

DOVE,GAYLE A AGE: 42 ID#: 515-64-6094
WARD: OPT ROOM-BED:

VAMC: Biloxi, MS (CONS) REPLACEMENT FORM 516

Major Operations Performed:
Primary: ESOPHAGOGASTRODUODENOSCOPY /C BIOPSIES CPT Code: 43239

Concurrent Procedure(s): N/A

Date/Time of Dictation: NOT ENTERED
Date/Time Transcribed: NOV 05, 1999 17:10

Indications for Operation:
EPIGASTRIC PAIN

Surgeon's Dictation:
PROCEDURE IN DETAIL:
After informed consent was obtained, the risks of bleeding, perforation, infection and need for surgery explained to the patient, the patient was understanding and agreed to the procedure. The patient was given pharyngeal anesthesia and conscious sedation. The esophagus was intubated with ease under direct vision. The esophagus has no hiatus hernia or any esophagitis. In the stomach, the cardia, body, fundus, antrum and pylorus were normal. In the duodenum, the patient had a small 0.5 in diameter x 0.6 cm posterior wall duodenal ulcer at the base which appears to be healing.

IMPRESSION:
PATIENT TAKES EXCEDRIN FOR HEADACHES AND HER PYLORITEK TEST IS NEGATIVE. THIS IS THE MOST LIKELY CAUSE OF HER ULCER. SHE IS TAKING ZANTAC, THE DOSAGE OF WHICH HAS NOW BEEN INCREASED TO 300 MG PO BID. SHE WILL BE SEEING DR. PENNISSON IN THE CLINIC AND MAY BE A CANDIDATE FOR THE USE OF CELEBREX FOR HER HEADACHES.

/smc

SURGEON'S SIG: DEC 06, 1999 14:32

DOVE,GAYLE A AGE: 42 ID#: [redacted]
WARD: OPT ROOM-BED:

VAMC: Biloxi, MS (CONS) REPLACEMENT FORM 516

MEDICAL RECORD ~~ASSOC~~ PRE-OPERATIVE INSTRUCTION

You have been scheduled for EGD 11/5/99.

1. **DO NOT** eat food or drink any liquids, including water, coffee, tea, juice or alcohol after 12 midnight the night before your surgery If you routinely take medication for any condition, ask your surgeon or anesthesiologist whether to take it or to miss taking medicine the day of your surgery. (For example: insulin, blood pressure pills or heart medication). Take your medication with small sips of water. **DO NOT** take any aspirin, aspirin products, motrin, or ibuprofen one week prior to surgery.

2. **DO NOT** smoke, chew tobacco or dip snuff after 12 midnight the night before your surgery.

3. Failure to follow the above instructions could result in cancellation of your surgery.

4. You will need to bring your medications, that you take at home, with you the morning of your surgery.

5. **DO NOT** bring valuables or wear jewelry to the hospital. All jewelry must be removed prior to surgery. The hospital cannot be responsible for these items. You will be asked to remove your glasses, contact lenses, dentures/partials and hearing aides. Please brin the appropriate containers for these items.

6. You will be required to have a responsible adult of your choice licensed to drive and to accompany you from the unit to take you home at the time of discharge. You will be given sedation for the procedure and you will not be able to drive for 24 hours after the procedure for your safety. Your surgery will definitely be cancelled if there is not a designated driver with you. Your designated driver must wait in the waiting room at all times.

7. Remember to wear comfortable loose fitting clothing. Often after surgery, tight clothing will be uncomfortable an could create difficulty in getting dressed.

8. The night before your surgery, you must shampoo your hair with the shampoo of your choice. **DO NOT** use hair spray or other hair products. Take a bath or shower with soap, the night before and the morning of your surgery. **DO NOT** use powder, perfume, oils, deodorant, aftershave lotions. Remove nail polish. The morning of your surgery, you may brush your teeth and shave before your morning bath or shower.

9. Please **DO NOT** bring children with you. We do not have facilities or personnel for adequate supervision for your children.

10. If for any reason you cannot keep this appointment, please call (601)385-5752 or the operating room supervisor, beeper #648.

11. You must report to building 1, ward 1-4 East, Nurses station at the designated time above. If you are late, your surgery may be cancelled. Notify your doctor of any change in your physical condition, such as a bad cold or sore throat.

12. In case of an emergency, your procedure may be delayed. This is rare, but please be aware that this can occur.

Further Instructions: TAKE ROUTINE MED MORNING OF SURGERY WITH SIP OF WATER.

LARRY J. FONTENELLE, M.D.
Chief, Surgical Service
Biloxi VA Medical Center

PATIENT'S SIGNATURE [redacted] WITNESS' SIGNATURE [redacted]

SIGNATURE AND TITLE OF [redacted] DATE

IMPRINT PATIENT DATA CARD (Name, Address and Social Security Number)

DOVE, GAYLE A [redacted]

MEDICAL RECORD

SUPPLEMENT TO PROGRESS NOTE FOR SPECIALIZED DISCIPLINES-VERTICAL

[redacted] FEBRUARY 1994

VA FORM SEP 1992 10-0114J(R)

ID: 0150460054 28-Oct-1999 9:20:13 VA MEDICAL CENTER, BILOXI

42years
Female Caucasian
66in 136lbs
Room: PREA
Loc: 3

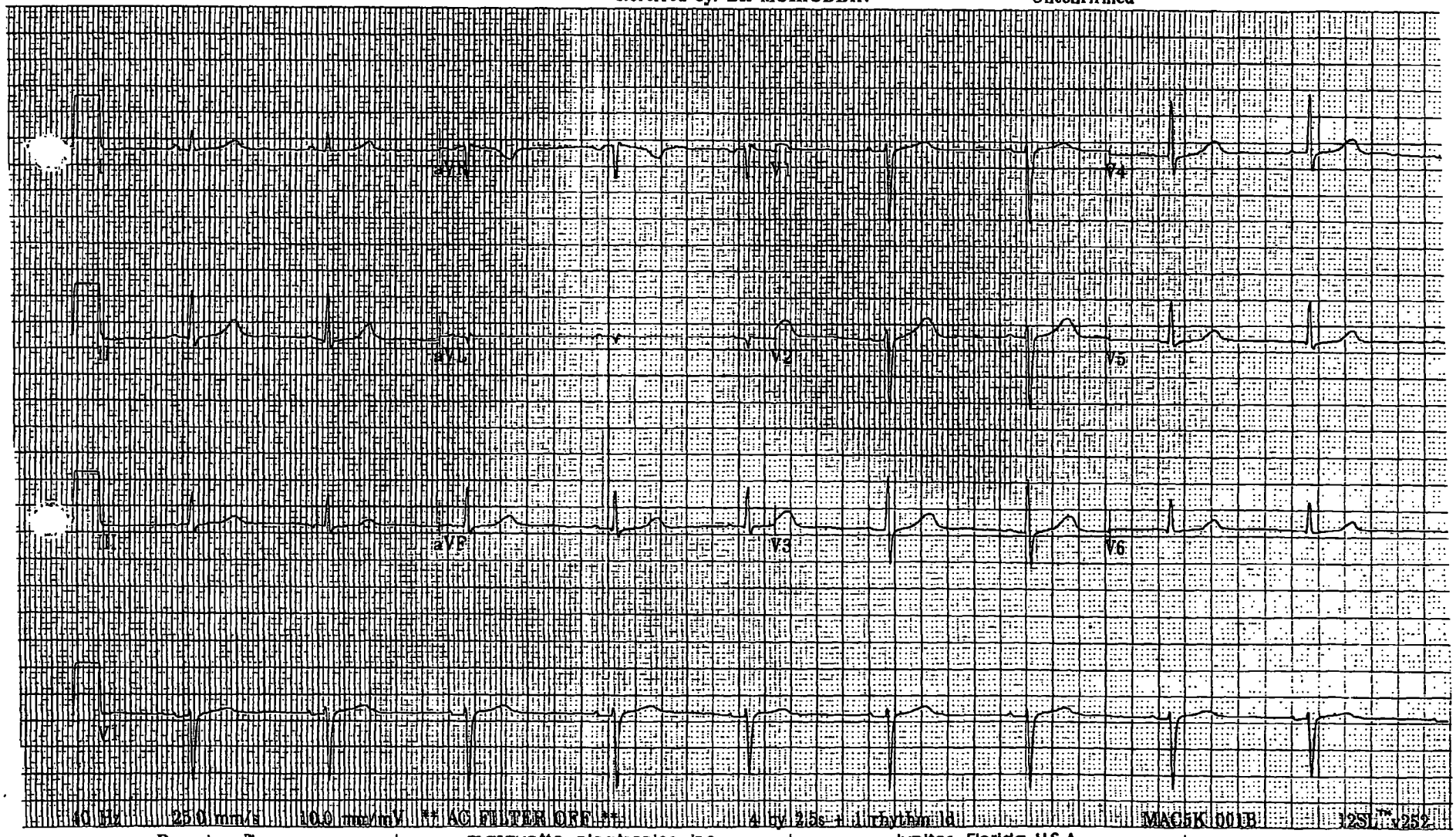
Vent. rate 57 bpm
PR interval 134 ms
QRS duration 82 ms
QT/QTc 424/412 ms
P-R-T axes 22 62 54

Sinus bradycardia
Otherwise normal ECG

Technician: 15

Referred by: DR MOHIUDDIN

Unconfirmed



0496

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

ESOPHAGOGASTRODUODENOSCOPY WITH BIOPSIES/BRUSHINGS/ ~~SCLEROTHERAPY/CAUTERIZATION~~/DILATION/POLYPECTOMY/VARICEAL BAND LIGATION

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be

(Description of operation or procedure in layman's language)

LONG FLEXIBLE TUBE TO BE PASSED THROUGH THE MOUTH AND BACK OF THROAT INTO UPPER DIGESTIVE TRACT TO EXAMINE LINING OF ESOPHAGUS, STOMACH, AND FIRST PART OF SMALL BOWEL. RISK OF: ~~perforation/bleeding/infection~~

which is to be performed by or under the direction of Dr. J. Mohadeen

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: None

(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES (Appropriate items in Parts A and B must be completed before signing)

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

Donna Bellem RN — (Signature of Witness, excluding members of operating team)

Gayle A. Dove — (Signature of Patient)

10/28/99 0840 — (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) | (Signature of Sponsor/Legal Guardian) | (Date and Time)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)

DOVE, GAYLE A
[redacted]

REGISTER NO. | WARD NO.

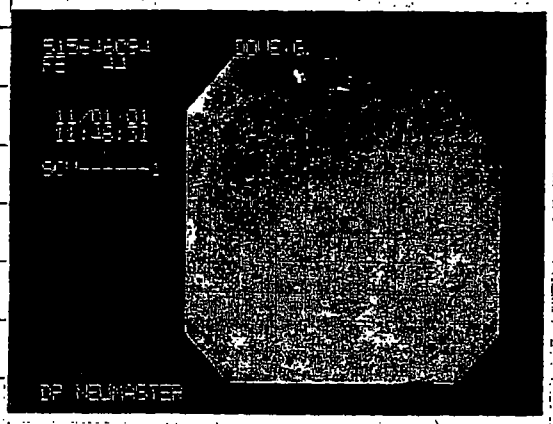
STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FIRMR (41 CFR) 201-46.606
522-110

☆ U.S. GPO:1994-523-812/82149

COLUMBIA, SC. DECEASED 25 FEB 02

MEDICAL RECORD | **PROGRESS NOTES**

DATE
11-01-01



Brenda B. Boyce

(*Continue on reverse side*)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; title; hospital or medical facility)*

Doue, Gayle A.
[redacted]

REGISTER NO. | WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR.
FIRMR(41CFR)201-45.505
509-111

PROGRESS NOTES

DATE	

Columbia, SC V-4 mrr

MEDICAL RECORD — Progress Notes

NOTE DATED: 04/19/2001 10:27 PROSTHETIC REQUEST
VISIT: 04/19/2001 10:27 PULMONARY FUNCTION/ABG

SECTION I _ (To be completed by Prescribing Physician)

JUN 0 4 2001

TO:1. 121 :3.

:2. :4. Chief, Prosthestics Service or Prosthestics Clerk (121)

RECEIVED
MAY 21 2001

DESCRIPTION OF APPLIANCE OR REPAIR REQUESTED :METHOD OF ISSUE
(Attach any required measurement forms or work orders):
NASAL CPAP @ 6CM CWP: MASAK TO BE FITTED AT TIME OF APPT..... : [ ] PERMANENT ISSUE
: [ ] TEMPORARY LOAN

:DISABILITY FOR WHICH APPLIANCE OR REPAIR IS REQUIRED
: OSA
MEDICAL:DISABILITY FOR WHICH PATIENT IS HOSPITALIZED DATA :
:IF APPLIANCE OR REPAIR REQUIRED FOR AN ASSOCIATED OR AGGRAVATING
:DISABILITY, WHAT IS EST REMAINING PERIOD OF HOSPITALIZATION
:YEARS :MONTHS :DAYS
:WHAT IS THE BASIC DISABILITY?

DATE OF REQUEST:REQUESTED BY (Physician Signature)
4/19/01 : R. TEJEDOR, M.D.

CPAP 1437152
FILE

SECTION II _ (To be completed by Prosthetics Activity or Prosthetics Clerk)

DATE OF ACTION:PATIENT OR MEMBER IS _ :ACTION TAKEN
(Specify):SIGNATURE
:[ ] ELIGIBLE [ ] INELIGIBLE:
:[ ] ENTITLED [ ] NOT ENTITLED:

SECTION III _ REMARKS (Use reverse side, if necessary)

IF REQUEST IS DISAPPROVED, IF PATIENT OR MEMBER IS DECLARED INELIGIBLE OR NOT ENTITLED, OR IF REQUEST IS RETURNED TO PRESCRIBING PHYSICIAN FOR ANY REASON, EXPLAIN IN DETAIL.

Signed by: /es/ NORMAN R ROBERTS
CLERK 04/19/2001 10:28