THE STATE OF SOUTH CAROLINA
In the Court of Appeals

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SC Court of Appeals

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APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE PANEL

Susan B. Barden, Commissioner
R. Michael Campbell, II, Commissioner
Aisha Taylor, Commissioner

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W.C.C. File No. 1414843
Appellate Case No. 2016-000705

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Elizabeth Priester, Employee ..... Respondent,

v.

PruittHealth, Employer, and American Zurich Insurance Co., Carrier ..... Appellants

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**RECORD ON APPEAL**

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R. Daniel Addison
Lee E. Dixon
Hedrick Gardner Kincheloe & Garofalo, L.L.P.
P.O. Box 11267
Columbia, SC 29211
Attorneys for Appellants

R. Michael Johnson, Jr.
Daniel E. Peagler
Michael Johnson & Associates
1201 Carolina Place, Suite 103
Fort Mill, SC 29708
Attorneys for Respondent

ORDER AND AWARD

OF THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1414843

Elizabeth Preister,

Employee/Claimant,

v.

United Health Services/Pruit,

Employer,

and

American Zurich Insurance Co.,

Carrier,

Defendant(s).

| | |
|---|---|
| HEARING: | Date: August 20, 2015<br>Location: North Augusta, South Carolina |
| APPEARANCES: | Claimant represented by<br>R. Michael Johnson, Jr., Esquire<br><br>Defendant(s) represented by<br>R. Daniel Addison, Esquire |
| PURPOSE OF HEARING: | This matter came before the Commissioner on a Form 50 and 51 |
| COMMISSIONER: | T. Scott Beck |
| FILED: | _____, 2015 |

## STIPULATIONS

The parties have stipulated to jurisdiction and venue and to an average weekly wage of $536.50 with a resulting compensation rate of $357.68.

The Commission File with the exception of self-serving declarations and unstipulated medicals are made a part of the Record.

## APA SUBMISSIONS

At the time for Hearing, pursuant to the Administrative Procedures Act and the Rules of this Commission the parties have made records and reports on the following a part of the Record in this matter:

**Claimant's APA**:

1. Reports of Nicholas A. Lind, PsyD, dated March 31, 2015, pages 1-4.
2. Reports of Douglas Holford, MD, Musculoskeletal Institute, dated November 3, 2014 to February 23, 2015, pages 5-15.
3. Reports of Doctors Care, dated September 10, 2014 to October 29, 2014, pages 16-73.
4. Reports of Pruit Health PT, dated October 6, 2014 to December 3, 2014, pages 74-99.
5. Reports of Scott Boyd, MD, Columbia Neurosurgical Associates, PA, dated June 25, 2015, pages 100-101.

**Defendants' APA**:

6. Reports of Carolina Musculoskeletal Institute, dated October 28, 1998 to February 23, 2015, pages 102-131.
7. Reports of Family MedCenter of Aiken, dated January 15, 1993 to December 17, 2014, pages 132-144.
8. Reports of Aiken Regional Medical Center, dated October 28, 2003 to November 14, 2014, pages 145-175.
9. Reports of Rural Health Service, dated March 23, 2011 to March 17, 2014, pages 176-

189.

10. Reports of Bamberg County Memorial Hospital, dated October 12, 1994 to August 25, 2000, pages 190-214.

11. Reports of Dr. Dale Padgett, dated November 18, 1997 to September 4, 2002, pages 215-292.

Exhibit A: Excerpts of Claimant's Employee file, pages 293-315, were introduced as part of the APA by the Defendants, without objection.

Exhibit B: Dr. Boyd Questionnaire, pages 316-317, was introduced as part of the APA by the Defendants, without objection.

Exhibit 1: Dr. Scott Boyd Form 14B, was introduced at the Hearing by Defendants, without objection.

## STATEMENT OF THE CASE

On May 22, 2015, the Claimant filed a Form 50, Request for a Hearing, seeking (1) the Claimant's injury to the psyche be found compensable; and (2) the authorization and payment of causally related psychological care and treatment resulting from the accident. At the Hearing the Defendants denied that the compensability of the psyche in its entirety.

## EVIDENCE OF THE CASE

At the Hearing the Claimant testified that she is 53 years old and lives in Aiken, South Carolina. The Claimant testified that she is a high school graduate and has a CNA certificate from Denmark Tech. The Claimant has been a certified CNA since 1990. At the time of the Hearing the Claimant was working for Pruit Health as a CNA. On September 7, 2014, the Claimant injured her back while attempting to keep a patient from falling out of a bed. The Defendants accepted the claim and began to provide medical care.

The Defendants first sent the Claimant to Doctors Care where she was seen on September 10, 2014. The Claimant continued to treat at Doctors Care and was referred for an orthopaedic

evaluation on October 29, 2014. The Defendants sent the Claimant to Dr. Douglas Holford at Carolina Musculoskeletal Institute in Aiken. Dr. Holford saw the Claimant on November 3, 2014. Dr. Holford recommended epidural steroid injections and provided medical care for the Claimant's neck and low back.

The Claimant was also seen by Dr. Scott Boyd of Columbia Neurosurgical Associates, PA, in Columbia. Dr. Boyd noted in his report of May 22, 2015 that the he suspected that "there is a strong psychiatric component to her pain." Dr. Boyd recommended that future medical treatment should include "pain management with heavy emphasis on cognitive and psychiatric components of pain." Dr. Boyd also found that the Claimant was at maximum medical improvement as it related to her lumbar and cervical spine and gave the Claimant a 5% whole person impairment to the lumbar and a 5% whole person impairment to the cervical.

At the Hearing the Claimant testified that she has had prior psychological problems for which she received treatment in 1997. The Claimant testified that following the counseling she got "better" and was not receiving any psychological care at the time of the accident. The Claimant testified as a result of the accident she was having problems coping "with the pain" and the "physical trauma" that she had been through. The Claimant also admitted that she has received prior medical treatment for the back as well.

On March 31, 2015, the Claimant was seen by Nicholas Lind, PsyD, at Post-Trauma Resources in Columbia. Dr. Lind found that the Claimant's "current symptoms of anxiety and depression were more likely than not, with as much certainty reasonable in the field of psychology, aggravated by the pain and physical limitations resulting from the 7 September 2014 injury." In addition, Dr. Lind recommended that the Claimant receive treatment, including

medications and counseling, all of which are "reasonable, necessary and geared toward lessening the period of disability for her work-related injuries."

Based on a review of the testimony and evidence presented at the Hearing, it is the opinion of this Commissioner that the Claimant has shown by the preponderance of the evidence that she is entitled to continuing benefits. Therefore, I have made the following findings of salient fact.

## FINDINGS OF FACT

1. The parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended to date, with United Health Services/Pruit Health as the Employer; American Zurich Insurance Company, as the insurance carrier; and the Claimant as the employee of the employer on September 7, 2014.

2. The Claimant, Elizabeth Preister, did sustain bodily injury on September 7, 2014, to her left wrist, low back and psyche while employed by United Health Services/Pruit Health and such injury arose out of and in the course of her employment.

3. The Defendants admit the Claimant sustained injuries to her left wrist and low back on their Form 58, Pre-Hearing Brief as well as on their Form 51, Employer's Answer to Request for Hearing.

4. The Claimant gave notice to the Defendants pursuant to the Act.

5. The average weekly wage is $536.50, with a resulting compensation rate of $357.68.

6. Dr. Boyd has recommended pain management with a heavy emphasis on cognitive and psychiatric components of pain.

7. Dr. Boyd assigned a 5% whole person rating to Claimant's low back.

8. The legal standard in this matter is to use a physical/mental standard, not the mental/mental standard that the Defendants argue should apply.

9. Dr. Boyd's report, accompanied by the report of Dr. Lind, is sufficient to satisfy Claimant's burden of proof as it relates to the psychological injury.

10. The Claimant is entitled to causally related care for psyche.

11. The Claimant has not reached maximum medical improvement as of the date of the Hearing, as she is in need of psychological care which will tend to lessen her period of disability.

## CONCLUSIONS OF LAW

Accordingly, as provided in South Carolina Code of Laws, (1976 as amended), Section 42-17-40, it is the determination of this Commissioner:

1. Under §42-1-160, the Claimant did sustain injury by accident, arising out of and in the course of her employment.

2. Under §42-15-20, the Claimant gave notice of the accident to the Employer.

3. Under §42-15-60, the Claimant is entitled to additional medical care, which will tend to lessen the period of disability.

## ORDER AND AWARD

**THEREFORE**, it is Ordered that the Defendants shall make the following payments:

1. Charges for the Claimant causally related medical care for psychological treatment with a specialist of the Defendants choosing until further Order of this Commission.

**AND IT IS SO ORDERED.**

SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION



**T. Scott Beck, Commissioner**

CERTIFICATE OF SERVICE

This is to certify the undersigned has this date served this order in the above entitled action upon all parties to this cause by sending an electronic copy hereof by electronic mail addressed to the attorney or attorneys for said parties or by depositing a copy hereof, postage paid, in the United States certified mail addressed to any unrepresented party.
September 30, 2015

By: Shawn DeBruhl, Administrative Assistant to Commissioner Beck

APPELLATE PANEL
DECISION AND ORDER
OF THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1414843

| | | |
|---|---|---|
| Elizabeth Preister,<br><br>Employee/Claimant/Respondent,<br><br>v.<br><br>PruittHealth,<br><br>Employer,<br><br>and<br><br>American Zurich Insurance, Co.,<br><br>Carrier,<br><br>Defendant(s)/Appellants. | ) | **AFFIRMED** |

Appellate Panel Review held in Columbia, South Carolina, on January 11, 2016, per notices timely and properly served upon all parties of interest.

Appellate Panel Decision and Order filed on: February 29, 2016

APPEARANCES: Claimant/Respondent represented by
Daniel E. Peagler, Esquire

Defendant(s)/Appellant(s) represented by
R. Daniel Addison, Esquire

## STATEMENT OF THE CASE

The parties were heard by Commissioner T. Scott Beck on August 20, 2015, in North Augusta, South Carolina. As a result of the Hearing, the single Commissioner issued an Order

dated September 30, 2015, from which the Defendants, as Appellants, sought review pursuant to S.C. Code Ann. § 42-17-50 (as amended). Within the statutory period, counsel for the Defendants filed an Application for Review in the case setting forth assignments of error, copies of which were furnished to all interested parties prior to oral argument presented before the Appellant Panel on January 11, 2016, as set forth below:

1. The Single Commissioner erred in Finding of Fact No. 2 in finding that Claimant sustained bodily injury on September 7, 2014 to her left wrist, low back and psyche as this finding is not supported by the substantial evidence in this case and is contrary to established law.

2. The Single Commissioner erred in Finding of Fact No. 8 in finding that the proper legal standard in this matter is the physical/mental standard as this finding is not supported by the substantial evidence in this case and is contrary to established law.

3. The Single Commissioner erred in Finding of Fact No. 9 in finding that Claimant had satisfied her burden of proof to establish a psychological injury as this fulding is not supported by the substantial evidence in this case and is contrary to established law.

4. The Single Commissioner erred in Finding of Fact No. 10 in finding that Claimant is entitled to causally related care for psyche as this finding is not supported by the substantial evidence in this case and is contrary to established law.

5. The Single Commissioner erred in Finding of Fact No. 11 in finding that Claimant is in need of psychological care which will tend to lessen her period of disability as this finding is not supported by the substantial evidence in this case and is contrary to established law.

6. The Single Commissioner erred in Conclusion of Law No. 1to the extent it concludes that Claimant has established an injury to her psyche as this conclusion is not supported by the substantial evidence in this case and is contrary to established law.

7. The Single Commissioner erred in Conclusion of Law No. 3 to the extent it concludes that Clainlant is entitled to additional medical care for her psyche as this conclusion is not supported by tl1e substantial evidence in this case and is contrary to established law.

8. The Single Commissioner erred in ordering that Defendants shall provide causally related medical care for psychological treatment as this order is not supported by the substantial evidence in this case and is contrary to established law.

All testimony and documentary evidence has been taken and delivered to the individual

members of the Appellate Panel for their study and consideration. In addition, the parties have briefed and orally argued their positions before the Panel.

In an Appellate Panel review under S.C. Code Ann. § 42-17-50, the Commission's Appellate Panel shall review the award, weigh the evidence presented at the initial hearing, and, if good ground be shown therefore, make its own findings and conclusions consistent with or inconsistent with those of the Hearing Commissioner.

After careful review of the record in this case, the Commission, by unanimous vote, has determined that all of the Hearing Commissioner's Findings of Fact and Rulings of Law are correct as stated. The Hearing Commissioner's Order is affirmed in its entirety, and the Commissioner's Findings of Fact and Rulings of Law, as adopted below, are hereby the law of this case.

## FINDINGS OF FACT

1. The parties to the proceedings are subject to and bound by the terms and provisions of the South Carolina Workers' Compensation Act, as amended to date, with United Health Services/Pruit Health as the Employer; American Zurich Insurance Company, as the insurance carrier; and the Claimant as the employee of the employer on September 7, 2014.

2. The Claimant, Elizabeth Preister, did sustain bodily injury on September 7, 2014, to her left wrist, low back and psyche while employed by United Health Services/Pruit Health and such injury arose out of and in the course of her employment.

3. The Defendants admit the Claimant sustained injuries to her left wrist and low back on their Form 58, Pre-Hearing Brief as well as on their Form 51, Employer's Answer to Request for Hearing.

4. The Claimant gave notice to the Defendants pursuant to the Act.

5. The average weekly wage is $536.50, with a resulting compensation rate of $357.68.

6. Dr. Boyd has recommended pain management with a heavy emphasis on cognitive and psychiatric components of pain.

7. Dr. Boyd assigned a 5% whole person rating to Claimant's low back.

8. The legal standard in this matter is to use a physical/mental standard, not the mental/mental standard that the Defendants argue should apply.

9. Dr. Boyd's report, accompanied by the report of Dr. Lind, is sufficient to satisfy Claimant's burden of proof as it relates to the psychological injury.

10. The Claimant is entitled to causally related care for psyche.

11. The Claimant has not reached maximum medical improvement as of the date of the Hearing, as she is in need of psychological care which will tend to lessen her period of disability.

## CONCLUSIONS OF LAW

Accordingly, as provided in South Carolina Code of Laws, (1976 as amended), Section 42-17-40, it is the determination of this Commissioner:

1. Under §42-1-160, the Claimant did sustain injury by accident, arising out of and in the course of her employment.

2. Under §42-15-20, the Claimant gave notice of the accident to the Employer.

3. Under §42-15-60, the Claimant is entitled to additional medical care, which will tend to lessen the period of disability.

After careful review of the record in this case, the Commission, by unanimous vote, has determined the following findings of fact and law should be added to the order of Commissioner T. Scott Beck dated September 30, 2015:

## ADDITIONAL FINDINGS OF FACT

12. We find that Dr. Boyd's questionnaire stating that there was no injury is wholly inconsistent with his assignment of a 5% impairment which according to the AMA Guide is compatible with a specific injury. As a result, no weight is given to Dr. Boyd's questionnaire in light of the impairment rating.

## ORDER AND AWARD

THEREFORE, it is ordered that the Defendants shall make the following payments:

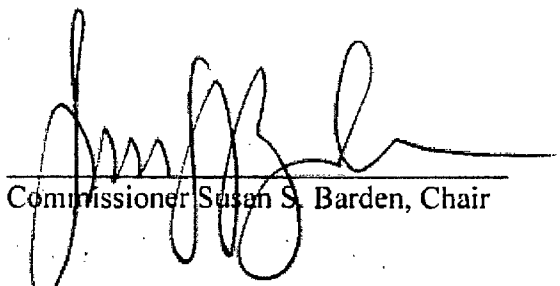
1. Charges for the Claimant causally related medical care for psychological treatment with a specialist of the Defendants choosing until further Order of this Commission.

## DECISION AND ORDER OF THE COMMISSION ON APPEAL

**IT IS THEREFORE ORDERED** that the Decision and Order of the Hearing Commissioner is hereby affirmed by the Appellate Panel of the Commission with Findings of Fact and Law added.

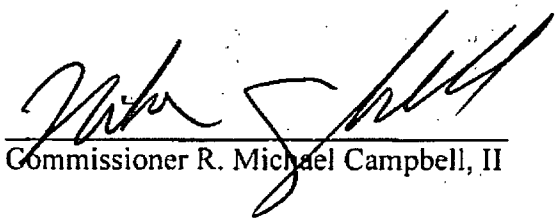
**AND IT IS SO ORDERED.**

S.C. WORKERS' COMPENSATION COMMISSION

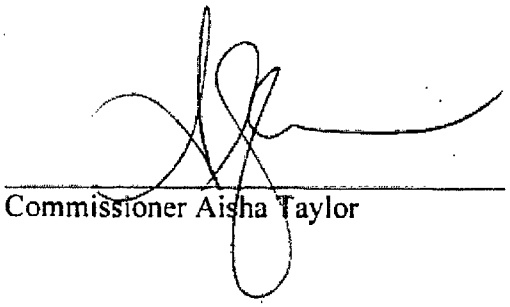


Commissioner Susan S. Barden, Chair

I CONCUR:



Commissioner R. Michael Campbell, II



Commissioner Aisha Taylor

_____, 2016

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of this order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorneys for said parties; or if there is an unrepresented party(ies), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

***By Eugenia Hollmon on February 29, 2016***

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500 • Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5723 www.wcc.sc.gov

WCC File #: **1414843**
Carrier File #:
Carrier Code #:
Employer FEIN #:

Claimant's Name: Elizabeth Preister SSN: 248-39-0112 Employer's Name: Pruitt Health

Address: 2610 Edgefield Highway Address: 830 Laurens Street

City: Aiken State: SC Zip: 29801 City: Aiken State: SC Zip: 29801

Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: American Zurich Insurance Company Zurich North America

Preparer's Name: R. Michael Johnson, Jr. Law Firm: Michael Johnson, P.C. Preparer's Phone #: (803) 547-2800

**A claim for workers' compensation benefits is made based on the following grounds:** **Date of Injury or Illness:** 09/07/2014

☑ Injury ☐ Illness ☐ Repetitive Trauma ☐ Occupational Disease ☐ Physical Brain Injury ☐ Concurrent Jurisdiction

1. The claimant sustained an injury to left wrist/arm, neck/back, left hip (Part(s) of Body Injured) on 09/07/2014 (Month/Day/Year) in Aiken county, state of SC..
2. Body part(s) affected are: left wrist/arm, neck/back, left hip
Briefly describe how the accident occurred. The Claimant was assisting a patient when the patient began to fall. The Claimant rushed to grab the patient and while keeping her from falling the Claimant injured her left wrist/arm, neck/back, and left hip.
3. Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
4. The relationship of employer and employee existed at the time of injury.
5. At the time of the injury the claimant was performing services arising out of and in the course of employment.
6. Notice of the accidental injury was given to the Employer on 09/07/2014 (Month/Day/Year) in the following manner:
Verbally reported to Latasha Buxton

☑ 7. Due to injury, the claimant is in need of (check one):

☐ (a) medical examination and treatment for: ____

☐ (b) additional medical examination and treatment for: The Claimant requests all medical care rendered this far be authorized and paid for if not already done so. Claimant requests authorization for psychological evaluation and treatment.

☐ 8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of:

☐ 9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):

☐ (1) General Disability: ☐ Total ☐ Partial ☐ (2) Specific Disability: ☐ Total ☐ Partial ☐ (3) Wage Loss

9a. ☐ A determination of permanent disability is premature at this time.

☐ 10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of:

10a. At the time of the injury, the Claimant was paid weekly wages of $FORM 20 REQUESTED, and demands accounting of days worked and wages earned as provided by law.

10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident:

11. Further grounds or unusual aspects of claim:
Any and all benefits available under the Act. Claimant requests any Award be made payable in a lump sum.

11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident:
Doctor's Care, North Aiken, SC; Carolina Musculoskeletal Institute, Aiken, SC; Pruitt Health, Aiken, SC; Aiken Regional Medical Center, Aiken, SC

11b. To the best of your knowledge, did you have any prior permanent disability? ____
If yes, describe: ____

12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

☐ 13a. **I am filing a claim. I am not requesting a hearing at this time.** 14. Estimated time needed for hearing: 45 minutes

☑ 13b. **I am requesting a hearing. A $25 fee is required.**

☐ **Mediation** ☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to *SEE ATTACHED CERTIFICATE OF SERVICE ***
**address_____ on the ___day of ____20__,by ☐ first class postage ☐ certified mail ☐ personal service.**

**I verify the contents of this form are accurate and true to the best of my knowledge.**

Preparer's Signature | **Attorney for Claimant** Title | **mjohnson@johnsonsclaw.com** Email | 5/22/2015 Date

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500 Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5700 www.wcc.sc.gov

WCC File # 1414843
Carrier File # 005502-005593-WC-01
Carrier Code #
Employer FEIN

Elizabeth Priester 248-39-0112
Claimant's Name SSN
2610 Edgefield Highway Aiken SC 29801
Address City State Zip
(803) 641-8000
Home Phone Work Phone
Date of Injury: 9/7/2014

PruittHealth - Aiken, LLC
Employer's Name
830 Laurens Street Aiken, SC 29801-3416
Address City State Zip
American Zurich Ins. Co.
Insurance Carrier

R. Daniel Addison (803) 727-1200
Preparer's Name Phone #

**Date of Injury or Illness:** 9/7/2014 **Estimated time for hearing: 45 minutes**

**Complete each information blank. Specify clearly when contentions are admitted in part and denied in part. The employer-insurance carrier in answer to the claim, respectfully shows:**

1. It is ☒ **Admitted in part** ☐ **Denied** that the employee sustained an injury on or about the date set forth in the application. The reasons for denial are:
   Admit an injury to the left wrist and **LOW** back – all others **DENIED.**
2. It is ☒ **Admitted in part** ☐ **Denied** that both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:
   See No. 1.
3. It is ☒ **Admitted in part** ☐ **Denied** that the relationship of employer and employee existed at the time in question. The reasons for denial are:
   See No. 1.
4. It is ☒ **Admitted in part** ☐ **Denied** that at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:
   See No. 1.
5. It is ☒ **Admitted in part** ☐ **Denied** that notice of injury was given the employer. The reasons for denial are:
   See No. 1.
6. It is ☒ **Admitted in part** ☐ **Denied** that the employee **(needs) (is entitled to additional)** medical care as a result of injury. The reasons for denial are:
   Claimant is scheduled for evaluation with Dr. Scott Boyd. All other treatment denied at this time.
7. It is ☒ **Admitted** ☐ **Denied** that the employee is entitled to TTD for the period(s) of:
   Pending Dr. Boyd's evaluation.
8. It is ☐ **Admitted** ☒ **Denied** that the employee is permanently disabled. The reasons for denial are:
   No facts to substantiate.
9. It is ☐ **Admitted** ☒ **Denied** that the employee has a serious disfigurement.
10. It is contended that an average weekly wage of $ **536.50** applies, according to attached Form 20 as provided by law.
11. Further contentions, grounds of defense, or unusual aspects are: The defendants are not aware of any affirmative defenses. However, if further discovery reveals the basis for any affirmative defenses, the defendants will amend this answer to assert those defenses. Furthermore, it is unknown what relief claimant is seeking as Form 50 is vague and incomplete as to what claimant is in need of (paragraph 7).

☐ **Mediation**

☐ a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐ b. Mediation is required pursuant to Reg. 67-1802.
☐ c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐ d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov

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JUN 22 2015
(FRONT DESK)
SC Workers' Comp Comm

**I verify the contents of this form are accurate and true to the best of my knowledge.**

Preparer's Signature Partner Title daddison@hedrickgardner.com Email June 22, 2015 Date

Refer to R.67-204 and R.67-210 and R.67-601 through R.67.615. Refer to R.67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Judicial Department at 803-737-5675 or judicial@wcc.sc.gov or mediation@wcc.sc.gov. Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
803-737-5675 www.wcc.sc.gov

WCC File #: **1414843**
Carrier File #: 005502-005593-WC-01
Carrier Code #:
Employer FEIN #:

Claimant's Name: Elizabeth Priester SSN: 248-39-0112
Address: 2610 Edgefield Highway
City: Aiken State: SC Zip: 29801
Home Phone: (803) 641-8000 Work Phone:

Employer's Name: PruittHealth - Aiken, LLC
Address: 830 Laurens Street
City: Aiken State: SC Zip: 29801 3416
Insurance Carrier: American Zurich Ins. Co.

Preparer's Name: R. Daniel Addison Law Firm: Hedrick Gardner Kincheloe & Garofalo, LLP Preparer's Phone #: (803) 727-1200

## REQUEST FOR COMMISSION REVIEW

Request for Commission Review by ☐claimant ☒employer (check one) Date of injury: September 7, 2014

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

See attached Grounds for Review.

RECEIVED
OCT 12 2015
(FRONT DESK)
Workers' Comp Com

**(Check one) Oral argument ☒ is ☐ is not requested. Appellant's request for oral argument is waived if not indicated on this form.**

☐ **Mediation**

☐ Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to see attached certificate of service Address on the 12th day of October, 2015 ,by XX first class postage____certified mail____personal service.**

| Preparer's Signature | Attorney<br>Title | daddison@hedrickgardner.com<br>Email | October 12, 2015<br>Date |
|---|---|---|---|

Check this box if you are not represented by an attorney ☐

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-205 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

## Grounds for Review

1. The Single Commissioner erred in Finding of Fact No. 2 in finding that Claimant sustained bodily injury on September 7, 2014 to her left wrist, low back and psyche as this finding is not supported by the substantial evidence in this case and is contrary to established law.

2. The Single Commissioner erred in Finding of Fact No. 8 in finding that the proper legal standard in this matter is the physical/mental standard as this finding is not supported by the substantial evidence in this case and is contrary to established law.

3. The Single Commissioner erred in Finding of Fact No. 9 in finding that Claimant had satisfied her burden of proof to establish a psychological injury as this finding is not supported by the substantial evidence in this case and is contrary to established law.

4. The Single Commissioner erred in Finding of Fact No. 10 in finding that Claimant is entitled to causally related care for psyche as this finding is not supported by the substantial evidence in this case and is contrary to established law.

5. The Single Commissioner erred in Finding of Fact No. 11 in finding that Claimant is in need of psychological care which will tend to lessen her period of disability as this finding is not supported by the substantial evidence in this case and is contrary to established law.

6. The Single Commissioner erred in Conclusion of Law No. 1 to the extent it concludes that Claimant has established an injury to her psyche as this conclusion is not supported by the substantial evidence in this case and is contrary to established law.

7. The Single Commissioner erred in Conclusion of Law No. 3 to the extent it concludes that Claimant is entitled to additional medical care for her psyche as this conclusion is not supported by the substantial evidence in this case and is contrary to established law.

8. The Single Commissioner erred in ordering that Defendants shall provide causally related medical care for psychological treatment as this order is not supported by the substantial evidence in this case and is contrary to established law.

BEFORE THE

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

WCC FILE NO. 1414843

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| ELIZABETH PRIESTER,<br><br>CLAIMANT,<br><br>VS.<br><br>UNITED HEALTH SERVICES/ PRUIT,<br>EMPLOYER,<br><br>AND<br><br>AMERICAN ZURICH INSURANCE COMPANY,<br>CARRIER,<br><br>DEFENDANTS. | TRANSCRIPT OF PROCEEDINGS<br><br>AUGUST 20, 2015 |

THIS HEARING WAS HELD BEFORE COMMISSIONER T. SCOTT BECK, REPORTED BY SKYLET KEAN, COURT REPORTER AND NOTARY PUBLIC IN AND FOR THE STATE OF SOUTH CAROLINA; SAID PROCEEDINGS WERE HELD AT 454 EAST BUENA VISTA AVENUE, NORTH AUGUSTA, SOUTH CAROLINA, ON THURSDAY, AUGUST 20, 2015, COMMENCING AT 11:00 A.M.

**APPEARANCES**

**FOR THE CLAIMANT:**

R. MICHAEL JOHNSON, ESQUIRE
MICHAEL JOHNSON, PC & ASSOCIATES
1201 CAROLINA PLACE, SUITE 103
FORT MILL, SOUTH CAROLINA 29708

**FOR THE DEFENDANTS:**

R. DANIEL ADDISON, ESQUIRE
HEDRICK, GARDNER, KINCHELOE & GAROFALO, LLP
1301 GERVAIS STREET, SUITE 1900
COLUMBIA, SOUTH CAROLINA 29201

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PROCEEDINGS

THE COURT: Today's date is August 20, 2015. This is Workers' Compensation File Number 1414843. The claimant in this matter is Elizabeth Priester represented today by Attorney Michael Johnson. The employer is United Health Services/Pruit. The carrier is American Zurich Insurance Company. They are both represented today by Attorney Dan Addison. Date of accident in this matter is September 7, 2014. The parties have stipulated to an average weekly wage of $536.50 yielding a compensation rate of $357.68. We're here today on claimant's Form 50. I received APAs from both the claimant and the defendant in this matter as well as a 14B filled out by Dr. Scott Boyd that has been marked as Defendant's Exhibit Number 1.

(DEFENDANTS' EXHIBIT NUMBER 1 WAS MARKED FOR IDENTIFICATION.)

THE COURT: Are there any objections to APAS, jurisdiction, venue or any other matter? Mr. Johnson?

MR. JOHNSON: No, sir, Commissioner.

THE COURT: Mr. Addison?

MR. ADDISON: None, Your Honor. I would

note for the record, if you would, that the 14B was submitted to us yesterday, the 19th of August. That was the first that any of us had seen it.

**THE COURT:** Yes, sir.

**MR. ADDISON:** Okay.

**THE COURT:** And no objection to that coming in by either party.

All right. Without objection the Commission file becomes a part with the exception of self-serving declarations and unstipulated medical reports. Also, during the pre-hearing conference in this matter the respective positions of both the parties was discussed. It is any understand from the claimant that the sole purpose of this proceeding today is to determine whether claimant has satisfied her burden of proving a compensable aggravation to the psyche. She is seeking causally related medical treatment for that and asserts that the claim should be evaluated as a physical mental claim in this matter.

Mr. Johnson, anything in addition to that with regard to Ms. Priester's position you'd like to get on the record or any other matter you're here to litigate today, sir?

**MR. JOHNSON:** There are no other matters,

Commissioner.

**THE COURT:** All right. With regard to the defendants' position, they deny compensability of the psych in it's entirely. Assert that the case should be evaluated as a mental mental claim. That the claimant is at maximum medical improvement for the left wrist and back with an MMI date of June 22nd, 2015 and further asserts that the claimant is not entitled to any award of permanency as she suffers no disability.

Mr. Addison, anything in addition to that with regard to the United Health Services' position you'd like to get on the record or any other matter you're here to litigate today, sir?

**MR. ADDISON:** No, sir. I thought we had filed a 21. I apologize. We did not. We were waiting on the 14B to file the 21.

**THE COURT:** Yes. We are not set on a 21.

**MR. ADDISON:** Right. We will do that at another day.

**THE COURT:** Yes, sir.

All right. Mr. Johnson, I believe your first and only witness today, I believe, is Ms. Priester?

**MR. JOHNSON:** Yes, sir.

**THE COURT:** Ms. Priester, would you raise your right hand, ma'am?

**ELIZABETH PRIESTER,**

AFTER BEING DULY SWORN TO TELL THE TRUTH, TESTIFIED AS FOLLOWS:

**THE COURT:** Ms. Priester, you've got a real, real low voice.

**THE WITNESS:** Yes.

**THE COURT:** Not only does that recorder have to pick you up, but this court reporter has to be able to hear you. So I'm going to ask if you'd keep your voice up as much as you can. Now, if it starts to tail off on you, we're going to have to remind you to speak up again. Okay? Okay?

**THE WITNESS:** Yes.

**THE COURT:** Need to speak louder than that, ma'am.

**THE WITNESS:** Yes.

**THE COURT:** Thank you. Mr. Johnson.

**MR. JOHNSON:** Commissioner, I'm going to stand with my back to you if you don't mind so she'll at least --

**THE COURT:** That's fine. Yes, sir.

**MR. JOHNSON:** Elizabeth will speak towards you.

DIRECT EXAMINATION

BY MR. JOHNSON

Q. Elizabeth, how old are you?

A. I'm 53.

Q. You're 53. Okay. And where do you currently live?

A. I was at 2610 Edgefield. I just recently moved on the weekend.

Q. Okay.

**THE COURT:** Michael, she can't hear.

**MR. JOHNSON:** Elizabeth, I'm going need you to speak --

**THE COURT:** Do me a favor. Michael, pull one of those chairs up here right in front of the court reporter.

**MR. JOHNSON:** Sure.

**THE COURT:** And Ms. Priester, if you'd come on over here and have a seat over here for us, please.

BY MR. JOHNSON

Q. And Elizabeth, I'm going to ask you questions from over here. But just if you would, look at both the court reporter and the Commissioner. Don't worry about trying to look at me and be polite. I'm not worried about that.

You lived in Edgefield, I believe you were testifying?

A. 2610 Edgefield Highway, Aiken.

Q. And where did you move to now?

A. It's 4331 Pendleton.

Q. Pendleton?

A. Yes.

Q. Okay. Where did you grow up?

A. Bamberg County.

Q. Bamberg County. Where did you go to high school?

A. Bamberg County.

Q. How far did you go in school?

A. Twelfth.

Q. Graduated?

A. Yes.

Q. Did you get any education after the twelfth grade? Any tech school, anything like that?

A. Yes.

Q. And where did you go?

A. I went to Barnwell Vocational School.

Q. Okay.

A. I got a CNA certificate there and, also, I went to Denmark Tech. I got a childcare certificate.

**THE COURT REPORTER:** I'm sorry. What was

the name of the tech?

**THE WITNESS:** Denmark Tech.

**THE COURT REPORTER:** Thank you.

**THE WITNESS:** Also went to Orangeburg Technical College.

**BY MR. JOHNSON**

Q. Okay. Did you get a certificate from Orangeburg technical?

A. Yes. Police citizen. Police citizen.

Q. Police citizen?

A. Yeah.

Q. Okay. What did you do for Pruit Health? What was your job for the defendants?

A. Certified nursing assistant.

Q. Okay. How many jobs before this one had you been a CNA before? Had you been a CNA for a very long time?

A. Yes.

Q. How many years?

A. Since being certified by the state in 1990.

Q. Okay. In 1990. So since 1990 you have been a CNA?

A. Before then, I was a CNA, but I wasn't certified. The state wouldn't certify.

Q. Sure. Sure. But you've worked actively as a CNA since around 1990 when you got your certification?

A. Yes.

Q. Okay. All right. And this is an admitted claim, but I do want you just very briefly -- don't take a long time -- tell the Commissioner how you got hurt that day.

A. I were cleaning up a resident and when I got through finished cleaning her up, the bed and everything, I position -- we positioned her. Turned towards on her right side. She's a double amputee. She had a stroke on her left side.

**THE COURT REPORTER:** A little louder, ma'am.

**THE WITNESS:** She had a double amputee. She was double amputee, stroke on her left side. I position her on her right side facing the door and she said she wasn't feeling good. I -- after I finished, got her situated, dressed and everything, clean her up and I lay her on one side. Well, a hip that crossover on the right side facing the mattress. And I put the soiled linen into the trash.

When I walk away from the bed, the bed was up in the air. She said she was about to fall. She

wasn't feeling good. So I rushed back to the bed about four or five feet, something like that trying to get her from falling off the bed because her leg would lap over across. She was trying to hold herself with a little short rail which is on the right side. And I tried to get her up on the bed. She was very heavy.

And I ring the light. Press the light. No one came. I tried to position her, get her in the bed. I couldn't get her in the bed or I try to hug her in my lap leg, keep her from, you know, like hitting the floor. When she was in like straddle like and there's a remote to come down on the floor with her position on me. I had my hand trying -- in the rail holding her right hand. Sit her right beside the bed. I told her hold the bed. She said she was about to throw up and stuff. She was very sick.

So I went in the hall to call the nurse. She was down on the other end getting ready to go to, I think, the north side of the hall. And she came after I called her in. The light was still on. Nobody came. She vomit. We both moved her from the side rail and position her lay down on the floor. She vomit, you know.

BY MR. JOHNSON

Q. Okay. Elizabeth, so while you're trying to hold her up, you injured your back?

A. Yeah. I tried to get her on the bed. I couldn't get her on the bed. She was heavy on the mattress because she was leaning on the edge and she wouldn't lap over.

Q. All right. Now the defendants then sent you for some medical care at Doctors Care; correct?

A. Yes.

Q. And then you eventually went and saw Dr. Holford; correct?

A. Yes.

Q. You've also had physical therapy for your back injury, haven't you? Remember you went to -- you went to Pruit Health physical therapy? You did some physical therapy on the site?

A. They send me to physical therapy, but I only had Easton.

Q. Okay. And then you've also seen a Dr. Boyd; correct?

A. Yes.

Q. All right. Years ago did you have back in -- I guess, in the '90s, did you have some depression and anxiety that you went to a doctor or a

counselor and talked about?

A. Yeah, trauma.

Q. Okay. All right. After you had that counseling, did you get better?

A. Yes. I was better.

Q. Okay. Do you think that you would -- do you feel that you need to see a counselor now?

A. To talk about the problem, yeah.

**THE COURT REPORTER:** I'm sorry. A little louder.

**THE WITNESS:** To talk about the problem I done been through like. Because everything was different after I got injured. You know, different physical and medical things that I was going through. I want to know how to cope with like going out like shopping or whatever instead of, you know, like using the cart inside a store. It was different things that I was going through, you know.

Q. Are you still having physical pain today?

A. Yes. I still have pain. Yes, I do.

Q. You have it every day?

A. Yes, I do.

Q. Do you feel -- psychologically, do you feel different than you did before this accident?

A. I feel in somewhat different of how like I

said cope with the world; cope with the pain, physical trauma that I been through. Because before it wasn't like this. I've been through some stuff, but it seemed like it just was an impact.

**MR. JOHNSON:** Commissioner, that's all the questions I have. Thank you.

**THE COURT:** Mr. Addison.

**CROSS-EXAMINATION**

**BY MR. ADDISON**

Q. Ms. Priester, you've had problems with your back before that you saw a doctor for, hadn't you?

A. Repeat.

Q. You had problems with your back before this when you worked --

A. Yes.

Q. -- with Pruit? You had problems with your back and you saw a doctor for it?

A. Yes.

Q. And you told that doctor that you were having depression because of your back pain, didn't you? And he treated you for depression for your back pain in 1997?

A. I don't remember that. I remember --

Q. If the records say that, do you have any

reason to dispute that?

A. I'm just saying I don't remember.

Q. Okay. Do you dispute that that occurred?

A. It may; it may not.

Q. Okay.

A. I don't remember.

Q. All right. What's wrong with you now? Tell me exactly what you're having problems with.

A. Well, I can tell you that -- like I say, after all this with my neck like I explained with the sand paper, the pain. Because I ain't never had no pain like this before. Sand paper like rub -- rubbing in my neck.

Q. In your neck?

A. Yes.

Q. Not your lumbar spine but your -- not your low back but your neck?

A. I'm getting ready to explain both of them.

Q. Okay.

A. It felt like sandpaper rubbing. And when I had something like -- something dripping in my neck in my throat like and it felt salty. And I don't know if it spine fluid or what. But I know that's what I had felt. Also, it was burning, sensation burning and also my lumbar was burning also. And we

have pain like if you stand up too long or if you sit too long or if I'm bending too long it bother me.

Q. Okay. Has a doctor that does physical medicine, Dr. Holford or Dr. Boyd, have either one of them told you you have any kind of significant problem with your spine that should be causing those problems?

A. Well, Dr. Holford, Dr. Boyd.

Q. Dr. Holford told you he found something wrong with you?

A. He told me it was prolap, prolap what need --

**THE COURT REPORTER:** I'm sorry. A little louder, ma'am.

**THE WITNESS:** Prolap mean compressing shoulder. I mean, it was compressed nerve. Something between the joints.

**BY MR. ADDISON**

Q. And what part of your body?

A. That was the neck area.

Q. In your neck?

A. And he said it may be coming running down, spirling down the back.

Q. He said it might be?

A. Lumbar. He say it may have been what

causing it --

Q. And you've had --

A. Excuse me. What causing the problems.

Q. You've had an MRI on your neck and on your lumbar spine; right?

A. Yeah, they say. Yeah.

Q. Okay. And both of them have come back negative that there's nothing there. You're aware of that; right?

A. I -- after Michael told me last week.

Q. Okay. Your first complaint was of your neck and we did an MRI of your neck. And then you complained about your lumbar spine and we did an MRI of your lumbar spine; correct?

A. Yeah, y'all did it.

Q. Okay. And Dr. Boyd has met with you and Dr. Boyd has told you he can't find anything wrong with you, hadn't he?

A. He told me that he was sorry that ain't nothing he can do.

Q. Okay. Did he tell you that he found anything wrong --

A. He said I may need pain management.

Q. Did he tell that he found anything wrong with you?

A. No. He just checked my reflex. Just asked question.

Q. Okay. I asked him -- I sent him a questionnaire that I sent to your lawyer and I asked Dr. Boyd --

**MR. ADDISON:** This is Page 316 of Defendants' APA, Commissioner.

**BY MR. ADDISON**

Q. I asked Dr. Boyd, "Based on your evaluation of Ms. Priester to a reasonable degree of medical certainty, do you find that Ms. Priester sustained any physical injury as a result of the September 7th, 2014 work-related accident she was involved in?" And Dr. Boyd checked no. He told me and your lawyer and this Commission that he didn't find anything physically wrong with you. Did he tell you anything different at any meetings that you had with him?

A. He told about pain management.

Q. Okay.

A. Manage to let the pain.

Q. Has any physician that you've seen in the past year told you that they found any specific physical problems that they could tell you that needed treatment that could be causing this

significant amount of pain that you're telling this Commission that you have?

A. Like I say, Dr. Boyd say pain management.

Q. Okay. All right. You've treated for psychological problems in the past; have you not?

A. Yes.

Q. And you've taken medication for it, haven't you?

A. Just for a short period. Not a long period.

Q. The answer is yes. Haven't you taken medication?

A. That's what I said. Yes.

Q. Okay. When was the last time you took any medication for psychological problems?

A. Been many years.

Q. Okay. And you've had accidents where you said that you hurt your back more than one time before in the past, haven't you? Had a car wreck where you said you hurt your back. You had another injury with a different employer where you said you hurt your back. All different physicians for lifting type injuries in the past?

A. I say that --

**THE COURT:** Ma'am, I can't hear you. You

need to speak up, please.

**THE WITNESS:** Repeat. Repeat.

**BY MR. ADDISON**

Q. You've had some other injuries in the past where you've thought you hurt your back and had some medical treatment; correct?

A. I have injured myself.

Q. Okay. Did any of those injuries cause you to have any kind of significant long-term problems?

A. No.

Q. Okay. What's different here? I'm trying to understand how this event that occurred at Pruit has caused you to have significant pain and problems different from what happened in the past?

A. Like I was saying what Dr. Holford, what he had shown me and shown my mother. He said something about prolap compressed throb -- I forgot. It's some kind of big word. It's three --

**THE COURT REPORTER:** I'm sorry. A little louder?

**THE WITNESS:** It's three different words. He said it was unspecified. Otherwise, he couldn't exactly where the pain -- exactly where it coming from.

BY MR. ADDISON

Q. He couldn't tell you where it was coming from, could he?

A. But he say it was pain.

Q. Okay. He didn't tell you he found anything in your body that would be causing that pain, did he? That's what the medical records say. Did he tell you anything different than what his medical records say?

A. No. No more than what -- well, in the paper like I was saying.

Q. Okay.

A. The words.

Q. All right. You complained of a lot of things to him. You complained of pain in the extremities and back pain; correct?

A. Yes, because I do have pain. I have numbness.

Q. All right. You keep saying the prolapse cervical and vertebral disc and he said -- he put in his notes that he thought you might have a disc, but then he went and had an MRI done and the MRI came back normal, didn't it?

A. Well, they didn't explain that to me. That's why I was having a problem with asking

questions. I wasn't getting any question and answer from the office. That's the only problem I had with him.

Q. Okay.

A. Because nobody was explaining to me.

Q. He then told you you could go back to work, didn't he?

A. No, he didn't tell me that. He did not tell me that.

Q. He wrote a note that said you could return to work on light duty?

A. He did not give me a paper written there. He did not tell me specified that, no.

**THE COURT REPORTER:** A little louder, ma'am.

**THE WITNESS:** He did not tell me that I can go back to work. He did give me a paper or a prescription saying I can go back to work.

**BY MR. ADDISON**

Q. Okay.

A. He did not tell me that.

Q. Did anybody from the employer contact you and tell you that you could return to work per Dr. Holford?

A. They say that Dr. Holford say about some

paper that he had faxed or somebody from that office about faxing some paper.

Q. Okay.

A. That there were three different dates.

Q. All right. And did you ever return to work?

A. No.

Q. Why not?

A. Because the doctor didn't specify and tell me to go to work. Because why am I going to go on the floor and I was unsure and I supposed to go to the doctor.

Q. Even though the employer called you and said --

A. And to the regular doctor.

Q. Even though the employer called you and said we have a piece of paper from Dr. Holford that says you're supposed to return to work on light duty?

A. I told them. I told them --

Q. You told them what?

A. -- that I did not get a paper from them.

Q. Okay. Did you ask to see the paper that they had?

A. Yes. I request. I asked them what kind of paper that they had.

Q. All right.
A. Yes, I did.
**MR. ADDISON:** Trying to find the release, Commissioner. Getting to it.
**MR. JOHNSON:** Commissioner, I'm just going to -- I'll object. There's no relevance to whether or not she's entitled to psychological care, the only issue we're here for today. We were here on TT issues --
**THE COURT:** I think it's relevant on whether or not we're dealing with a mental mental claim or a physical mental claim which is in dispute here today.
**MR. ADDISON:** And as to the credibility.
**MR. JOHNSON:** That's fine.
**THE COURT:** Please proceed.
**BY MR. ADDISON**
Q. All right. The employer made multiple attempts to try to get you to come back to work, didn't they?
A. They called me sometimes numerous of times, but I did respond to those calls. I did let them know. I did call them back and specify what the doc- -- I said the doctor did not give me anything. The doctor did not say that I can come back to work.

Q. Did you contact Dr. Holford's office and say Hey, the employer called me and said you told them I can go back to work, but I didn't get anything from your office?

A. I did. And I was right there when I had my appointment, had request what was going on.

Q. Okay. And the doctor said no, I didn't send that or did he tell you to go back to work?

A. No. It was the women's in the office. His nurse send what they had.

Q. Okay. And you were actually sent a letter by the employer, weren't you, telling you that you hadn't been in contact with the folks? You hadn't come back to work even though you had been released to return to work. Do you remember getting that letter?

A. Yeah. They send me a letter saying something about days or something about returning to work.

Q. So you don't dispute getting those?

**MR. ADDISON:** Page 309 of Defendants, Commissioner.

**BY MR. ADDISON**

Q. Is this the letter you got dated December 9th, 2014?

A. I don't remember. No, I don't remember.

Q. Okay. You got a letter. You don't dispute that; right?

A. I got a letter but I don't remember all this.

Q. Okay. All right. This letter says that you were -- that the employer had received return-to-work paperwork from CMI which is Dr. Holford's office -- that's Carolina Musculoskeletal Institute -- stating your return to work on light duty as of 11/21/14. "We have repeatedly attempted to contact you via telephone. That telephone number to no avail. Our attendance policy enclosed -- which they attached to the letter -- clearly states that six occurrences within 180 days constitutes dismissal. After not hearing from one -- from you since 11/17/14, we, Pruit Health Aiken, conclude you relinquish your services."

Did you ever try to contact them when you got this letter? Did you contact anybody and say, Hey, I'm sorry, I'll come back to work?

A. I contact them. Yes, I did. I left --

Q. And did you say I'll come back to work?

A. Yes, I did. I left my name and number with the receptionist at the front of the office --

of their office. I called one number with I think her name Michelle. Yes, I did.

Q. And you know that's your --

A. And I did not got no return call.

Q. So nobody called you back?

A. No, they didn't. I called --

Q. Was that what you were supposed to do?

A. I called during the week. Like they say I supposed to call to let them know if I'm out. And I'm like with doctor medical care let them know. But I did call even during the weekend before that.

Q. Who did you call?

A. I call -- it was a nurse, their on-call nurse.

Q. So you talked to an on-call nurse --

A. The on-call -- the on-call phone. Yes, I have been calling. I've been calling.

Q. At the facility saying I'll come back to work?

A. I have been calling. No. I said I call and let them know I was out. I had called because I did not got anything from Dr. Holford. He did not specify told me face to face, Elizabeth, you can go to work. This what the restriction going to be. No, he did not say that.

Q. So it's your understanding -- is it your belief that you have to have a face-to-face discussion with the doctor and him telling you you can go back to work for you to have to go back to work under the workers' comp system --

A. Wouldn't it be better?

Q. Let me finish my question. Is it your understanding that Dr. Holford has to stand in front of you and tell you personally you have to go back to work for you to have to go back to work under workers' comp? Is that your understanding?

A. That's what I understand. That's what I thought.

Q. Okay. You don't dispute that there were pieces of paper from Dr. Holford's office given to the employer that said you could return to work under certain restrictions? Do you dispute that?

A. I don't know what happened behind my back. All I can say when I was there all during the time the visit or they didn't tell me. He didn't specify even though my last visit say I can go back to work.

Q. And you don't dispute that the employer tried to contact you to have you come back to work more than one time?

A. I returned their call and told them I did

not got anything from Dr. Holford. Yes, I did. I'm not denying that.

Q. There was a conversation from the employer --

A. I'm saying...

**THE COURT:** One at a time, please.

**BY MR. ADDISON**

Q. Go ahead. Finish your statement.

A. All I'm saying, I did return their call, all their calls and let them know. I did not get the same thing that they got. The doctor did not tell me. Dr. Holford did not tell me that I can go back to work while I'm saying about the medical or whatever that was going on with me for me to understand that I can go back on the floor and with restriction and whatnot.

Q. Well, that's not what the employer was trying to get you to come back and do, ma'am. The employer told you. I know because I was involved in all this back in November. The employer told you we want you to come back to work light duty. They even put in the note that they sent to you, the light duty jobs that they would be putting you in which was doing -- folding laundry, working in the kitchen folding -- putting up silverware. It was doing all

light duty jobs. Answering the telephone up front. Those were the jobs that they tried to put you in.

A. May I ask a question?

Q. No, ma'am. You can answer a question. I was involved in that process and that was what was discussed with you. Do you dispute that that was discussed with you back in November of 2014? For you to come back to work to work light duty as Dr. Holford indicated you could do?

A. Like I say once again, Dr. Holford didn't specify to me about any restriction or whatever. He wouldn't let me know about --

**THE COURT:** Ma'am, that's not the question that's being asked. I need you to listen to the question he's asking you and answer that question and then you're free to explain it if you'd like.

**BY MR. ADDISON**

Q. Do you dispute that that was told to you in November by the employer? That Dr. Holford had released you and that they had light duty jobs for you to do and they even provided you with a copy of what those jobs would be?

A. Yes, I do dispute.

Q. You dispute that?

**THE COURT:** Ma'am? Say what?

THE WITNESS: Yes.

THE COURT: You dispute that?

THE WITNESS: Yes.

THE COURT: Okay.

BY MR. ADDISON

Q. You dispute that you got that letter that I just showed you and the attachments to that letter?

A. I don't recall getting that letter. I recall getting the letter, but I don't remember that on there. I don't remember.

Q. Do you have a copy of a letter that you received that you can show me that would be different than the one I just showed you?

A. I don't have it with me.

Q. The employer made at least six attempts to get you back to work, didn't they?

A. I answered them.

Q. And you told them you couldn't come back because you didn't think you were able to do. Dr. Holford had not told you personally?

A. That's what I told them. I didn't get anything in black and white telling me that any restriction that I can come back to work. No, he did not tell me that.

Q. Okay.

A. To me for any doctor to do something like that and just go like bypass you and go to the employer --

Q. You're using --

A. Because I need to know myself.

Q. You're using a cane today. Why do you have a cane here with you today?

A. For balance.

Q. Balance for what reason?

A. Because I seem to tip sometime.

Q. And who gave you that came?

A. I got it myself. I had request and I asked for one.

Q. Did a doctor prescribe it for you at all?

A. That's why I say I request -- I request for one.

Q. Did a doctor prescribe that cane?

A. No.

Q. Has any doctor told you that you have anything wrong with you that would require you to use a cane?

A. Like I said, compressed nerve, all these different things.

Q. Dr. Holford said he thought you had that. He then told you --

A. He thought.

Q. -- you didn't. That you didn't have it after you had an MRI. Has a doctor told you in recent history that you have something physically wrong with you that would cause you to need to use a cane to walk? A doctor. Not you. A doctor.

A. He told us about the compressed nerve.

Q. That was before you had an MRI, ma'am. After the MRI did Dr. Holford say you had compressed nerves that would require you to use a cane?

**MR. JOHNSON:** Commissioner, I'm going to object. I think the medicals speak for themselves on this issue, specifically Defendants' Exhibit 1 which says she has a 5 percent impairment to her whole person. I just think this is not something the claimant can actually answer. The medicals say what they say.

**THE COURT:** I think the question is pretty direct and I'm going to allow it. I'm going to overrule the objection.

**BY MR. ADDISON**

Q. Has a doctor told you that you have something physically wrong with you that would require you to use a cane?

A. He didn't mention anything about a cane.

Q. Okay. All right. Has any doctor -- have you seen any doctor since Dr. Boyd? You last saw him in June.

A. No.

Q. Have you seen anybody since then?

A. No.

Q. Okay. Are you taking any kind of medication other than over-the-counter medication?

A. Just over the counter. Every once and a while over the counter.

**MR. ADDISON:** All right. Excuse me. Give me one second, Commissioner.

**THE COURT:** Yes, sir.

**MR. ADDISON:** I think I'm done. That's all I have for now.

**THE COURT:** Anything, Mr. Johnson?

**MR. JOHNSON:** No, Commissioner.

**THE COURT:** Any other witnesses on behalf of the claimant?

**MR. JOHNSON:** The claimant is going to rest.

**THE COURT:** Any witnesses on behalf of defendants?

**MR. ADDISON:** Commissioner, I have the employer, manager of the facility now. He was not

there when the claimant was there. I have him here to testify as to the light duty program available at the employer. We're willing to put him up and have him discuss what they --

**THE COURT:** What relevance does that have to the proceeding here today on compensability of psych?

**MR. ADDISON:** As to that credibility issue of her refusal of this light duty that we had tried to provide her over and over and over last fall.

**THE COURT:** I mean, the letter is in the file. If you'd like to call him, you're welcome to call him.

**MR. ADDISON:** I don't think that I really have to. Just if you need him to come testify and corroborate that information and likely any questions on it, that the program existed.

**MR. JOHNSON:** I have no objection to the APAs as they were submitted.

**THE COURT:** It's your call.

**MR. ADDISON:** Since he didn't have any individual dealings with the claimant, I don't think I'm going to put him up, Commissioner.

**THE COURT:** All right. That will conclude this proceeding, gentlemen.

(WHEREUPON, THE HEARING WAS CONCLUDED AT 11:33 A.M.)

## CERTIFICATE OF REPORTER

STATE OF SOUTH CAROLINA

COUNTY OF RICHLAND

I, SKYLET KEAN, COURT REPORTER AND NOTARY PUBLIC, FOR THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT SAID HEARING TRANSCRIPT IS A STENOGRAPHIC REPORT AND WAS TRANSCRIBED THROUGH COMPUTER-AIDED TRANSCRIPTION; THAT THE FOREGOING TRANSCRIPT CONTAINS A TRUE RECORD OF SAID HEARING.

I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR COUNSEL FOR, NOR RELATED TO NOR EMPLOYED BY ANY OF THE PARTIES CONNECTED TO THE ACTION, NOR AM I FINANCIALLY INTERESTED IN THE ACTION.

WITNESS MY HAND AT COLUMBIA, SOUTH CAROLINA, THIS 10TH DAY OF SEPTEMBER 2015.

SKYLET KEAN, COURT REPORTER
NOTARY PUBLIC FOR THE STATE OF
SOUTH CAROLINA
MY COMMISSION EXPIRES: 07/30/2024

# Transcript of the Testimony of
# **ELIZABETH PRIESTER V. UNITED HEALTH SERVICES ET AL.**

**Date:** January 11, 2016

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STATE OF SOUTH CAROLINA
BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC No. 1414843

Elizabeth Priester,

Claimant,

v.

United Health Services,

Employer,

and

American Zurich,

Carrier/Defendants.

FULL COMMISSION HEARING

********

Monday, January 11, 2016
2:47 p.m. - 3:11 p.m.

The Full Commission Hearing was heard before Commissioners Susan S. Barden, Aisha Taylor and R. Michael Campbell, Chair, at the Workers' Compensation Commission, 1333 Main Street, Suite 500, Columbia, South Carolina, on the 11th day of January, 2016, before Jennifer Nottle, Court Reporter and Notary Public in and for the State of South Carolina.



APPEARANCES

R. Michael Johnson, Jr., Esquire
Michael Johnson, P.C. and Associates
1201 Carolina Place, Suite 103
Fort Mill, South Carolina 29708
Attorney for the Claimant

R. Daniel Addison, Esquire
Hedrick, Gardner, Kincheloe & Garofalo, L.L.P.
1301 Gervais Street, Suite 1900
Columbia, South Carolina 29201
Attorney for the Defendants

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EXHIBITS

(There were no exhibits marked during the hearing.)

STIPULATIONS

It is stipulated and agreed that this deposition is being taken pursuant to the Administrative Procedures Act and the South Carolina Rules of Civil Procedure.



COURT REPORTER: Today is Monday, January 11th, 2016. This is South Carolina Workers' Compensation case number 1414843. This is the case of Elizabeth Priester, Claimant, versus United Health Services, Employer, and American Zurich, the Carrier. The Appellant is the Defendant, represented by R. Daniel Addison. The Respondent is represented by R. Michael Johnson, Jr. Each side is allowed 10 minutes for oral argument and the Appellant three minutes in reply. You are requested to argue the grounds of exception and stay within the record.

COMMISSIONER CAMPBELL: Mr. Addison?

ARGUMENT BY MR. ADDISON:

MR. ADDISON: May it please the Commission? Commissioners, this is a relatively unique case. Ms. Priester worked for my Employer, United -- what -- it's now called Pruitt Health, but y'all have all seen them as my nursing home client. I know y'all have all had cases with them. She worked with them as a CNA. She has this event that occurs. She reports it like all claims get reported. We sent her for initial medical treatment, then



she ended up going to an orthopaedist from the initial medical treatment. The initial medical provider on an orthopaedic basis was Dr. Holford. We weren't getting any kind of answers from Dr. Holford as to what, if anything, was wrong with her. He had written her out of work. There wasn't any basis for her being out of work. We kept trying to find out what was going on. We did her deposition. The Plaintiff's counsel and I decided that we would get her to a different -- you know, we'd basically do an opinion with somebody that we all trusted, which was Scott Boyd. And we sent her to Scott Boyd and had Scott check her out. Scott checks her out, you know, the MRIs are done. There's various, you know, diagnostics that are done, clinical exams from both Holford and Boyd. Boyd basically says, there's nothing I can do for her, there's nothing I need to do for her, you know, move on. He does indicate that possibly some pain management, some other things that should be done, and he gives her a five percent rating. And what we said to him was a question because Plaintiff's -- it was really the Plaintiff was consistently kind of

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trying to argue or claim that she had had significant depression issues or psychological problems from day one from this, or shortly thereafter the injury happened she had significant depression issues. This woman, I will tell you, is probably one of the most depressed people I've ever seen. From what I -- and I'm not a -- obviously not an expert, but just seeing her in person, you can look at her and tell that she is a person with some issues. We never disputed that she had issues. Our position was that they'd been there all along and she'd been dealing with this for a long time. Her claimant -- her claim to the doctors was that she -- because of the pain in her back that she was having psychological problems now. The problem is, nobody can find any generator of the pain issues. There's no -- there's nothing on the MRIs that show that she has anything, other than what you'd normally expect to see on a person of her age in the spine. And the doctors have said that in their reports. She had also made the same statements to doctors previously. She has multiple prior -- she has car wrecks and prior

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workers' comp claims that she sort of fudged around in the hearing. And the doctors that were our doctors. So she's had prior problems that she's had treatment for with different doctors. And she'd had prior mental health treatment through a family doctor, Dr. Padgett, down in the Orangeburg area -- Orangeburg -- Bamburg, I'm sorry, it's the Bamburg area. And, you know, we only have records going up to 2002. I have no idea what happened with this woman after 2002 because there's just no records other than some records from some treatment on the car wrecks that happened subsequent to -- previous to my injury. The most recent car wreck that she had was in 2013. And she went and saw a physician for that, or an ER for it, and they didn't -- you know, she complained of her neck, and she complained of all kinds of things. Very similar complaints to what we're dealing with here. All of that confusion and, kind of, the haze that existed in the case, what we were trying to do with getting her to Boyd, was to get some straight answers in what do we need to be doing with her and why. So we sent her to him and he said,

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there's really nothing I need to be doing for her, gives her the five percent rating, and mentions this thing about the pain management. She then went to Dr. Lind, who's the new psychiatrist with Dr. -- with Bergmann and who -- the Bergmann and Deal thing here at Post-Trauma Resources Center over there to try to, you know, get an answer on the psychological aspect of this. Dr. Lind relates the psychological to the physical issues that the Claimant has says that she has. As a result, we sent a questionnaire to Dr. Boyd. And this is where the rubber meets the road in this case, just so y'all understand. This was my position with Commissioner Beck. Commissioner Beck took exception to my position because he said, well, y'all essentially have admitted an accident, you've admitted an injury, and therefore there's, quote/un-quote, a physical injury. He also said at the hearing, how can a doctor give a patient a rating if there is no physical injury. He said there's a five percent rating so there had to be a physical injury. I pointed out to him that the AMA guides -- Boyd doesn't say what, he just says

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five percent. I pointed out to the Commissioner a doctor can give somebody five percent under the AMA guidelines purely for pain without any evidence of any problem being there other that the Claimant is saying I'm hurting.

COMMISSIONER TAYLOR: Well, I thought that was three percent.

MR. ADDISON: It's five.

COMMISSIONER TAYLOR: Okay.

MR. ADDISON: It's five -- under the DRE it is five percent. It's up to five percent. They can give one percent, but they can give up to five under the DRE for the pain issue.

COMMISSIONER TAYLOR: Okay.

MR. ADDISON: So that's what I pointed out to the Commissioner. But the most important thing here is we specifically asked a question of Dr. Boyd in my questionnaire that I sent to him. And the first question was, does she have a physical injury. And his answer was no. Not kind of, or maybe, or sort of, he specifically said no physical injury. So my point to Commissioner Beck was Claimant can allege all she wants to about this physical/mental -- but

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without the physical component, the only option that she has is to say that she meets the mental/mental standard, that there was some sort of stimuli that caused her to have mental problems that wasn't a physical stimuli. He boss treated her badly, the doctors didn't do something right with her, whatever, that caused her to have the mental issues. But without the requisite physical injury, a mere incident occurring and us admitting an incident and sending her for medical care is not an admission that she has a physical derangement of her body. What we're admitting is that she reported something. We send her to a doctor to find out if there's anything there that we need to treat. Dr. Boyd, who is the A.D.P., very clearly states she has no physical injury. So my point to Commissioner Beck was without the physical injury she can't have a physical/mental where I'm now responsible for the mental care, the mental problems. She clearly had pre-existing mental problems, she clearly has them now. I will be happy to admit, she is -- like I told y'all earlier, she's probably one of the more depressed-

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looking Claimants I've ever seen. She doesn't look you in the eye and I don't think she was faking. And I'll be happy to admit that on the record. She looked at her feet the entire time that I did her deposition. She was sort of weepy but not openly weepy. She looked askance any time you tried to talk to her. She literally did not look at me the entire time I did her deposition. She did the same thing in the hearing. She looked down, she doesn't look you in the face. She -- you know, I don't know what the background is on how or why she is what she is. My point to the Commissioner at the single-commissioner hearing was, she's not this way because of some significant problem from an accident with Pruitt, because nobody is pointing to any kind of significant problem that she has, other than the psychological problem. Everybody knows she has a psychological problem and we're not disputing she has a psychological problem. Our position is, is that her psychological problem cannot be in any way substantially related to my accident. We don't think it's related at all. I put in my brief for y'all the ruling from the

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court -- higher court, on the Doe case. It's Doe versus South Carolina Department of Disabilities. That's from the Supreme Court in 2008. And it's somewhat of a similar situation. And the Claimant got kicked in that case, got kicked in the abdomen, complained of being depressed and said she was having crying spells, etcetera. The single commissioner found that the mental injury was not compensable as a result of the -- of any physical injury. The circuit court reversed and then it went up to the higher court. And the higher court looked at it and said there's substantial evidence in the record supporting the full commission determination that the mental injury was not induced or caused by the minor physical injuries the Claimant sustained. So even Doe -- the court said that even minor physical injuries are such that a commissioner can look at it and say, no, that's not enough to cause any kind of significant depression. There wasn't anything here to suggest this woman had some giant pain generator to cause her any direct depression.

COMMISSIONER BARDEN: Well tell me this, Dr Lind

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says that he relates her problems with the injury.

MR. ADDISON: And he is the psychiatrist, correct.

COMMISSIONER BARDEN: Right. Is there a competing opinion?

MR. ADDISON: No, ma'am. But I don't think that we have to have one, because he's basing it purely on her telling -- if you read his notes, what he says is, the patient tells me she didn't have this before and she has it now. And she has significant pain and the pain is causing her to have the depression. That's what she said to him. What the problem is though, Commissioner, is that there's nothing there to suggest why she's having the pain. There's -- nobody can find -- she doesn't even have spasms on examination. And when those spasms -- you know, muscular spasms, nobody can find anything significantly there to generate the kind of pain she's saying that exists. And we didn't just sluff her off. We sent her not to one but two separate physicians. We did diagnostics. We didn't deny any treatment in trying to determine if she actually had some kind of physical component to this. And there wasn't

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any finding of any physical component. It's just a patient saying I hurt, I hurt, I hurt without any evidence of why she hurt. And the problem of the pre-existing problems that weren't one or two, they were multitude. There were literally about five or six instances of her having prior car wrecks and workers' comp injuries where she complained of substantially similar problems. I mean, almost identical when you read the medical records. It's the same problem -- first, it was her neck, then it was her low back, and it was, you know, this migrating problem of where the issue might be. She did that with Holford. That's why we sent her to -- one of the reasons we sent her to Dr. Boyd was we started out with an initial injury being in one area of the body and then she complained when he said, there's nothing there that I can find anything wrong with. She said, oh, it's not -- and I can't remember if it was the neck first and then the lumbar, or vice versa, but it was both. And we checked out both, and they couldn't find anything wrong with either.

COMMISSIONER BARDEN: Well, tell me this, because

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you've referenced the questionnaire on page 117 -- or excuse me, 316 on your brief ---

MR. ADDISON: Yes, ma'am.

COMMISSIONER BARDEN: --- on page -- and it might -- what I've got in this file is it doesn't look like it is impeded. Is there another one or --

-

MR. ADDISON: I'm sorry, say it again.

COMMISSIONER BARDEN: Page 316 of the APAs to which you refer on page 6 of your brief, 316:

MR. ADDISON: Yes, ma'am.

COMMISSIONER BARDEN: Maybe I'm looking at the wrong set or something.

MR. ADDISON: 316, and what was your question?

COMMISSIONER BARDEN: About the questionnaire where he didn't -- you know, his opinion did not sustain a physical injury.

MR. ADDISON: If you read the very first question. It says, based on your evaluation and to a reasonable degree of medical certainty, do you find that Ms. Priester has sustained any physical injury as a result of the September 7th, 2014

COMMISSIONER BARDEN: And mine is not checked yes or no.

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MR. ADDISON: It's got a no on it.

MR. JOHNSON: She

MR. ADDISON: Okay. And I don't know why ---

MR. JOHNSON: That's what got scanned in a sent.

MR. ADDISON: Okay. All right. I'm sorry, Commissioner. This is the ---

COMMISSIONER BARDEN: Okay. Because we -- what we have is just a blank.

MR. ADDISON: We handed up the one with the stuff on it ---

COMMISSIONER BARDEN: Okay. Oh, okay.

MR. ADDISON: --- and we sent it to the ---

COMMISSIONER BARDEN: Oh, okay. Okay. Well, that - - all right.

MR. ADDISON: And we

COMMISSIONER BARDEN: So he said

MR. ADDISON: --- probably need to make sure the Commissioner references ---

COMMISSIONER BARDEN: --- no physical injury from this work accident?

MR. ADDISON: Yes, ma'am. And then he handwrote -- if y'all want to see the other pages so y'all can -- since y'all don't have that, he handwrote some stuff on the back where he put some pain management question stuff.

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COMMISSIONER BARDEN: So -- okay.

MR. ADDISON: He said, you know, does she ---

COMMISSIONER BARDEN: This is based on her subjective complaint?

MR. ADDISON: Yes, ma'am. You know, that's a -- that would be our position. She subjectively complained of significant pain from day one, but nobody's been able to find any reason why. So you've got a person who -- I don't know what's gotten her. I really don't. I mean, we've done everything we can to try to get her back to work. We did everything we could to try to get her to MMI. We've done everything we can to try to deal with it but what we get is the same reaction from her, which is this very depressed person saying I'm depressed, I'm depressed, I'm depressed, and I have pain, and I have pain, and I have pain. Without any evidence was why. And what we're stuck with is now, you know, I don't dispute -- Dr. Lind said what he said. I'm not saying that he's a bad guy or anything.

COMMISSIONER BARDEN: And Boyd was the IME. And who was the original authorized treating?

MR. ADDISON: Holford.

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COMMISSIONER BARDEN: And Holford says there was an injury?
MR. ADDISON: He didn't say one way or the other. He just was trying to figure out what was going on.
COMMISSIONER BARDEN: So are you saying only physician's opinion that whether there was an injury or not is Boyd?
MR. ADDISON: But he is not my IME. He is a joint -- he's a joint decision between the parties to get a -- to get someone to check her out and see if we can figure out what's going on. That was Mr. Johnson and I both agreeing on Dr. Boyd.
MR. ADDISON: All right. Thank you.
COMMISSIONER CAMPBELL: And you'll have three minutes. Mr. Johnson?
ARGUMENT BY MR. JOHNSON:
MR. JOHNSON: May it please the Commission? I'm going to try not to skip around too greatly, but I want to address some of the points. The Defendant -- the Claimant was hurt on September 7th, 2014. May 22nd of this -- of last year, we filed a Form 50, request for a hearing. We alleged injuries to the left wrist, arm, neck,

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back -- neck/back, left hip. The Defendants filed a 51 on June 22nd, 2015 in which they stated, admit an injury to the left wrist and low back, all others denied. The Defendants filed a Form 58 pre-hearing brief on August 12th in which they again -- excuse me, on August 10th, in which they again stated, quote, admitted injuries to left wrist and low back, all others denied. Two days later, the Defendants amended that same pre-hearing brief, but didn't change a word on what got hurt. We are -- the Commission is a -- is -- we're bound by regulations. I file a 50, you file a 51. Your 51 admits that you have had an injury to a body part, then you have sustained an injury to that body part. Doesn't mean you've sustained a disability to that body part but it certainly means you've sustained an injury. That is what the Form 51 is. It is an answer, and it says, yes, you would have these injuries. The only time that we have been told that, no, you didn't sustain any injury, actually, is on August 20th, 2015 when we have a hearing before Commissioner Beck. That is 17 days shy of a year on this claim in which she

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has treated with Dr. Holford and Dr. Boyd. And Dr. Holford, during that time, diagnosed her -- diagnosed her with a problem. I apologize -- diagnosed her with low back pain. And ---
COMMISSIONER BARDEN: Low back pain or low back injury, low back ---
MR. JOHNSON: It was a low back injury. Commissioner, I apologize. I've lost my -- I've lost my notes somehow on it.
COMMISSIONER TAYLOR: What was the date of that?
MR. JOHNSON: It's APA page 14, November 3rd, Dr. Holford recommended epidural steroid injections and provided medical care for the Claimant's neck and low back. The Claimant continued to treat with Dr. Holford until -- and Dan and I did. Dan and I took her deposition. We weren't getting anywhere with Holford. We said let's send her somewhere -- let's try to get her some actual medical treatment as opposed to Holford who didn't seem to just really be treating her actively. Saw Dr. Boyd. In the interim, my client is telling me she is -- she has had pre-existing depression back from the 80s -- or excuse me, late 90s. Hasn't had a problem -- hasn't actively treated basically

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for it since then. So I sent her to Dr. Lind and Dr. Lind testified that she had a pre-existing condition which was aggravated by the pain from the work injury. He actually related it to the injury. And that's what's important. Because what the Defendants have cited, they've cited Doe v. Department of Disabilities, which is 364-SC-411, and it's a Court of Appeals case. The original case, which was heard -- the final case was heard by the Supreme Court was actually reversed. But it was reversed on other grounds, but the Court of Appeals -- because in honesty, the Supreme Court found that it was a mental/mental claim. It wasn't a physical/mental, they said it's a mental/mental. But this Court of Appeals -- Mr. Addison is right. They did find that there was not an injury for what they said -- they said a condition which is induced by a physical injury is thereby causally related to that injury. And then they said claimant -- and this is in the Doe case, the claimant stated her fear, the change in work conditions, the loud noises, and the increased stress at the job resulted in her mental injuries. What the

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claimant in Doe lacked was a connection between the injury and the psychological. Because the claimant in Doe blamed a lot of other stressors, as if the case was going to be a mental/mental claim, not a physical/mental. In this case, we alleged from the get go, this is a physical/mental claim. The claimant experienced an injury which the defendants admitted not to one body part, two body parts. They clearly admitted an accident happened and we sustained an injury. Because a Form 51 doesn't say -- it says an injury on the 51. It says it on the pre-hearing brief. They have said that. It is clear based on the law in South Carolina if you have a pre-existing condition that is aggravated by the work, it is compensable. That is true the same with a physical/mental claim. The law is very clear. And in my brief, I cited probably 10, 11 cases which clearly lay that out for you. And Dr. Lind put it as succinctly as you can. In my opinion, Ms. Priester's current symptoms of anxiety and depression were more likely than not, with as much certain reasonable in the field of psychology, aggravated by the pain and

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physical limitations resulting from seven -- September 24 injury. Dr. Boyd said, I suspect a strong psychiatric component to her pain and recommend pain management with heavy emphasis on psychiatric treatment. There was only one conclusion -- and gave her a five percent rating. There was really only one conclusion Commissioner Beck had come to. She sustained an accident, she had an injury to her back, it was -- she had pre-existing psych that was aggravated by it; therefore, it is compensable. Commissioner, we're asking you all just to simply affirm that decision today. Thank you.

COMMISSIONER CAMPBELL: Thank you, Mr. Johnson. Mr. Addison?

REPLY BY MR. ADDISON:

MR. ADDISON: Commissioners, I'm not a doctor. I can't put in a medical record, or even a legal document, whether or not this person had a physical injury. I can do what I'm supposed to do under the statute which is to either admit -- accept or deny an alleged injury that has occurred at work. My Employer chose to accept that the Claimant had had an accident that she reported to them and that she was seeking

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medical care for. We did just that. My statements on my 51 and my Form 58 aren't anything other than what I'm supposed to submit to the Commission. They're not an admission that she had a physical injury, they're admission that she reported an injury to us and we accepted the injury. It's up to a medical provider to determine whether there is a physical injury. We asked the medical provider at the time was there a physical injury, Dr. Boyd. Dr. Boyd said no, there is no physical injury. And the requirement of the statute, which the Claimant bears the burden of proving this, not me, the burden is that the Claimant has to show, pursuant to the statute, that her mental problems are the result of a direct physical injury. Otherwise, she has to show that it is a mental/mental. This is what I go through in my brief. I discuss the statute, what the statutory language is that says, without a physical injury, and that's the word used in the statute, not an admission by defense counsel on a pre-hearing brief or a Form 51 that there was an accident and that we were accepting an injury to the low back.

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There's nothing in there that says that that is the standard. The standard is that she has a physical injury. A physical injury is determined, by the statue, by a medical doctor. That's what the new statute says, it's quite frankly what the old statute said. But it's much clearer now on the new language after the 2007 changes that a physical injury has to be defined by a medical doctor. You have to have a reasonable degree of medical certainty opinion as to whether or not a physical injury has occurred. We asked for that from Dr. Boyd. He told us very clearly she doesn't have a physical injury. Without the requisite physical injury, the Claimant can't have a physical/mental. She can have an accident, she can have an event, she can have a claim that lasts for a year and a half. Without the physical injury component existing, there is no physical/mental.

COMMISSIONER TAYLOR: So what injuries when you -- injuries were you admitting on the Form 51?

MR. ADDISON: Commissioner, that's where this semantic issue comes into play and it's what we debated at the hearing with Commissioner Beck.

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And I told him -- I can admit anything that I want to. The Claimant can come in here and say I had this accident occurred, and I can admit 50 different body parts. It doesn't mean that my admission is that she had a physical injury, or he or she, the claimant in that mythical case, has had an actual physical injury to that body part. The best case I can think of is the Singleton case, it's a perfect example. Mr. Singleton had about 10 different things wrong with him but the case came down to him having a substantial injury to his leg. And that's what the case revolved around, was a leg injury. If you look at Singleton and read Singleton, the court mentions about five other body parts that were admitted by the employer but were insignificant body parts. And so that's the -- that's kind of the issue here is an admission by defense counsel and by the Defendants, quite frankly, themselves. The Employer doesn't mean anything. The standard is that physical injury requirement of the statute. Okay.

COMMISSIONER BARDEN: Is that, you know, -- and there's sort of a slippery slope here, is if,

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you know, you, in good faith, admit something. And I don't want to re-review everything. I certainly don't know how I'm going to rule yet in this case but there is a slippery slope here in that if y'all admit body parts in good faith wherein as later that it's determined not to be an injury for y'all to then not be -- punished isn't the right word, but held to your original pleading whereas we find out that a doctor then -- I don't want it to be a situation where defendants start denying everything wholesale because they don't want to get caught in this trap down the road.

MR. ADDISON: I think I can answer very clearly for you the answer to that. I think the standard is that the defendants, being employers and then defense counsel, can respond to a Form 50 with a reply ---

COMMISSIONER BARDEN: Right.

MR. ADDISON: --- we admit the claimant had an accident on ---

COMMISSIONER BARDEN: Right.

MR. ADDISON: --- 12/7 and reported a low back injury. And, you know, what you're admitting there is that we agree that something -- an

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event occurred that might lead to a physical injury, and we will forward you to a medical provider to give us the answer that is the second part of this, which is the physical injury part.

COMMISSIONER BARDEN: For a doctor decide.

MR. ADDISON: And I can't tell you whether a physical injury occurred.

COMMISSIONER BARDEN: Right.

MR. ADDISON: I don't -- I can't ---

COMMISSIONER BARDEN: Well, my concern is that I don't want, down the road, defendants to start wholesale denying everything because they don't want to later get in a trap like what you face right now.

MR. ADDISON: Yes, ma'am. And this -- and Michael and I have tried to -- just so y'all understand, we've tried to work through the details. This is not us playing with each other. This has been a very difficult case for both of us to try to wrap our brains around and try to figure out the pieces and the parts of it. But, you know, it is what it is, and we're both good attorneys, and we're going to do what we have to for our clients. So it's a hard

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question. I'm more than happy to admit it.

I'm pretty sure Michael would do the same.

COMMISSIONER BARDEN: No so hard for him.

(There being nothing further, the hearing concluded at 3:11 p.m.)

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South Carolina Workers' Compensation Commission
WCC File # 1414843

| | |
|---|---|
| Elizabeth Priester, Claimant, vs. PruittHealth - Aiken, LLC, Employer, American Zurich Ins. Co., Carrier, Defendants. | Deposition of **Elizabeth Priester** |

Deposition of Elizabeth Priester, taken pursuant to the South Carolina Rules of Civil Procedure and the Administrative Procedures Act, commencing at the hour of 10:30 a.m., Thursday, April 9th, 2015, at the Dean Law Firm, 146 Centre Street, Orangeburg, South Carolina.

**COPY**

Reported by
Sandra M. Austin





Stipulations

The reading and signing of this deposition transcript is waived by the deponent and counsel for the respective parties.

Whereupon,

Elizabeth Priester, being duly sworn and cautioned to speak the truth, the whole truth, and nothing but the truth, testified and deposed as follows:

The Court Reporter: State your name for the record.

The Deponent: Elizabeth Priester.

Examination

By Mr. Addison:

Q Ms. Priester, my name is Dan Addison. I'm here on behalf of PruittHealth in regard to the workers' compensation case that you have going on. We are here today to do what's called a discovery deposition. It means exactly that. This is my opportunity to discover information about you. I'm going to ask you lots of questions about yourself, your health history, your family history, that type of stuff. Some of the questions that I ask you may seem a little personal in nature. It's not meant to harm you or try to dig at you in any way. It's

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Appearances

| | |
|---|---|
| For the Claimant: | R. Michael Johnson, Jr., Esquire<br>Michael Johnson & Associates, PC<br>1201 Carolina Place, Suite 103<br>Fort Mill, SC 29708 |
| For the Employer/ Carrier: | R. Daniel Addison, Esquire<br>Hedrick, Gardner, Kincheloe & Garofalo, LLP<br>1301 Gervais Street, Suite 1900<br>P.O. Box 11267<br>Columbia, SC 29211 |
| Reported By: | Sandra M. Austin |

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Exhibits

No exhibits marked.

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all meant to gather information that we would need for the case -- or do need for the case. If I ask you a question that you do not understand, I need you to tell me that you do not understand the question in the manner that I have asked it. I'll try to ask the question in a different way or I'll explain the question to you if you tell me you don't understand it. If you answer a question, I will assume that you've understood the question in the -- in the manner that I've asked it. Okay?

A All right.

Q All right. You're a little soft-spoken. If you'll always try to keep your voice up. The court reporter is recording all this. She does have the microphone right there in front of you, but always try to make sure you keep your voice up because we are recording this. She sometimes has to go back and listen to what you say to be able to type up -- There's a little book that will be done when all this is finished. So, just make sure you keep your voice up. If you -- If you get too soft-spoken, she or I, probably her, is going to be the one that tells you to raise your voice. Okay?

A All right.

Q Okey-doke. Whenever answering a question that

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requires a yes or no, if you would always use the actual word yes or no instead of uh-uh or uh-huh or some other nonword. If you say one of the nonwords, I'll ask you do you mean yes or no. You may add to the yes or no all that you want to. Is that fair enough?

A Yes.

Q All right. All right. Have you ever given a deposition before for any reason?

A No.

Q Okay. Are you taking any medication today that would affect your ability to give this deposition today, anything that makes you confused?

A Explain.

Q All right. You know, -- Are you taking any medication that's got you foggy or anything where you wouldn't be able to think right?

A No.

Q Okay. All right. If you would, give me your full name, including any maiden name, middle name, that -- that -- you know, the whole line of your name, if you could do that for me.

A Elizabeth Evelyn Priester.

Q Okey-doke. All right. Priester is your maiden name?





A No.

Q What's your maiden name?

A Chisholm.

Q Okey-doke. That's what I was asking, was the whole thing, I mean, whatever your maiden name is plus -- Priester is a married name, correct?

A Right.

Q Okay. All right. How old are you, Ms. Priester?

A Fifty-two.

Q What is your date of birth?

A 8/17/62.

Q And where were you born?

A Bamberg County.

Q Okay. What is your current address?

A 2610 Edgefield Highway.

Q Okay. What town?

A Aiken.

Q What's the ZIP there?

A 29801.

Q All right. How long have you lived at that address?

A About seven years.

Q Okay. All right. Where did you grow up? Did you grow up in that area or in Bamberg?

A Bamberg County.





Q Okay. Where in the county?

A Denmark.

Q Okay. All right. What's your Social Security number? And she does redact.

A XXX-XX-XXXX.

Q All right. Do you have a driver's license?

A Yes.

Q Is it South Carolina?

A Yes.

Q Do you know that number? Do you have it on you?

A No, I don't have it on me.

Q Okay. Do you know your number, your driver's license number?

A No, not by heart.

Q Okey-doke. Is it in your car?

A My mother has it in the --

Q Your mother has it.

A -- car.

Q All right. Is your mother here with you today?

A She might be outside and she --

Q Okay. She drove here?

A -- might not -- Yeah, she drove me here.

Q She came with you. Okay. We may grab it from you at the end of the deposition and get that. All right. Your driver's license, it is a -- is it a





regular driver's license?

A Yes.

Q Have you ever held a commercial driver's license?

A No.

Q Do you have any restrictions on your driver's license, like glasses or anything of that nature?

A No.

Q Okay. All right. Alrighty. What is your current marital status?

A Divorced.

Q When did you divorce, what year?

A (No response.)

Q You can ballpark it for me. You don't have to give me the exact date.

A 1998.

Q Okay. What county did you get divorced in?

A Bamberg.

Q All right. All right. What's your ex-husband's name?

A Christopher.

Q Priester?

A Yes.

Q Okay. How long were you and Mr. Priester married?

A Oh, -- He -- About ten years.

Q Okay. Have you been married ever other than to Mr.

Priester?
A Yes.
Q Okay. Who else were you married to? I assume it was a first marriage.
A Willie James Smith.
Q How long were you and Mr. Smith married?
A I don't remember exactly.
Q You can ballpark it for me. A year or more than a year or --
A We -- It was more than -- more than a year.
Q Okay. When did you divorce Mr. Smith?
A I had a annulment.
Q Okay. When -- When did that occur? You can ballpark it. You don't have to give me an exact date.
A I don't remember the exact --
Q Okay. Well, you --
A -- year.
Q -- were married to Mr. Priester for about ten years, got divorced in '98, so it had to be sometime before 1998. How soon before you married Mr. Priester had you annulled your relationship with Mr. Smith?
A About -- Probably about -- I don't know -- eighty-- '85.





Q Okay.
A I don't know.
Q All right. Have you been married other than to Mr. Smith and Mr. Priester?
A No.
Q Okay. What did Mr. Priester do for a living when you were married to him?
A He was -- He was going to college.
Q Okay. For the whole ten years, or --
A No.
Q -- did he do something for a living?
A He -- He work as a manager at the Bi-Lo during that time.
Q Okay. So, during y'all's marriage, he primarily -- what he did for a living was work as a manager at a grocery store?
A Yeah, and -- Yeah.
Q Okay. All right. Is Mr. Priester required to make any kind of payments to you now subsequent to y'all's divorce, any alimony or anything of that nature?
A No.
Q Or any child support payments that he's still having to make?
A Uh-uh. No.





Q Okay. All right. Since 1998, have you been involved in any kind of relationships where you lived with somebody for any lengthy period of time?
A Yes.
Q Okay. Are you currently in any type of relationship like that now?
A No.
Q Okay. When was the last time you lived with somebody for some lengthy period of time in a relationship?
A Last week.
Q Last week?
A Yes.
Q Okay. So, you just split up with somebody?
A Yes.
Q Okay. What's that person's name?
A Michael Johnson.
Q Okay. All right. What does Mr. Johnson do?
A He disabled.
Q Okay. What's the nature of his disability? What's wrong with him?
A A hip problem.
Q All right. How long were you and Mr. Johnson together?
A About three. About three.





Q About three years?
A Yes.
Q Okay. Was he disabled the entire time y'all were together?
A Yes.
Q Okay. How did his hip get messed up? Was it something from an accident, or he has some congenital problems, or a car wreck, or what happened to him?
A I guess a health problem. Just a health problem.
Q Okay. Did you say hip or health?
A Health.
Q Oh. I'm sorry. Did you ever say hip in there or did I get that --
A Health problem.
Q Okay. What is his health problem?
A You asked me about his hip, his --
Q No. I'm asking you about his health. You said he has a health problem?
A No. I mean his hip, when you were asking what was wrong with him.
Q Okay. All right. So, you did say he had a hip problem originally?
A That's his health problem --
Q Okay.

A -- that he got.
Q He has something wrong with his hip or hips?
A Yes, his hip.
Q Okay. It's just one hip? He has a bad hip?
A Yes.
Q Okay. And has he had that the entire time you were with him?
A Yes.
Q So, he has not worked during the time that you were living with him?
A Right.
Q Okay. And y'all -- Y'all physically lived together for three years, approximately?
A No.
Q Okay. How long did y'all live together?
A A little over two years.
Q Okay. And he moved out last week?
A Yes.
Q Okay. Was he living with you at your home in Aiken?
A Yes.
Q Okay. All right. All right. I just asked you that. All right. Have you been in any other relationships with anybody long-term like that before Mr. Johnson?





A No.
Q Do you have any children?
A Yes.
Q How many children do you have?
A Two.
Q Tell me your oldest child's name and age.
A Jamie Smith.
Q Is that a boy or a girl?
A Boy.
Q How old is Jamie?
A Thirty-one.
Q Okay.
A Thirty-one.
Q Where does Jamie live?
A New York.
Q What does he do for a living?
A He in college and security officer.
Q Okay. All right. Tell me your next child's name and age.
A Dominique Priester.
Q All right. And I assume that's a girl.
A Yes.
Q How old is she?
A Twenty-seven.
Q All right. And where does she live?





A Denmark.
Q What's she do in Denmark?
A College.
Q She's at Denmark Tech or Voorhees?
A Tech.
Q What is she studying to do?
A Culinary art.
Q Okay. All right. Does anyone else live in the home with you currently?
A No.
Q All right. Do you provide any kind of regular support to a family member, other than any child or Mr. Johnson when he was there, like a parent or, you know, grandparent, aunts, uncles, other children, anybody of that nature? Do you provide any kind of regular support? Have you, in the past year or two, provided regular support to any other human being?
A When you said support, elaborate. What do you mean support, financially or --
Q Financial support --
A -- are you talking about --
Q -- on a regular basis, not just occasionally going and buying something for somebody but like making regular payments in some amount of money, you know,





paying the power bill every month for somebody or paying for groceries every month for somebody, something of that nature. Have you done anything like that in the past year or two?
A Okay. Elaborate. How much --
Q Not going out and buying a pizza. I'm talking about --
A No. I mean --
Q -- more than a dollar, okay? But I mean -- But it means doing it on a regular basis, not just occasionally going and doing something for somebody, but like you -- you've committed to pay a bill for somebody. If it's a power bill, obviously, it's not the same amount every month; it's going to be whatever the power bill is. Or paying toward the power bill. Anything where you've paid some kind of money on a regular basis to a family member or another human being, that you've agreed to do that long-term, not just a -- an occasional payment of some sort. Have you done anything of that nature?
A (No response.)
Q Don't worry about the amount. Have you made any payments to anybody for anything over the past two years for a family member?

A (No response.)
Q I mean, are you helping out your daughter or helping out your son with any -- any bills?
A Um, I have.
Q Okay. What did you do?
A My mother, I used to --
Q Okay. What kind of bills did you pay for your mom?
A I used to help her with her light.
Q I'm sorry?
A I used to help her with her light.
Q With her light bill. Okay. What's your mom's name?
A Ertha.
Q Ertha?
A Jones.
Q Jones. All right. Where does your mom live?
A Bamberg.
Q Is your mom still alive?
A Yes.
Q Okay. Are you still helping her -- You said recently. I assume --
A No.
Q Recently you have not been doing it?
A No.
Q Okay.





A No.
Q All right. Okay. Anybody else that you've made any kind payment of any sort for?
A No, I haven't.
Q Okay. All right. Tell me how far you went in school.
A I went twelfth grade, --
Q Okay.
A -- and I did -- took some --
Q Well, let's -- Let me stop on high school. What year did you graduate from high school?
A Twelfth.
Q No. What year? What --
A '81.
Q Okay. What high school?
A Denmark-Olar.
Q Okay. All right. And then after high school, did you do any kind of -- not necessarily right after high school, but at any point after high school did you take any additional schooling? You seemed to be starting on that. You did some additional classes after that somewhere?
A Explain again.
Q After high school, did you do any additional schooling of any sort?





A Yes.
Q Okay. Where did you go, after high school, to school?
A I went to Orangeburg Tech, --
Q Okay.
A -- took a trade.
Q A what?
A A trade.
Q A trade?
A Such as like short-term certificate classes. It was police citizens academy or something.
Q Okay. So, you took some kind of criminal justice-type stuff?
A Yeah. And I took nursing assistant, Barnwell Vocation.
Q Okay. You have some certifications in those areas?
A Yes. Childcare at Denmark Tech.
Q Okay. Let's do it this way. Tell me what -- What do you have certifications in? I know you've got a CNA. We'll talk about the CNA a little bit more, but anything other than your CNA? What other certifications do you have?
A Just those two.
Q You've got to speak up a little bit, okay?
A Just those two.





Q So, childcare and some kind of criminal justice certificate --
A Yes.
Q -- or police --
A Yes.
Q Okay. All right. Have you taken any other classes of any sort, not necessarily where you got certifications but where you took any other schooling?
A I took a CPR class during the time I was working.
Q Okay. All right. Tell me about your CNA. Where did you do your CNA? Was it -- It was at the Barnwell location of OC Tech? Is that what you were just saying?
A Barnwell Vocational School.
Q Barnwell Vocational School. Okey-doke. What year did you go there or get your CNA?
A Nineteen -- October 1986.
Q Okay. And have you held a CNA since 1986?
A A little after.
Q Okay. Like when?
A Elaborate. Explain.
Q When you're a CNA, every two years you have to get relicensed, right?
A We wasn't certified right then.

Q I'm sorry? Well, every two years you have to get relicensed now. So, how long have you held a CNA where you've been in good standing as a CNA, since 1986?
A No.
Q Since when?
A 1990 they started that.
Q Okay. But you were --
A Up until now.
Q Okay. All right. Have you been consistently licensed as a CNA since 1990 until now?
A Till last year -- year.
Q Okay. All right. When did your license run out as a CNA?
A February of this year.
Q All right. Have you ever been in the military?
A No.
Q Have either of your husbands ever been in the military?
A Yes.
Q Okay. Which one of your husbands was in the military?
A Priester.
Q As a result of his military service, are you entitled to any kind of benefits through the VA





system or any other -- Tricare benefits, anything of that nature?
A No.
Q Okay. Do you have any sort of criminal record within the past ten years?
A No.
Q Okey-doke. You thought about that for an awful long time. Have you had some kind of criminal past that you were trying to figure out if it was in the past ten years or --
A Yes.
Q Okay. What have you had in the past?
A In the past?
Q Yes, ma'am.
A Um, --
Q Have you been convicted of anything?
A I was held over a rental car.
Q I'm sorry?
A Over a rental car.
Q A rental car?
A Yes.
Q You did what with a rental car?
A The rental car -- I had a rental car in place of a car -- of my car being fixed --
Q Yes, ma'am.





A -- and it wasn't turned in early.
Q You didn't -- didn't turn it in?
A Yeah.
Q Okay. And did you get charged with that?
A Yes.
Q All right. When was that?
A Oh. I guess nineteen -- nineteen ninety -- '98.
Q Okay. All right. Did you have to serve any time at all or did you just have to pay some --
A That --
Q -- fine or something?
A I paid a fine.
Q Okay. What county was that in?
A Orangeburg.
Q Okay.
A Um, --
(Cellular phone vibrates.)
Mr. Addison: I don't know who is calling me. All right. Sorry about that.
A Could you elaborate, explain again what you had just asked me?
Q I was just asking you if you -- if it was -- You got charged in Orangeburg County; that's where your charge was, and then you just paid a fine, right?
A No. What was the question?





Q I said, do you have any kind of criminal charge in the past?
A Okay. It was a check during that time with the car. It was --
Q Okay.
A -- during income tax day, and I forgot to pay it.
Q All right.
A And I -- It was a fine. I paid that, --
Q All right.
A -- so --
Q Alrighty. Do you have any sort of driving problems, like, you know, too many tickets, DUI, DUS, anything of that nature, that affects your ability to -- to operate a vehicle right now?
A Explain.
Q Yes, ma'am. If you have a DUI or you have a D -- too many DUSes, driving under suspension, or you have too many tickets, where you have too many points on your license, it impedes your ability to drive a vehicle and the folks in the Department of Motor Vehicles say you can't have a driver's license. Even though you have a driver's license, they say you can't use your driver's license to drive a vehicle. I'm just trying to determine if your driver's license is in good standing and

you're able to legally drive a vehicle.
A No.
Q Okay. Why -- Why can you not legally drive a vehicle right now?
A I mean no, I don't have --
Q No, you don't have it. Okay.
A Yes.
Q All right. So, there is nothing that impedes your ability to drive, legally drive a vehicle?
A No.
Q Okay. All right. Let's talk about your work history. What was the first thing you did as a full-time job?
A Ask that again, please.
Q What was the first full-time job in your life that you did that's what you did for a living?
A Nursing assistant.
Q Okay. When was that? How old -- How old were you when you first started working full-time?
A Twenty-two --
Q Okay. And where was the first place you worked as a CNA?
A Bamberg County.
Q Okay. At the hospital or a nursing home or --
A Outpatient care.





Q Okay. How long did you work there? You can ballpark it for me. You don't have to give me exact dates.
A I worked until the lady -- they put the lady in the nursing home. I worked till they put the patient in a nursing home.
Q So, you were doing a -- like home health care? That's what you were doing?
A Yes, --
Q All right.
A -- it was --
Q How long did you work for that person?
A Probably was three months, --
Q Okay.
A -- I'm thinking.
Q All right. Do you remember the name of the lady?
A No. It was the agent. It was a agent, Bamberg Health Department.
Q Okay. All right. Between the age eighteen and age twenty-two, did you work anywhere?
A I did work, but it wasn't -- It was like field work, you know.
Q You were doing farming work?
A Yes.
Q Okay. Was there any particular farmer you





primarily worked for or just whoever needed help?
A I did it with my family.
Q With your family. Y'all had a family farm?
A No. My family worked for -- My father worked for people, --
Q Okay.
A -- so we just -- You know, we worked --
Q Who were you -- Who were you -- Who was your dad primarily working for? Was it a particular farmer, or were y'all just going out and doing whoever needed --
A Yes, whoever --
Q -- help?
A -- needed.
Q Okay. All right. Y'all weren't kind of working with one particular farm; y'all were working with multiple farmers?
A Only us, but my father did just one particular one. Only me and my siblings.
Q Okay. And who was that, that your dad primarily worked for?
A Jack Allen.
Q Jack Allen?
A Yes.
Q Okay. All right. All right. So, then you started





doing the CNA work at twenty-two. You worked for this lady for about three months. And then where did you go after that? What was the next place you worked?
A Blackville.
Q Okay.
A Blackville Nursing Home.
Q All right. How long were you there at Blackville Nursing Home?
A About almost a year.
Q Okay.
A About a year.
Q Doing standard CNA work?
A Yes. Yes.
Q All right. What shift were you primarily working?
A Night shift.
Q Okay. All right. Where did you go after Blackville Nursing Home? Where did you go next?
A Bamberg.
Q Where in Bamberg?
A Bamberg Memorial Nursing Home and Nursing Center.
Q How long did you work at Bamberg Memorial Nursing Home at that point?
A Oh, wow. I worked there about -- about seven years or something like that.

Q Okay.
A Seven years.
Q All right. And you were doing -- Were you doing standard CNA work there?
A Yeah. Yes.
Q What shift were you working?
A Primarily night shift.
Q Okay. All right. What was your next one? What did you do after that?
A Oh. I did home health.
Q Okay. Were you working for a company or working for a family or --
A Family. Family.
Q All right. And who were you taking care of?
A Cave. Florence Cave's sister, her sister.
Q I'm sorry?
A Florence Cave's sister.
Q Cave who?
A The lady name -- Her last name is Cave.
Q Okay. C-a-v-e or C-a-d-e?
A C-a-v-e.
Q Okay. And where was that, what town?
A Barnwell.
Q How long did you work for the Caves?
A I don't remember. About a year or year and a half.





Q Okey-doke. All right. And then where did you go after that?
A I believe it was Southern Home Care.
Q All right. Was that a company?
A Yes.
Q How long did you work with them?
A About two years.
Q All right. And working as a CNA with them?
A Yes.
Q Were you on one particular assignment or were you working with various assignments?
A I had -- It was varied.
Q Okay.
A I had -- I had two.
Q All right. After Southern Home, where did you go? What was the next place you worked?
A Carrish [ph].
Q You've got to --
A I think it was Carrish.
Q You've got to speak up a little bit. I'm sorry.
A Carrish.
Q Carrish?
A Nursing Home.
Q Where is that?
A Aiken.





Q In Aiken. C-a-r-r-i-s-h?
A C-a-r-r-i-h-e Health Center and Rehab, something like that.
Q Okay. How long did you work for them?
A Up until Pruitt called me.
Q Okay. Well, how long did you work for the -- at Carrish Health Center?
A I don't -- About almost three months --
Q Okay.
A -- or something like that.
Q All right. And then you said you started with --
A Yes.
Q -- Pruitt?
A Yes.
Q When did you start with Pruitt?
A It was Mattie Hall during that time.
Q Okay. You started when it was Mattie C. Hall?
A Yes.
Q Had Pruitt started running it yet, or it was when the -- it was still Mattie C. Hall --
A It was still Mattie C. Hall --
Q So, it was the --
A -- during that time.
Q -- county home at that point, correct?
A Yes, Mattie Hall.





Q All right. When did you start with Mattie C. Hall?
A About '02.
Q 2002?
A Yes.
Q All right. And have you been there since?
A Yes.
Q All right. All right. And what has primarily been the shift that you have worked?
A Eleven to seven.
Q Eleven P to seven A?
A Yes.
Q Okay. All right. Who is your direct supervisor?
A When I --
Q Before you got hurt, who was your direct supervisor?
A Stephanie Fishpaw.
Q All right. While you've been working for the past 13 years, have you worked anywhere else? Have you done any additional PRN work for anyone else?
A Yes.
Q Who else have you worked for?
A It was a hospice agent. I don't remember the name.
Q Where were they located?
A It was in Aiken by the hospital --
Q Okay.

A -- with -- where the --
Q When was the last time you worked for that hospice group on a PRN basis?
A It was probably about a year, year and a half, about --
Q How long ago was the last time you worked for that hospice group?
A Around '08, --
Q Okay.
A -- '09, about.
Q All right. Since 2009, have you done any PRN work for any -- any other company?
A No, I don't remember any --
Q Okay.
A -- other.
Q All right. So, basically since 2009, your sole source of income has been from your job at Mattie C. Hall/PruittHealth/UPAC-Aiken?
A Yes.
Q Okay. All right. And your job -- What do you do at -- at Pruitt-Aiken, UPAC? What's your job? You're a CNA there; is that correct?
A CNA.
Q Which hall do you primarily work on?
A Station three.





Q Okay. Has that been somewhere you've been for a while?
A Yes.
Q And what type of hall is that, just a standard hall or is it a dementia hall? What exactly is it that -- What type of patients are there?
A Medicare. Medicaid, Medicare.
Q Okay.
A Total-care residents mostly.
Q All right. And how long have you been working in station three?
A Since I was hired.
Q Okay. So, since 2002?
A Yes.
Q All right. What is -- What was your pay rate prior to getting hurt? What was your pay rate?
A Explain. I don't understand. You're talking about --
Q How much were you earning per hour --
A Talking about now?
Q -- the week before you got hurt? What was your hourly pay rate?
A Fifteen -- 15.90.
Q Okay. And were you working full-time?
A Yes.





Q I know it's shift work and it changes around and -- but you were working a full-time schedule?
A Yes.
Q Okay. Alrighty. And I know -- Are you working any light duty currently? Are you working light duty out there now?
A No.
Q Okay. When was the last time that you worked at the facility?
A October the 29th, 2014.
Q All right. And are you still in good standing at the facility? Are you still an employee?
A No.
Q Okay. When did -- Were you terminated that day?
A No.
Q Okay. Have you been terminated since?
A Explain.
Q Are you still an employee on the books there?
A (No response.)
Q Has Mattie C. Hall or Pruitt fired you in any way?
A (No response.)

Mr. Johnson: (Nods head.)

Mr. Addison: They have. Okay.

Q When were you fired, ma'am?
A (No response.)





Q You can take a second if you need to. Do you need some water or anything before we go on?
A No.
Q You sure? I mean, we can take a break. We're not in any rush here. We've got plenty of time, so you don't worry about having to push on through.

Mr. Johnson: Elizabeth, do you want me to get you a bottle of water?

(Off the record at 11:11 a.m.; back on the record at 11:15 a.m.)

Examination Continues

By Mr. Addison:

Q All right. When were you terminated? Was it October when you were terminated?
A (No response.)
Q Okay.
A No.
Q I'm sorry?
A No.
Q When were you terminated?
A They say the 21st.
Q 21st of?
A November.
Q Okay. Who terminated you? Who was involved in

that?
A I want to say PruittHealth. Can you elaborate more about that?
Q Who -- What human being was it that's talked with you or sat down with you and discussed your termination?
A It wasn't anybody sat down with me, --
Q Okay.
A -- discussed anything. They just sent a -- a certified letter.
Q Okay. And who did that letter come from?
A PruittHealth.
Q Who signed the letter?
A I don't remember.
Q Okay. What was the basis of your termination?
A Say something about the days that -- the days that -- when they -- Can you repeat that again, please?
Q Yes, ma'am. Does the letter tell you why you were being fired?
A Something about I didn't call --
Q Okay.
A -- them when I -- about coming to work.
Q Okay. All right. And did you try to contact anybody at the facility when you got the letter to talk to them about it?





A I had been talking to them.
Q All right. Who have you talked to?
A I had called, talked to -- called the reception, Courtney, and she put me through the line to talk to Michelle. They say she was in the -- in a meeting. I left my name and my number. No one called me back.
Q Michelle who?
A I don't remember her last name.
Q Santilli?
A I don't remember her last name.
Q Okay.
A I know that she came after -- after Stephanie Fishpaw.
Q What -- What type of job did Michelle -- What was your understanding of who Michelle was at the facility?
A The acting DON.
Q Okay. All right. But you never were able to talk to Michelle?
A I -- No.
Q Did you talk --
A I have called. I have called. I had called before that time, before that even happened.
Q Have you talked to anybody at the facility about





your termination other than the receptionist?
A Not since -- No.
Q Okay. Have you talked to anyone in corporate in Atlanta about your termination?
A No.
Q All right. Let's talk about your health history now. Tell me about any kind of significant medical conditions that you have or have had. A medical condition means something that's not injury-related. It's things like high blood pressure, diabetes, things that are chronic medical conditions. Have you ever had anything that was a chronic medical condition?
A I was -- Yes. I was diagnosed with high blood --
Q Okay.
A -- pressure.
Q When were you diagnosed with that?
A Sometime last year.
Q All right. You got diagnosed sometime last year, 2014?
A (Nods head.)
Q Who diagnosed you with the high blood pressure?
A Margaret J.
Q Who?
A Margaret -- Margaret J. --





Q Okay.
A -- Weston. It's a doctor.
Q And where is Dr. Margaret J. --
A Aiken.
Q -- located?
A Aiken.
Q Is it J-a-y?
A Just plain J, letter J.
Q What's her last name?
A Weston.
Q Weston. Oh. Okay. I didn't hear the last part. Is that your family doctor?
A No.
Q How did you go to Dr. J -- or -- excuse me -- Dr. Weston? What did you --
A I was going there, but I'm not there anymore.
Q All right. How long was Dr. Weston your family practitioner?
A Oh. Probably three -- three years.
Q Okay. And you're no longer going to Dr. Weston?
A (No response.)
Q Do you go to somebody else other than Dr. Weston?
A Yes.
Q Who do you go to now?
A Med Center. Med Center.

Q The Med Center?
A Yes.
Q You're talking about just like the Aiken County --
A Yes.
Q -- Family Clinic?
A It's a doctor office.
Q And the name of it is actually Med Center or --
A It's Med Center, a doctor office. Med Center.
Q Okay. Is that a private facility or is it something that's part of the Aiken County Health System? I mean, what exactly is it? I'm not understanding what you're telling me.
A It's a doctor office, just a regular doctor office.
Q It's just called Med Center?
A Yes.
Q Okay. All right. How long have you been going there as your primary care physician?
A I was going there last year.
Q Okay. Do you know who the doctor is that you see?
A Dr. Tam.
Q Tam?
A Yes.
Q T-a-m?
A Yes.
Q All right. Do you take medication for your high





blood pressure?
A When they had taken my blood pressure, they didn't prescribe anything for medication. I guess it was all right.
Q All right. Do you take any kind of medication on a routine basis for any kind of medical condition, not something to do with your injury but some kind of a --
A No.
Q -- medical condition?
A No.
Q All right. Before Dr. Weston, did you have a family doctor?
A Yes.
Q Who was that?
A Dr. Padgett.
Q Dr. Padgett. Was that in Aiken, as well?
A Bamberg.
Q All right. How long was Dr. Padgett in Bamberg your family doctor?
A He was my doctor -- He was my doctor during the time before I left --
Q A long time?
A Yes.
Q Okay. Most of your life?





A (No response.)
Q Most of your life?
A Yeah. Yes.
Q Okay. All right. Have you ever been hospitalized for any reason other than childbirth?
A Yes.
Q All right. What have you been hospitalized for?
A I had a hysterectomy.
Q All right. When was that done?
A Oh, I don't know. '96. 1996.
Q Which hospital?
A Orangeburg.
Q Who was your doctor?
A Chen.
Q Chan?
A Dr. Chen.
Q C-h-a-n?
A C-h-e-n.
Q C-h-e-n.
A Yes.
Q Have you been hospitalized for anything else?
A No.
Q All right. Have you ever had any other injuries to your body, other than what we're here about today, where you had to have medical treatment?





A Yes.
Q Okay. What other kind of injuries have you had to your body?
A With Dr. Padgett, I have had a lumbar problem.
Q Okay. What type of injury did you have that caused your lumbar problem?
A CNA work.
Q All right. You were doing something and hurt your back before?
A Lifting.
Q Where was that that you were working?
A Pardon me?
Q Where were you working when you got hurt?
A Bamberg Nursing Home.
Q When was that?
A (No response.)
Q Roughly. You can give me a ballpark. You don't have to give me an exact date.
A Nineteen -- I don't know. 1997.
Q Okay. And was that handled as a workers' comp case?
A Yes.
Q Okay. And who did you treat with, just Dr. Padgett or anybody else?
A He didn't prescribe -- didn't refer me to anybody

else.
Q Okay. Did you have an attorney for that case?
A Yes.
Q Who was your attorney?
A I don't remember.
Q Where was that attorney located?
A Columbia.
Q In Columbia. Did you have to go to a hearing?
A No.
Q Did you settle your case?
A Yes, he settled.
Q Do you remember how much you received in settlement?
A No, not exactly. No.
Q Well, tell me what you think you can remember. Was it more than a thousand dollars?
A Yes.
Q Was it more than $10,000?
A I think it -- I believe it was a little bit under.
Q Okay. A little bit under $10,000?
A (No response.)
Q Is that a yes or no?
A I believe it was about nine, --
Q Okay.
A -- almost ten.





Q All right. All right. Did you have to have any kind of procedures or anything done by Dr. Padgett, like any injections or anything in your back?
A He prescribed medication.
Q Okay.
A And that's all.
Q Did you continue working for the folks at Bamberg after your back injury?
A Yes.
Q Okay. How much longer did you work with them after your back injury?
A I worked up until -- Rephrase that again.
Q How long after you got hurt with Bamberg Nursing Home did you continue working for Bamberg Nursing Home?
A I didn't.
Q You did not?
A No. I was fired.
Q Okay. All right. Any other injuries, not just workers' comp injuries but any other types of injuries to your body where you've had medical treatment in the past?
A I have had a auto accident.
Q Okay. When did you have an -- One accident or more than one accident?





A More than one.
Q Okay. Let's start with the first one that you can remember. Tell me your -- your first car wreck and what happened to you.
A Someone ran in -- in the side of the car --
Q Okay.
A -- from a stop sign.
Q All right. And where were you? What county were you in?
A Bamberg.
Q All right. What year was it?
A I don't remember.
Q Okay. How old were you?
A In my twenties --
Q Okay. So, sometime in the 1980s, right?
A (No response.)
Q If you were in your twenties, it had to be sometime --
A Yeah.
Q -- in the 1980s?
A Yes.
Q Okay. And it was in Bamberg; somebody ran a stop sign and hit you, correct?
A Yes.
Q Ran into the side of you. All right. And what





happened to you? What physically happened to you? What kind of injuries did you get?
A I just was shaken. I ain't had no injury. I just was shaken up.
Q Shaken up. All right.
A Yes.
Q Did you have to go see a hospital or a doctor or anybody?
A I went to be checked out.
Q All right. Did you go to the emergency room to get checked out?
A Yes.
Q Which emergency room?
A Bamberg.
Q All right. Did you end up having any kind of a lawsuit over that case or an insurance claim?
A Yes.
Q All right. Did you hire a lawyer?
A I don't remember.
Q Okay. Did you actually have a suit or did you just make an insurance claim?
A I don't remember exactly how it --
Q Okay.
A -- happened.
Q Did you end up settling the case?

A It was settled.
Q All right. Did you have to go to court at all?
A No.
Q Okay. Do you remember how much you settled for?
A No, I don't.
Q Okay.
A I don't.
Q All right. And you had some other wreck after that, at least one more, right? How many total car wrecks can you remember having?
A I don't know. Four or five.
Q Okay. Let's start -- Let's go to the next one, then. What was the -- What was the next wreck you can remember?
A I believe it was nineteen --
Q You don't have to get your dates exactly right. Just try to tell me about how old you were when you remember your next wreck. Then we can figure out roughly what the date was. How old were you when you had your second wreck that you can remember?
A (No response.)
Q You had this wreck in Bamberg County sometime in the 1980s when you were in your twenties.
A Now, it was one here in --
Q I'm sorry?





A It was here in Orangeburg.
Q In Orangeburg?
A Yes.
Q And about how old were you?
A I don't remember. I'm thinking that it was nineteen ninety -- '96 or '97.
Q All right. What happened to you then? What happened in that wreck?
A (No response.)
Q Did somebody run into you?
A Yes, somebody ran in --
Q Head-on, side of you or behind you?
A Behind.
Q Okay. And did you have to go get any medical treatment?
A Yes.
Q Okay. Where --
A Yes.
Q Where did you go get your initial medical treatment? Did you go to the emergency room?
A I don't remember. I do remember the -- I don't remember.
Q Okay. Did you have any type of insurance claim for that case?
A Yes.





Q Did you have to go to court at all for that case, --
A No.
Q -- that wreck?
A No.
Q Did you have a lawyer for that particular wreck?
A No.
Q Okay. All right. Did you end up settling that one?
A Yes.
Q All right. Do you remember how much you settled for?
A No, I don't remember. All I remember, the car getting fixed.
Q Okay.
A I don't remember --
Q Do you remember any doctor that you might have seen for that car wreck? You think you might have seen Dr. Padgett for that wreck?
A I don't remember.
Q All right. Let's move on to your next one. That one you think was in '96 or '97. What was the next year or -- or so that you -- When was the next wreck, the third wreck?
A It was in Aiken.





Q Okay. Approximately when did that one occur?
A It was '03.
Q Okay. All right. What happened to you there? Did somebody run into you again?
A No. I ran off the road.
Q You ran off the road?
A It was raining, in like the gravel --
Q Okay.
A -- the gravel, broken gravel.
Q All right. So, it was a one -- just a one-car accident, just your car?
A Yes.
Q All right. Did you make a claim against your own insurance?
A Yes.
Q Okay. Did you end up having any kind of settlement on that?
A Yes.
Q Do you remember how much you settled for there?
A I believe it was over -- over 3,000 --
Q Okay.
A -- because the car was paid for.
Q All right. Did you have a lawyer for that one?
A No. I don't remember.
Q Okay. Did you have to have any medical treatment

for that accident?
A Yes.
Q And where did you go get medical treatment?
A Aiken.
Q Aiken Regional?
A Yes.
Q Just the ER or -- or did you treat beyond just an initial visit to the emergency room?
A Just -- Just to be checked out.
Q Okay. And what got hurt on you in that accident, if you can remember?
A I just wanted them to check me out. I don't remember what -- what all I say. I don't remember.
Q Okey-doke.
A I wanted to make sure I was -- be checked out.
Q All right. How about your next wreck? What was the next one you can remember?
A It was the same thing.
Q I'm sorry?
A It was the same thing.
Q The next --
A It was -- The next wreck was also I had ran off the road, --
Q Okay. And when was that?
A -- the same thing.





Q What year was it, roughly?
A I don't know. '04 or '05.
Q 2005 or so?
A (No response.)
Q You don't have to be exact on this, Ms. Priester. We're trying to get some kind of idea of when this occurred. So, you think it might have been 2005 or 2004, somewhere in that time frame? Is that correct?
A About '05.
Q Okay. All right. And you ran off the road. And where was that? What county were you in?
A Aiken.
Q All right. Did you go to the hospital?
A No, I don't remember.
Q Get any kind of medical treatment with that one, with that accident?
A I don't remember if we did.
Q Okay.
A I don't remember if --
Q Did you have any --
A -- we did.
Q -- type of insurance claim for that one?
A Yes.
Q All right. Was it against your own insurance





again?
A Yes.
Q Okay. Did you settle the case?
A Yes, it settled.
Q All right. Did you have an attorney for that case?
A No.
Q How much did you settle for?
A I don't recall.
Q All right.
A I don't remember.
Q All right. And then have you had one since then, since that one where you ran off the road in, say, 2005 or so?
A I don't remember exactly what date.
Q You don't have to give me an exact date. Just have you had another accident since this one that you think happened in about 2004 or 2005 when you ran off the road and -- in Aiken County? Have you had any additional incidents since then, any other car wrecks since then?
A I did.
Q Okay. What was the next one that you can remember?
A I think it was '07 or '08. I don't remember.
Q That's fine. You don't have to give me an exact date. What happened in that one, another single





car wreck or did somebody run into you that time?
A I was making a left, and someone ran and hit --
Q All right. And did you get hurt where you had to go see a doctor?
A No, I didn't -- I don't remember going to -- seeing any.
Q What county was that one in?
A Aiken.
Q Did you have any type of insurance claim?
A No. I --
Q I'm sorry?
A No. I don't remember any, --
Q All right.
A -- that I had any.
Q All right. Let's move on. Is there -- Is there any one since then?
A I had -- It was something in the road one night when I was going to work, --
Q Okay.
A -- like the radiator --
Q All right.
A -- because I believe I got out.
Q Was that in Aiken?
A It just hit the -- Yes, Aiken.
Q That was in Aiken, as well?

A Yes.
Q Approximately when did that one occur?
A I think '08.
Q Okay. Did you run off the road or just hit the thing and mess up your car?
A It messed the front end -- I was coming around the curve, didn't know it was in the road and --
Q All right.
A -- hit it.
Q Did you run off the road?
A I ran over it.
Q Okay. That's what I'm asking. You just did damage to your car in that one, right?
A Yes, the front --
Q All right. But you didn't get hurt yourself, correct?
A Right.
Q Okay. Since then, have you had another incident where you got hurt as a result of a car wreck?
A No.
Q Okay.
A I don't remember.
Q All right. Can you think of any other workers' comp cases, other than the one with Bamberg? Have you had any other workers' compensation injuries





other than the one with Bamberg Nursing Home?
A Yes.
Q Okay. Who else have you had a workers' comp injury with?
A It was PruittHealth.
Q All right. When was that?
A I don't remember. I don't know. About '09, '10.
Q Okay. What happened to you in that incident? What got hurt on you?
A My left lower calf. I was -- A resident I was changing in his room -- The wheelchairs, they -- The wheelchairs in the rooms of the resident, it was -- She wanted it to be close to the bed. She refused for the wheelchair to be moved, and I tripped over it --
Q Okay.
A -- accidentally, and I pushed it back, thought my pants leg got caught in it. I tripped over it.
Q All right. So, you had a --
A It scarred my leg.
Q Well, -- It was a leg injury. All right. And then you had the one with Bamberg Nursing Home with your back, correct?
A Yes.
Q And have you had any others?





A No, not till this one.
Q Okay. Did you get any kind of a settlement for your 2010 incident?
A No. No.
Q Did you end up going to a hearing or anything for that one?
A No.
Q Okay. Just got some medical care, and that pretty much ended it?
A Yes.
Q Okay. All right. All right. Let's talk about your accident with Pruitt. Tell me what happened to you at PruittHealth in Aiken, just kind of an overview of what happened to you with the injury.
A On my last round -- I was making my rounds, and I was with this resident in room three -- 318B, and I was cleaning her up, and after I finished cleaning her up, I repositioned her facing the door. She said she wasn't feeling good -- or feeling well.
Q Okay.
A After I finished cleaning her up and repositioning her, she said she wasn't feeling good. I turned her on her side, her right side facing the door. After I got the soiled linen -- linen and brief stuff put in the trash -- I put it in the trash.





It was about -- the distance from the bed, I guess, about -- I don't know how many feet's from the -- the thing over there in the corner to this table.
Q Okay.
A She said she was falling. She had one hand -- She had a stroke in her left side, and she was very heavy. She was trying to hold the rail, trying to hold it with her weight, just like it was pulling over on the edge of the bed from having -- She said, "I'm falling," and as I turned around to put the stuff in the bag and stuff to run, try to get her to keep her from falling in the floor --
Q Okay.
A I tried to get her up from the bed. I couldn't get her up on the bed, and I turned around to try to push her up on the bed. She a double amputee. I couldn't get her on the bed, her bottom part, to push her up, get her back up on the bed, back up how I wanted her.
Q All right. And then what happened from there?
A I -- We were hollering about getting help. She said, "Get help." I couldn't leave her. She would have fell on the floor, off the bed.
Q Okay.
A As I -- I tried to get her on the bed, push her on

the bed. I couldn't get her on the bed. Before I know it, she was like turned around kind of crossway the bed. Then I told her to ring for help, to call somebody. I don't know how long it took before anybody come, but even the light -- because a nurse been in there twice when I was changing her.

Q Who -- Who came first? Who was the first person to come in there when you were trying to get the lady back in bed?

A Nobody.

Q Okay. Who was the first person to come?

A After the fact?

Q When she -- you were trying to get her in, you said you asked her to call, and, so, who -- who was the first person to come to the -- to the room?

A The resident, the lady, that I was trying to get back up on the bed, I could not get her on the bed. We rang the call light, pressed the button. Nobody come until after I got her down. I put her on myself, using myself pressed against the bed. Like I say, she was kind of crossway somehow. I was trying to tussle to get her on the bed. I couldn't get her because she was very heavy.

Q Okay.





A And I try to pull her, get her in position, but I couldn't do it.

Q All right.

A I had --

Q Let me ask the question this way. I understand you were having trouble getting her in the bed and that's when you got hurt. I don't need to know every --

A Her --

Q -- detail of all of that. Just who was the first person that came in that room after you finally get her -- You hit the call -- She hit the call light, -- somebody hit the call light -- and I assume somebody showed up at some point. Who was the next person to walk in the door?

A After I got her down on the floor -- remote -- laid her down, after I got her on me in a squatting -- on the floor, let her down on the floor so she'd be safe, -- and I told her to hold the rail --

Q But --

A -- I went in the hall and got somebody.

Q Okay.

A Nobody came. I went in the hall and get somebody.

Q Who did you get?

A The nurse that was in the room, Miss Latoya.





Q Latoya?

A Blusk -- Bluck -- Bluckon [ph].

Q Was she the nurse for that --

A Yes.

Q -- that unit at that point?

A Yes.

Q Okay. All right. So, what happened from there? You got hurt, and you said I need help with the patient, or you said I just got hurt moving this patient? What happened at that point?

A All I know, I was hysterical, what had -- what's going on, what had happened, --

Q Okay.

A -- almost like I was in shock. But I tried to remain, like, calm and everything.

Q All right. And --

A She -- Turned her on her side because she vomit. The lady -- The resident vomit --

Q Okay.

A -- on the floor. Laid her down on her side. She went back -- The nurse went back out, Miss Latoya. She went back out the room to go get the other nurse from station four.

Q All right.

A Then she came back in there. They already had





called the -- the EMT. While the EMT come, we got the Hoyer lifter to lift and put her in the bed with -- The other nurse --

Q Okay.

A -- and myself helped put her in the bed, back in the bed, with the lifter.

Q All right. And then what happened from there with you, not with the patient but with you?

A (No response.)

Q Did you continue working or did they have you go sit down and sign paperwork?

A No. After the EMT left and everything, it almost end of shift. I told -- It was one -- I believe it -- The lady that was in the room, I checked her. I didn't work anymore after that.

Q Okay. That --

A I told --

Q That's what I'm asking. Did you keep working or did they have you go fill out paperwork?

A No, they ain't had me fill out paperwork.

Q Were you done with your shift?

A The shift, all that was going on the shift as people was coming on the shift --

Q All right. Let me ask you this way so we can kind of get back on track. When did you first sit down

and do the paperwork for the workers' comp injury, that -- that day or did you do it another day?
A I do it that Sunday.
Q Which was the same day?
A Yes.
Q Okay.
A It was that Sunday morning when that happened, but it was Sunday night when I came back. I started feeling, you know, --
Q Feeling bad, having problems?
A Things start --
Q All right. Started having pain, so you came back and sat down with who to do the paperwork?
A Told -- Erica. Erica Kirkland. I believe her last name --
Q Okay.
A Erica Kirkland.
Q Did they send you to the doctor that day?
A No.
Q When did you go to the doctor, the next day?
A No. It was like two days later.
Q Okay. And where did you go to the doctor first?
A Doctor Day -- Doctors Care.
Q Okay.
A Doctors Care.





Q All right. And how many times did you see Doctors Care? You don't have to give me an exact answer. Just tell me, was it more than a couple times?
A It's more than a couple times.
Q All right. And then I know Doctors Care at some point said they wanted you to see an orthopedist, and you went and saw Dr. Holford, correct?
A Yes.
Q All right. Have you seen anybody other than Doctors Care or Dr. Holford?
A The therapist.
Q All right. And where have you had your physical therapy?
A PruittHealth.
Q When was the last time you saw Dr. Holford?
A March 23rd.
Q Okay. What did he do for you then, anything where -- do anything like any shots or anything, or did he just see you and have a visit with you?
A Had a visit, but we had talked about the injection. He asked me, well, did anything change. I told him nothing changed, it's still the same.
Q Okay. All right. Have you seen any other doctors, --
A No.





Q -- like your family doctor or anybody --
A No.
Q -- for any of these problems?
A No.
Q Okay. Have you ever been involved in a lawsuit where either you sued someone or someone sued you?
A Could you explain a little bit further, please?
Q Yes, ma'am. Have you ever been involved in a lawsuit? Do you know what a lawsuit is? That's where you file papers at a courthouse, I mean, you're suing somebody over something. It doesn't just have to be an injury to your body. It means you -- somebody did something to you and you want to go to the court and you sue them over that or somebody does the same thing and says I want to take you to court, we're going to have a lawsuit over this. Have you ever been involved in anything where you went --
A To court?
Q -- and you were involved in a courthouse? It doesn't mean you had to go in the courthouse and have a hearing of some sort. It means --
A No. I --
Q -- you were involved in --
A -- had this --





Q -- litigation.
A If -- If you're talking about like this, no.
Q Okay. That's what I'm talking about.
A No.
Q Have you ever filed an insurance claim against any person, business or corporation for any injury to your body that we have not already discussed? You obviously have several with your -- your car wrecks, and then you've had the one workers' comp case before. Can you think of any other insurance claims of any sort that you have ever filed against anybody for any type of injury to your body?
A No, not other than what I already --
Q Okay.
A -- said.
Q Have you ever filed for any -- Social Security disability benefits?
A Yes, once. I have.
Q When did you file for that?
A Nineteen -- I don't know. The latter -- About the 1990s.
Q Okay. What were you filing -- What was the basis of your disability you were -- seeking disability for?
A During that time, that period, my back was

bothering me, --
Q Okay.
A -- lumbar.
Q Did you see any medical doctors to support your Social Security disability application?
A No, I didn't --
Q Okay.
A -- continue on and all.
Q Which office did you file through? Where was it located, what town?
A Can you explain a little bit further, please?
Q Yes, ma'am. Social Security has offices, and you go physically to that office and make a filing for the application for disability. Which office would you have done that with, Aiken, Columbia? Do you remember?
A I believe it was Columbia.
Q Okay.
A It got to be Orangeburg County. I'm thinking in Orangeburg.
Q Okay.
A I don't know.
Q Did you have any kind of a hearing on your Social Security claim?
A Explain again, please.





Q Did you have any kind of a hearing with a hearing officer for --
A No.
Q -- your Social Security claim?
A No. No.
Q All right. Were you -- Was your claim denied?
A Yes.
Q Did you file any kind of an appeal of the denial?
A I didn't follow through.
Q Okay.
A No.
Q Did you have an attorney for that?
A No.
Q All right. Have you sought any Social Security -- any Social Security disability at any other time?
A No.
Q I'm sorry?
A Repeat that again, please.
Q Have you ever filed for Social Security other than that one time in -- in the 1990s?
A I don't recall any. I don't remember. That's the only time I ever filed.
Q Okay. Have you ever had -- filed for or received any short-term or long-term disability through an employer?





A No.
Q Okay. Have you ever gotten any unemployment benefits?
A Yes, I have.
Q When have you received unemployment?
A I think that was during the --
Q I'm sorry?
A Nineteen -- The latter part of the '90s.
Q Okay. And where had you -- Where had you been working that you were getting unemployment from?
A Bamberg.
Q Okay. How long did you get unemployment? Do you remember?
A Oh, I don't remember how long. I know it was maybe about almost a year. I --
Q Okay.
A -- don't know.
Q All right. Tell me what you're having problems with now primarily. What's -- What's bothering you the most?
A My back.
Q What part --
A My back.
Q -- of your back are you --
A My lumbar back. Lumbar.





Q Okay. What kind of problems are you having with your lumbar area?
A When I sit down like I'm sitting down now, it bother me, but when I try to get back up, it feels like my hips are heavy.
Q Okay.
A I have a problem when I walk.
Q You've got to speak up a little bit, okay?
A When I walk, unbalanced sometimes. I'm not balanced. I don't walk like I used to walk.
Q All right. You don't walk as well as you used to?
A No.
Q All right. All right. Anything else? You can take a minute if you need to.

Mr. Johnson: Dan, let's go off the record for just a minute.

Mr. Addison: We can. We can. That's fine.

[Off the record at 12:06 p.m.; back on the record at 12:07 p.m.]

Examination Continues

By Mr. Addison:

Q You just -- You were saying you were having some

problems walking. You're having problems with your balance and walking. That's one of the other things you're having issues with, correct?

A Yes.

Q All right. Are you having any other problems of any sort, big problems?

A My neck does bother me, also, but --

Q I'm sorry?

A I said my neck bother me.

Q Your neck bothers you. Okay.

A I don't know --

Q Okay. What --

A It radiates, like -- sometimes it feels like pains go up and down your back.

Q Okay. How -- Where does your -- Where in your neck is it bothering you?

A At the discs where Dr. Holford was telling me the discs from -- I think about three discs.

Q Okay.

A During the time I was working, I did felt scraping, sand-like, something rubbing, and it was sharp pains I ain't never experienced before --

Q Okay.

A -- with my lumbar. Like I say, I notice my hip -- I have to rotate when I lay down, side to side.





Q All right. What other kind -- Any other kind of problems you're having?

A And my left leg.

Q Okay. What's going on with your left leg?

A I don't know if that lady, the resident that I had -- Like I said, when I brought her down on me like in a squat move to get her off me because of her weight -- But it's mostly, I want to say, the back and lumbar if -- I try to do some things, but I can't overdo. Anytime I overdo, it's like it pain and hurt --

Q Okay.

A -- and it burns.

Q Tell me what medications Dr. Holford has you on right now.

A Oh, my gosh. Hydrocortisone or something like that.

Q Okay.

A Tramadol. I don't remember the other medication I got.

Q You take one other one, though?

A I believe one or two more. They about -- about the same, but they -- they're not strong like they help me like for pain.

Q Okay.





A They -- I don't feel anything, what it does for me.

Q Okay.

A It's the same.

Q All right. Have you had any injections yet?

A No.

Q Okay. You're just talking of the possibility of maybe getting some injections?

A I was talking to him about it, but I asked him to talk to a neurology. I have not seen a neurology, --

Q Okay.

A -- because I want to -- just talk to him, discuss about what's going on with me.

Q All right. Give me one second. Is Mr. Johnson that you were living with -- was he on Social Security?

A Yes, he on disability.

Q Is he getting Social Security disability?

A He get disability.

Q Okay.

Mr. Addison: All right. I think that's all I've got.

Mr. Johnson: No questions.

(Whereupon the deposition was concluded at





12:12 p.m.)

**(Deponent has waived reading and signing.)**

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5739 www.wcc.sc.gov

# PRE-HEARING BRIEF
# WCC File No: 1414843

Claimant's Name: Elizabeth Preister
Address: 2610 Edgefield Highway
City: Aiken State: SC Zip: 29801
Home Phone: ( ) - Work Phone: ( ) -
Preparer's Name: R. Michael Johnson, Jr.

Employer's Name: Pruitt Health
Address: 830 Laurens Street
City: Aiken State: SC Zip: 29801
Carrier: American Zurich Insurance Company
Zurich North America
Preparer's Phone #: 803-547-2800

**A claim for workers' compensation benefits is made based on the following grounds:**
☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: $715.37 2. AWW: $1,073.00 **Date of Injury:** 09/07/2014
3. Type of injury and body part(s): Injury by accident; left wrist/arm, neck/back, left hip, psychological
4. Facts in controversy: (1) Claimants entitlement to medical care for psychological injury. Defendant's accept low back injury but have denied psych. Dr. Lind stated that the Claimant's pre-existing psychological issues have been aggravated by the work accident resulting in her current need for medical care.
5. Legal issues involved: (1) Definition of injury by accident pursuant to S.C. Code Ann § 42-1-160.
6. Unusual aspects: None.
7. Witnesses (designate if expert):* Claimant; any witnesses listed by the Defendants, and other lay witnesses to be named.
8. Exhibits: None.
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):
See APA submissions.
10. Name, address, and specialty, if any, of the treating physician: Doctor's Care, North Aiken, SC; Carolina Musculoskeletal Institute, Aiken, SC; Pruitt Health, Aiken, SC; Aiken Regional Medical Center, Aiken, SC; Nicholas A. Lind, PsyD, Columbia, SC; Scott Boyd, MD, West Columbia, SC
11. Impairment rating(s); body part(s); physician and date of opinion:
12. I am amending my Form 50/51 in the following manner:

☐ **Mediation** ☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
☐b. Mediation is required pursuant to Reg. 67-1802.
☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

**I verify the contents of this form are accurate and true to the best of my knowledge.**
**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to * SEE ATTACHED CERTIFICATE OF SERVICE * addresss on the day of 20 by; ☐ first class postage ☐ certified mail ☐ personal service.**

Signature:
Email: MJohnson@JohnsonSCLaw.com
Date of hearing: August 20, 2015
Time needed for hearing: 45 minutes

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

| | | |
|---|---|---|
| STATE OF SOUTH CAROLINA | ) | BEFORE THE SOUTH CAROLINA |
| | ) | WORKERS' COMPENSATION COMMISSION |
| COUNTY OF AIKEN | ) | WCC FILE NO. 1414843 |
| Elizabeth Preister, | ) | |
| | ) | |
| Employee-Claimant, | ) | |
| | ) | **NOTICE OF WITNESSES AND** |
| v. | ) | **WRITTEN REPORT(S)/PHYSICIAN** |
| | ) | **OR OTHER EVIDENCE TO BE** |
| Pruitt Health, | ) | **INTRODUCED ON BEHALF OF** |
| | ) | **CLAIMANT ELIZABETH PREISTER** |
| as Employer-Defendant | ) | |
| | ) | |
| and | ) | |
| | ) | |
| American Zurich Insurance Company) | | |
| Zurich North America, | ) | |
| | ) | |
| as Carrier-Defendant. | ) | |
| | ) | |
| | ) | |

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and R. Daniel Addison, Esquire, ATTORNEY FOR THE DEFENDANTS.

YOU ARE HEREBY NOTIFIED THAT THE Claimant, Elizabeth Preister, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code §1-23-330 (1976, as amended), herewith submits the following reports/physician or other evidence on behalf of the Claimant, to wit:

| | | |
|---|---|---|
| 1. Nicholas A. Lind, PsyD | 9/7/14 | Pages 1-4 |
| 2. Douglas Holford, MD, Carolina Musculoskeletal Institute | 11/3/14-2/23/15 | Pages 5-15 |
| 3. Doctors Care | 9/10/14-10/29/14 | Pages 16-73 |
| 4. Pruitt Health PT | 10/6/14-12/3/14 | Pages 74-99 |
| 5. Scott Boyd, MD, Columbia Neurosurgical Associates, PA | 6/25/15 | Pages 100-101 |

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the Claimant.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the Claimant: Claimant, any witness listed by the Defendants, and other lay witnesses to be named.

Respectfully submitted,

R. Michael Johnson, Jr.
Michael Johnson, P.C. & Associates
1201 Carolina Place, Suite 103
Fort Mill, South Carolina 29708
MJohnson@johnsonsclaw.com

August 5, 2015

| | | |
|---|---|---|
| STATE OF SOUTH CAROLINA<br><br>COUNTY OF AIKEN | ) | BEFORE THE SOUTH CAROLINA<br>WORKERS' COMPENSATION COMMISSION<br>WCC FILE NO. 1414843 |
| Elizabeth Preister,<br><br>Employee-Claimant,<br><br>v.<br><br>Pruitt Health,<br><br>as Employer-Defendant<br><br>and<br><br>American Zurich Insurance Company)<br>Zurich North America,<br><br>as Carrier-Defendant. | ) | **APA Submissions**<br><br>**Hearing Date: August 20, 2015** |

Pursuant to South Carolina Code § 1-23-330 and Commission Rule 67-612, the Attorney for the Claimant, submits the following report(s) in support of and on behalf of the Claimant in this matter.

| | | |
|---|---|---|
| 1. Nicholas A. Lind, PsyD | 9/7/14 | Pages 1-4 |
| 2. Douglas Holford, MD, Carolina Musculoskeletal Institute | 11/3/14-2/23/15 | Pages 5-15 |
| 3. Doctors Care | 9/10/14-10/29/14 | Pages 16-73 |
| 4. Pruitt Health PT | 10/6/14-12/3/14 | Pages 74-99 |
| 5. Scott Boyd, MD, Columbia Neurosurgical Associates, PA | 6/25/15 | Pages 100-101 |

# *Post Trauma Resources*

*"Solutions for Life's Toughest Problems"*

31 March 2015

Michael Johnson & Associates
1201 Carolina Place, Suite 103
Fort Mill, SC 29708

VIA FACSIMILE: (803) 802-9598

Attention: R. Michael Johnson, Jr.

Re: Elizabeth Priester

Date of Injury: 7 September 2014

Thank you for allowing me to meet with Ms. Priester for a psychological evaluation. My responsibilities were to clinically interview Ms. Priester and offer an opinion concerning the following referral questions:

> Did Ms. Priester develop psychological consequences subsequent to her work-related injury?
>
> What treatment, if any, would be appropriate?

This evaluation included a 90-minute differential diagnostic interview, review of medical records, and psychological testing. I met with Ms. Priester on 31 March 2015, informed her of the nature of the examination, and notified her that a report would be shared with the referral source. She articulated understanding. The interview and psychological testing were conducted on this date.

**Examinee Demographics**
Ms. Elizabeth Priester is a 52-year-old African-American female who currently lives in Aiken, SC.

**History of Illness**
Ms. Priester reported that, on 7 September 2014, she was working as a CNA when she injured her back. "I was trying to clean up a lady and get her situated," she said, "she was a double amputee and real heavy . . . I don't know if she was losing consciousness or what, but I had to push and lift her back on the bed." Ms. Presiter reportedly injured her left knee and compressed a nerve in her neck. She reported that she continues to

experience neck pain at the average intensity of nine out of 10 (with zero being "no pain at all" and 10 being "overwhelmed with pain") and have headaches.

Since the injury, Ms. Priester has experienced a reduction in sleep. She said that she currently sleeps approximately four hours each night, a reduction from approximately six or seven hours prior to the injury. She reportedly has less ability to engage in previously enjoyed activities, such as reading and listening to jazz. She denied feelings of guilt, stating that, even with the injuries she sustained, she would complete the same action again if it were to save a patient pain. She noted decreased energy, ability to concentrate, sex drive, and appetite (although she has gained approximately 50 pounds, likely due to inactivity). She also endorsed increased irritability.

Ms. Priester denied suicidal thoughts, intentions, or plans, citing her family as her greatest protective factor. Current risk factors for suicide include her reported symptoms of pain, anxiety, and depression. Based on Rudd et al's 2001 criteria for determining suicide risk, Ms. Priester is currently at *Minimal Risk* for self-harm. The corresponding level of appropriate health care is outpatient mental health treatment with recurrent risk assessment.

Ms. Priester said that she graduated high school in 1981. She described herself to be a fair student among her resource program classmates. She expressed concern that, if she cannot return to her previous line of work, she will not be qualified for much else.

**Previous Injuries/Psychological Treatment/WC Injuries**
Ms. Priester reported that she received psychiatric treatment when she was going through a divorce in the 1990's. She was prescribed a sleeping pill but, because she had an adverse reaction, did not take it for more than one night.

Approximately four years ago, Ms. Priester injured her ankle at work and was placed on light duty until she healed. In her early 20's, she reportedly injured her back and was out of work for approximately four months.

**Mental Status**
Ms. Priester appears stated age. She is oriented in all spheres. Regarding level of consciousness, she appears alert. Reported mood is "stressed and tired," which is consistent with her flat affect. She was tearful throughout the interview. She presented herself in a casually dressed and unkempt fashion. Eye contact can be described as poor. Her speech is slow. Recent memory appears impaired secondary to inattention. Remote memory is not impaired. Psychomotor activity is slow. There is a negligible degree of conceptual disorganization evident. Her thought content is characterized by a preoccupation with pain. Regarding perceptual functioning, the examinee denies hallucinations and none are evident. Attitude can be described as cooperative but discouraged. As far as insight is concerned, she verbalizes awareness of problems and she appears to see consequences. Judgment appears good. Attention/Concentration is characterized by difficulty focusing in the interview. Regarding impulse control the examinee is reflective and able to resist urges.

Quality of Historian. The quality of Ms. Priester's self-reporting of symptoms appeared consistent with her affect, presentation, medical records and psychological testing.

**Results of Psychological Testing**

The following assessment measures were used:

1. Minnesota Multiphasic Personality Inventory-Second Edition-Restructured Format (MMPI-2-RF)
2. Beck Depression Inventory-Second Edition (BDI-II)
3. Beck Anxiety Inventory (BAI)
4. Pain Patient Profile (P3)

Personality. Ms. Hudson appeared to approach the MMPI-2-RF in an open and honest manner; the resulting profile was determined to be valid (F-r=92, $F_p$-r=51). Individuals with similar profiles perceive themselves to be in crisis with difficulties thinking. They are sad, unhappy with their current life circumstances, and feel hopeless about the future. They are preoccupied with physical health concerns, complain of fatigue, and are likely to convert emotional distress into physical symptoms, thereby aggravating existing medical problems. Similar individuals display neurovegetative signs of depression and lack interest in previously enjoyed activities. They perceive others to be out to get them and, in times of stress, tend to isolate themselves. This tendency can serve to aggravate their symptoms of anxiety and depression.

Mood/Emotional Symptoms. Ms. Priester was administered the Beck Depression Inventory-Second Edition, a 21-item self-report questionnaire assessing depressive symptoms in the time frame of the "past two weeks including today." It does not include a validity measure. Scores range from Minimal, Mild, Moderate to Severe levels of depressive symptoms. Compared to the normal population, she reported experiencing *Severe* levels of depression (BDI-II=31).

The examinee was administered the Beck Anxiety Inventory, a 21-item scale which measures the severity of anxiety in the time frame of the "past week including today." It does not include a validity measure. Scores range from Minimal, Mild, Moderate to Severe levels of anxiety symptoms. Compared to an outpatient psychiatric population, she reported experiencing *Severe* levels of anxiety (BAI=41).

**DSM-5 Diagnosis**

296.22 Major Depressive Disorder, Single Episode, Severe, triggered by pain and physical limitations and maintained by continued pain, stress, and worry

**Responses to Specific Questions**

Did Ms. Priester develop psychological consequences subsequent to her work-related injury? Yes. In my opinion Ms. Priester's current symptoms of anxiety and depression were more likely than not, with as much certainty reasonable in the field of psychology, aggravated by the pain and physical limitations resulting from the 7 September 2014 injury.

What treatment, if any, would be appropriate? I recommend that Ms. Priester continue her mental health treatment and that her treating providers target her sleep first and foremost. Improvement can be made in terms of sleep and irritability, which may help make the treatment of pain more effective. Individuals with similar injuries and resulting symptoms have benefitted from sleep/psychotropic medications for as long as the pain associated with the work-related injuries persist. This treatment is, in my opinion, reasonable, necessary and geared toward lessening the period of disability for her work-related injuries as stated to a reasonable degree to of certainty.

Thanks again for allowing me to examine Ms. Priester. Please let me know if you have any questions or concerns.

Respectfully submitted,

Nicholas A. Lind, PsyD



PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

Carolina Musculoskeletal Institute
410 UNIVERSITY PKWY SUITE 1000
AIKEN, SC 29801-6800
Phone: (803) 644-4264, Fax: (803) 649-0543

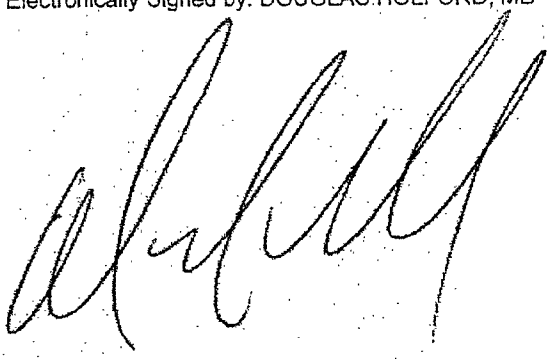
Date: 02/23/2015

Dear Elizabeth Priester,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: DOUGLAS HOLFORD, MD



# Patient Care Summary for Elizabeth C Priester

## Most Recent Encounter

02/23/2015 Douglas Holford: 410 University Pkwy, Suite 1000, Aiken, SC 29801-6800, Ph. (803) 644-4264

## Reason for Visit

lower back pain
pt's case manager is in the waiting room - back and neck are no better - pt is having trouble getting to the bathroom fat enough - she'd like a RX for depends - pt having trouble sleeping too

## Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Lumbosacral nerve root pain
   • epidural steroid injection, cervical (PROC)

2. Prolapsed cervical intervertebral disc

Discussion Note
set her up for epidural steroids strives of Limbitrol see her back in 4-6 weeks

Patient educational handouts: No information available.

## Plan of Care

| Reminders | | Provider |
|---|---|---|
| Appointments | None recorded. | |

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

| Reminders | | Provider |
|---|---|---|
| Lab | None recorded. | |
| Referral | None recorded. | |
| Procedures | Epidural Steroid Injection, Cervical (PROC) | 02/23/2015 |
| Surgeries | None recorded. | |
| Imaging | None recorded. | |

## Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

| Name | Prescribed Date | Start Date |
|---|---|---|
| duloxetine 30 mg capsule,delayed release<br>Take 1 capsule(s) every day by oral route. | 12/10/2014 | |
| naproxen 500 mg tablet | | |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet | | |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/2014 | |

## Medications Administered

None recorded.

## Vitals

| Height | Weight | BMI | Blood Pressure |
|---|---|---|---|
| 5 ft 3 in | 187 lbs | 33.1 | 130/90 |

## Lab Results

None recorded.

## Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

| Name | Reaction | Severity | Onset |
|---|---|---|---|
| NKDA | | | |

## Problems

| Name | Status | Onset Date | Source |
|---|---|---|---|
| Prolapsed Cervical Intervertebral Disc | Active | | Encounter |
| Lumbosacral Nerve Root Pain | Active | | Encounter |

## Procedures

| Date | Name | Performed by |
|---|---|---|
| | Hysterectomy | Information not available |

## Vaccine List

PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

Here is a copy of your most up-to-date vaccination list.

None recorded.

## Smoking Status

Smoking Status — Never Smoker

## Past Encounters

02/23/2015
Lumbosacral Nerve Root Pain; Prolapsed Cervical Intervertebral Disc
Douglas Holford, MD: 410 University Pkwy, Suite 1000, Aiken, SC 29801-6800, Ph. (803) 644-4264

## Demographics

| | | | |
|---|---|---|---|
| Sex: | Female | Ethnicity: | Not Hispanic or Latino |
| DOB: | 08/17/1962 | Race: | Black or African American |
| Preferred language: | English | Marital status: | Never Married |

Contact: 2610 Edgefield Hwy, Aiken, SC 29801-8022, Ph. (803) 514-0874

## Care Team Members

Insurance Adjuster

Beverly King, Ph. (770) 290-8255

## Encounters and Procedures

Clinical Encounter Summaries

**Encounter Date: 01/05/2015**

Patient

| | | | |
|---|---|---|---|
| Name | PRIESTER, ELIZABETH (52, F) ID# 43419 | Appt. Date/Time | 01/05/2015 02:45PM |
| DOB | 08/17/1962 | Service Dept. | CMI ORTHOPEDIC UNIV |
| Provider | DOUGLAS HOLFORD, MD | | |
| Insurance | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is eligible. details | | |

Chief Complaint

Test Results

Still having the neck pain. Pt. would like to have some medicine to help her with the pain.

Patient's Care Team

**Insurance Adjuster (Worker's Comp):** BEVERLY KING: Ph (770) 290-8255, Fax (866) 354-3218

Patient's Pharmacies

**CVS/PHARMACY #5529 (ERX): 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9962**

Problems

Problems not reviewed (last reviewed 11/03/2014)
- Prolapsed cervical intervertebral disc
- Lumbosacral nerve root pain

Medications

Reviewed Medications

| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| duloxetine 30 mg capsule,delayed release<br>Take 1 capsule(s) every day by oral route. | 12/10/14 prescribed |
| metaxalone 800 mg tablet | 09/15/14 filled |
| Mobic 15 mg tablet<br>Take 1 tablet(s) every day by oral route for 30 days. | 11/25/14 prescribed |
| naproxen 500 mg tablet | 12/05/14 filled |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet | 11/17/14 filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 prescribed |

Allergies

Reviewed Allergies
NKDA

Past Medical History

Reviewed Past Medical History

Surgical History

Reviewed Surgical History

Family History

Reviewed Family History

Social History

Reviewed Social History

**Orthopedic Surgery**
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Non-smoker.
Hand Dominance: Right.
Work related injury?: Y.

## Vitals

01/05/2015 03:09 pm

**Ht:** 5 ft 4 in **Wt:** 180 lbs **BMI:** 30.9

**BP:** 140/78 sitting L arm

## HPI

still having problems with her neck comes in for MRI results

## ROS

**Musculoskeletal:** Musculoskeletal: **arthralgias/joint pain**.

## Physical Exam

Patient is a 52-year-old female.

tender C7 and tender medial border scapular MRI shows disc disease at C5-6-6-7

## Assessment / Plan

**1. Prolapsed cervical intervertebral disc**
722.0: Displacement of cervical intervertebral disc without myelopathy

### Discussion

**Discussion Notes**
talked about epidurals she wants to think about it

### Return to Office

- to see Douglas Holford, MD at CMI ORTHOPEDIC UNIV on or around 02/16/2015

## QM

Provider: dholford1
Programs: MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2015
Last updated 01/05/2015

| Measure | Status |
|---|---|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| BMI Screening and Follow-Up | Out of Range |
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |
| Documentation of current medications | No Episodes |
| Hypertension screening and follow-up | Out of Range |
| Influenza immunization (MU) | Needs Data |
| Medication reconciliation | Satisfied |
| Provide patient information | Needs Data |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Up-to-date problem list | Satisfied |

## Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 01/05/2015.

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on ( 9 ) 015 at 4:27pm

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

Encounter Summary

**Patient**

| | | | |
|---|---|---|---|
| Name | PRIESTER, ELIZABETH (52, F) ID# 43419 | Appt. Date/Time | 11/17/2014 05:00PM |
| DOB | 08/17/1962 | Service Dept. | CMI ORTHOPEDIC UNIV |
| Provider | DOUGLAS HOLFORD, MD | | |
| Insurance | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is eligible. | | |

**Chief Complaint**

Test Results

mri lumbar, ultram not strong enough still having constant pain

**Patient's Care Team**

Insurance Adjuster (Worker's Comp): BEVERLY KING: Ph (770) 290-8255, Fax (866) 364-3218

**Patient's Pharmacies**

CVS/PHARMACY #5529 (ERX): 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9862

**Problems**

Problems not reviewed (last reviewed 11/03/2014)

- Lumbosacral nerve root pain

**Medications**

Reviewed Medications

| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| metaxalone 800 mg tablet | 09/15/14 filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 prescribed |

**Allergies**

Reviewed Allergies

NKDA

**Past Medical History**

Reviewed Past Medical History

**Surgical History**

Reviewed Surgical History

**Family History**

Reviewed Family History

**Social History**

Reviewed Social History

Orthopedic Surgery

Smoking Status: Never smoker

Tobacco years of use: 0

Non-smoker

Hand Dominance: Right

Work related injury?: Y

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Vitals

11/17/2014 04:28 pm
Ht: 5 ft 4 in
Wt: 175 lbs
BMI: 30
BP: 136/82

## HPI

Comes in for MRI results and still has pain in her back some paresthesias

## ROS

None recorded

## Physical Exam

Patient is a 52 year old female.

Dr. lumbar spine straight leg raising is negative neurological exam is intact MRI shows a minimal annular bulge at L4-5

## Assessment / Plan

1. Lumbosacral nerve root pain
   724.4 Thoracic or lumbosacral neuritis or radiculitis, unspecified

### Discussion

**Discussion Notes**

Tried Mobic back exercises see her back here in 6 day weeks

### Return to Office

None recorded

## QM

Provider: dholford1
Programs: MU Medicare - Year 1 - 2014 (Stage 1), PQRS 2014
Last updated 10/30/2014

| Measure | Status |
|---|---|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| BMI Screening and Follow-Up | Out of Range |
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |
| Documentation of current medications | No Episodes |
| Hypertension screening and follow-up | Out of Range |
| Influenza immunization (MU) | Needs Data |
| Medication reconciliation | Satisfied |
| Provide patient information | Needs Data |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Up-to-date problem list | Satisfied |

## Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 11/17/2014.

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on 11/17/2014 at 5:01pm

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

Encounter Summary

Patient

| | | | |
|---|---|---|---|
| Name | PRIESTER, ELIZABETH (52, F) ID# 43419 | Appt. Date/Time | 11/11/2014 02:30PM |
| DOB | 08/17/1962 | Service Dept. | CMI IMAGING |
| Provider | DAVID GOLTRA, MD | | |
| Insurance | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014 | | |
| Prescription | | | |

Allergies

Reviewed Allergies
NKDA

Assessment / Plan

CAROLINA MUSCULOSKELETAL INSTITUTE IMAGING

LUMBAR SPINE MRI

Technique: Multiplanar imaging of the lumbar spine was performed on the GE 1.5 Tesla MRI system.

Contrast: None.

Comparison: None.

Clinical history: Low back pain numbness and tingling in right leg. Lifting injury.

Findings:

Overview: The renal contours, visualized paraspinous musculature and bone marrow signal within the pelvis and hips all appear normal.

Thoracic spine: The spinal cord terminates in a normal fashion. No compressive disc pathology is evident within the lower thoracic spine.

Lumbar spine: There is normal alignment of the lumbar vertebral bodies. No marrow space edema is present within the osseous elements the lumbar spine.

Intervertebral discs:

L1-2, L2-3 and L3-4: There is normal height and signal within the intervertebral discs. Bilateral facet and ligamentous hypertrophy is present. No compressive disease is evident.

L4-5: There is normal height and signal within the intervertebral discs. There is a tiny noncompressive annular protrusion projecting slightly into the right lateral recess closely approximating the right L5 nerve root. Bilateral facet and ligamentous hypertrophy is present.

L5-S1: There is normal height and signal within the intervertebral disc. The neural foramina are patent bilaterally. No significant facet joint disease is evident. No compressive pathology is identified.

Opinion: There is an very mild noncompressive annular protrusion at L4-5. Diffuse facet and ligamentous hypertrophy is present throughout the lumbar spine.

David Goltra, MD

1. Lumbosacral nerve root pain
   724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified

Return to Office
Douglas Holford, MD for TEST RESULTS at CMI C IC UNIV on 11/17/2014 at 02:15 PM

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

**Encounter Sign-Off**

Encounter signed-off by David Goltra, MD, 11/14/2014.

Encounter performed and documented by David Goltra, MD
Encounter reviewed & signed by David Goltra, MD on 11/14/2014 at 11:32am

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Encounter Summary

### Patient

| | | | |
|---|---|---|---|
| Name | PRIESTER, ELIZABETH (52, F) ID# 43419 | Appt. Date/Time | 11/03/2014 02:30PM |
| DOB | 08/17/1962 | Service Dept. | CMI ORTHOPEDIC UNIV |
| Provider | DOUGLAS HOLFORD, MD | | |
| Insurance | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is eligible. details | | |

### Chief Complaint

Right lower back pain

AT WORK TRYING TO KEEP RESIDENT FROM FALLING OFF BED AND PATIENT WAS OBESE, PATIENT PUT ALL WT ON HER AND SINCE THEN HAS HAD LOW BACK PAIN AND RT LEG TINGLING AND NUMBNESS, WENT TO DOCTOR CARE... HAD X RAYS THEY ARE ON THE COMPUTER, CONTINUES TO HAVE BACK AND LEG PROBLEMS

### Patient's Care Team

Insurance Adjuster (Worker's Comp): BEVERLY KING, Ph (770) 290-8255, Fax (866) 354-3210

### Patient's Pharmacies

CVS/PHARMACY #5529 (ERX), 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9962

### Problems

Reviewed Problems:
- Lumbosacral nerve root pain

### Medications

Reviewed Medications

| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| hydrocodone 5 mg-acetaminophen 325 mg tablet | 10/20/14 filled |
| metaxalone 800 mg tablet | 09/15/14 filled |

### Allergies

Reviewed Allergies
NKDA

### Past Medical History

Reviewed Past Medical History

### Surgical History

Reviewed Surgical History

### Family History

Reviewed Family History

### Social History

Reviewed Social History
Orthopedic Surgery
Smoking Status: Never smoker
Tobacco years of use: 0
Non-smoker
Hand Dominance: Right
Work related injury?: Y

## PRIESTER, ELIZABETH C (Id #43419, dob: 08/17/1962)

### Vitals

11/03/2014 03:10 pm
Ht: 5 ft 4 in  Wt: 177 lbs  BMI: 30.4
BP: 140/82

### HPI

Lifting a double-ended procedure well and felt something pull in her back with the patient fell backwards to try to prevent the patient from falling and left leg pain and low back pain and see the doctors care where x-rays were taken comes here because it continues to hurt

### ROS

None recorded

### Physical Exam

Patient is a 52-year-old female

Tender L4-5 L5-S1 tender left posterior superior iliac spine extends 10° left bends 25° with pain to the left flexes to 40° mild tenderness in the gastroc motor point in her wound and no significant weakness x-rays taken at Dr. scan shows a disc it is to be relatively well maintained no significant bony abnormalities

### Assessment / Plan

1. Lumbosacral nerve root pain
   724.4 Thoracic or lumbosacral neuritis or radiculitis, unspecified
   - MRI, LUMBAR SPINE

   Height (ft.): 5 ft 4 in Weight (lbs): 176

### Discussion

**Discussion Notes**

Because of 6 weeks and get an MRI to evaluate

### Return to Office

None recorded

### QM

Provider: dholford1
Programs: MU Medicare - Year 1 - 2014 (Stage 1), PQRS 2014
Last updated 10/30/2014

| Measure | Status |
|---|---|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| BMI Screening and Follow-Up | Out of Range |
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |
| Hypertension screening and follow-up | Out of Range |
| Influenza immunization (MU) | Needs Data |
| Provide patient information | Needs Data |
| Provide patients timely online access | Satisfied |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Up-to-date problem list | Out of Range |

### Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 11/03/2014.

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on 11/03/2014 at 3:30pm



# Return To Work Form

**CENTER LOCATION:**

- ☐ Aiken Mall - 850 Aiken Mall Drive; Aiken, SC 29803 • (803) 648-1464
- ☐ Augusta Road - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ Beltline - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ Cayce - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ City of Columbia - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ Columbia East - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ Forest Acres - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ Lexington - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ Newberry - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☒ North Aiken - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ North Augusta - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ Northeast - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ Orangeburg - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ Red Bank - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ Ridgeview - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ Seven Oaks - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ Sumter - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ Wateree - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ West Columbia - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Priester Arrival Time: _____ Discharge Time: _____

Date: _____ Company Name: _____

**WORK STATUS:** (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☒ 2. Off duty due to work-related condition. until cleared by ortho

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____ OR restrictions

Return for re-evaluation at this location on _____ Time: _____

☐ 3. May work with the following accommodations as of: _____ from ortho

- ☐ No lifting more than _____ lbs.
- ☐ No operation of hazardous or fast-moving machinery, no driving.
- ☐ Ground level work only, no ladders or heights.
- ☐ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☐ No continuous standing and/or sitting.
- ☐ Minimal walking or climbing (including stairs)
- ☐ Limited use of _____
- ☐ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments: _____

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: back pain Medications: ☐ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☒ ice every 3-4hrs ☒ apply heat every 3-4 hrs ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: Ortho assumed care Date: 11/3/14 Time: 930am

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X _____ X _____ 10/29/14

Employee Signature Date Provider Signature Date

Kelly Ho

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(MED-F014-(05-13))

# Return To Work Form

**CENTER LOCATION:**

- ☐ **Aiken Mall** - 850 Aiken Mall Drive, Aiken, SC 29803 • (803) 648-1464
- ☐ **Augusta Road** - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ **Beltline** - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ **Cayce** - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ **City of Columbia** - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ **Columbia East** - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ **Forest Acres** - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ **Lexington** - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ **Newberry** - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☒ **North Aiken** - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ **North Augusta** - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ **Northeast** - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ **Orangeburg** - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ **Red Bank** - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ **Ridgeview** - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ **Seven Oaks** - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ **Sumter** - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ **Wateree** - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ **West Columbia** - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Priester Arrival Time: 1050 Discharge Time: 2:40pm

Date: 10-29-14 Company Name: UPAC of Aiken

**WORK STATUS:** (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

Return for re-evaluation at this location on _____ Time: _____

☒ 3. May work with the following accommodations as of: 11/3/14

- ☒ No lifting more than 10 lbs.
- ☒ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting.
- ☒ Minimal walking or climbing (including stairs)
- ☒ Limited use of _____
- ☒ No overhead lifting.
- ☒ No high repetitive hand activities for extended periods of time.
- ☒ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments: _____

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: Back Pain Worsen Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ Ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, or to another physician, please complete this section.) CM1

To: Ortho - Repeatedly over Date: 11/3/14 Time: 2:00

For: last month

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X _____ Date: _____
Employee Signature

X _____ Date: 10/29/14
Provider Signature

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(MED-F014-(05-13))

# * Final Report *

**Visit Summary (Verified)**

## Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 514-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

### Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 10/29/2014 01:00 pm
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Reilly MD, Erin
**Referring Provider:** --
**Reason for Visit:** Follow up to prior complaint of Back, neck, and left wrist pain from lifting a patient.

### Future Appointments

No future appointments scheduled

### Problems and Health Issues

No chronic disease
Obesity

### Allergies

**No known allergies**

### All Known Current Prescriptions and Reported Medications

Prescriptions

No medications documented

**Other Reported Medications**
No reported medications documented

## New Medications this Visit

**New Prescriptions**
No new prescriptions for this visit

## Vitals and Measurements this Visit (last charted value for your 10/29/2014 visit)

**Weight::** 178 lb
**Temperature Oral:** 98.7 DegF
**Systolic Blood Pressure:** 120 mmHg
**Diastolic Blood Pressure:** 73 mmHg
**Mean Arterial Pressure:** 89 mmHg
**Peripheral Pulse Rate:** 73 bpm
**Oxygen Saturation:** 100 %
**Respiratory Rate:** 18 br/min

## Laboratory and Radiology this Visit (last charted value for your 10/29/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Low back pain (724.2)

## Referral and Consult Requests this Visit

No Referral or Consults documented

## Procedures Documented this Visit

No Procedures documented

## Smoking Status

Never

## Follow up

**Follow up with:** Other
**When:** Within As needed, only if needed
**Where:** --
**Comments:** PT and go to ER if symptoms worse

## Patient Education Materials Provided this Visit

BACK AND NECK PAIN, General

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | October 29, 2014 2:16 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Reilly MD, Erin on October 29, 2014 2:16 PM EDT |
| Electronically Signed By: | Reilly MD, Erin on October 29, 2014 2:16 PM EDT |
| Visit Information: | 2327303, Doctors Care - North Aiken, Outpatient, 10/29/2014 - 10/31/2014 |

## Low Back Pain *

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2327303**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Low back pain**
Author: **Reilly MD, Erin**

**Visit Information**

**Date of Service:** 10/29/2014 01:01 pm **Performing Location:** Doctors Care - North Aiken **Encounter#:** 2327303

**Primary Care Provider (PCP):** D47 -UNKNOWN, PERSONNEL

**Referring Provider:** No referring provider recorded for selected visit.
**Visit type:** Scheduled follow-up, pt had been referred to ortho to take over her care for this problem, however, she returns here to be seen, Not new symptom.
**Accompanied by:** No one.
**Source of history:** Self.
**Referral source:** Self.
**History limitation:** None.

**Chief Complaint**
**10/29/2014 1:23 PM EDT Follow up to prior complaint of Back, neck, and left wrist pain from lifting a patient.**

**History of Present Illness**
The patient presents with back pain, pt had been referred to ortho to take over her care for this problem, however, she returns here to be see. The back pain is localized, lumbar region, sacral region and neck. The back pain is described as aching. The severity of the back pain is moderate. The back pain is constant and is worsening. The context of the back pain: occurred in association with work, not after exertion, not after starting new medication, not after trauma, not in association with illness and not in association with pregnancy. Exacerbating factors consist of movement, prolonged sitting, squatting, standing and turning head. Relieving factors consist of medication and rest. Associated symptoms consist of denies bladder dysfunction, denies chills and denies fever. Prior treatment consists of physical therapy and pain management. Complaint: reports that when she sits on toilet for 3 minutes or so, she begins to get numb/tingling in her lrft leg and tingling in her feet- she has had no loss of B&B sx.

**Review of Systems**
**Constitutional:** Negative.
**Gastrointestinal:** Negative.
**Genitourinary:** Negative.
**Musculoskeletal:** Negative except as documented in history of present illness.
**Integumentary:** Negative.
**Neurologic:** Negative.
**Psychiatric:** Negative.

**Health Status**
**Allergies:**
Allergic Reactions (All)
No known allergies
**Medications:** (Selected)
Prescriptions
*Prescribed*
predniSONE 10 mg oral tablet: See Instructions, Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food, # 16 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, take 4 tabs day 1; take 3 tabs days 2-3; take 2 ta...
**Problem list:**
All Problems
No chronic disease / SNOMED CT 616801000124114 / Confirmed
Obesity / SNOMED CT 2535065012 / Probable

**Histories**

**Past Medical History:**

Active

No chronic disease (616801000124114)

Resolved

Hypertension (64176011): Resolved.

**Family History:**

Cancer

Father

Cancer

Father

**Procedure history:**

Hysterectomy (355048014).

**Social History:**

**Alcohol Assessment**

Never

**Tobacco Assessment**

Never

**Substance Abuse Assessment**

Never

**Physical Examination**

Vital Signs

| 10/29/2014 1:23 PM EDT | | |
|---|---|---|
| | Temperature Oral | 98.7 DegF |
| | Peripheral Pulse Rate | 73 bpm |
| | Respiratory Rate | 18 br/min |
| | Systolic Blood Pressure | 120 mmHg |
| | Diastolic Blood Pressure | 73 mmHg |
| | Mean Arterial Pressure | 89 mmHg |
| | Oxygen Saturation | 100 % |

Measurements from flowsheet : Measurements

10/29/2014 1:23 PM EDT Weight 178 lb

**General:** Alert and oriented, No acute distress, Appearance, Breath is within normal limits.

Ambulation status: Within normal limits.

Behavior: Within normal limits.

Hydration: Within normal limits.

Skin: Within normal limits.

**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact.

**HENT:** Normocephalic, Normal hearing.

**Respiratory:** Respirations are non-labored, Symmetrical chest wall expansion.

**Cardiovascular:** Normal peripheral perfusion, No edema.

**Musculoskeletal:** Normal strength, No swelling, No deformity, Normal gait, moves with discomfort, No trauma.

Mobility/ gait: Within normal limits.

Upper extremity exam: Upper extremity exam is within normal limits.

Spine/torso exam: Cervical ( Within normal limits, Intact ), Thoracic ( Within normal limits, Intact ), Lumbar ( Bilateral, Moderate, No mass, No nodule, Tenderness, No wound, No crepitus, Pain, No numbness, No tingling, Strength 5 /5, Range of motion ( Diminished, Flexion, Extension, Restricted by pain ) ), Sacral ( Bilateral, Moderate, Aligned, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No numbness, No tingling ).

Lower extremity exam: Lower extremity exam is within normal limits.

**Integumentary:** Warm, Dry, Intact, No pallor, No rash.

**Neurologic:** Alert, Oriented, Normal motor function, No focal deficits.

**Psychiatric:** Cooperative, Appropriate mood & affect, Normal judgment.

**Review / Management**

**Documentation reviewed:** Flowsheet, Reviewed home medications, Prior medical records are unavailable.

**Course:** Worsening.

**Impression and Plan**

**Diagnosis**
Low back pain (ICD9 724.2).
**Plan:** to see ortho
NO further treatment here
Ortho to ssume care
advised regarding activity restrictions, stretching, ice/heat modalities
advised regarding red flag sx needing urgent or emergent follow-up
do not anticipate any permanent impairment
patient is not yet medically stationary
no labs performed (except drug screen if required by employer)
no xrays performed
medications as noted on EHR
follow-up iwith ORTHO
work restrictions on attached sheet.
**Patient Instructions:** BACK AND NECK PAIN, General, Other Within As needed, only if needed PT and go to ER if symptoms worse.
Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.
**Orders**
Orders (Selected)
Outpatient Orders
*Ordered*
Referral (Request): Referred to: Orthopaedics, Reason for referral: lumbar pain, not improving after 1 month of medical therapy, Instructions: Ortho to assume care
*Completed*
recheck blood pressure: recheck blood pressure.

**Professional Services**
**Counseling Summary:**
Counseling included treatment options, risks and benefits, lifestyle changes, prognosis, current condition, medications, dose adjustments, and new diagnosis.
The patient was interactive, attentive, asked questions, and verbalized understanding.

**Signature Line**

Signed and Authored by Erin Reilly on 10/29/2014 02:15 PM EDT

| | |
|---|---|
| Charted Date: | October 29, 2014 2:03 PM EDT |
| Subject / Title: | Low Back Pain * |
| Performed By: | Reilly MD, Erin on October 29, 2014 2:15 PM EDT |
| Electronically Signed By: | Reilly MD, Erin on October 29, 2014 2:15 PM EDT |
| Visit Information: | 2327303, Doctors Care - North Aiken, Outpatient, 10/29/2014 - 10/31/2014 |

# Return To Work Form

**CENTER LOCATION:**

- ☐ **Aiken Mall** - 850 Aiken Mall Drive; Aiken, SC 29803 • (803) 648-1464
- ☐ **Augusta Road** - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ **Beltline** - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ **Cayce** - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ **City of Columbia** - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ **Columbia East** - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ **Forest Acres** - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ **Lexington** - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ **Newberry** - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☐ **North Aiken** - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ **North Augusta** - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ **Northeast** - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ **Orangeburg** - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ **Red Bank** - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ **Ridgeview** - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ **Seven Oaks** - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ **Sumter** - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ **Wateree** - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ **West Columbia** - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Prester Arrival Time: 1135 Discharge Time: 12:33

Date: 10-2014 Company Name: Truitt

**WORK STATUS:** (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

Return for re-evaluation at this location on _____ Time: _____

☒ 3. May work with the following accommodations as of: ~~10/26/14~~ 10/21/14

- ☒ No lifting more than 10 lbs.
- ☒ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting.
- ☒ Minimal walking or climbing (including stairs)
- ☒ ~~Limited use of~~ no pushing/pulling over 15lbs
- ☒ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☒ ~~No use of~~ must change position as needed for comfort

☐ 4. Has reached Maximum Medical Improvement (MMI)

☐ 5. Return for re-evaluation at this office on _____ Time: _____

Additional Comments: PT to follow up/care transferred to Ortho

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: _____ Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ Ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: Ortho within 1 week Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature _____ Date 10/20/14

X _____ Provider Signature O'Reilly Date 10/20/14

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[MED-F014-(05-13)]

# * Final Report *

**Visit Summary (Verified)**

## Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 514-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

### Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 10/20/2014 11:40 am
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Reilly MD, Erin
**Referring Provider:** --
**Reason for Visit:** WKC follow up

### Future Appointments

No future appointments scheduled

### Problems and Health Issues

Obesity

### Allergies

**No known allergies**

### All Known Current Prescriptions and Reported Medications

Prescriptions

**acetaminophen-hydrocodone 325 mg-5 mg oral tablet** (acetaminophen-hydrocodone)
Take 1 tab(s) oral every 4 hours for 3 Days for pain, 0 refills authorized

**Flexeril 10 mg oral tablet** (cyclobenzaprine)

Take 1 tab(s)(10 Milligram) oral at bedtime for 10 Days for spasm, 0 refills authorized

**predniSONE 10 mg oral tablet** (predniSONE)

0 refills authorized

Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food

**Other Reported Medications**

No reported medications documented

## New Medications this Visit

**New Prescriptions**

**acetaminophen-hydrocodone 325 mg-5 mg oral tablet** (acetaminophen-hydrocodone)

Take 1 tab(s) oral every 4 hours for 3 Days for pain, 0 refills authorized

## Vitals and Measurements this Visit (last charted value for your 10/20/2014 visit)

**Height::** 63 In
**Weight::** 172 lb
**Body Mass Index::** 30.47 kg/m2
**BSA:** 1.86 m2
**Temperature Oral:** 98.4 DegF
**Systolic Blood Pressure:** 146 mmHg
**Diastolic Blood Pressure:** 81 mmHg
**Mean Arterial Pressure:** 103 mmHg
**Peripheral Pulse Rate:** 70 bpm
**Respiratory Rate:** 16 br/min

## Laboratory and Radiology this Visit (last charted value for your 10/20/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Low back pain (724.2)
Sciatica (724.3)

## Referral and Consult Requests this Visit

No Referral or Consults documented

## Procedures Documented this Visit

No Procedures documented

## Smoking Status

Never

## Follow up

**Follow up with:** Follow up with specialist
**When:** Within As needed
**Where:** --
**Comments:** orthopeadics

## Patient Education Materials Provided this Visit

BACK CARE TIPS

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | October 20, 2014 12:23 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Reilly MD, Erin on October 20, 2014 12:23 PM EDT |
| Electronically Signed By: | Reilly MD, Erin on October 20, 2014 12:23 PM EDT |
| Visit Information: | 2310022, Doctors Care - North Aiken, Outpatient, 10/20/2014 - 10/22/2014 |

# Document Has Been Updated

**IOD/LBP**

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2310022**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Low back pain; Sciatica**
Author: **Reilly MD, Erin**

**Visit Information**

**Date of Service:** 10/20/2014 11:43 am **Performing Location:** Doctors Care - North Aiken **Encounter#:** 2310022

**Primary Care Provider (PCP):** D47 -UNKNOWN, PERSONNEL

**Referring Provider:** No referring provider recorded for selected visit.
**Visit type:** Increase in symptoms.
**Accompanied by:** No one.
**Source of history:** Self.
**Referral source:** Self.
**History limitation:** None.

**Chief Complaint**
**10/20/2014 11:45 AM EDT WKC follow up**

**History of Present Illness**
The patient presents with back pain, here for follow-up of her work accident-- she had a very minor injury and continues to complain of pain- she was last seen 10-10
she has not yet heard from ortho to whom she was referred 10-1-14. The back pain is generalized, lumbar region and sacral region. The back pain is described as aching and shooting. The severity of the back pain is moderate. The back pain is constant. Radiation of pain: to the buttocks and to the left lower extremity. The context of the back pain: occurred in association with work. Exacerbating factors consist of movement, prolonged sitting and walking. Relieving factors consist of analgesics (minimally). Associated symptoms consist of none. Prior treatment consists of transcutaneous nerve/ muscle stimulator. frustrated with lack of improvement- tearful- states "I am no help to anyone".

**Review of Systems**
**Constitutional:** Negative.
**Eye:** Negative.
**Respiratory:** Negative.
**Cardiovascular:** Negative.
**Gastrointestinal:** Negative.
**Genitourinary:** Negative.
**Musculoskeletal:** Negative except as documented in history of present illness.
**Integumentary:** Negative.
**Neurologic:** Negative.
**Psychiatric:** Negative.

**Health Status**
**Allergies:**
Allergic Reactions (All)
No known allergies
**Medications:** (Selected)
Prescriptions
*Prescribed*
Flexeril 10 mg oral tablet: 1 tab(s) ( 10 mg ), PO, qhs, PRN: for spasm, # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po qhs,x10 day(s),PRN:for spasm
predniSONE 10 mg oral tablet: See Instructions, Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food, # 16 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, take 4 tabs day 1; take 3 tabs days 2-3; take 2 ta...

Documented Medications
*Documented*
tramadol 50 mg oral tablet: 1 tab(s) ( 50 mg ), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance

**Problem list:**
All Problems
Obesity / SNOMED CT 2535065012 / Probable
Resolved: Hypertension / SNOMED CT 64176011

**Histories**
**Past Medical History:**
Resolved
Hypertension (64176011): Resolved.
**Family History:**
Cancer
Father

**Procedure history:**
Hysterectomy (355048014).
**Social History:**
**Alcohol Assessment**
Never
**Tobacco Assessment**
Never
**Substance Abuse Assessment**
Never

**Physical Examination**
Vital Signs

| 10/20/2014 11:45 AM EDT | | |
|---|---|---|
| | Temperature Oral | 98.4 DegF |
| | Peripheral Pulse Rate | 70 bpm |
| | Pulse Site | Radial artery |
| | Respiratory Rate | 16 br/min |
| | **Systolic Blood Pressure** | **146 mmHg HI** |
| | Diastolic Blood Pressure | 81 mmHg |
| | Mean Arterial Pressure | 103 mmHg |
| | BP Site | Left arm |

Measurements from flowsheet : Measurements

| 10/20/2014 11:45 AM EDT | | |
|---|---|---|
| | Height | 63 in |
| | Weight | 172 lb |
| | BSA | 1.86 m2 |
| | Body Mass Index | 30.47 kg/m2 |

**General:** Alert and oriented, No acute distress, Breath is within normal limits.
Ambulation status: Within normal limits.
Appearance: Within normal limits.
Behavior: Within normal limits.
Hydration: Within normal limits.
Skin: Within normal limits.
**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact.
**HENT:** Normocephalic, Normal hearing.
**Respiratory:** Respirations are non-labored, Symmetrical chest wall expansion.
**Cardiovascular:** Normal peripheral perfusion, No edema.
**Musculoskeletal:** Normal strength, No swelling, No deformity, moves with discomfort, complaints are out of proportion to physical findings, aptient is crying a d tearful and frustrated with her on going back pain and lack of improvement and reports that she is now geting yelled at when she is at work because she is "not moving fast enough", limps slowly down hall from her back pain, No trauma.
Mobility/ gait: Within normal limits.
Upper extremity exam: Upper extremity exam is within normal limits.
Spine/torso exam: Cervical ( Within normal limits, Intact ), Thoracic ( Within normal limits, Intact ), Lumbar ( Bilateral (left >greater right), Moderate, Aligned, Not displaced, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No

wound, No crepitus, Pain, No numbness, No tingling, Strength 5 /5, Range of motion ( Diminished, Flexion, Extension, Restricted by pain ) ), Sacral ( Bilateral, Moderate, Aligned, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No numbness, Tingling (to the left foot down the left lower extremity), some pain over the right sciatic notch ).
Lower extremity exam: Lower extremity exam is within normal limits.
**Integumentary:** Warm, Dry, Intact, No pallor, No rash.
**Neurologic:** Alert, Oriented, Normal motor function, No focal deficits.
**Psychiatric:** Cooperative, Normal judgment.
Mood and affect: Sad, Tearful, Withdrawn.
Abnormal / Psychotic thoughts: No delusions, No grandiose ideas.
Thought process: Appropriate.

**Review / Management**
**Radiology results**
X-ray (negative and read by radiologist)
**Documentation reviewed:** Flowsheet, Reviewed home medications, Prior medical records are unavailable.
**Course:** Worsening.

**Impression and Plan**
**Diagnosis**
Low back pain (ICD9 724.2).
Sciatica (ICD9 724.3).
**Course:** Worsening, call placed to her adjuster as sh eis in need of ortho referral-- has already been 3 weeks since referral was made.
**Plan:** do not anticipate any permanent impairment

patient is not yet medically stationary

no labs performed

medications as noted on EHR

follow-up with Ortho

work restrictions on attached sheet

**Patient Instructions:** BACK CARE TIPS, Follow up with specialist Within As needed orthopeadics.
Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.
**Orders**
Orders (Selected)
Outpatient Orders
*Ordered*
Referral (Request): Referred to: Orthopaedics, Reason for referral: lumbar pain, not improving after 1 month of medical therapy, Instructions: Ortho to assume care
Prescriptions
*Prescribed*
acetaminophen-hydrocodone 325 mg-5 mg oral tablet: 1 tab(s), PO, q4hr, x 3 day(s); PRN: for pain, # 24 tab(s), 0 Refill(s), Type: Acute.

**Professional Services**
**Counseling Summary:**
Counseling included treatment options, risks and benefits, lifestyle changes, prognosis, current condition, medications, dose adjustments, and new diagnosis.
The patient was interactive, attentive, asked questions, and verbalized understanding.

**Signature Line**

Signed and Authored by Erin Reilly on 10/20/2014 12:08 PM EDT
Signed by Erin Reilly MD on 10/20/2014 12:09 PM EDT
Signed by Erin Reilly MD on 10/20/2014 12:23 PM EDT

| | |
|---|---|
| Charted Date: | October 20, 2014 11:52 AM EDT |
| Subject / Title: | IOD/LBP |
| Performed By: | Reilly MD, Erin on October 20, 2014 12:08 PM EDT |
| Electronically Signed By: | Reilly MD, Erin on October 20, 2014 12:08 PM EDT |
| Visit Information: | 2310022, Doctors Care - North Aiken, Outpatient, 10/20/2014 - 10/22/2014 |

# Return To Work Form

**CENTER LOCATION:**

- ☐ **Aiken Mall** - 850 Aiken Mall Drive; Aiken, SC 29803 • (803) 648-1464
- ☐ **Augusta Road** - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ **Beltline** - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ **Cayce** - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ **City of Columbia** - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ **Columbia East** - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ **Forest Acres** - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ **Lexington** - 247 Columbia Avenue, Lexington/SC 29072 • (803) 359-5533
- ☐ **Newberry** - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☒ **North Aiken** - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ **North Augusta** - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ **Northeast** - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ **Orangeburg** - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ **Red Bank** - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ **Ridgeview** - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ **Seven Oaks** - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ **Sumter** - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ **Wateree** - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ **West Columbia** - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Priester Arrival Time: 638 Discharge Time: 730

Date: 10-10-14 Company Name: Pratt

**WORK STATUS:** (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____

Return for re-evaluation at this location on _____ Time: _____

☒ 3. May work with the following accommodations as of: 10/10/14

- ☒ No lifting more than 10.00 lbs.
- ☒ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting. 5 change posns
- ☒ Minimal walking or climbing (including stairs)
- ☐ Limited use of _____
- ☐ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on Ortho Time: _____

Additional Comments: _____

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: Strain / low back pain Medications: ☐ as directed ☐ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: Ortho in process Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X [signature] 10/10/14 X [signature] 10/10/14

Employee Signature Date Provider Signature Date

[MED-F014-(05-13)]

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## * Final Report *

**Visit Summary (Verified)**

# Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 514-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

## Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 10/10/2014 06:40 pm
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Al-Soudi MD, Sylva
**Referring Provider:** --
**Reason for Visit:** follow up

## Future Appointments

No future appointments scheduled

## Problems and Health Issues

Obesity

## Allergies

**No known allergies**

## All Known Current Prescriptions and Reported Medications

**Prescriptions**

**Flexeril 10 mg oral tablet** (cyclobenzaprine)
Take 1 tab(s)(10 Milligram) oral at bedtime for 10 Days for spasm, 0 refills authorized

**predniSONE 10 mg oral tablet** (predniSONE)

0 refills authorized
Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food

**Other Reported Medications**

**tramadol 50 mg oral tablet** (tramadol)
Take 1 tab(s)(50 Milligram) oral every 4 hours for pain

## New Medications this Visit

**New Prescriptions**

No new prescriptions for this visit

## Vitals and Measurements this Visit (last charted value for your 10/10/2014 visit)

**Height::** 63 in
**Weight::** 176 lb
**Body Mass Index::** 31.17 kg/m2
**BSA:** 1.88 m2
**Temperature Oral:** 98.0 DegF
**Systolic Blood Pressure:** 116 mmHg
**Diastolic Blood Pressure:** 72 mmHg
**Mean Arterial Pressure:** 87 mmHg
**Peripheral Pulse Rate:** 84 bpm
**Oxygen Saturation:** 100 %
**Respiratory Rate:** 18 br/min

## Laboratory and Radiology this Visit (last charted value for your 10/10/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Cervical Strain (847.0)
Lumbar strain (847.2)

## Referral and Consult Requests this Visit

No Referral or Consults documented

## Procedures Documented this Visit

No Procedures documented

## Smoking Status

Never

## Follow up

**Follow up with:** Sylva Al-Soudi
**When:** Within 1 month
**Where:** Doctors Care - North Aiken; 1029 York Street; P: (803) 648-4119 F: (803) 648-4989, Aiken, SC, 29801; (803) 648-4119 Business (1)
**Comments:** No or limited heavy lifting Return if symptoms worsen

## Patient Education Materials Provided this Visit

BACK SPRAIN/STRAIN
NECK SPRAIN/STRAIN

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | October 10, 2014 7:37 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Al-Soudi MD, Sylva on October 10, 2014 7:37 PM EDT |
| Electronically Signed By: | Al-Soudi MD, Sylva on October 10, 2014 7:37 PM EDT |
| Visit Information: | 2293956, Doctors Care - North Aiken, Outpatient, 10/10/2014 - 10/12/2014 |

**F/U LBP**

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2293956**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Cervical Strain; Lumbar strain**
Author: **Al-Soudi MD, Sylva**

**Visit Information**

**Primary Care Provider (PCP):** D47 -UNKNOWN, PERSONNEL

**Date of Service:** 10/10/2014 06:39 pm **Performing Location:** Doctors Care - North Aiken **Encounter#:** 2293956

**Referring Provider:** No referring provider recorded for selected visit.
**Visit type:** Acute visit.
**Accompanied by:** No one.
**Source of history:** Self.
**Referral source:** Self.
**History limitation:** None.
**Additional Information:** 10/10/2014 7:21 PM EDT follow up .

**History of Present Illness**

Pt's here for back injury F/U. Date of incident is 9/7/2014, tried to catch a >250 lb pt that was falling. Has pain at L lower back. At a previous f/u visit, pt mentioned having neck pain. Has been prescribed prednisone, meloxicam, skelaxin and flexeril.

The incident occurred f/up on WKC. The location of the injury is back. The severity of the symptom(s) associated to the specific injury is severe and is rated 8 / 10 on the pain scale. The timing/course of injury symptom(s) is constant and fluctuates in intensity. No additional injury. Loss of consciousness: none. There are no modifying factors. Associated symptoms consist of none. Additional pertinent history: none. the patient last time had an appointment here on 10/1/14she was told to folow up with an orthopedist. today she is here becuase she did not go to work, she is upset because she did not here from the ortho referral yet and had only recnetly strarted PT.

**Review of Systems**

**Constitutional:** Decreased activity..
**Musculoskeletal:** Negative except as documented in history of present illness.
**Integumentary:** Negative..
**Neurologic:** Negative.
**All other systems reviewed and negative**

**Health Status**

**Allergies:**
Allergic Reactions (Selected)
No known allergies

**Medications:** (Selected)
Prescriptions
*Prescribed*
Flexeril 10 mg oral tablet: 1 tab(s) ( 10 mg ), PO, qhs, PRN: for spasm, # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po qhs,x10 day(s),PRN:for spasm
predniSONE 10 mg oral tablet: See Instructions, Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food, # 16 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, take 4 tabs day 1; take 3 tabs days 2-3; take 2 ta...
Documented Medications
*Documented*
tramadol 50 mg oral tablet: 1 tab(s) ( 50 mg ), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance

**Problem list:**
All Problems
Obesity / SNOMED CT 2535065012 / Probable
Resolved: Hypertension / SNOMED CT 64176011

**Histories**

**Past Medical History**

Resolved
Hypertension (64176011): Resolved..

**Past Surgical History**

Hysterectomy (355048014)..

**Family History**

Cancer
Father

**Social History:**
**Alcohol Assessment**
Never
**Tobacco Assessment**
Never
**Substance Abuse Assessment**
Never

**Physical Examination**
Vital Signs

| 10/10/2014 7:21 PM EDT | | |
|---|---|---|
| | Temperature Oral | 98.0 DegF |
| | Peripheral Pulse Rate | 84 bpm |
| | Respiratory Rate | 18 br/min |
| | Systolic Blood Pressure | 116 mmHg |
| | Diastolic Blood Pressure | 72 mmHg |
| | Mean Arterial Pressure | 87 mmHg |
| | Oxygen Saturation | 100 % |

Measurements from flowsheet : Measurements

| 10/10/2014 7:21 PM EDT | | |
|---|---|---|
| | Height | 63 in |
| | Weight | 176 lb |
| | BSA | 1.88 m2 |
| | Body Mass Index | 31.17 kg/m2 |

**General:** Alert and oriented, No acute distress.
**Eye:** Extraocular movements are intact, Normal conjunctiva.
**HENT:** Normocephalic, Normal hearing.
**Neck:** Supple, Non-tender.
**Musculoskeletal:**
Spine/torso exam: Cervical ( Within normal limits ), Lumbar ( Bilateral, L1, L2, L4, L5, Moderate, Tenderness, Normal range of motion ).
Lower extremity exam: Lower extremity exam is within normal limits.
**Integumentary:** Warm, Dry, Intact, No rash.
**Neurologic:** Alert, Oriented, Normal sensory, Normal motor function.

**Review / Management**
**Course:** Progressing as expected.

**Impression and Plan**
**Diagnosis**
Cervical Strain (ICD9 847.0).
Lumbar strain (ICD9 847.2).
**Plan:** Refer to: orthopedist.
**Patient Instructions:** BACK SPRAIN/STRAIN, NECK SPRAIN/STRAIN, Sylva Al-Soudi Within 1 month No or limited heavy lifting Return if symptoms worsen.
Counseled: Patient, Regarding treatment, Regarding diagnosis, Regarding medications, Verbalized understanding.

**Summary:** Referral to orthopedist.

**Orders**

Orders (Selected)

Outpatient Orders

*Ordered*

Referral (Request): Referred to: Orthopaedics, Reason for referral: lumbar pain, not improving after 1 month of medical therapy, Instructions: Ortho to assume care

Referral (Request): Referred to: Physical Therapy, Reason for referral: back pain- work accident, Within Health System, Priority: Elective, Instructions: work accident- evaluate and treat 4 visits

Prescriptions

*Prescribed*

Flexeril 10 mg oral tablet: 1 tab(s) ( 10 mg ), PO, qhs, PRN: for spasm, # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po qhs;x10 day(s),PRN:for spasm

predniSONE 10 mg oral tablet: See Instructions, Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food, # 16 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, take 4 tabs day 1; take 3 tabs days 2-3; take 2 ta...

Documented Medications

*Documented*

tramadol 50 mg oral tablet: 1 tab(s) ( 50 mg ), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance,

**Signature Line**

Signed and Authored by Sylva Al-Soudi on 10/10/2014 07:43 PM EDT

| | |
|---|---|
| Charted Date: | October 10, 2014 7:31 PM EDT |
| Subject / Title: | F/U LBP |
| Performed By: | Al-Soudi MD, Sylva on October 10, 2014 7:43 PM EDT |
| Electronically Signed By: | Al-Soudi MD, Sylva on October 10, 2014 7:43 PM EDT |
| Visit Information: | 2293956, Doctors Care - North Aiken, Outpatient, 10/10/2014 - 10/12/2014 |

# Return To Work Form

**CENTER LOCATION:**

- ☐ Aiken Mall - 850 Aiken Mall Drive, Aiken, SC 29803 • (803) 648-1464
- ☐ Augusta Road - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ Beltline - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ Cayce - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ City of Columbia - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ Columbia East - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ Forest Acres - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ Lexington - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ Newberry - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☐ North Aiken - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ North Augusta - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ Northeast - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ Orangeburg - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ Red Bank - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ Ridgeview - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ Seven Oaks - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ Sumter - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ Wateree - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ West Columbia - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Priester Arrival Time: 1618 Discharge Time: 704

Date: 10-1-14 Company Name: Pruitt

**WORK STATUS:** (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____ Time: _____

Return for re-evaluation at this location on _____

☒ 3. May work with the following accommodations as of: 10/1/14

- ☒ No lifting more than 10 lbs.
- ☒ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting.
- ☒ Minimal walking or climbing (including stairs)
- ☐ Limited use of _____
- ☒ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on after PT or Ortho - 1 week Time: _____

Additional Comments: _____

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: Low Back Pain Medications: ☐ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☒ Ice every @ home q4° ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: Ortho & PT Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

Employee Signature Date

Provider Signature Date 10/1/14

[MED-F014-(05-13)]

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# * Final Report *

**Visit Summary (Verified)**

## Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 514-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

### Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 10/01/2014 06:20 pm
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Jones-Gulon PA, Jeannine
**Referring Provider:** --
**Reason for Visit:** WKC follow up

### Future Appointments

No future appointments scheduled

### Problems and Health Issues

Obesity

### Allergies

**No known allergies**

### All Known Current Prescriptions and Reported Medications

Prescriptions

**Flexeril 10 mg oral tablet** (cyclobenzaprine)
Take 1 tab(s)(10 Milligram) oral at bedtime for 10 Days for spasm, 0 refills authorized

**predniSONE 10 mg oral tablet** (predniSONE)

0 refills authorized
Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food

**Other Reported Medications**

**tramadol 50 mg oral tablet** (tramadol)
Take 1 tab(s)(50 Milligram) oral every 4 hours for pain

## New Medications this Visit

**New Prescriptions**

No new prescriptions for this visit

## Vitals and Measurements this Visit (last charted value for your 10/01/2014 visit)

**Height:** 63 in
**Weight:** 176 lb
**Body Mass Index:** 31.17 kg/m2
**BSA:** 1.88 m2
**Temperature Oral:** 98.3 DegF
**Systolic Blood Pressure:** 120 mmHg
**Diastolic Blood Pressure:** 73 mmHg
**Mean Arterial Pressure:** 89 mmHg
**Peripheral Pulse Rate:** 74 bpm
**Respiratory Rate:** 16 br/min

## Laboratory and Radiology this Visit (last charted value for your 10/01/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Cervical Strain (847.0)
Lumbar strain (847.2)

## Referral and Consult Requests this Visit

**Referral**
**Date/Time:** 10/01/2014 **By:** Jones-Guion PA, Jeannine
**Referred To Specialty:** Orthopaedics
**Referred To:** --

**Reason for Referral:** lumbar pain, not improving after 1 month of medical therapy

## Procedures Documented this Visit

No Procedures documented

## Smoking Status

Never

## Patient Education Materials Provided this Visit

No Patient Education documented

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | October 01, 2014 7:04 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Jones, Bendetta on October 01, 2014 7:04 PM EDT |
| Electronically Signed By: | Jones, Bendetta on October 01, 2014 7:04 PM EDT |
| Visit Information: | 2276579, Doctors Care - North Aiken, Outpatient, 10/1/2014 - 10/3/2014 |

## F/U LBP

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2276579**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Cervical Strain; Lumbar strain**
Author: **Jones-Gulon PA, Jeannine**

**History of Present Illness**
Pt's here for back injury F/U. Date of incident is 9/7/2014, tried to catch a >250 lb pt that was falling. Has pain at L lower back. At a previous f/u visit, pt mentioned having neck pain. Has been prescribed prednisone, meloxicam, skelaxin and flexeril. Has been referred to PT, has not had 1st appointment yet. ALSO - presents today with full prednisone rx, has not taken any. Given specific day- by day instructions on how many pills to take on each specific date.

**Review of Systems**
**Constitutional:** Decreased activity.
**Musculoskeletal:** Negative except as documented in history of present illness.
**Integumentary:** Negative.
**Neurologic:** Negative.

**Health Status**
**Allergies:**
Allergic Reactions (Selected)
No known allergies
**Medications:** (Selected)
Prescriptions
*Prescribed*
Flexeril 10 mg oral tablet: 1 tab(s) ( 10 mg ), PO, qhs, PRN: for spasm, # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po qhs,x10 day(s),PRN:for spasm
predniSONE 10 mg oral tablet: See Instructions, Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food, # 16 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, take 4 tabs day 1; take 3 tabs days 2-3; take 2 ta...
Documented Medications
*Documented*
tramadol 50 mg oral tablet: 1 tab(s) ( 50 mg ), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance
**Problem list:**
All Problems
Obesity / SNOMED CT 2535065012 / Probable

**Histories**

**Past Medical History**

Resolved
Hypertension (64176011): Resolved..

**Family History**

Cancer
Father

**Social History:**
**Alcohol Assessment**
Never
**Tobacco Assessment**
Never
**Substance Abuse Assessment**
Never

**Physical Examination**
**General:** Alert and oriented, No acute distress.
**Musculoskeletal:**
Spine/torso exam: Cervical ( Within normal limits ), Lumbar ( Within normal limits ).
Lower extremity exam: Lower extremity exam is within normal limits.
**Integumentary:** Warm, Dry, Intact, No rash.
**Neurologic:** Alert, Oriented, Normal sensory, Normal motor function.

**Impression and Plan**
**Diagnosis**
Cervical Strain (ICD9 847.0).
Lumbar strain (ICD9 847.2).
**Patient Instructions:** Counseled: Patient, Verbalized understanding.
**Orders**
Orders (Selected)
Outpatient Orders
*Order*
Referral (Request): Referred to: Orthopaedics, Reason for referral: lumbar pain, not improving after 1 month of medical therapy, Instructions: Ortho to assume care.

**Signature Line**

Signed and Authored by Jeannine Jones-Guion on 10/01/2014 07:01 PM EDT

Charted Date: October 01, 2014 6:26 PM EDT
Subject / Title: F/U LBP
Performed By: Jones-Guion PA, Jeannine on October 01, 2014 7:01 PM EDT
Electronically Signed By: Jones-Guion PA, Jeannine on October 01, 2014 7:01 PM EDT
Visit Information: 2276579, Doctors Care - North Aiken, Outpatient, 10/1/2014 - 10/3/2014

# * Final Report *

**Visit Summary (Verified)**

## Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 514-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

## Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 09/26/2014 05:35 pm
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Milot MD, Sheila
**Referring Provider:** --
**Reason for Visit:** WKC follow up

## Future Appointments

No future appointments scheduled

## Problems and Health Issues

Obesity

## Allergies

**No known allergies**

## All Known Current Prescriptions and Reported Medications

Prescriptions

**Flexeril 10 mg oral tablet** (cyclobenzaprine)
Take 1 tab(s)(10 Milligram) oral at bedtime for 10 Days for spasm, 0 refills authorized

**predniSONE 10 mg oral tablet** (predniSONE)

0 refills authorized
Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food

Other Reported Medications

**tramadol 50 mg oral tablet** (tramadol)
Take 1 tab(s)(50 Milligram) oral every 4 hours for pain

## New Medications this Visit

New Prescriptions

**Flexeril 10 mg oral tablet** (cyclobenzaprine)
Take 1 tab(s)(10 Milligram) oral at bedtime for 10 Days for spasm, 0 refills authorized

**predniSONE 10 mg oral tablet** (predniSONE)
0 refills authorized
Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food

## Vitals and Measurements this Visit (last charted value for your 09/26/2014 visit)

**Height::** 63 in
**Weight::** 177 lb
**Body Mass Index::** 31.35 kg/m2
**BSA:** 1.89 m2
**Temperature Oral:** 98.1 DegF
**Systolic Blood Pressure:** 134 mmHg
**Diastolic Blood Pressure:** 76 mmHg
**Mean Arterial Pressure:** 95 mmHg
**Peripheral Pulse Rate:** 71 bpm
**Respiratory Rate:** 16 br/min

## Laboratory and Radiology this Visit (last charted value for your 09/26/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Acute back pain (724.5)

## Referral and Consult Requests this Visit

No Referral or Consults documented

## Procedures Documented this Visit

No Procedures documented

## Smoking Status

Never

## Follow up

**Follow up with:** Follow up 5-7 days, sooner if worsen or go to the ER.
**When:** Within As needed
**Where:** --
**Comments:** --

## Patient Education Materials Provided this Visit

No Patient Education documented

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | September 26, 2014 6:39 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Jones, Bendetta on September 26, 2014 6:39 PM EDT |
| Electronically Signed By: | Jones, Bendetta on September 26, 2014 6:39 PM EDT |
| Visit Information: | 2267672, Doctors Care - North Aiken, Outpatient, 9/26/2014 - 9/28/2014 |

# Document Has Been Updated

## SOAP Note: Simple *

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2267672**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Acute back pain**
Author: **Milot MD, Sheila**

**Subjective**
Ms. Priester presents with c/o continued pain and discomfort to her lower back and states that her neck hurts. State that she had pain a few weeks ago now hurts more. Denies radiation to pain. States current meds not very effective.

**Health Status**
**Allergies:**
Allergic Reactions (Selected)
No known allergies
**Medications:** (Selected)
Documented Medications
*Documented*
meloxicam 15 mg oral tablet: 0 Refill(s), Type: Maintenance
tramadol 50 mg oral tablet: 1 tab(s) ( 50 mg ), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance

**Objective**
**General:** Alert and oriented, No acute distress.
**Eye:** Extraocular movements are intact, Normal conjunctiva.
**Neck:** Supple, Non-tender, ROM wnl.
**Respiratory:** Respirations are non-labored, Breath sounds are equal.
**Musculoskeletal:** Normal range of motion, No deformity, Normal gait.
Mobility/ galt: Within normal limits.
Spine/torso exam: Spine/torso exam is within normal limits.
**Integumentary:** Warm, Dry, Pink.
**Neurologic:** Alert, Oriented.
**Psychiatric:** Cooperative.

**Impression and Plan**
**Assessment and Plan:**
Diagnosis: Acute back pain (ICD9 724.5).
Course: Worsening.
**Orders**
(Selected)
Prescriptions
*Prescribed*
Flexeril 10 mg oral tablet: 1 tab(s) ( 10 mg ), PO, qhs, PRN: for spasm, # 10 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po qhs,x10 day(s),PRN:for spasm
predniSONE 10 mg oral tablet: See Instructions, Instructions: take 4 tabs day 1 take 3 tabs days 2-3 take 2 tabs days 4-5 take 1 tab day 6-7 with food, # 16 tab(s), 0 Refill(s), Type: Maintenance, Pharmacy: CVS/pharmacy #5529, take 4 tabs day 1; take 3 tabs days 2-3; take 2 ta....
Advised to take meds as prescribed, take half tab of Flexeril at HS and follow up 5-7 days, return sooner if worsen or fail to improve, or go to the ER. PT as ordered.

## Signature Line

Signed and Authored by Sheila Milot on 09/26/2014 06:35 PM EDT
Signed by Sheila Milot MD on 09/26/2014 06:37 PM EDT

| | |
|---|---|
| Charted Date: | September 26, 2014 6:25 PM EDT |
| Subject / Title: | SOAP Note: Simple * |
| Performed By: | Milot MD, Sheila on September 26, 2014 6:35 PM EDT |
| Electronically Signed By: | Milot MD, Sheila on September 26, 2014 6:35 PM EDT |
| Visit Information: | 2267672, Doctors Care - North Aiken, Outpatient, 9/26/2014 - 9/28/2014 |

# Return To Work Form

**CENTER LOCATION:**

- ☐ Aiken Mall - 850 Aiken Mall Drive, Aiken, SC 29803 • (803) 648-1464
- ☐ Augusta Road - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ Beltline - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ Cayce - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ City of Columbia - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ Columbia East - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ Forest Acres - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ Lexington - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ Newberry - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☒ North Aiken - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ North Augusta - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ Northeast - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ Orangeburg - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ Red Bank - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ Ridgeview - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ Seven Oaks - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ Sumter - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ Wateree - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ West Columbia - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Prester Arrival Time: 650 Discharge Time: 7:56 pm

Date: 9 24-14 Company Name:

**WORK STATUS:** (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____ Time: _____

Return for re-evaluation at this location on _____

☒ 3. May work with the following accommodations as of: _____

- ☒ No lifting more than 10 lbs.
- ☒ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting. - change position frequently
- ☒ Minimal walking or climbing (including stairs)
- ☐ Limited use of _____
- ☐ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on 10/1/14 Time: 8 am

Additional Comments: _____

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: low back pain \ Sciatica Medications: ☐ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☒ Ice every every 4-6 hrs ☒ apply heat every every 4-6 hrs ☐ wear elastic support/immobilizer/keep taped

☐ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, ~~or to another physician~~, please complete this section.)

To: Physical Therapy Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X _____ Date 9/24/14 Employee Signature

X _____ Date 9/24/14 Provider Signature

[MED-F014-(05-13)]

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# * Final Report *

**Visit Summary (Verified)**

## Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 541-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

## Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 09/24/2014 07:05 pm
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Reilly MD, Erin
**Referring Provider:** --
**Reason for Visit:** WKC follow up

## Future Appointments

No future appointments scheduled

## Problems and Health Issues

Obesity

## Allergies

**No known allergies**

## All Known Current Prescriptions and Reported Medications

**Prescriptions**

No medications documented

**Other Reported Medications**

**meloxicam 15 mg oral tablet** (meloxicam)
**tramadol 50 mg oral tablet** (tramadol)
Take 1 tab(s)(50 Milligram) oral every 4 hours for pain

## New Medications this Visit

**New Prescriptions**
No new prescriptions for this visit

## Vitals and Measurements this Visit (last charted value for your 09/24/2014 visit)

**Height::** 63 in
**Weight::** 177 lb
**Body Mass Index::** 31.35 kg/m2
**BSA:** 1.89 m2
**Temperature Oral:** 97.5 DegF
**Systolic Blood Pressure:** 94 mmHg
**Diastolic Blood Pressure:** 59 mmHg
**Mean Arterial Pressure:** 71 mmHg
**Peripheral Pulse Rate:** 71 bpm
**Respiratory Rate:** 18 br/min

## Laboratory and Radiology this Visit (last charted value for your 09/24/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Low back pain (724.2)
Low back pain (724.2)

## Referral and Consult Requests this Visit

**Referral**
**Date/Time:** 09/24/2014 **By:** Reilly MD, Erin
**Referred To Specialty:** Physical Therapy
**Referred To:** --
**Reason for Referral:** back pain- work accident

## Procedures Documented this Visit

No Procedures documented

## Smoking Status

Never

## Follow up

**Follow up with:** Return to this practice
**When:** On 10/01/2014
**Where:** --
**Comments:** for follow up work accident- also contact your workmans compensation administrator regarding physical therapy referral

## Patient Education Materials Provided this Visit

BACK AND NECK PAIN, General
BACK CARE TIPS
BACK EXERCISES, Lumbar

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | September 24, 2014 7:49 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Reilly MD, Erin on September 24, 2014 7:49 PM EDT |
| Electronically Signed By: | Reilly MD, Erin on September 24, 2014 7:49 PM EDT |
| Visit Information: | 2263924, Doctors Care - North Aiken, Outpatient, 9/24/2014 - 9/26/2014 |

# Document Has Been Updated

## Low Back Pain *

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2263924**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Sciatica**
Author: **Reilly MD, Erin**

**Visit Information**

**Date of Service:** 09/24/2014 07:01 pm **Performing Location:** Doctors Care - North Aiken **Encounter#:** 2263924

**Primary Care Provider (PCP):** D47 -UNKNOWN, PERSONNEL

**Referring Provider:** No referring provider recorded for selected visit.
**Visit type:** New symptom.
**Accompanied by:** No one.
**Source of history:** Self.
**Referral source:** Self.
**History limitation:** None.

**Chief Complaint**
**9/24/2014 7:12 PM EDT WKC follow up**

**History of Present Illness**
The patient presents with back pain, here for follow-up of her work accident-- she had a very minor injury and continues to complain of pain. The back pain is generalized, lumbar region and sacral region. The back pain is described as aching. The severity of the back pain is moderate. The back pain is constant and fluctuates in intensity. Radiation of pain: none. reports that she is about the same--- still will have pain inthe middle of her back and occasionally she will wake up with pain in her low back. There are no modifying factors. Associated symptoms consist of none. sometimes she will have exacerbation with lifting or twisting or stooping of bending--- pt is poor historian--- she gives poor answers and when asked about activities she states that sometimes it hurts when she does "things" and is not specific about any activities other than doing laudry that aggrevate it, even when she is pressed for answrs.

**Review of Systems**
**Constitutional:** Negative.
**Eye:** Negative.
**Respiratory:** Negative.
**Cardiovascular:** Negative.
**Gastrointestinal:** Negative.
**Genitourinary:** Negative.
**Musculoskeletal:** Negative except as documented in history of present illness.
**Integumentary:** Negative.
**Neurologic:** Negative.
**Psychiatric:** Negative.

**Health Status**
**Allergies:**
Allergic Reactions (All)
No known allergies
**Problem list:**
All Problems
Obesity / SNOMED CT 2535065012 / Probable

**Histories**
**Past Medical History:**
Resolved
Hypertension (64176011): Resolved.

**Family History:**
Cancer
Father

**Procedure history:**
Hysterectomy (355048014).

**Social History:**
**Alcohol Assessment**
Never
**Tobacco Assessment**
Never
**Substance Abuse Assessment**
Never

**Physical Examination**
Vital Signs

9/24/2014 7:12 PM EDT

| | |
|---|---|
| Temperature Oral | 97.5 DegF |
| Peripheral Pulse Rate | 71 bpm |
| Pulse Site | Radial artery |
| Respiratory Rate | 18 br/min |
| Systolic Blood Pressure | 94 mmHg |
| **Diastolic Blood Pressure** | **69 mmHg LOW** |
| Mean Arterial Pressure | 71 mmHg |
| BP Site | Left arm |
| BP Systolic Repeat | 114 mmHg |
| BP Diastolic Repeat | 71 mmHg |

**General:** Alert and oriented, No acute distress, Breath is within normal limits, when i enter exam room patient is sitiing leaning to the right side resting chin on hand and nearly asleep.
Ambulation status: Within normal limits.
Appearance: Within normal limits.
Behavior: Within normal limits.
Hydration: Within normal limits.
Skin: Within normal limits.
**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact.
**HENT:** Normocephalic, Normal hearing.
**Respiratory:** Respirations are non-labored, Symmetrical chest wall expansion.
**Cardiovascular:** Normal peripheral perfusion, No edema.
**Musculoskeletal:** Normal strength, No swelling, No deformity, Normal gait, moves with discomfort, complaints are out of proportion to physical findings, No trauma.
Mobility/ gait: Within normal limits.
Upper extremity exam: Upper extremity exam is within normal limits.
Spine/torso exam: Cervical ( Within normal limits, Intact ), Thoracic ( Within normal limits, Intact ), Lumbar ( Bilateral, Mild, No mass, No nodule, Tenderness, No wound, No crepitus, Pain, No numbness, No tingling, Strength 5 /5, Range of motion ( Diminished, Flexion, Extension, Restricted by pain ) ), Sacral ( Bilateral, Mild, Aligned, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No numbness, No tingling, some pain over the right sciatic notch ).
Lower extremity exam: Lower extremity exam is within normal limits.
**Integumentary:** Warm, Dry, Intact, No pallor, No rash.
**Neurologic:** Alert, Oriented, Normal motor function, No focal deficits.
**Psychiatric:** Cooperative, Normal judgment, has some depresed mood and affect- welll groomed-- notices that i have cut my hair, Not appropriate mood & affect.

**Review / Management**
**Documentation reviewed:** Flowsheet, Reviewed home medications, Prior medical records are unavailable.
**Course:** Worsening.

**Impression and Plan**
**Diagnosis**
Low back pain (ICD9 724.2).
Sciatica (ICD9 724.3).

**Plan:** do not anticipate any permanent impairment
patient is not yet medically stationary
no labs performed (except drug screen if required by employer)
no xrays performed
medications as noted on EHR
follow-up in 1 week
work restrictions on attached sheet
physical therapy referral.
**Patient Instructions:** BACK AND NECK PAIN, General, BACK CARE TIPS, BACK EXERCISES, Lumbar, Return to this practice 10/1/2014 8:00:00 AM for follow up work accident- also contact your workmans compensation administrator regarding physical therapy referral.
Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.

**Orders**

Orders (Selected)

Outpatient Orders

*Completed*

72100 radex spine lumbosacral 2/3 views (Task/Charge): Quantity: 1
99214 office/outpatient visit est (Charge): Quantity: 1
99214 office/outpatient visit est (Charge): Quantity: 1

*Order*

Referral (Request): Referred to: Physical Therapy, Reason for referral: back pain- work accident, Within Health System, Priority: Elective, Instructions: work accident- evaluate and treat 4 visits

Prescriptions

*Completed*

Skelaxin 800 mg oral tablet: 1 tab(s) ( 800 mg ), PO, TID, x 7 day(s), # 21 tab(s), 0 Refill(s), Type: Acute, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po tid,x7 day(s)
Ultram 50 mg oral tablet: 1 tab(s) ( 50 mg ), PO, q4hr, x 7 day(s), PRN: for pain, # 30 tab(s), 0 Refill(s), Type: Acute
meloxicam 15 mg oral tablet: 1 tab(s) ( 15 mg ), PO, Daily, x 14 day(s), PRN: for back pain, # 14 tab(s), 0 Refill(s), Type: Acute, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po daily,x14 day(s),PRN:for back pain

Documented Medications

*Documented*

meloxicam 15 mg oral tablet: 0 Refill(s), Type: Maintenance
tramadol 50 mg oral tablet: 1 tab(s) ( 50 mg ), PO, q4hr, PRN: for pain, # 60 tab(s), 0 Refill(s), Type: Maintenance

*Discontinued*

meloxicam: 0 Refill(s), Type: Maintenance.

**Professional Services**

**Counseling Summary:**
Counseling included treatment options, risks and benefits, lifestyle changes, prognosis, current condition, medications, dose adjustments, and new diagnosis.
The patient was interactive, attentive, asked questions, and verbalized understanding.

**Signature Line**

Signed and Authored by Erin Reilly on 09/24/2014 07:49 PM EDT
Signed by Erin Reilly MD on 09/24/2014 07:55 PM EDT

| | |
|---|---|
| Charted Date: | September 24, 2014 7:04 PM EDT |
| Subject / Title: | Low Back Pain * |
| Performed By: | Reilly MD, Erin on September 24, 2014 7:49 PM EDT |
| Electronically Signed By: | Reilly MD, Erin on September 24, 2014 7:49 PM EDT |
| Visit Information: | 2263924, Doctors Care - North Aiken, Outpatient, 9/24/2014 - 9/26/2014 |

# Return To Work Form

**CENTER LOCATION:**

- ☐ Aiken Mall - 850 Aiken Mall Drive; Aiken, SC 29803 • (803) 648-1464
- ☐ Augusta Road - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ Beltline - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ Cayce - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ City of Columbia - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ Columbia East - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ Forest Acres - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ Lexington - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ Newberry - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☒ North Aiken - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ North Augusta - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ Northeast - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ Orangeburg - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ Red Bank - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ Ridgeview - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ Seven Oaks - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ Sumter - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ Wateree - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ West Columbia - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Priester Arrival Time: 455 Discharge Time: 537

Date: 9-17-14 Company Name: Pruitt Health

**WORK STATUS:** (Check Appropriate Boxes)

☐ 1. May perform full duty activities as of _____ without accommodations.

☐ 2. Off duty due to work-related condition.

Estimated return to work date with modified duty: _____

Estimated return to work date for full duty: _____ Time: _____

Return for re-evaluation at this location on _____

☒ 3. May work with the following accommodations as of: 9/17/14

- ☒ No lifting more than 5 lbs.
- ☐ No operation of hazardous or fast-moving machinery, no driving.
- ☒ Ground level work only, no ladders or heights.
- ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
- ☒ No continuous standing and/or sitting.
- ☒ Minimal walking or climbing (including stairs)
- ☐ Limited use of may change position as needed for comfort
- ☒ No overhead lifting.
- ☐ No high repetitive hand activities for extended periods of time.
- ☐ No use of _____

☐ 4. Has reached Maximum Medical Improvement (MMI)

☒ 5. Return for re-evaluation at this office on 9/24/14 Time: _____

Additional Comments: _____

**PATIENT DISCHARGE INSTRUCTIONS:** mobic when Skeleton

Diagnosis: Low Back Pain (Strain) Medications: ☐ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☒ Ice every 4-6hrs ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☒ Home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X _____ Date: 9/17/14

Employee Signature Date Provider Signature

reillyw

[MED-F014-(05-13)]

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# * Final Report *

**Visit Summary (Verified)**

## Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 541-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

### Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 09/17/2014 05:05 pm
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Reilly MD, Erin
**Referring Provider:** --
**Reason for Visit:** WKC follow up on back

### Future Appointments

No future appointments scheduled

### Problems and Health Issues

Obesity

### Allergies

**No known allergies**

### All Known Current Prescriptions and Reported Medications

Prescriptions

**meloxicam 15 mg oral tablet** (meloxicam)
Take 1 tab(s)(15 Milligram) oral daily for 14 Days for back pain, 0 refills authorized

**Skelaxin 800 mg oral tablet** (metaxalone)

Take 1 tab(s)(800 Milligram) oral 3 times a day for 7 Days, 0 refills authorized

**Ultram 50 mg oral tablet** (tramadol)
Take 1 tab(s)(50 Milligram) oral every 4 hours for 7 Days for pain, 0 refills authorized

Other Reported Medications
No reported medications documented

## New Medications this Visit

New Prescriptions

**Ultram 50 mg oral tablet** (tramadol)
Take 1 tab(s)(50 Milligram) oral every 4 hours for 7 Days for pain, 0 refills authorized

## Vitals and Measurements this Visit (last charted value for your 09/17/2014 visit)

**Height:**: 63 in
**Weight:**: 178 lb
**Body Mass Index:**: 31.53 kg/m2
**BSA:** 1.89 m2
**Temperature Oral:** 98.3 DegF
**Systolic Blood Pressure:** 121 mmHg
**Diastolic Blood Pressure:** 78 mmHg
**Mean Arterial Pressure:** 92 mmHg
**Peripheral Pulse Rate:** 73 bpm
**Respiratory Rate:** 16 br/min

## Laboratory and Radiology this Visit (last charted value for your 09/17/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Low back pain (724.2)

## Referral and Consult Requests this Visit

No Referral or Consults documented

## Procedures Documented this Visit

No Procedures documented

## Smoking Status

Never

## Follow up

**Follow up with:** Return to this practice
**When:** Within 1 weeks
**Where:** --
**Comments:** for recheck

## Patient Education Materials Provided this Visit

BACK CARE TIPS
BACK EXERCISES, Lumbar

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | September 17, 2014 5:33 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Jones, Bendetta on September 17, 2014 5:33 PM EDT |
| Electronically Signed By: | Jones, Bendetta on September 17, 2014 5:33 PM EDT |
| Visit Information: | 2250567, Doctors Care - North Aiken, Outpatient, 9/17/2014 - 9/19/2014 |

**LBP/IOD**

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2250567**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Low back pain**
Author: **Reilly MD, Erin**

**Visit Information**

**Date of Service:** 09/17/2014 04:56 pm **Performing Location:** Doctors Care - North Aiken **Encounter#:** 2250567

**Primary Care Provider (PCP):** D47 -UNKNOWN, PERSONNEL

**Referring Provider:** No referring provider recorded for selected visit.

**Chief Complaint**
**9/17/2014 5:07 PM EDT WKC follow up on back**

**History of Present Illness**
The patient presents with back pain, here for work accident follow-up. The back pain is localized and lumbar region. The back pain is described as aching. The severity of the back pain is moderate. The back pain is constant. Radiation of pain:. patient reports that her back is still hurting and that her work comp would not approve her to get her medication until monday evening. She states that she had pain in standing and bending the knee.
Her pain is still worsening some
her pain is radiating sides of her low back. no red flag sx. Exacerbating factors consist of as long as she does not overdo the walking and the bending she can keep it settled down some. Relieving factors consist of none. Associated symptoms consist of none. Prior treatment consists of none and just filled medication. Additional pertinent history: none. sometimes she has pain when she is trying to get comnfortable at night to sleep— but when she lies on her side it helps some but she stiffens up when she lies there for too long.

**Review of Systems**
**Constitutional:** Negative.
**Eye:** Negative.
**Respiratory:** Negative.
**Cardiovascular:** Negative.
**Gastrointestinal:** Negative.
**Genitourinary:** Negative.
**Musculoskeletal:** Negative except as documented in history of present illness.
**Integumentary:** Negative.
**Neurologic:** Negative.
**Psychiatric:** Negative.

**Health Status**
**Allergies:**
Allergic Reactions (All)
No known allergies
**Medications:** (Selected)
Prescriptions
*Prescribed*
Skelaxin 800 mg oral tablet: 1 tab(s) ( 800 mg ), PO, TID, x 7 day(s), # 21 tab(s), 0 Refill(s), Type: Acute, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po tid,x7 day(s)
meloxicam 15 mg oral tablet: 1 tab(s) ( 15 mg ), PO, Daily, x 14 day(s), PRN: for back pain, # 14 tab(s), 0 Refill(s), Type: Acute, Pharmacy: CVS/pharmacy #5529, 1 tab(s) po daily,x14 day(s),PRN:for back pain
**Problem list:**
All Problems
Obesity / SNOMED CT 2535065012 / Probable

**Histories**
**Past Medical History:**

Resolved
Hypertension (64176011): Resolved.

**Family History:**
Cancer
Father

**Procedure history:**
Hysterectomy (355048014).

**Social History:**
**Alcohol Assessment**
Never
**Tobacco Assessment**
Never
**Substance Abuse Assessment**
Never

**Physical Examination**

Vital Signs

| 9/17/2014 5:07 PM EDT | | |
|---|---|---|
| | Temperature Oral | 98.3 DegF |
| | Peripheral Pulse Rate | 73 bpm |
| | Pulse Site | Radial artery |
| | Respiratory Rate | 16 br/min |
| | Systolic Blood Pressure | 121 mmHg |
| | Diastolic Blood Pressure | 78 mmHg |
| | Mean Arterial Pressure | 92 mmHg |
| | BP Site | Left arm |

Measurements from flowsheet : Measurements

| 9/17/2014 5:07 PM EDT | | |
|---|---|---|
| | Height | 63 in |
| | Weight | 178 lb |
| | BSA | 1.89 m2 |
| | Body Mass Index | 31.53 kg/m2 |

**General:** Alert and oriented, No acute distress, Appearance, Breath is within normal limits.
Ambulation status: Within normal limits.
Behavior: Within normal limits.
Hydration: Within normal limits.
Skin: Within normal limits.
**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact.
**HENT:** Normocephalic, Normal hearing.
**Respiratory:** Respirations are non-labored, Symmetrical chest wall expansion.
**Cardiovascular:** Normal peripheral perfusion, No edema.
**Musculoskeletal:** Normal strength, No swelling, No deformity, Normal gait, moves with discomfort, No trauma.
Mobility/ gait: Within normal limits.
Upper extremity exam: Upper extremity exam is within normal limits.
Spine/torso exam: Cervical ( Within normal limits, Intact ), Thoracic ( Within normal limits, Intact ), Lumbar ( Bilateral, Moderate, No mass, No nodule, Tenderness, No wound, No crepitus, Pain, No numbness, No tingling, Strength 5 /5, Range of motion ( Diminished, Flexion, Extension, Restricted by pain ) ), Sacral ( Bilateral, Mild, Aligned, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No numbness, No tingling ).
Lower extremity exam: Lower extremity exam is within normal limits.
**Integumentary:** Warm, Dry, Intact, No pallor, No rash.
**Neurologic:** Alert, Oriented, Normal motor function, No focal deficits.
**Psychiatric:** Cooperative, Appropriate mood & affect, Normal judgment.

**Review / Management**
**Documentation reviewed:** Flowsheet, Reviewed home medications, Prior medical records are unavailable.
**Course:** Worsening.

**Impression and Plan**
**Diagnosis**

Low back pain (ICD9 724.2).
**Plan:** advised regarding activity restrictions, stretching, ice/heat modalities
advised regarding red flag sx needing urgent or emergent follow-up

do not anticipate any permanent impairment
patient is not yet medically stationary
no labs performed (except drug screen if required by employer)
no xrays performed
medications as noted on EHR
follow-up in 1 week
work restrictions on attached sheet, ultram added.
**Patient Instructions:** BACK EXERCISES, Lumbar, BACK CARE TIPS, Return to this practice in 1 week 9/24/2014 for recheck.
Counseled: Patient, Regarding diagnosis, Regarding medications, Activity, Verbalized understanding.

**Professional Services**
**Counseling Summary:**
Counseling included treatment options, risks and benefits, lifestyle changes, prognosis, current condition, medications, dose adjustments, and new diagnosis.
The patient was interactive, attentive, asked questions, and verbalized understanding.

**Signature Line**

Signed and Authored by Erin Reilly on 09/17/2014 05:32 PM EDT

| | |
|---|---|
| Charted Date: | September 17, 2014 5:19 PM EDT |
| Subject / Title: | LBP/IOD |
| Performed By: | Reilly MD, Erin on September 17, 2014 5:32 PM EDT |
| Electronically Signed By: | Reilly MD, Erin on September 17, 2014 5:32 PM EDT |
| Visit Information: | 2250567, Doctors Care - North Aiken, Outpatient, 9/17/2014 - 9/19/2014 |

**Doctors Care North Aiken**
1029 York Street NE
Aiken, SC 29801
(803) 648-4119 Office
(803) 648-4989 Fax

Radiology Overread by:
Carolina Radiology Associates, LLC

**NAME: PRIESTER, ELIZABETH**
**DOB:** 08/17/1962
**PHYSICIAN:** Reilly, Erin MD .

**DATE OF EXAM: 09/10/2014**
**PATIENT ID:** DCMD403684

**EXAM:** L-SPINE 3V

**IMPRESSION:** Lumbosacral spine junction spondylosis is evident. There is a moderate constipation.

Agree.

John J. Daly Jr, M.D.
Electronic Signature
Sep 11 2014 8:35AM

NOTE: This report is an OVERREAD and may not be used as a report for billing purposes to third party payors. The original interpretation by the requesting physician is part of the patient's Medical Record.

SA 9/11/14

uci medical affiliates

# Doctors Care Radiology Form

X-Ray Interpretation and Review

Doctors Care

X-Ray #: 157 Office: N. Aiken Date: 9/10/12

Patient Name: Prister, Elizabeth Patient ID: 403684 DOB: 8/17/62 Age: 50

Requesting Provider: Reilly Pregnancy Status: NOT Sex: F

Operator's Signature: FM History: WKC

Films Taken:

- ☐ Abdomen, 1V, 74000
- ☐ Abdomen, 3V, 74022
- ☐ Ankle, 3V, 73610
- ☐ C-Spine, 3V, 72040
- ☐ C-Spine, 5V, 72050
- ☐ Chest, 1V, 71010
- ☐ Chest, 2V, 71020
- ☐ Clav, 2V, 73000
- ☐ Coccyx, 2V, 72220
- ☐ Elbow, 2V, 73070
- ☐ Elbow, 4V, 73080
- ☐ Femur, 2V, 73550
- ☐ Finger, 3V, 73140
- ☐ Foot, 2V, 73620
- ☐ Foot, 3V, 73630
- ☐ Foot- FB, 2V, 73620
- ☐ Forearm, 2V, 73090
- ☐ Hand, 2V, 73120
- ☐ Hand, 3V, 73130
- ☐ Hip, 2V, 73510
- ☐ Humerus, 2V, 73060
- ☐ Knee, 2V, 73560
- ☐ Knee & Sun, 3+1, 73564
- ☐ Knee & Tun, 3+1, 73564
- ☒ LS-Spine, 3V, 72100
- ☐ Mandible, 3V, 70100
- ☐ Nasal, 3V, 70160
- ☐ Neck-ST, 2V, 70360
- ☐ Oscalcis, 2V, 73650
- ☐ Pelvis, 1V, 72170
- ☐ Ribs, 4V, 71101
- ☐ Ribs-Bilat, 4-5V, 71111
- ☐ Sacrum, 2V, 72220
- ☐ Scapula, 2V, 73010
- ☐ Shoulder AC, 2V, 73050
- ☐ Shoulder, 2V, 73030
- ☐ Sinuses, 2V, 70210
- ☐ Sinuses, 3V, 70220
- ☐ Skull, 2V, 70250
- ☐ Skull, 4V, 70260
- ☐ T-Spine, 2V, 72070
- ☐ Thumb, 3V, 73140
- ☐ Tib & Fib, 2V, 73590
- ☐ Toes, 3V, 73660
- ☐ Wrist, 2V, 73100
- ☐ Wrist w/ Nav, 3-5, 73110
- ☐ Add View, 1V, 70001

☐ Unlisted X-Ray Description: # of Views: Code:

## Doctors Care Practitioner Interpretation

NWB

Practitioner Signature:

Right or Left Extremity ☐ R ☐ L
Lead Shielding Used ☒ Y ☐ N
Is Patient Pregnant ☐ Y ☒ N
Circle # of Films Taken 1 2 (3) 4 5

## Questions for Radiologist

| | | |
|---|---|---|
| Do you agree with practitioner's ~~initial impression~~? | ☐ Yes | ☐ No |
| Do you consider the x-ray(s) normal? | ☐ Yes | ☐ No |
| Do you see significant findings not noted by practitioner? | ☐ Yes | ☐ No |

If high risk, please notify office immediately by phone and fax.

## Additional Practitioner Questions

## Radiologist's Response

Radiologist Name: Date of Review:

Radiologist Signature: Doctors Care Office Notified (Phone/Fax/Other):

## Doctors Care Follow Up

Report Reviewed By Doctors Care Practitioner: Signature: Date:

Further action required? ☐ Yes ☐ No

Patient notified? ☐ Yes ☐ No

If yes to either question, follow up steps initiated (describe):

[MED-F006-(4-08)]

# Return To Work Form

**CENTER LOCATION:**

- ☐ **Aiken Mall** - 850 Aiken Mall Drive; Aiken, SC 29803 • (803) 648-1464
- ☐ **Augusta Road** - 2836 Augusta Road, West Columbia, SC 29170 • (803) 939-0545
- ☐ **Beltline** - 511 Beltline Boulevard, Columbia, SC 29205 • (803) 782-4051
- ☐ **Cayce** - 977 Knox Abbott Drive, Cayce, SC 29033 • (803) 794-0476
- ☐ **City of Columbia** - 2012 Harden Street, Ste. 112, Columbia, SC 29204 • (803) 231-3122
- ☐ **Columbia East** - 7653 Garners Ferry Road, Columbia, SC 29209 • (803) 783-2661
- ☐ **Forest Acres** - 4500 Forest Drive, Suite A, Columbia, SC 29206 • (803) 738-9522
- ☐ **Lexington** - 247 Columbia Avenue, Lexington, SC 29072 • (803) 359-5533
- ☐ **Newberry** - 1410 Wilson Road, Newberry, SC 29108 • (803) 276-2186
- ☒ **North Aiken** - 1029 York Street NE, Aiken, SC 29801 • (803) 648-4119
- ☐ **North Augusta** - 1520 Knox Avenue, North Augusta, SC 29841 • (803) 279-4120
- ☐ **Northeast** - 10040 Two Notch Road, Columbia, SC 29223 • (803) 788-1153
- ☐ **Orangeburg** - 1748 St. Matthews Road, Orangeburg, SC 29118 • (803) 536-0613
- ☐ **Red Bank** - 1847 South Lake Drive, Lexington, SC 29073 • (803) 356-8998
- ☐ **Ridgeview** - 4621 Hardscrabble Road, Columbia, SC 29229 • (803) 736-8955
- ☐ **Seven Oaks** - 100 Jimmy Love Lane, Columbia, SC 29212 • (803) 772-5030
- ☐ **Sumter** - 2475 Broad Street, Sumter, SC 29150 • (803) 778-6555
- ☐ **Wateree** - 1060 Highway 1 South, Lugoff, SC 29078 • (803) 438-9759
- ☐ **West Columbia** - 3240 Sunset Blvd., West Columbia, SC 29169 • (803) 796-4251

**PATIENT INFORMATION:**

Name: Elizabeth Priester Arrival Time: 517 Discharge Time: 624

Date: 9-10-14 Company Name: Pruitt Health

**WORK STATUS:** (Check Appropriate Boxes)

- ☐ 1. May perform full duty activities as of _____ without accommodations.
- ☐ 2. Off duty due to work-related condition.
  - Estimated return to work date with modified duty: _____
  - Estimated return to work date for full duty: _____
  - Return for re-evaluation at this location on _____ Time: _____
- ☒ 3. May work with the following accommodations as of: 9/11/14
  - ☒ No lifting more than 10 lbs.
  - ☐ No operation of hazardous or fast-moving machinery, no driving.
  - ☐ Ground level work only, no ladders or heights.
  - ☒ No repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncing.
  - ☒ No continuous standing and/or sitting.
  - ☐ Minimal walking or climbing (including stairs)
  - ☐ Limited use of _____
  - ☒ No overhead lifting.
  - ☐ No high repetitive hand activities for extended periods of time.
  - ☐ No use of _____
- ☐ 4. Has reached Maximum Medical Improvement (MMI)
- ☒ 5. Return for re-evaluation at this office on 9/17/14 Time: _____

Additional Comments: _____

**PATIENT DISCHARGE INSTRUCTIONS:**

Diagnosis: low back pain/ wrist pain Medications: ☐ as directed ☒ as needed

Wound or Injury Care: ☐ keep dry and clean ☐ do not remove dressing ☐ elevate extremity ☐ warm soaks

☐ ice every _____ ☐ apply heat every _____ ☐ wear elastic support/immobilizer/keep taped

☒ home exercise instructions given ☐ follow instructions sheet given ☐ bed rest for _____

**REFERRAL:** (If a referral is made for physical therapy, or to another physician, please complete this section.)

To: _____ Date: _____ Time: _____

For: _____

Address: _____

I understand the above instructions and what to do for my follow-up care. I have received a copy of these instructions for myself and for my employer.

X Elizabeth Priester 9/10/14 X Reilly MD 9/10/14

Employee Signature Date Provider Signature Date

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(MED-F014-(05-13))

# * Final Report *

**Visit Summary (Verified)**

## Visit Summary for ELIZABETH PRIESTER

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

**Age:** 52 years **Sex:** Female **DOB:** 08/17/1962 **MRN:** D403684
**Address:** 2610 EDGEFIELD HWY AIKEN, SC 29801
**Home:** (803) 541-0874 **Work:** -- **Mobile:** --
**Primary Care Provider:** D47 -UNKNOWN, PERSONNEL
**Race:** Black or African American **Ethnicity:** Not Hispanic or Latino
**Preferred Language:** English
**Health Plan:** 1°WC/GALLAGHER BASSET

### Visit Information

**Doctors Care - North Aiken**
1029 YORK ST NORTHEAST AIKEN, SC, 29801
**Phone:** (803) 648-4119 **Fax:** (803) 648-4989

**Visit Date:** 09/10/2014 05:20 pm
**Scheduled Provider:** North Aiken - 79271
**Visit Provider:** Reilly MD, Erin
**Referring Provider:** --
**Reason for Visit:** W/C Lower Back Pain

### Future Appointments

No future appointments scheduled

### Problems and Health Issues

Obesity

### Allergies

**No known allergies**

### All Known Current Prescriptions and Reported Medications

Prescriptions

**meloxicam 15 mg oral tablet** (meloxicam)
Take 1 tab(s)(15 Milligram) oral daily for 14 Days for back pain, 0 refills authorized
**Skelaxin 800 mg oral tablet** (metaxalone)

Take 1 tab(s)(800 Milligram) oral 3 times a day for 7 Days, 0 refills authorized

**Other Reported Medications**
No reported medications documented

## New Medications this Visit

**New Prescriptions**

**meloxicam 15 mg oral tablet** (meloxicam)
Take 1 tab(s)(15 Milligram) oral daily for 14 Days for back pain, 0 refills authorized

**Skelaxin 800 mg oral tablet** (metaxalone)
Take 1 tab(s)(800 Milligram) oral 3 times a day for 7 Days, 0 refills authorized

## Vitals and Measurements this Visit (last charted value for your 09/10/2014 visit)

**Height::** 63 in
**Weight::** 176 lb
**Body Mass Index::** 31.17 kg/m2
**BSA:** 1.88 m2
**Temperature Oral:** 98.4 DegF
**Systolic Blood Pressure:** 139 mmHg
**Diastolic Blood Pressure:** 80 mmHg
**Mean Arterial Pressure:** 100 mmHg
**Peripheral Pulse Rate:** 74 bpm

## Laboratory and Radiology this Visit (last charted value for your 09/10/2014 visit)

No Laboratory and Radiology documented

## Orders this Visit

No visit orders documented

## Diagnoses this Visit

Lower Back Pain (724.2)

## Referral and Consult Requests this Visit

No Referral or Consults documented

## Procedures Documented this Visit

Hysterectomy

## Smoking Status

Never

## Follow up

**Follow up with:** Return to this practice
**When:** Within 1 weeks
**Where:** --
**Comments:** for follow-up

## Patient Education Materials Provided this Visit

BACK AND NECK PAIN, General
BACK EXERCISES, Lumbar

**Additional Visit Comments:**

| | |
|---|---|
| Charted Date: | September 10, 2014 6:25 PM EDT |
| Subject / Title: | Visit Summary |
| Performed By: | Jones, Bendetta on September 10, 2014 6:25 PM EDT |
| Electronically Signed By: | Jones, Bendetta on September 10, 2014 6:25 PM EDT |
| Visit Information: | 2237077, Doctors Care - North Aiken, Outpatient, 9/10/2014 - 9/12/2014 |

# Document Has Been Updated

**low back pain**

Patient: **PRIESTER, ELIZABETH** **MRN: D403684** **FIN: 2237077**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **Lower Back Pain**
Author: **Reilly MD, Erin**

**Visit Information**

**Primary Care Provider (PCP):** D47 -UNKNOWN, PERSONNEL

**Date of Service:** 09/10/2014 05:15 pm **Performing Location:** Doctors Care - North Aiken **Encounter#:** 2237077

**Referring Provider:** No referring provider recorded for selected visit.
**Visit type:** New symptom.
**Accompanied by:** No one.
**Source of history:** Self.
**Referral source:** Self.
**History limitation:** None.
**Additional information:** 9/10/2014 5:29 PM EDT W/C Lower Back Pain.

**History of Present Illness**

The patient presents following a fall, work accident. The incident occurred on 9/7/2014. The location of the injury is bilateral, lower extremity, Lower back, when trying to catch a patient >250 lbs that was falling--- wrenched her back and injured her wrists--- wrists are feelign better but back still uncomfortable--- no red flag sx

no B&B sx, no radiculopathy. The injury is characterized by pain. The severity of the symptom(s) associated to the specific injury is moderate. The timing/course of injury symptom(s) is constant and fluctuates in intensity. no prior injury. No additional injury. Loss of consciousness: none. There are no modifying factors. Associated symptoms consist of back pain. The patient's dominant hand is unknown. Additional pertinent history: none.

**Review of Systems**

**Constitutional:** Negative.
**Eye:** Negative.
**Respiratory:** Negative.
**Cardiovascular:** Negative.
**Gastrointestinal:** Negative.
**Genitourinary:** Negative.
**Musculoskeletal:** Negative except as documented in history of present illness.
**Integumentary:** Negative.
**Neurologic:** Negative.
**Psychiatric:** Negative.

**Health Status**

**Allergies:**
Allergic Reactions (All)
No known allergies
**Problem list:**
All Problems
Obesity / SNOMED CT 2535065012 / Probable

**Histories**

**Past Medical History**

Resolved
Hypertension (64176011): Resolved..

**Past Surgical History**

Hysterectomy (355048014)..

**Family History**

Cancer
Father

**Social History:**
**Alcohol Assessment**
Never
**Tobacco Assessment**
Never
**Substance Abuse Assessment**
Never

**Physical Examination**
Vital Signs

| | | |
|---|---|---|
| 9/10/2014 5:29 PM EDT | Temperature Oral | 98.4 DegF |
| | Peripheral Pulse Rate | 74 bpm |
| | Systolic Blood Pressure | 139 mmHg |
| | Diastolic Blood Pressure | 80 mmHg |
| | Mean Arterial Pressure | 100 mmHg |

Measurements from flowsheet : Measurements

| | | |
|---|---|---|
| 9/10/2014 5:29 PM EDT | Height | 63 in |
| | Weight | 176 lb |
| | BSA | 1.88 m2 |
| | Body Mass Index | 31.17 kg/m2 |

**General:** Alert and oriented, No acute distress, Appearance, Breath is within normal limits.
Ambulation status: Within normal limits.
Behavior: Within normal limits.
Hydration: Within normal limits.
Skin: Within normal limits.
**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact.
**HENT:** Normocephalic, Normal hearing.
**Respiratory:** Respirations are non-labored, Symmetrical chest wall expansion.
**Cardiovascular:** Normal peripheral perfusion, No edema.
**Musculoskeletal:** Normal strength, No swelling, No deformity, Normal gait, moves with discomfort, No trauma.
Mobility/ gait: Within normal limits.
Upper extremity exam: Wrist ( Bilateral, Not displaced, No deformity, No erythema, No ecchymosis, No swelling, No tenderness, No wound, No crepitus, No pain, No numbness ).
Spine/torso exam: Cervical ( Within normal limits, Intact ), Thoracic ( Within normal limits, Intact ), Lumbar ( Bilateral, L3, L4, L5, Moderate, Not displaced, No deformity, No curvature, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No wound, No crepitus, Pain, No numbness, No tingling, Strength 5 /5, Range of motion ( Diminished, Active, Flexion, Restricted by pain ) ), Sacral ( Bilateral, Mild, Aligned, No deformity, No erythema, No ecchymosis, No mass, No nodule, No swelling, Tenderness, No numbness, No tingling ).
Lower extremity exam: Lower extremity exam is within normal limits.
**Integumentary:** Warm, Dry, Intact, No pallor, No rash.
**Neurologic:** Alert, Oriented, Normal motor function, No focal deficits.
**Psychiatric:** Cooperative, Appropriate mood & affect, Normal judgment.

**Review / Management**
**Documentation reviewed:** Flowsheet, Reviewed home medications, Prior medical records are unavailable.
**Radiology results**
X-ray (normal and radiologist overread pending)
**Course:** Worsening.

**Impression and Plan**

**Diagnosis**

Lower Back Pain (ICD9 724.2).

**Plan:** advised regarding activity restrictions, stretching, ice/heat modalities
advised regarding red flag sx needing urgent or emergent follow-up

do not anticipate any permanent impairment
patient is not yet medically stationary
no labs performed (except drug screen if required by employer)
xrays performed
-- radiology overread pedning
medications as noted on EHR
follow-up in 1 week
work restrictions on attached sheet, mobic
skelaxin

**Patient Instructions:** BACK AND NECK PAIN, General, BACK EXERCISES, Lumbar, Return to this practice in 1 week 9/17/2014 for follow-up.

**Orders**

Orders (Selected)

Outpatient Orders

*Ordered*

72100 radex spine lumbosacral 2/3 views (Task/Charge): Quantity: 1

Prescriptions

*Prescribe*

Skelaxin 800 mg oral tablet: 1 tab(s) ( 800 mg ), PO, TID, x 7 day(s), # 21 tab(s), 0 Refill(s), Type: Acute, Pharmacy: CVS/pharmacy #5529

meloxicam 15 mg oral tablet: 1 tab(s) ( 15 mg ), PO, Daily, x 14 day(s), PRN: for back pain, # 14 tab(s), 0 Refill(s), Type: Acute, Pharmacy: CVS/pharmacy #5529.

**Professional Services**

**Counseling Summary:**

Counseling included treatment options, risks and benefits, lifestyle changes, prognosis, current condition, medications, dose adjustments, and new diagnosis.

The patient was interactive, attentive, asked questions, and verbalized understanding.

**Signature Line**

Signed and Authored by Erin Reilly on 09/10/2014 06:15 PM EDT
Signed by Erin Reilly MD on 09/17/2014 05:19 PM EDT

Charted Date: September 10, 2014 5:37 PM EDT
Subject / Title: low back pain
Performed By: Reilly MD, Erin on September 10, 2014 5:55 PM EDT
Electronically Signed By: Reilly MD, Erin on September 10, 2014 6:15 PM EDT
Visit Information: 2237077, Doctors Care - North Aiken, Outpatient, 9/10/2014 - 9/12/2014

## Physical Therapy Plan Of Care

| PATIENT LAST NAME | FIRST NAME | M.I. | PROVIDER NO. | HICN |
|---|---|---|---|---|
| Priester | Elizabeth | | 425145 | |
| PROVIDER NAME | MEDICAL RECORD NO. | | ONSET DATE | SOC DATE |
| PH Aiken | 248-39-0112 | | 09/07/2014 | 10/06/2014 |
| DATE OF BIRTH | MEDICAL DX 1 (Pertinent Medical D.X.) | | TREATMENT DIAGNOSIS | PAYOR |
| 08/17/1962 | 724.2 LUMBAGO | | 781.92 ABNORMAL POSTURE | Pruitt Workers Comp |
| MEDICAL DX 2 | ONSET 09/07/2014 | MEDICAL DX 3 | ONSET | MEDICAL DX 4 | ONSET |
| 724.3 SCIATICA | | | | | |

**Qualifying Hospital Stay:** From Date: To Date: ☑ NA

**Reason For Referral:**

Pt has been referred to PT secondary to pain and injury in low back area and L shoulder.

**Therapy Necessity:**

Therapy necessary for pain relief and for pt to return back to regular work duties. Without therapy patient at risk for not being able to be pain free and not being able to return to regular work duties. Pt does work full time. Pt has continued to work full time.

**Medical History Related to Diagnosis/Condition:**

Pt is a 52 year old AAF that has reported with pain in low back area and L shoulder area. Pt reports that she has had some back problems prior to this incident. Pt reports she was handling a resident in the bed. Pt reports that she was attempting to hold her at the EOB while sidelying and CNA was calling for help. The Pt the CNA was assisting is morbidly obese.

**Medications:**

Pt takes pain medicine as needed, but tries not to secondary to drowsiness etc while workingNSAIDS

**Environmental Factors / Social Support:**

Pt wants to be able to work full time with no restrictions.

**Prior Residence and Living Arrangement:**

Pt is fully independent and still is.

**Previous Therapy:**

pt has had chiropractor treatment previously.

**Precautions:**

Do not lift any more than 10 lbsNo operation of hazardous machineryGround level work onlyno repetitive bending, stooping, squatting, pushing, jerking, twisting, or bouncingNo continuous standing and or sittingminimal walking

**Discharge Plans:**

Pt wants to be able to work full time with no restrictions

## Initial Assessment

| Functional Deficits | Prior Level | Current Level | Anticipated |
|---|---|---|---|
| Bed Mobility, Supine-sit | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Bed Mobility, Sit-supine | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Distance | 300 feet or more | 300 feet or more | 300 feet or more |
| Gait, Assistive Device | None | None | None |
| Gait, Level Surfaces | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Transfers, Bed/Chair | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |

## Physical Therapy Plan Of Care

| PATIENT LAST NAME | FIRST NAME | M.I. | PROVIDER NO. | HICN |
|---|---|---|---|---|
| Priester | Elizabeth | | 425145 | |
| **PROVIDER NAME** | **MEDICAL RECORD NO.** | | **ONSET DATE** | **SOC DATE** |
| PH Aiken | 248-39-0112 | | 09/07/2014 | 10/06/2014 |
| **DATE OF BIRTH** | **MEDICAL DX 1** (Pertinent Medical D.X.) | | **TREATMENT DIAGNOSIS** | **PAYOR** |
| 08/17/1962 | 724.2 LUMBAGO | | 781.92 ABNORMAL POSTURE | Pruitt Workers Comp |
| **MEDICAL DX 2** | **ONSET** 09/07/2014 | **MEDICAL DX 3** | **ONSET** | **MEDICAL DX 4** **ONSET** |
| 724.3 SCIATICA | | | | |

**Underlying Impairments**

**Cognition, Orientation**
person, facility, nursing/family, and time (x4)

**Cognition, Safety Awareness**
Intact

**Cognition, Attention Distractibility**
Intact

**Cognition, Concentration**
Intact

**Cognition, Planning Sequencing**
Intact

**Cognition, Memory**
Intact

**Pain, Pain Intensity**
8/10

**Strength, Strength Right LE**
4/5

**Strength, Strength Left LE**
4/5

**Range of Motion, Right UE**
WFL

**Range of Motion, Right LE**
WFL

**Range of Motion, Left UE**
WFL

**Range of Motion, Left LE**
WFL

**Underlying Impairments Other**

Pt has pain in low back area B and the L shoulder. Pt reports that she has pain up to 8/10 area. She reports it as a burning sensation. She reports that she has pain at night too, that wakes her up. Pt difficult MMT secondary ot pain

**Standardized Tests**

Pt is fully independent in all tasks. Pt is limited by per pain in low back and L shoulder area.

| Short Term Goal (s) Current Level of Function | Goal | Goal Date |
|---|---|---|
| The patient reports a pain scale rating of 8 /10 (1-10 pain scale measure) for low back area and L shoulder area. | The patient will report decreased pain for low back area and L shoulder area to 6 /10 (1-10 pain scale measure) by e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. . | 10/13/2014 |
| The patient has not been instructed with proper body mechanincs . | The patient will achieve effective instructions verbally about the following in order to be educated about proper body mechanics: keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. . | 10/13/2014 |

| Long Term Goal(s) | Goal Date |
|---|---|
| The patient will be able to return to full time work duties in order to return to PLOF. | 11/02/2014 |
| The patient will report decreased pain for low back area and L shoulder area to 0 /10 (1-10 pain scale measure) by results from e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. . | 11/02/2014 |
| The patient will demonstrate optimal positioning of trunk/body during all work tasks with ability to demo/verbally state to keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. | 11/02/2014 |

**Rehab Potential:** Good **due to:** Pt seems interested in decreasing her pain in her low back area.

**Informed Consent:** Treatment plan, including benefits, risk and alternatives discussed with patient and/or family, who agree to treatment.

## Physical Therapy Plan Of Care

| PATIENT LAST NAME | FIRST NAME | M.I. | PROVIDER NO. | HICN |
|---|---|---|---|---|
| Priester | Elizabeth | | 425145 | |
| **PROVIDER NAME** | **MEDICAL RECORD NO.** | | **ONSET DATE** | **SOC DATE** |
| PH Aiken | 248-39-0112 | | 09/07/2014 | 10/06/2014 |
| **DATE OF BIRTH** | **MEDICAL DX 1** (Pertinent Medical D.X.) | | **TREATMENT DIAGNOSIS** | **PAYOR** |
| 08/17/1962 | 724.2 LUMBAGO | | 781.92 ABNORMAL POSTURE | Pruitt Workers Comp |
| **MEDICAL DX 2** | **ONSET** 09/07/2014 | **MEDICAL DX 3** | **ONSET** | **MEDICAL DX 4** | **ONSET** |
| 724.3 SCIATICA | | | | | |

**Requires skilled services to focus on:**

97001 - PT Evaluation
97024 - Diathermy
97035 - Ultrasound
97110 - Therapeutic exercise
97530 - Therapeutic activities
G0283 - Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 than wound

**Frequency/Duration:** 3 times a week for 4 weeks

**Electronically Signed by Therapist:** Kimberly Brown, PT (5592) **Date:** 10/06/2014 7:10AM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

**Electronically Signed by Therapist:** Allson Buchanan, PT (3536) **Date:** 12/02/2014 4:43PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE **Certification:**

**Physician Name:** ~~Aaron~~ ERIN Reilly () ☑ Signature Required **From 10/06/2014 To 11/02/2014**

**Physician Signature:** **Date:** 12/3/14

# PT - Therapist Progress & Discharge Summary

11/21/2014

| PATIENT Elizabeth Priester | ID 248-39-0112 | HICN | PAYOR Pruitt Workers Comp |
|---|---|---|---|
| MED DX1 724.2 LUMBAGO | ONSET 09/07/2014 | MED DX2 724.3 SCIATICA | ONSET 09/07/2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | PHYSICIAN Aaron Reilly () | |

*Number of Skilled Treatments:* 1 *since last report*

*Number of Missed Treatments:* 3

*Reason for Missed Treatments: pt did not show up for tx sessions*

**Reason for Discharge:** *Refused therapy services*

**Destination:**

| Functional Deficits | Prior Level | Current Level | Anticipated Level |
|---|---|---|---|
| Transfers, Bed/Chair | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Distance | 300 feet or more | 300 feet or more | 300 feet or more |
| Gait, Assistive Device | None | None | None |
| Bed Mobility, Supine-sit | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Level Surfaces | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Bed Mobility, Sit-supine | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |

## Short Term Goals History

**Pain**

*The patient will report decreased pain for low back area and L shoulder area to 4 /10 (1-10 pain scale measure) by e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. .*

**Status:** *GOAL NOT MET - on 11/21/2014* *Expected Timeline for Goal Met: 10/23/2014*

**Explanation:** *pt stopped reporting to therapy without a cancellation, etc. Also, pt has stopped reporting to work.*

| Start of Goal Status as of 10/06/2014 | Prior Level as of 11/12/2014 | End of Goal Status as of 11/21/2014 |
|---|---|---|
| *The patient reports a pain scale rating of 8 /10 (1-10 pain scale measure) for low back area and L shoulder area.* | *The patient reports a pain scale rating of 10 /10 (1-10 pain scale measure) for lumbar area.* | ***GOAL NOT MET - on 11/21/2014**The patient reports a pain scale rating of 10 /10 (1-10 pain scale measure) for lumbar area.* |

**Positioning**

*The patient will be taught a Home exercise program and will perform with verbal cuing .*

**Status:** *GOAL MET - on 11/21/2014* *Expected Timeline for Goal Met: 10/23/2014*

| Start of Goal Status as of 10/06/2014 | Prior Level as of 11/12/2014 | End of Goal Status as of 11/21/2014 |
|---|---|---|
| *The patient has not been instructed with proper body mechanincs .* | *The patient has been trained with HEP .* | ***GOAL MET - on 11/21/2014**The patient has been trained with HEP .* |

## Long Term Goals

| Goal Name | Goal |
|---|---|
| General LTG | **GOAL NOT MET - on 11/21/2014** The patient will be able to return to full time work duties in order to return to PLOF.<br>**Explanation:** *pt has been a no show to work and to therapy.* |
| Pain | **GOAL NOT MET - on 11/21/2014** The patient will report decreased pain for low back area and L shoulder area to 0 /10 (1-10 pain scale measure) by results from e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. .<br>**Explanation:** *pt has been a no show to work and to therapy* |
| Positioning - General | **GOAL MET - on 11/21/2014** The patient will demonstrate optimal positioning of trunk/body during all work tasks with ability to demo/verbally state to keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. |

**Analysis of Functional Outcome / Clinical Impression**

Pt has become a no show to work and to therapy. Pt's last visit was on 11/18/14. An appointment was scheduled after this time, and pt did not report to the appointment. Pt was taught a HEP. Pt did received ultrasound and e-stim as treated as indicated above in order to reduce pain to back area. Pt was unable to always give a level of pain to therapist.

**Skilled Services Provided since Last Report**

pt has received e-stim on IFC current and ultrasound on 3.3 MHz at 1.0 w/cm2 to reduce pain in back area. Pt has also received exercises for core to increase strengthening of core in order to protect back area. Also, pt has received education about all back precautions in order to not further injury or to re-injure back.

**Patient / Caregiver Training since Last Report**

pt has received training with HEP in order to strengthen and to protect back from further re-injury. Pt has been able to complete HEP with verbal cuing.

**Summary of Skilled Services Provided since SOC**

pt received modalities to decrease pain in back area, pt received gradual strengthening exercises to facilitate core strengthening and to work on protecting back area. Pt also facilitated in precaution training in order to further protect back. Pt was able to verbalize these precautions - keep heavy objects close to body when carrying, bend knees when squating to reduce strain on back area, do not twist at waist when reaching for objects - instead turn body to face it.

**Impact on Burden of Care / Daily Life**

pt is requiring verbal cuing for HEP to complete. Pt has seemed to have some difficulty concentrating during PT sessions that she has come to. Pt did not report to therapy sessions to end of therapy. Also, pt was not reporting to work. Pt did report some relief by modalities, but this was not always reflected in what she reported for her pain level. Pt reported that she was not driving due to her pain meds.

**Precautions**

no lifting above 10 lbs, no stooping, bending, pushing, jerking, twisting, bouncing, standing and minimal walking

**Discharge Plans & Instructions**

pt did not show up for tx sessions and was eventually discharged.

**Electronically Signed by Therapist:** Kimberly Brown (PT) (5592) **Date:** 12/02/2014 7:08AM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

# PT - Therapist Progress & Updated Plan of Care

11/03/2014

| PATIENT Elizabeth Priester | ID 248-39-0112 | HICN | PAYOR Pruitt Workers Comp |
|---|---|---|---|
| MED DX1 724.2 LUMBAGO | ONSET 09/07/2014 | MED DX2 724.3 SCIATICA | ONSET 09/07/2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | PHYSICIAN Aaron Reilly () | |

*Number of Skilled Treatments:* 2 *since last report*

*Number of Missed Treatments:* 0

| Functional Deficits | Prior Level | Current Level | Anticipated Level |
|---|---|---|---|
| Transfers, Bed/Chair | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Distance | 300 feet or more | 300 feet or more | 300 feet or more |
| Gait, Assistive Device | None | None | None |
| Bed Mobility, Supine-sit | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Level Surfaces | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Bed Mobility, Sit-supine | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |

**Short Term Goals**

| Goal Name | Goal | Prior Level of Function 10/27/14 | Current Level of Function | Goal Date |
|---|---|---|---|---|
| Pain | The patient will report decreased pain for low back area and L shoulder area to 4 /10 (1-10 pain scale measure) by e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. . | The patient reports a pain scale rating of 6 /10 (1-10 pain scale measure) for low back area. | The patient reports a pain scale rating of 8 /10 (1-10 pain scale measure) for low back area. | 10/23/2014 |
| Positioning | The patient will be taught a Home exercise program and will perform with verbal cuing . | The patient exhibits the ability to demo all proper body mechanics-keeping objects close to trunk, don't bend at trunk but use knees . | The patient was not able to demo or verbally state what not to do. Pt stated "I am numb." . | 10/23/2014 |

**Long Term Goals**

| Goal Name | Goal | Goal Date |
|---|---|---|
| General LTG | The patient will be able to return to full time work duties in order to return to PLOF. | 11/24/2014 |
| Pain | The patient will report decreased pain for low back area and L shoulder area to 0 /10 (1-10 pain scale measure) by results from e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. . | 11/24/2014 |
| Positioning - General | The patient will demonstrate optimal positioning of trunk/body during all work tasks with ability to demo/verbally state to keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. | 11/24/2014 |

**Patient continues to require skilled PT services to focus on:**

97024 - Diathermy
97035 - Ultrasound
97110 - Therapeutic exercise
97530 - Therapeutic activities
G0283 - Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 than wound

**Analysis of Functional Outcome / Clinical Impression**

Pt reports some improvement in modalities, and improvements in strengthening. Pt also has received education in body mechanics and stretches. Pt has been given a HEP but pt is not independent in all HEP. Pt has been going back and forth to MD. Pt is on pain medicine.

**Skilled Services Provided since Last Report**

Pt has been trained with exercises in order to increase strength in core, pt has been treated with IFC e-stim to combat pain. Pt has also received back precaution education

**Patient / Caregiver Training**

pt has received education with back precautions - no twisting, bending, holding heavy objects in outstretched hands.

**Updates to Treatment Approach**

pt has not met goals. PT and pt is still working towards goals.

**Remaining Functional Deficits / Underlying Impairments**

pt has not met pain goals or HEP goals.

**Impact on Burden of Care / Daily Life**

pt is on light duty

**Precautions**

no lifting above 10 lbs, no stooping, bending, pushing, jerking, twisting, bouncing, standing and minimal walking

**Frequency/Duration:**

3 times a week for 3 weeks

**Prognosis for Further Progress**

Good due to pt reports pain relief from modalities

**Justification for Updated Plan of Care**

pt still has pain in her back and she still needs strengthening in core to protect back

**Electronically Signed by Therapist:** Kimberly Brown (PT) (5592) **Date:** 11/04/2014 6:16PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

I HAVE REVIEWED THIS PLAN OF TREATMENT AND RECERTIFY A CONTINUING NEED FOR SERVICES.

**Recertification:**

**Physician Name:** Aaron Reilly () ☑ Signature Required From 11/03/2014 To 11/23/2014

**Physician Signature:** **Date:**

# PT - Therapist Progress

11/12/2014

| PATIENT Elizabeth Priester | ID 248-39-0112 | HICN | PAYOR Pruitt Workers Comp |
|---|---|---|---|
| MED DX1<br>724.2 LUMBAGO | ONSET<br>09/07/2014 | MED DX2<br>724.3 SCIATICA | ONSET<br>09/07/2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | PHYSICIAN Aaron Reilly () | |

*Number of Skilled Treatments:* 5 *since last report*

*Number of Missed Treatments:* 0

| Functional Deficits | Prior Level | Current Level | Anticipated Level |
|---|---|---|---|
| Transfers, Bed/Chair | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Distance | 300 feet or more | 300 feet or more | 300 feet or more |
| Gait, Assistive Device | None | None | None |
| Bed Mobility, Supine-sit | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Level Surfaces | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Bed Mobility, Sit-supine | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |

**Short Term Goals**

| Goal Name | Goal | Prior Level of Function 11/03/14 | Current Level of Function | Goal Date |
|---|---|---|---|---|
| Pain | The patient will report decreased pain for low back area and L shoulder area to 4 /10 (1-10 pain scale measure) by e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. | The patient reports a pain scale rating of 8 /10 (1-10 pain scale measure) for low back area. | The patient reports a pain scale rating of 10 /10 (1-10 pain scale measure) for lumbar area. | 10/23/2014 |
| Positioning | The patient will be taught a Home exercise program and will perform with verbal cuing | The patient was not able to demo or verbally state what not to do. Pt stated "I am numb." | The patient has been trained with HEP | 10/23/2014 |

**Long Term Goals**

| Goal Name | Goal |
|---|---|
| General LTG | The patient will be able to return to full time work duties in order to return to PLOF. |
| Pain | The patient will report decreased pain for low back area and L shoulder area to 0 /10 (1-10 pain scale measure) by results from e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. |
| Positioning - General | The patient will demonstrate optimal positioning of trunk/body during all work tasks with ability to demo/verbally state to keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. |

**Patient continues to require skilled PT services to focus on:**

97024 - Diathermy
97035 - Ultrasound
97110 - Therapeutic exercise
97530 - Therapeutic activities
G0283 - Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 than wound

**Analysis of Functional Outcome / Clinical Impression**

pt was seen for therapy this day with 10/10 pain level and 8/10 pain level after tx session. Pt has been viewed pre and post tx after and before electrodes applied and pt did not have any s/s of irritation or redness. Pt reports she is making gains, but still reports alot of pain.

**Skilled Services Provided since Last Report**

pt has received education in HEP in order to increase pt's core strength and to protect low back area. Pt has received education with back precautions and has been given back protection handout sheets. Pt has also received e-stim to decrease pain on IFC setting. Pt also received training with TENS unit last week.

**Patient / Caregiver Training**

pt received training with TENS unit last week in order for pt to have a pain relief option.

**Remaining Functional Deficits / Underlying Impairments**

pt remains with pain in lumbar area. Pt sometimes reports pain "everywhere". Pt reports pain up to 10/10 levels. Sometimes pt is unable to answer questions appropriately and pt reports it is because she is "numb" due to pain meds and states "I didn't drive here".

**Impact on Burden of Care / Daily Life**

pt still remains with pain up to 10/10 level in lumbar area

**Updates to Treatment Approach**

pt reports that she has pain in lumbar area. Pt still working towards goals.

**Precautions**

no lifting above 10 lbs, no stooping, bending, pushing, jerking, twisting, bouncing, standing and minimal walking

**Prognosis for Further Progress**

Fair due to limited progression with pain relief

**Electronically Signed by Therapist:** Kimberly Brown (PT) (5592) **Date:** 11/17/2014 12:50PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

# PT - Therapist Progress

10/15/2014

| PATIENT Elizabeth Priester | ID 248-39-0112 | HICN | PAYOR Pruitt Workers Comp |
|---|---|---|---|
| MED DX1<br>724.2 LUMBAGO | ONSET<br>09/07/2014 | MED DX2<br>724.3 SCIATICA | ONSET<br>09/07/2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | PHYSICIAN Aaron Reilly () | |

*Number of Skilled Treatments:* 5 *since last report*

*Number of Missed Treatments:* 0.

| Functional Deficits | Prior Level | Current Level | Anticipated Level |
|---|---|---|---|
| Transfers, Bed/Chair | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Distance | 300 feet or more | 300 feet or more | 300 feet or more |
| Gait, Assistive Device | None | None | None |
| Bed Mobility, Supine-sit | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Level Surfaces | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Bed Mobility, Sit-supine | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |

**Short Term Goals**

| Goal Name | Goal | Prior Level of Function 10/06/14 | Current Level of Function | Goal Date |
|---|---|---|---|---|
| Pain | **GOAL Upgraded on 10/16/2014** The patient will report decreased pain for low back area and L shoulder area to 4 /10 (1-10 pain scale measure) by e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. . | The patient reports a pain scale rating of 8 /10 (1-10 pain scale measure) for low back area and L shoulder area. | The patient reports a pain scale rating of 5 /10 (1-10 pain scale measure) for left shoulder area after modalities. Low back area 5/10 after modalities treatment. | 10/23/2014 |
| Positioning | The patient will achieve effective instructions verbally about the following in order to be educated about proper body mechanics: keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. . | The patient has not been instructed with proper body mechanincs . | The patient has been instructed in keeping objects close to her body when carrying objects, no twisting at trunk, no bending at waist, and bending at knees to pick items off the floor. Pt has not demonstrated these techniques with therapist yet . | 10/23/2014 |

**Long Term Goals**

| Goal Name | Goal |
|---|---|
| General LTG | The patient will be able to return to full time work duties in order to return to PLOF. |
| Pain | The patient will report decreased pain for low back area and L shoulder area to 0 /10 (1-10 pain scale measure) by results from e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. . |
| Positioning - General | The patient will demonstrate optimal positioning of trunk/body during all work tasks with ability to demo/verbally state to keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. |

**Patient continues to require skilled PT services to focus on:**

97024 - Diathermy

97035 - Ultrasound

97110 - Therapeutic exercise

97530 - Therapeutic activities

G0283 - Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 than wound

**Analysis of Functional Outcome / Clinical Impression**

patient is still in significant pain in her los back area and left upper trap cervical area, pt does report slight decrease in pain after modalities. Pt also reports that her primary doctor has recommended an ortho consult. To date therapy has not been given any new orders for patient. Continue per POC

**Skilled Services Provided since Last Report**

pt seen 3 x weekly for modalities to left cervical/upper trap area for decrease in pain- mainly SWD and modalities to modalities to her thoracic and low back area for decrease in pain estim on IFC setting for decreased pain. , Pt instructed in proper body mechanics for lifting , skilled observation and assessment of patients pain and her mobility

**Patient / Caregiver Training**

patient instructed in proper body mechanics with precautions as given by her primary doctor

**Remaining Functional Deficits / Underlying Impairments**

**Impact on Burden of Care / Daily Life**

patient on light duty as a CNA in this facility with pain in her ow back and her left cervical area/shoulder area

**Updates to Treatment Approach**

goal for pain upgraded as pt with slight decrease in pain in low back and cervical area

**Precautions**

no lifting above 10 lbs, no stooping, bending, pushing, jerking, twisting, bouncing, standing and minimal walking

**Prognosis for Further Progress**

Good due to improved ability to recall new information and precautions. Improved functional safety awareness. Slight decrease in low back and left cervical area pain after treatment

**Electronically Signed by Therapist:** Alison Buchanan (PT) (3536) **Date:** 10/16/2014 3:53PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

# PT - Therapist Progress

10/27/2014

| PATIENT Elizabeth Priester | ID 248-39-0112 | HICN | PAYOR Pruitt Workers Comp |
|---|---|---|---|
| MED DX1<br>724.2 LUMBAGO | ONSET<br>09/07/2014 | MED DX2<br>724.3 SCIATICA | ONSET<br>09/07/2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | PHYSICIAN Aaron Reilly () | |

*Number of Skilled Treatments:* 5 *since last report*

*Number of Missed Treatments:* 0

| Functional Deficits | Prior Level | Current Level | Anticipated Level |
|---|---|---|---|
| Transfers, Bed/Chair | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Distance | 300 feet or more | 300 feet or more | 300 feet or more |
| Gait, Assistive Device | None | None | None |
| Bed Mobility, Supine-sit | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Gait, Level Surfaces | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |
| Bed Mobility, Sit-supine | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) | Independence (0% assist, no assistive device or extra time needed) |

**Short Term Goals**

| Goal Name | Goal | Prior Level of Function 10/15/14 | Current Level of Function | Goal Date |
|---|---|---|---|---|
| Pain | The patient will report decreased pain for low back area and L shoulder area to 4 /10 (1-10 pain scale measure) by e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. | The patient reports a pain scale rating of 5 /10 (1-10 pain scale measure) for left shoulder area after modalities. Low back area 5/10 after modalities treatment. | The patient reports a pain scale rating of 6 /10 (1-10 pain scale measure) for low back area. | 10/23/2014 |
| Positioning | **GOAL Upgraded on 10/27/2014** The patient will be taught a Home exercise program and will perform with verbal cuing | The patient has been instructed in keeping objects close to her body when carrying objects, no twisting at trunk, no bending at waist, and bending at knees to pick items off the floor. Pt has not demonstrated these techniques with therapist yet. | The patient exhibits the ability to demo all proper body mechanics-keeping objects close to trunk, don't bend at trunk but use knees | 10/23/2014 |

**Long Term Goals**

| Goal Name | Goal |
|---|---|
| General LTG | The patient will be able to return to full time work duties in order to return to PLOF. |
| Pain | The patient will report decreased pain for low back area and L shoulder area to 0 /10 (1-10 pain scale measure) by results from e-stim at 25 V or lower on interferntial setting, or ultrasound at 3.3 MHz at 1.0 w/cm2 or diathermy pain setting. |
| Positioning - General | The patient will demonstrate optimal positioning of trunk/body during all work tasks with ability to demo/verbally state to keep weight close to trunk/core while carrying objects, bend at knees not at trunk when picking things up from floor, do not twist at trunk and carry items, push and do not pull. |

**Patient continues to require skilled PT services to focus on:**

97024 - Diathermy
97035 - Ultrasound
97110 - Therapeutic exercise
97530 - Therapeutic activities
G0283 - Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 than wound

**Analysis of Functional Outcome / Clinical Impression**

Pt has been treated for e-stim to low back area in order to decrease pain in low back. Pt reports that she has pain relief after e-stim and it "works for her. " Pt facilitated in exercises this day in order to increase strength of core in order to protect back. Pt has also been taught how to protect her back with proper body mechanics. Pt has been taught how to bend at knees when reaching down to floor, keep objects close to torso when carrying things, and do not pull. Pt still remains with pain.

**Skilled Services Provided since Last Report**

Pt has received strengthening of core in order to protect back and to decrease pain, pt also received e-stim on IFC setting in low back area in order to decrease pain.

**Patient / Caregiver Training**

education provided with pt in order to teach back precautions to prevetn further innury

**Remaining Functional Deficits / Underlying Impairments**

pt still remains with pain.

**Impact on Burden of Care / Daily Life**

pt remains with pain in low back area.

**Updates to Treatment Approach**

upgraded goal to HEP education

**Precautions**

no lifting above 10 lbs, no stooping, bending, pushing, jerking, twisting, bouncing, standing and minimal walking

**Prognosis for Further Progress**

Fair due to pt has not had much relief with modalities.

**Electronically Signed by Therapist:** Kimberly Brown (PT) (5592) **Date:** 10/27/2014 3:06PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

# PT DAILY TREATMENT NOTE

767 - PH Aiken

| | | | |
|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PAGE 1 |
| PHYSICIAN Reilly, Aaron | MED DX1724.2 LUMBAGO | | October 2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | MED DX ONSET 1 | 09/07/2014 |
| MED DX 2 724.3 SCIATICA | | MED DX ONSET 2 | 09/07/2014 |

| DATE | | 10/05/2014 | 10/06/2014 | 10/07/2014 | 10/08/2014 | 10/09/2014 | 10/10/2014 | 10/11/2014 |
|---|---|---|---|---|---|---|---|---|
| | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| CPT Codes | | | | | | | | |
| 97001 PT Evaluation | QTY | | 1 | | | | | |
| | MIN | | 15 | | | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | | | | | |
| 97024 Diathermy | QTY | | 1 | 1 | | 1 | | |
| | MIN | | 20 | 20 | | 20 | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | KB | | HA | | |
| 97530 Therapeutic activities | QTY | | 1 | | | | | |
| | MIN | | 13 | | | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | | | | | |
| G0283 Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 | QTY | | 1 | 1 | | 1 | | |
| | MIN | | 30 | 60 | | 40 | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | KB | | HA | | |
| CONCURRENT MIN. | | | | | | | | |
| CO-TREATMENT | | | | | | | | |
| TOTAL MIN. | | | 78 | 80 | | 60 | | |
| COUNTER INITIALS | | | | | | | | |

Date: 10/06/2014

97001 Note: **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/06/2014 10:17AM)
PT evaluation completed. Plan of care developed and skilled treatment recommended for modalities: ultrasound, e-stim, and/or diathermy.

97024 Note: **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/06/2014 10:17AM)
These services were performed at separate and distinct times from one another. Pt received diathermy to L shoulder on pain setting x 20 minutes in order to reduce pain in area.

97530 Note: **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/06/2014 10:17AM)
Pt received biofreeze to shoulder area and low back area to decrease pain. Pt also received education in order to improve body mechanics and to prevent further back injuries. Pt was educated to keep objects close to body when carrying objects, no twisting at trunk, no bending at waist, bend at knees to pick items off of floor.

G0283 Note: **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/06/2014 10:17AM)
These services were performed at separate and distinct times from one another. Pt has received e-stim x 30 minutes to low back area on interferential setting to 20.5 V in order to reduce pain in back area.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 10/07/2014

97024 Note: **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/07/2014 2:52PM)
These services were performed at separate and distinct times from one another. Pt received diathermy x 20 minutes to upper L trap area on pain setting in order to reduce pain. Pt reported 8/10 pain level prior to tx session.

G0283 Note: **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/07/2014 2:52PM)
IFC to lumbar area at 23 V and IFC to thoracic area to 13 V x 30 minutes each area. Pt did report decreased pain in both areas. Pt does have 8/10 pain level in both areas and she reports it was reduced after e-stim.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 10/09/2014

97024 Note: **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (10/09/2014 5:18PM)
These services were performed at separate and distinct times from one another. SWD to upper left trap on reduce pain protocol. Pt reports pain as 7-8/10

G0283 Note: **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (10/09/2014 5:18PM)

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|
| Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | | |
| | | | | | |

Date: 10/09/2014

Note: These services were performed at separate and distinct times from one another. IFC to lumbar area at 13 V for pain relief. Followed by These services were performed at separate and distinct times from one another. PREMOD to L and R upper thoracic at 12 V for pain reduction.

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|---|---|---|---|---|---|
| Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | | |

# PT DAILY TREATMENT NOTE

767 - PH Aiken

| | | | |
|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PAGE 1 |
| PHYSICIAN Reilly, Aaron | MED DX1724.2 LUMBAGO | | October 2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | MED DX ONSET 1 09/07/2014 | |
| MED DX 2 724.3 SCIATICA | | MED DX ONSET 2 09/07/2014 | |

| DATE | | 10/12/2014 | 10/13/2014 | 10/14/2014 | 10/15/2014 | 10/16/2014 | 10/17/2014 | 10/18/2014 |
|---|---|---|---|---|---|---|---|---|
| CPT Codes | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 97024 Diathermy | QTY | | | | 1 | | | |
| | MIN | | | | 25 | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | | SN | | | |
| 97530 Therapeutic activitie s | QTY | | | | 1 | | | |
| | MIN | | | | 15 | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | | AB | | | |
| G0283 Electrical stimulatio n,(unattended), to one or more a reas, for indication(s) other 97 014 | QTY | | 1 | | 1 | | 1 | |
| | MIN | | 35 | | 30 | | 40 | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | | SN | | SN | |
| CONCURRENT MIN. | | | | | | | | |
| CO-TREATMENT | | | | | | | | |
| TOTAL MIN. | | | 35 | | 70 | | 40 | |
| COUNTER INITIALS | | | | | | | | |

Date: 10/13/2014

G0283 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/13/2014 5:59PM)

Note: These services were performed at separate and distinct times from one another. IFC to lumbar area at 13 V for pain relief. Pt would not give pain level this day but reoprted that this tx does reduce her pain.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 10/15/2014

97024 **Note Electronically Signed by Therapist:** Shantel Nero, PTA (2242) (10/15/2014 5:43PM)

Note: These services were performed at separate and distinct times from one another. Completed preset pain setting diathermy to L upper traps to reduce pain. Pt reported pain as a 6/10 before treatment and 5/10 after treatment.

97530 **Note Electronically Signed by Therapist:** Alison Buchanan, PT (3536) (10/16/2014 4:14PM)

Note: assessment of patient for progress note with goals addressed. Pt reports slight decrease in pain also reports that her primary doctor has recommended she see an orthopedist.

G0283 **Note Electronically Signed by Therapist:** Shantel Nero, PTA (2242) (10/15/2014 5:43PM)

Note: These services were performed at separate and distinct times from one another. Completed IFC e stim to lumber area with patient seated in chair to reduce pain for increase functional use. Pt reported pain as a 7/10 before tx and 5/10 after tx

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Date: 10/17/2014

G0283 **Note Electronically Signed by Therapist:** Shantel Nero, PTA (2242) (10/17/2014 3:06PM)

Note: These services were performed at separate and distinct times from one another. Completed presat pain IFC setting e stim to reduce pain in lumbar area to increase comfort level and functional use. Pt reported pain as a 5/10 prior to treatment and reported after treatment it felt slightly better but could not give numerical value

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|
| Alison Buchanan, PT (3536) | AB | Kimberly Brown, PT (5592) | KB | Shantel Nero, PTA (2242) | SN |
| | | | | | |

# PT DAILY TREATMENT NOTE

## 767 - PH Aiken

| | | | |
|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PAGE 1 |
| PHYSICIAN Reilly, Aaron | MED DX1724.2 LUMBAGO | | October 2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | MED DX ONSET 1 09/07/2014 | |
| MED DX 2 724.3 SCIATICA | | MED DX ONSET 2 09/07/2014 | |

| DATE | | 10/19/2014 | 10/20/2014 | 10/21/2014 | 10/22/2014 | 10/23/2014 | 10/24/2014 | 10/25/2014 |
|---|---|---|---|---|---|---|---|---|
| | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| CPT Codes | | | | | | | | |
| G0283 Electrical stimulatio n,(unattended), to one or more a reas, for indication(s) other 97 014 | QTY | | | | 1 | 1 | 1 | |
| | MIN | | | | 45 | 50 | 50 | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | | SN | KB | HA | |
| CONCURRENT MIN. | | | | | | | | |
| CO-TREATMENT | | | | | | | | |
| TOTAL MIN. | | | | | 45 | 50 | 50 | |
| COUNTER INITIALS | | | | | | | | |

Date: 10/22/2014

G0283 **Note Electronically Signed by Therapist:** Shantel Nero, PTA (2242) (10/22/2014 6:14PM)

**Note:** These services were performed at separate and distinct times from one another. Completed premod e stim setting single channel for pain management in cervical area today. Pt reported pain as a 7/10 before treatment and a 6-6.5/10 after treatment. Completed IFC to lumbar area to reduce pain after pt reported pain as a 7/10. Pt reported pain as 6/10 after treatment

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 10/23/2014

G0283 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/23/2014 2:30PM)

**Note:** These services were performed at separate and distinct times from one another. Pt received e-stim to cervical area and low back area x 25 minutes each area in order to decrease pain in area. Pt reported that her pain had decreased. Pt did rate her pain at a 6-7/10 prior to tx session. Pt very difficult to understand at times, very soft spoken and will slurred words. Pt not answering direct questions. PT had to ask several times "where is pain? " "Is it better or worse?". Pt did report that her pain in the cervical and low back region decreased to a six. Pt reports that she has burning pain at night, but was unable to locate exactly where. She was pointing to LE, buttocks, back area, and neck area.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 10/24/2014

G0283 **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (10/24/2014 6:27PM)

**Note:** These services were performed at separate and distinct times from one another. Pt received PREMOD e-stim to L and R upper traps and lumbar back 25 mins each area with MHP.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|
| Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | Shantel Nero, PTA (2242) | SN |
| | | | | | |

# PT DAILY TREATMENT NOTE

767 - PH Aiken

| | | | |
|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PAGE 1 |
| PHYSICIAN Reilly, Aaron | MED DX1724.2 LUMBAGO | | November 2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | MED DX ONSET 1 09/07/2014 | |
| MED DX 2 724.3 SCIATICA | | MED DX ONSET 2 09/07/2014 | |

| DATE | | 10/26/2014 | 10/27/2014 | 10/28/2014 | 10/29/2014 | 10/30/2014 | 10/31/2014 | 11/01/2014 |
|---|---|---|---|---|---|---|---|---|
| | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| CPT Codes | | | | | | | | |
| 97110 Therapeutic exercise | QTY | | 1 | | | | | |
| | MIN | | 15 | | | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | | | | | |
| G0283 Electrical stimulatio n,(unattended), to one or more a reas, for indication(s) other 97 014 | QTY | | 1 | | | 1 | 1 | |
| | MIN | | 30 | | | 30 | 30 | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | | | HA | KB | |
| CONCURRENT MIN. | | | | | | | | |
| CO-TREATMENT | | | | | | 30 | 30 | |
| TOTAL MIN. | | | 45 | | | | | |
| COUNTER INITIALS | | | | | | | | |

Date: 10/27/2014

97110 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/27/2014 3:01PM)

Note: Pt facilitated in exercises this day in order to increase core strength. Pt facilitated in pelvic tilts in order to increase strength in core to protect back area. Pt with mumbling this day, difficult to understand what she is saying this day. Pt did say that her pain was 8/10 when she woke up and that it decreased to a 6/10 after tx session this day with e-stim. Pt states "this helps it feel better". Pt asked for a list of tx sessions this day.

G0283 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (10/27/2014 3:01PM)

Note: Pt received e-stim to low back area x 30 minutes on IFC setting in order to decrease pain in low back area. No s/s of redness or irritation after tx sesison this day.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 10/30/2014

G0283 **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (10/30/2014 6:41PM)

Note: PREMOD to L and R lumbar areas at 20 mA with overlaying MHP. Pt reports pain as improved to 6/10.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 10/31/2014

G0283 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (11/03/2014 10:48AM)

Note: Pt received e-stim x 30 minutes with IFC to decrease pain control in area. Pt reported 7/10 pain level at low back area. Pt with no s/s of redness/irritation.

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| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|
| Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | | |

# PT DAILY TREATMENT NOTE

767 - PH Aiken

| | | | |
|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PAGE 1 |
| PHYSICIAN Reilly, Aaron | MED DX1724.2 LUMBAGO | | November 2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | MED DX ONSET 1 | 09/07/2014 |
| MED DX 2 724.3 SCIATICA | | MED DX ONSET 2 | 09/07/2014 |

| DATE | | 11/02/2014 | 11/03/2014 | 11/04/2014 | 11/05/2014 | 11/06/2014 | 11/07/2014 | 11/08/2014 |
|---|---|---|---|---|---|---|---|---|
| CPT Codes | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 97530 Therapeutic activities | QTY | | | 1 | | 1 | 1 | |
| | MIN | | | 10 | | 10 | 10 | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | KB | | HA | HA | |
| G0283 Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 | QTY | | | 1 | | 1 | 1 | |
| | MIN | | | 30 | | 30 | 30 | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | KB | | HA | HA | |
| CONCURRENT MIN. | | | | | | | | |
| CO-TREATMENT | | | | | | | | |
| TOTAL MIN. | | | | 40 | | 40 | 40 | |
| COUNTER INITIALS | | | | | | | | |

Date: 11/04/2014

97530 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (11/04/2014 6:06PM)

Note: PT educated pt with HEP this day and back precautions this day with HEP sheet. Exercises on sheet too, but PT will work on these as pt progresses. Pt was very difficult understnading this day. Pt with slurred speech and pt tripped down curb as she was leaving.

G0283 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (11/04/2014 6:06PM)

Note: Pt would not give a pain level at the beginning of tx this day. Pt reported it was a 8/10 before this am, but would not give a numerical value. Pt stated "I'm numb. Don't worry I'm not driving. " Pt received IFC to low back area x 30 minutes at 21 Volts. Skin checks performed before and after.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 11/06/2014

97530 **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (11/06/2014 5:16PM)

Note: Reviewed HEP and precautions with Pt. Pt unable to demonstrate HEP, but did name several precautions. Pt speaking very low.

G0283 **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (11/06/2014 5:16PM)

Note: Pt reported pain in lumbar area as above 10/10 before treatment and 7.5/10 after treatment. Treated area L and R lumbar/paraspinals area. Treatment to decrease pain and build strength. Skin inspected before and after treatment and was clean and intact. E-stim, PREMOD waveform at 80 to 150 Hz, continuous cycle at 25 volts to L and R with 2X2 inch electrodes. MHP over electrodes to enhance pain relief. Supervision throughout treatment for skin and pain monitoring.

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Date: 11/07/2014

97530 **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (11/07/2014 4:52PM)

Note: Pt speaking much louder today and able to name most precautions. Pt also reporting decreased pain levels, reporting 8/10 before treatment and 7/10 after.

G0283 **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (11/07/2014 4:52PM)

Note: These services were performed at separate and distinct times from one another. Electrical Stimulation was provided for pain in lumbar area and was applied to lumbar area. The estim settings used were PREMOD waveform at 80 to 150 Hz, continuous cycle at 25 volts to L and 26 volts to R with 2X2 inch electrodes. MHP over electrodes to enhance pain reliefSkin check was completed pre and post treatment and was noted as: Pre treatment Skin Check: clean and intact and Post treatment Skin Check clean and intact. Patient reported pain to be pre-treatment 8/10 and post treatment 7/10. Supervision and assessment of the session was provided throughout the treatment and included skin, and pain level monitoring..

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|---|---|---|---|---|---|
| Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | | |
| | | | | | |

# PT DAILY TREATMENT NOTE

767 - PH Aiken

| | | | |
|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PAGE 1 |
| PHYSICIAN Reilly, Aaron | MED DX1724.2 LUMBAGO | | November 2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | MED DX ONSET 1 09/07/2014 | |
| MED DX 2 724.3 SCIATICA | | MED DX ONSET 2 09/07/2014 | |

| DATE | | 11/09/2014 | 11/10/2014 | 11/11/2014 | 11/12/2014 | 11/13/2014 | 11/14/2014 | 11/15/2014 |
|---|---|---|---|---|---|---|---|---|
| CPT Codes | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 97024 Diathermy | QTY | | | | | | W | |
| | MIN | | | | | | 0 | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | | | | SN | |
| 97110 Therapeutic exercise | QTY | | | | 1 | | | |
| | MIN | | | | 15 | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | | SN | | | |
| 97530 Therapeutic activities | QTY | | | | 2 | | W | |
| | MIN | | | | 30 | | 0 | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | | SN | | AB | |
| G0283 Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 | QTY | | 1 | | | | | |
| | MIN | | 35 | | | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | HA | | | | | |
| CONCURRENT MIN. | | | | | | | | |
| CO-TREATMENT | | | | | | | | |
| TOTAL MIN. | | | 35 | | 45 | | 0 | |
| COUNTER INITIALS | | | | | | | | |

Date: 11/10/2014

G0283 Note: **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (11/10/2014 6:11PM)

These services were performed at separate and distinct times from one another. Electrical Stimulation was provided for B lumbar pain and was applied to B lunbar areas. The estim settings used were PREMOD waveform at 80 to 150 Hz, continuous cycle at 24 volts to L and 18.5 volts to R with 2X2 inch electrodes. MHP over electrodes to enhance pain relief. Skin check was completed pre and post treatment and was noted as: Pre treatment Skin Check: Clean and intact and Post treatment Skin Check Clean and intact. Patient reported pain to be pre-treatment 3/10 and post treatment Pt unable to describe with a number, but said it had improved.. Supervision and assessment of the session was provided throughout the treatment and included skin and pain level monitoring and repositioning Pt for more comfortable position.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 11/12/2014

97110 Note: **Note Electronically Signed by Therapist:** Shantel Nero, PTA (2242) (11/12/2014 3:45PM)

Pt educated on the use of TENS unit for pain management in lumbar area to increase functional use. Pt educated on the parts of unit to include leads, electrodes and battery. PTA educated patient and mother on the placement of 2inch x 2inch electrodes for IFC for 30 minute treatment. Pt and mother educated on skin inspection before and after treatment and storage of electrodes. TENS unit set on modulation, 150 Hz frequency and 250 impulse width. Pt instructed not to change from this setting.

97530 Note: **Note Electronically Signed by Therapist:** Shantel Nero, PTA (2242) (11/12/2014 3:45PM)

Pt completed 30 minute session seated in chair after a 10/10 pain rating in lumbar area. Pt trained on use of controls to set for comfort. Skin inspected before treatment and after treatment with no noted redness or irritation. Pt reported pain as a 8/10 after 30 minute session

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 11/14/2014

97024 Note: **Note Electronically Signed by Therapist:** Shantel Nero, PTA (2242) (11/14/2014 3:43PM)

Pt with missed treatment at 2:00PM today with no call of show. PT attempted calling patient's cellphone with no answer or returned phone call. PT contacted front desk to see if patient contacted facility but receptionist reported no.

97530 **Note Electronically Signed by Therapist:** Alison Buchanan, PT (3536) (11/18/2014 5:27PM)

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|
| Alison Buchanan, PT (3536) | AB | Howard Alexander, PTA (1462) | HA | Shantel Nero, PTA (2242) | SN |
| | | | | | |

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|---|---|
| Date: | 11/14/2014 |
| Note: | patient called therapy department spoke to PT at aprox 3:45 pm saying that she was at the hospital, that she had a headache and a lot of things going on. PT asked her if it was related to her back pain. Pt just said answered slowly that she had a lot of things going on. PT asked pt to contact therapy when she was out of hospital and could come back to therapy . PT asked pt if she had had her MRI or seen the orthopedist . She replied that she had her MRI but had not seen the orthopedist yet and did not know what the MRI said. She thought that workers comp would be contacting therapy about the results of the MRI. |

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|
| Alison Buchanan, PT (3536) | AB | Howard Alexander, PTA (1462) | HA | Shantel Nero, PTA (2242) | SN |
| | | | | | |

# PT DAILY TREATMENT NOTE

767 - PH Aiken

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|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PAGE 1 |
| PHYSICIAN Reilly, Aaron | MED DX1724.2 LUMBAGO | | November 2014 |
| TREATMENT DX1 781.92 ABNORMAL POSTURE | | TREATMENT DX2 | |
| START OF CARE 10/06/2014 | END OF CARE 11/21/2014 | MED DX ONSET 1 09/07/2014 | |
| MED DX 2 724.3 SCIATICA | | MED DX ONSET 2 09/07/2014 | |

| DATE | | 11/16/2014 | 11/17/2014 | 11/18/2014 | 11/19/2014 | 11/20/2014 | 11/21/2014 | 11/22/2014 |
|---|---|---|---|---|---|---|---|---|
| CPT Codes | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| 97024 Diathermy | QTY | | | | | R | | |
| | MIN | | | | | 0 | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | | | KB | | |
| 97035 Ultrasound | QTY | | R | | | | | |
| | MIN | | 0 | | | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | KB | | | | | |
| 97530 Therapeutic activities | QTY | | | 2 | | | | |
| | MIN | | | 25 | | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | AB | | | | |
| G0283 Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 | QTY | | | 1 | | | | |
| | MIN | | | 25 | | | | |
| | MOD | | | | | | | |
| | MOD | | | | | | | |
| | INIT | | | HA | | | | |
| CONCURRENT MIN. | | | | | | | | |
| CO-TREATMENT | | | | | | | | |
| TOTAL MIN. | | | 0 | 50 | | 0 | | |
| COUNTER INITIALS | | | | | | | | |

Date: 11/17/2014

97035 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (11/17/2014 12:42PM)

Note: PT called pt this day. No voicemail set up. On friday, pt reported that she was admitted to the hospital.

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 11/18/2014

97530 **Note Electronically Signed by Therapist:** Alison Buchanan, PT (3536) (11/18/2014 5:31PM)

Note: PT spoke to patient and her mother with Peggy from medical records present to try tl find out about the MRI or her ortho visit. Pt was able to tell us that she thought the MRI showed something bulging but that the doctor had not said anything about her therapy . Peggy said she would call workers comp to see what information the doctor has sent to them and find out more specifically what the MRI had showed and what the orthopedist wanted had recommended. PT told pt that her current POC would be up on this Friday and we would need another doctors order to continue with specific orders based on the finding of the MRI. Pt to return to therapy thurs 2 pm

G0283 **Note Electronically Signed by Therapist:** Howard Alexander, PTA (1462) (11/18/2014 4:17PM)

Note: These services were performed at separate and distinct times from one another. Electrical Stimulation was provided for pain and was applied to B lumbar area. The estim settings used were PREMOD waveform at 80 to 150 Hz, continuous cycle at 26 volts to L and R lumbar area with 2 X 2 inch electrodes. MHP over electrodes to enhance pain reliefSkin check was completed pre and post treatment and was noted as: Pre treatment Skin Check: clean and intact and Post treatment Skin Check clean and intact. Patient reported pain to be pre-treatment 9/10 and post treatment 7/10. Supervision and assessment of the session was provided throughout the treatment and included skin irritation and pain monitoring and ensuring Pt as comfortable as possible..

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

Date: 11/20/2014

97024 **Note Electronically Signed by Therapist:** Kimberly Brown, PT (5592) (11/20/2014 4:36PM)

Note: pt did not report to therapy this day. Did not receive phone call

Attestation: I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|
| Alison Buchanan, PT (3536) | AB | Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB |
| | | | | | |

CPT LOG PHYSICAL THERAPY - (GP) OutPatient — October 2014 — ERIN — 767, PH Aiken

PAGE 1 OF 2

| | | | | | |
|---|---|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PHYSICIAN Reilly, Aaron () | ONSET 09/07/2014 | START OF CARE 10/06/2014 |
| MED DX 1 724.2 LUMBAGO | ONSET 09/07/2014 | MED DX2 724.3 SCIATICA | | ONSET | END OF CARE 11/21/2014 |
| MED DX 3 | ONSET | MED DX4 | | | |
| TX DX1 781.92 ABNORMAL POSTURE | TX DX2 | | TX DX3 | TX DX4 | |

ORDER DATE 10/06/2014 — POC DATE 10/06/2014 — LAST UPDATE POC DATE — FACILITY ADMIT DATE 10/02/2014

| CPT CODE | CPT CODE DESCRIPTION | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 97001 | 97001 PT Evaluation | QTY | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| | | MIN | | | | | | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | 15 |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☐ TIME ☒ SERVICE | INIT | | | | | | KB | | | | | | | | | | | | | | | | | | | | | | | | | | 4 |
| 97024 | 97024 Diathermy | QTY | | | | | | 1 | 1 | | 1 | | | | | | 1 | | | | | | | | | | | | | | | | | 85 |
| | | MIN | | | | | | 20 | 20 | | 20 | | | | | | 25 | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☐ TIME ☒ SERVICE | INIT | | | | | | KB | KB | | HA | | | | | | SN | | | | | | | | | | | | 1 | | | | | 1 |
| 97110 | 97110 Therapeutic exercise | QTY | | | | | | | | | | | | | | | | | | | | | | | | | | | 15 | | | | | 15 |
| | | MIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☒ TIME ☐ SERVICE | INIT | | | | | | | | | | | | | | | | | | | | | | | | | | | KB | | | | | 2 |
| 97530 | 97530 Therapeutic activities | QTY | | | | | | 1 | | | | | | | | | 1 | | | | | | | | | | | | | | | | | 28 |
| | | MIN | | | | | | 13 | | | | | | | | | 15 | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☒ TIME ☐ SERVICE | INIT | | | | | | KB | | | | | | | | | AB | | | | | | | | | | | | | | | | | |

(96) R. 194

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|---|---|
| Alison Buchanan, PT (3536) | AB | Howard Alexander, PTA (1452) | HA | Kimberly Brown, PT (5592) | KB | Shantel Nero, PTA (2242) | SN |
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CPT LOG PHYSICAL THERAPY - (GP) OutPatient — October 2014

| | | | | |
|---|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PHYSICIAN Reilly, Aaron () | PAGE 2 OF 2 |
| MED DX 1 724.2 LUMBAGO | ONSET 09/07/2014 | MED DX2 724.3 SCIATICA | ONSET 09/07/2014 | START OF CARE 10/06/2014 |
| MED DX 3 | ONSET | MED DX4 | ONSET | END OF CARE 11/21/2014 |
| TX DX1 781.92 ABNORMAL POSTURE | TX DX2 | TX DX3 | TX DX4 | |
| ORDER DATE 10/06/2014 | POC DATE 10/06/2014 | LAST UPDATE POC DATE | FACILITY ADMIT DATE 10/02/2014 | |

| CPT CODE | CPT CODE DESCRIPTION | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G0283 | G0283 Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 than wound | QTY | | | | | | 1 | 1 | | 1 | | | | 1 | | 1 | | 1 | | | | | 1 | 1 | 1 | | | 1 | | | 1 | 1 | 12 |
| | | MIN | | | | | | 30 | 60 | | 40 | | | | 35 | | 30 | | 40 | | | | | 45 | 50 | 50 | | | 30 | | | 30 | 30 | 470 |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☐ TIME ☒ SERVICE | INIT | | | | | | KB | KB | | HA | | | | KB | | SN | | SN | | | | | SN | KB | HA | | | KB | | | HA | KB | |
| | SUB TOTAL SERVICE BASED CODES | QTY | | | | | | 3 | 2 | | 2 | | | | 1 | | 2 | | 1 | | | | | 1 | 1 | 1 | | | 1 | | | 1 | 1 | 17 |
| | | MIN | | | | | | 65 | 80 | | 60 | | | | 35 | | 55 | | 40 | | | | | 45 | 50 | 50 | | | 30 | | | 30 | 30 | 570 |
| | SUB TOTAL TIME BASED CODES | QTY | | | | | | 1 | | | | | | | | | 1 | | | | | | | | | | | | 1 | | | | | 3 |
| | | MIN | | | | | | 13 | | | | | | | | | 15 | | | | | | | | | | | | 15 | | | | | 43 |
| TOTAL VISITS 12 | TOTAL ALL CODES | QTY | | | | | | 4 | 2 | | 2 | | | | 1 | | 3 | | 1 | | | | | 1 | 1 | 1 | | | 2 | | | 1 | 1 | 20 |
| | | MIN | | | | | | 78 | 80 | | 60 | | | | 35 | | 70 | | 40 | | | | | 45 | 50 | 50 | | | 45 | | | 30 | 30 | 613 |
| | CONCURRENT MINUTES | MIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | CO-TREATMENT MINUTES | MIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | COUNTER INITIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(97) R. 195

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|---|---|
| Allson Buchanan, PT (3536) | AB | Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | Shantel Nero, PTA (2242) | SN |
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CPT LOG PHYSICAL THERAPY - (GP) OutPatient — November 2014 — 767, PH Aiken

| | | | | | |
|---|---|---|---|---|---|
| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PHYSICIAN Reilly, Aaron () | | PAGE 1 OF 2 |
| MED DX 1 724.2 LUMBAGO | ONSET 09/07/2014 | MED DX2 724.3 SCIATICA | ONSET 09/07/2014 | START OF CARE | 10/06/2014 |
| MED DX 3 | ONSET | MED DX4 | ONSET | END OF CARE | 11/21/2014 |
| TX DX1 781.92 ABNORMAL POSTURE | TX DX2 | TX DX3 | TX DX4 | | |
| ORDER DATE 10/06/2014 | POC DATE 10/06/2014 | LAST UPDATE POC DATE 11/03/2014 | FACILITY ADMIT DATE 10/02/2014 | | |

| CPT CODE | CPT CODE DESCRIPTION | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 97024 | 97024 Diathermy | QTY | | | | | | | | | | | | | | W | | | | | | R | | | | | | | | | | | 0 |
| | | MIN | | | | | | | | | | | | | | 0 | | | | | | 0 | | | | | | | | | | | 0 |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☐ TIME ☒ SERVICE | INIT | | | | | | | | | | | | | | SN | | | | | | KB | | | | | | | | | | | |
| 97035 | 97035 Ultrasound | QTY | | | | | | | | | | | | | | | | | R | | | | | | | | | | | | | | 0 |
| | | MIN | | | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | | 0 |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☒ TIME ☐ SERVICE | INIT | | | | | | | | | | | | | | | | | KB | | | | | | | | | | | | | | |
| 97110 | 97110 Therapeutic exercise | QTY | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | 1 |
| | | MIN | | | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | | | 15 |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☒ TIME ☐ SERVICE | INIT | | | | | | | | | | | | SN | | | | | | | | | | | | | | | | | | | |
| 97530 | 97530 Therapeutic activities | QTY | | | | 1 | | 1 | 1 | | | | | 2 | | W | | | | 2 | | | | | | | | | | | | | 7 |
| | | MIN | | | | 10 | | 10 | 10 | | | | | 30 | | 0 | | | | 25 | | | | | | | | | | | | | 85 |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ☒ TIME ☐ SERVICE | INIT | | | | KB | | HA | HA | | | | | SN | | AB | | | | AB | | | | | | | | | | | | | |

(98) R. 196

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|---|---|
| Alison Buchanan, PT (3536) | AB | Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | Shantel Nero, PTA (2242) | SN |
| | | | | | | | |
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| PATIENT Elizabeth Priester | ID 248-39-0112 | PAYOR Pruitt Workers Comp | PHYSICIAN Reilly, Aaron () | PAGE 2 OF 2 |
|---|---|---|---|---|
| MED DX 1 724,2 LUMBAGO | ONSET 09/07/2014 | MED DX2 724.3 SCIATICA | ONSET 09/07/2014 | START OF CARE 10/06/2014 |
| MED DX 3 | ONSET | MED DX4 | ONSET | END OF CARE 11/21/2014 |
| TX DX1 781.92 ABNORMAL POSTURE | TX DX2 | TX DX3 | TX DX4 | |

| ORDER DATE 10/06/2014 | POC DATE 10/06/2014 | LAST UPDATE POC DATE 11/03/2014 | FACILITY ADMIT DATE 10/02/2014 |
|---|---|---|---|

| CPT CODE | CPT CODE DESCRIPTION | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G0283 | G0283 Electrical stimulation,(unattended), to one or more areas, for indication(s) other 97014 than wound | QTY | | | | 1 | | 1 | 1 | | | 1 | | | | | | | | 1 | | | | | | | | | | | | | 5 |
| | | MIN | | | | 30 | | 30 | 30 | | | 35 | | | | | | | | 25 | | | | | | | | | | | | | 150 |
| | | MOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | MOD | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | TIME SERVICE | INIT | | | | KB | | HA | HA | | | HA | | | | | | | | HA | | | | | | | | | | | | | |
| | SUB TOTAL SERVICE BASED CODES | QTY | | | | 1 | | 1 | 1 | | | 1 | | | | | | | | 1 | | | | | | | | | | | | | 5 |
| | | MIN | | | | 30 | | 30 | 30 | | | 35 | | | | | | | | 25 | | | | | | | | | | | | | 150 |
| | SUB TOTAL TIME BASED CODES | QTY | | | | 1 | | 1 | 1 | | | | | 3 | | | | | | 2 | | | | | | | | | | | | | 8 |
| | | MIN | | | | 10 | | 10 | 10 | | | | | 45 | | | | | | 25 | | | | | | | | | | | | | 100 |
| TOTAL VISITS 6 | TOTAL ALL CODES | QTY | | | | 2 | | 2 | 2 | | | 1 | | 3 | | | | | | 3 | | | | | | | | | | | | | 13 |
| | | MIN | | | | 40 | | 40 | 40 | | | 35 | | 45 | | | | | | 50 | | | | | | | | | | | | | 250 |
| | CONCURRENT MINUTES | MIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | CO-TREATMENT MINUTES | MIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 |
| | COUNTER INITIALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials | Rehab Personnel Electronic Signature | Initials |
|---|---|---|---|---|---|---|---|
| Alison Buchanan, PT (3536) | AB | Howard Alexander, PTA (1462) | HA | Kimberly Brown, PT (5592) | KB | Shantel Nero, PTA (2242) | SN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(99) R.197



# COLUMBIA NEUROSURGICAL ASSOCIATES, P.A.

www.columbianeurosurgical.com

Spine & Neurological Surgery

Thomas J. Holbrook, Jr., MD
William M. Rambo, Jr., MD
Randall G. Drye, MD
Scott B. Boyd, MD
Brett C. Gunter, MD
Karl A. Lozanne, MD

720 Rebon Road
Columbia, SC 29203
(803) 462-0423 - (F) 462-0432

132 Sunset Court
W. Columbia, SC 29169
(803) 794-3700 - (F) 794-0322

Pain Medicine
Eva J. Rawl, MD, Steven B. Storick, MD


**INDEPENDENT MEDICAL EVALUATION**

Patient: Elizabeth C. Priester
Chart: 149560
DOB: 08/17/1962
Date: 06/22/2015
CNAWT: 4046

The workman's comp carrier has asked and authorized us to provide a neurosurgical consult on this patient.

CHIEF COMPLAINT: Back and left leg pain.

HISTORY OF PRESENT ILLNESS: Ms. Priester is a 52-year-old CNA who is here for an IME regarding a work related injury that occurred 9/7/14 when she was caring for a patient and suffered back pain. This pain radiates into her left leg. It is difficult to get a good description from her of how this leg feels. She describes it as an ache. I believe that this pain in her back and leg is constant but is worse with activity. She says it hurts in the joints in the leg. She said that prior to this injury in September of 2014 she has never had any problems with her leg. She has had a prior work-related injury in 1997, but as best she can recall she only had back pain at that time. In between that injury in 1997 and recently, she said that she thought she was "doing good". Since the work-related injury in September she has not worked. She says that this event has "changed my life". It has changed the way she thinks and feels about life.

She has had physical therapy with E-stim and some medications. They have talked about doing some injections but she has not had one.

HISTORIES: Please see patient history form for medications/allergies, past medical history, social history, family history, and review of systems which are well documented in the intake sheet and have been reviewed and signed. The information contained is noncontributory except for that in the HPI.

PHYSICAL EXAMINATION: VITALS: HT 5'3", WT 170, R 16. GENERAL: The patient is well-developed, well-nourished appearing and in no acute distress. HEENT: Normocephalic, atraumatic. Sclera is nonicteric. PERRL. EOMI. NECK: Supple without JVD. RESPIRATIONS: Even and unlabored. ABDOMEN: Soft, nontender, nondistended. EXTREMITIES: No edema. No deformity. SKIN: Warm, dry and intact. LUMBAR: Painful ROM in all cardinal planes and tender to palpation in the low back around L5-S1. NEUROLOGICAL: Flat affect. GCS 15. Cranial nerves III-XII are intact. Speech is fluent with normal content. Power in the lower extremities is 5/5 throughout all muscle groups. Sensory exam is normal and symmetric. SLR is negative. DTRs are 2+ and symmetric at the knees and ankles bilaterally. She is slow to rise from a chair. She walks with a cane with an antalgic gait.

RADIOGRAPHIC STUDIES: MRI of the cervical spine shows some very minor degenerative disc changes that are all appropriate for age and again really quite minimal. I do not appreciate any significant nerve root compromise.

MRI of the lumbar spine is basically normal. It is reported by the radiologist that she has some bony canal narrowing from congenital changes at L3-4 but I really do not appreciate any significant stenosis. Again, her MRI scan appears normal even for somebody younger than her age.

IMPRESSION/PLAN: Ms. Elizabeth Priester has a lot of diffuse pain. This seems to be focused mostly in her low back. She also exhibits a lot of pain behavior ambulating with a cane, very slow to move and appears quite sensitive to pain. I simply cannot explain her pain based on her cervical and lumbar imaging. These images, especially her lumbar spine, are so normal that I would question whether her spine is even the source of her pain. Ms. Priester also exhibits suspicion and an unusual train of thought. I suspect there is a strong psychiatric component to her pain. In fact, she has had previous work injuries and also longstanding back problems. Even back in 1997 she had some psychiatric testing for back pain. As far as further treatment for Ms. Priester's pain, there is of course no role for surgery here. In fact, I would avoid any procedures as they are likely to make things worse rather than better. All I could recommend is pain management with heavy emphasis on cognitive and psychiatric components of pain.

The patient was seen and examined by me as well as Russell McMurry, NP.

Electronically signed by Scott B. Boyd, MD at 06/25/2015 09:46

Scott B. Boyd, MD

SBB/cb
DOC#: 00030635/JOB#: 30990

**South Carolina Workers' Compensation Commission**
1333 Main Street, Suite 500
P.O. Box 1715
Columbia, South Carolina 29202-1715
(803) 737-5739 www.wcc.sc.gov

# PRE-HEARING BRIEF
## WCC File No.: 1414843

| | | | |
|---|---|---|---|
| Claimant's Name: | Elizabeth Priester | Employer's Name: | PruittHealth - Aiken, LLC |
| Address: | 2610 Edgefield Highway | Address: | 830 Laurens Street |
| City: | Aiken State: SC Zip: 29801 | City: | Aiken State SC ZIP 29801-3416 |
| Home Phone: | (803) 641-8000 Work Phone | Carrier: | American Zurich Ins. Co. |
| Preparer's Name: | R. Daniel Addison | Preparer's Phone #: | (803) 727-1200 |

**A claim for workers' compensation benefits is made based on the following grounds:**
☒ Injury ☐ Illness ☐ Repetitive Trauma

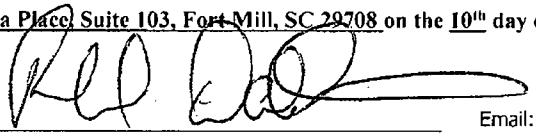
1. Compensation Rate: $357.68 2. AWW: $536.50 **Date of Injury:** September 7, 2014
3. Type of injury and body part(s) Admitted injuries to left wrist and LOW back. All others denied.
4. Facts in controversy: Scope and extent of compensable injuries. Whether claimant is at MMI? If so, degree of permanent impairment, if any? Whether Claimant is entitled to any additional medical treatment. Whether Defendants may stop TTD? Whether Defendants are entitled to a credit for TTD paid after date of MMI?
5. Legal issues involved S.C. Code §42-1-160, §42-15-60, §42-9-30, §42-9-260, §42-9-210
6. Unusual aspects: None
7. Witnesses (designate if expert)* Claimant, anyone called by Claimant, Michelle Lott, Nick Guzman, Bessy Riley, or other Employer representative may testify.
8. Exhibits: Excerpts of Claimant's employee file, Claimant's deposition transcript; Dr. Boyd questionnaire (to be supplemented upon receipt)
9. Medical evidence: (indicate report pursuant to R.67-612; deposition or appearance) See APA Submissions.
10. Name, address, and specialty, if any, of the treating physician: Dr. Scott Boyd, Columbia Neurosurgical Associates.
11. Impairment rating(s); body part(s); physician and date of opinion: Will be supplemented upon receipt.
12. I am amending my Form 50/51 in the following manner N/A

☐ **Mediation**

☐a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B
☐b. Mediation is required pursuant to Reg. 67-1802.
☐c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
☐d. Mediation has been conducted by a duly qualified mediator and resulted in impasse.
Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

**I verify the contents of this Form are accurate and true to the best of my knowledge.**
**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to** Michael M. Johnson, Jr.

**Address** 1201 Carolina Place, Suite 103, Fort Mill, SC 29708 **on the** 10th **day of** August, **2015, by** ☒ **first class postage** ☐ **certified mail** ☐ **personal service**

Signature:  Email: daddison@hedrickgardner.com

Date of Hearing August 20, 2015 Time needed for hearing: 1 hour

On behalf of ☐ Claimant ☒ Employer

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 57-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**
**WCC NO. 1414843**

| | |
|---|---|
| **ELIZABETH PRIESTER,**<br><br>**Claimant,**<br><br>**vs.**<br><br>**PRUITTHEALTH - AIKEN, LLC,**<br><br>**Employer,**<br><br>**and**<br><br>**AMERICAN ZURICH INS. CO.,**<br><br>**Carrier.** | **NOTICE OF WITNESSES AND WRITTEN REPORT(S) PHYSICIAN OR OTHER EVIDENCE TO BE INTRODUCED ON BEHALF OF THE EMPLOYER/CARRIER** |

TO: SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION AND CLYDE C. DEAN, JR., ATTORNEY FOR CLAIMANT:

YOU ARE HEREBY NOTIFIED THAT THE employer/carrier, pursuant to the provisions of the South Carolina Workers' Compensation Act and South Carolina Code §1-23-330 (1976, as amended), herewith submits the following reports/physicians or other evidence on behalf of the employer/carrier, to wit:

| TAB | NAME OF PHYSICIAN/OTHER | DATE OF REPORTS | NO. |
|---|---|---|---|
| 6 | Carolina Musculoskeletal Institute | 10/28/98-2/23/15 | 102-131 |
| 7 | Family MedCenter of Aiken | 1/15/93-12/17/14 | 132-144 |
| 8 | Aiken Regional Medical Center | 10/28/03-11/14/14 | 145-175 |
| 9 | Rural Health Service | 3/23/11-3/17/14 | 176-189 |
| 10 | Bamberg County Memorial Hospital | 10/12/94-8/25/00 | 190-214 |
| 11 | Dr. Dale Padgett | 11/18/97-9/4/02 | 215-292 |

| TAB | EXHIBIT | NO. |
|---|---|---|
| A | Excerpts of Claimant's employee file | 293-315 |
| B | Dr. Boyd Questionnaire (to be supplemented upon receipt) | 316-317 |
| C | Claimant's deposition transcript | |

YOU ARE FURTHER HEREBY NOTIFIED that you have the right to cross-examination; and, should you desire to exercise said right, you are to forthwith schedule the deposition(s) of any of the physicians or other person(s), whose reports are submitted, for the purposes of cross-examination.

YOU ARE FURTHER HEREBY NOTIFIED that the originals of the documents referred herein, or photocopies received from said physicians/others, are being herewith forwarded to the South Carolina Workers' Compensation Commission, for insertion in the file of the South Carolina Workers' Compensation Commission and inclusion into evidence on behalf of the employer/carrier.

YOU ARE FURTHER NOTIFIED that the following witnesses may be called on behalf of the employer/carrier:

Claimant

Anyone named by Claimant

Michelle Lott

Nick Guzman

Bessy Riley

Other Representative of employer may testify

R. Daniel Addison
HEDRICK GARDNER KINCHELOE & GAROFALO, LLP
P.O. Box 11267
Columbia, SC 29211
(803) 727-1200
Attorneys for Defendant(s)

August 10, 2015

**ELIZABETH PRIESTER v. PRUITTHEALTH - AIKEN, LLC**

**WCC No. : 1414843**

**DOI: September 7, 2014**

# APA COVERSHEET

| TAB | NAME OF PHYSICIAN/OTHER | DATE OF REPORTS | NO. |
|---|---|---|---|
| 6 | Carolina Musculoskeletal Institute | 10/28/98-2/23/15 | 102-131 |
| 7 | Family MedCenter of Aiken | 1/15/93-12/17/14 | 132-144 |
| 8 | Aiken Regional Medical Center | 10/28/03-11/14/14 | 145-175 |
| 9 | Rural Health Service | 3/23/11-3/17/14 | 176-189 |
| 10 | Bamberg County Memorial Hospital | 10/12/94-8/25/00 | 190-214 |
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| TAB | EXHIBIT | NO. |
|---|---|---|
| A | Excerpts of Claimant's employee file | 293-315 |
| B | Dr. Boyd Questionnaire (to be supplemented upon receipt) | 316-317 |
| C | Claimant's deposition transcript | |

## PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

Clinical Encounter Summaries

**Encounter Date: 02/23/2015**

**Patient**

| | | | |
|---|---|---|---|
| **Name** | PRIESTER, ELIZABETH (52, F) ID# 43419 | **Appt. Date/Time** | 02/23/2015 02:30PM |
| **DOB** | 08/17/1962 | **Service Dept.** | CMI ORTHOPEDIC UNIV |
| **Provider** | DOUGLAS HOLFORD, MD | | |
| **Insurance** | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is ineligible. Patient found on payor's files, but not covered on date of inquiry. details | | |

### Chief Complaint

lower back pain

pt's case manager is in the waiting room - back and neck are no better - pt is having trouble getting to the bathroom fat enough - she'd like a RX for depends - pt having trouble sleeping too

### Patient's Care Team

**Insurance Adjuster (Worker's Comp):** BEVERLY KING: Ph (770) 290-8255, Fax (866) 354-3218
**Notes:** none

### Patient's Pharmacies

**CVS/PHARMACY #5529 (ERX):** 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9962

### Problems

Problems not reviewed (last reviewed 11/03/2014)
- Prolapsed cervical intervertebral disc
- Lumbosacral nerve root pain

### Medications

Reviewed Medications

| Name | Date | |
|---|---|---|
| duloxetine 30 mg capsule,delayed release<br>Take 1 capsule(s) every day by oral route | 12/10/14 | prescribed |
| naproxen 500 mg tablet | 12/05/14 | filled |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet | 11/17/14 | filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 | prescribed |

### Allergies

Reviewed Allergies
NKDA

### Past Medical History

Reviewed Past Medical History

### Surgical History

Reviewed Surgical History
- Hysterectomy

### Family History

Reviewed Family History

### Social History

Reviewed Social History
**Orthopedic Surgery**
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Non-smoker.

## PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

Hand Dominance: Right
Work related injury?: Y.

### Vitals

02/23/2015 03:16 pm

Ht: 5 ft 3 in Wt: 187 lbs BMI: 33.1

BP: 130/90

### HPI

Stavic running back pain radiates into her left hip feels heavy at times also her neck continues to bother him at Dr. goltra for epidural steroid once a prescription for details because she feels incompetence of her back

### ROS

**Musculoskeletal:** Musculoskeletal: no muscle aches or weakness, no arthralgias/joint pain or swelling in the extremities, and back pain.

### Physical Exam

Patient is a 52-year-old female.

tender C7 tender medial border scapular tender left sciatic notch nerve neurological exam is unchanged significantly

### Assessment / Plan

1. **Lumbosacral nerve root pain**
   724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified
   - EPIDURAL STEROID INJECTION, CERVICAL (PROC)

2. **Prolapsed cervical intervertebral disc**
   722.0: Displacement of cervical intervertebral disc without myelopathy

### Discussion

**Discussion Notes**

set her up for epidural steroids strives of Limbitrol see her back in 4-6 weeks

### Return to Office

None recorded.

### QM

Provider: dholford1
Programs: MU Medicare - Year 1 - 2014 (Stage 1), MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2014, PQRS 2015
Last updated 02/22/2015

| Measure | Status |
|---|---|
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |
| Influenza immunization (MU) | Needs Data |
| Provide patient information | Needs Data |
| Documentation of current medications | No Episodes |
| BMI Screening and Follow-Up | Out of Range |
| Hypertension screening and follow-up | Out of Range |
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| Medication reconciliation | Satisfied |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Up-to-date problem list | Satisfied |

### Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 02/23/2015.

## PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on 02/23/2015 at 4:15pm

**Encounter Date: 01/05/2015**

### Patient

| | | | |
|---|---|---|---|
| **Name** | PRIESTER, ELIZABETH (52, F) ID# 43419 | **Appt. Date/Time** | 01/05/2015 02:45PM |
| **DOB** | 08/17/1962 | **Service Dept.** | CMI ORTHOPEDIC UNIV |
| **Provider** | DOUGLAS HOLFORD, MD | | |
| **Insurance** | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is eligible. details | | |

### Chief Complaint

Test Results

Still having the neck pain. Pt would like to have some medicine to help her with the pain.

### Patient's Care Team

**Insurance Adjuster (Worker's Comp)**: BEVERLY KING: Ph (770) 290-8255, Fax (866) 354-3218

### Patient's Pharmacies

**CVS/PHARMACY #5529 (ERX): 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9962**

### Problems

Problems not reviewed (last reviewed 11/03/2014)
- Prolapsed cervical intervertebral disc
- Lumbosacral nerve root pain

### Medications

Reviewed Medications

| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| duloxetine 30 mg capsule,delayed release<br>Take 1 capsule(s) every day by oral route. | 12/10/14 prescribed |
| metaxalone 800 mg tablet | 09/15/14 filled |
| Mobic 15 mg tablet<br>Take 1 tablet(s) every day by oral route for 30 days. | 11/25/14 prescribed |
| naproxen 500 mg tablet | 12/05/14 filled |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet | 11/17/14 filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 prescribed |

### Allergies

Reviewed Allergies
NKDA

### Past Medical History

Reviewed Past Medical History

### Surgical History

Reviewed Surgical History

### Family History

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

Reviewed Family History

## Social History

Reviewed Social History
**Orthopedic Surgery**
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Non-smoker.
Hand Dominance: Right.
Work related injury?: Y.

## Vitals

01/05/2015 03:09 pm

Ht: 5 ft 4 in  Wt: 180 lbs  BMI: 30.9

BP: 140/78 sitting L arm

## HPI

still having problems with her neck comes in for MRI results

## ROS

**Musculoskeletal:** Musculoskeletal **arthralgias/joint pain.**

## Physical Exam

Patient is a 52-year-old female.

tender C7 and tender medial border scapular MRI shows disc disease at C5-6-6-7

## Assessment / Plan

**1. Prolapsed cervical intervertebral disc**
722.0: Displacement of cervical intervertebral disc without myelopathy

## Discussion

**Discussion Notes**
talked about epidurals she wants to think about it

## Return to Office

- to see Douglas Holford, MD at CMI ORTHOPEDIC UNIV on or around 02/16/2015

## QM

Provider: dholford1
Programs: MU Medicare - Year 2 - 2015 (Stage 1), PQRS 2015
Last updated 01/05/2015

| Measure | Status |
|---|---|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| BMI Screening and Follow-Up | Out of Range |
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |
| Documentation of current medications | No Episodes |
| Hypertension screening and follow-up | Out of Range |
| Influenza immunization (MU) | Needs Data |
| Medication reconciliation | Satisfied |
| Provide patient information | Needs Data |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

Up-to-date problem list Satisfied

## Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 01/05/2015.

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on 01/05/2015 at 4:27pm

**Encounter Date: 12/23/2014**

## Patient

| | | | |
|---|---|---|---|
| **Name** | PRIESTER, ELIZABETH (52, F) ID# 43419 | **Appt. Date/Time** | 12/23/2014 11:30AM |
| **DOB** | 08/17/1962 | **Service Dept.** | CMI IMAGING |
| **Provider** | DAVID GOLTRA, MD | | |
| **Insurance** | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: check now | | |

## Allergies

Reviewed Allergies
NKDA

## Assessment / Plan

CAROLINA MUSCULOSKELETAL INSTITUTE

Exam: MRI cervical spine without contrast performed 12/23/2014

History: Neck pain and back pain status post injury September 2014

Comparison: X-ray from 12/10/2014

Technique: Multiplanar multisequence imaging cervical spine performed without contrast.

Findings:
No discrete mass seen along the course of the brachial plexus on the coronal overview images. Lung apices are relatively clear. Vertebral body heights and AP alignment are maintained. No signal abnormality within the spinal cord. Disc desiccation and disc space narrowing at C5-6 and to a lesser extent C6-7 as seen on the radiograph. Small anterior osteophytes also noted at these levels. Disc signal and spacing at the other levels is relatively preserved.

Images through the cervical discs demonstrate the following:
C2-3: No compressive disc pathology. Canal and foramen are patent.
C3-4: No compressive disc pathology. Canal and foramen are patent.
C4-5: Trace circumferential bulging with small uncovertebral osteophytes right greater than left. Trace right foraminal narrowing. Trace effacement anterior thecal sac. Left foramen is relatively patent.
C5-6: Minimal circumferential disc bulge with overhanging osteophytes and more pronounced uncovertebral osteophyte projecting to the right greater than left foramen. Mild facet arthrosis bilaterally. Mild to moderate narrowing spinal canal with effacement anterior thecal sac and disc osteophyte approximating anterior cord without any gross compression. Moderate right greater than left foraminal narrowing with potential compromise exiting C6 nerve roots.
C6-7: Minimal circumferential disc bulge with overhanging osteophytes. Minimal narrowing spinal canal with effacement anterior thecal sac. Minimal facet arthrosis bilaterally. Moderate bilateral foraminal narrowing with potential compromise exiting C7 nerve roots.
C7-T1: No compressive disc pathology. Mild facet arthrosis bilaterally. Spinal canal and foramen are patent.

Opinion: Degenerative disc disease most pronounced at C5-6 and C6-7 with disc bulge and osteophytes causing mild to moderate narrowing of the spinal canal most pronounced at C5-6. Moderate bilateral foraminal narrowing at C5-6 and C6-7 with potential compromise of exiting C6 and C7 nerve roots respectively.

Adam Voorhees, M.D.

**1. Prolapsed cervical intervertebral disc**
722.0: Displacement of cervical intervertebral disc without myelopathy

## Return to Office

- Douglas Holford, MD for TEST RESULTS at CMI ORTHOPEDIC UNIV on 01/05/2015 at 02:45 PM

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Encounter Sign-Off

Encounter signed-off by Adam Voorhees, 12/30/2014.

Encounter performed and documented by Adam Voorhees
Encounter reviewed & signed by Adam Voorhees on 12/30/2014 at 10:05pm

**Encounter Date: 12/10/2014**

## Patient

| | | | |
|---|---|---|---|
| **Name** | PRIESTER, ELIZABETH (52, F) ID# 43419 | **Appt. Date/Time** | 12/10/2014 11:00AM |
| **DOB** | 08/17/1962 | **Service Dept.** | CMI ORTHOPEDIC SOUTH |
| **Provider** | DOUGLAS HOLFORD, MD | | |
| **Insurance** | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is eligible. details | | |

## Chief Complaint

lower back pain

PT SAYS PAIN MEDS ARE NOT WORKING; STILL HAVING PAIN.

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** BEVERLY KING: Ph (770) 290-8255, Fax (866) 354-3218

## Patient's Pharmacies

**CVS/PHARMACY #5529 (ERX): 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9962**

## Problems

Problems not reviewed (last reviewed 11/03/2014)
- Prolapsed cervical intervertebral disc
- Lumbosacral nerve root pain

## Medications

Reviewed Medications

| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| metaxalone 800 mg tablet | 09/15/14 filled |
| Mobic 15 mg tablet<br>Take 1 tablet(s) every day by oral route for 30 days | 11/25/14 prescribed |
| naproxen 500 mg tablet | 12/05/14 filled |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet | 11/17/14 filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 prescribed |

## Allergies

Reviewed Allergies
NKDA

## Past Medical History

Reviewed Past Medical History

## Surgical History

Reviewed Surgical History

## Family History

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

Reviewed Family History

## Social History

Reviewed Social History
**Orthopedic Surgery**
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Non-smoker.
Hand Dominance: Right.
Work related injury?: Y.

## Vitals

| | | | | | |
|---|---|---|---|---|---|
| **Ht:** | 5 ft 4 in 12/10/2014 11:22 am | **Wt:** | 177 lbs 12/10/2014 11:22 am | **BMI:** | 30.4 12/10/2014 11:22 am |
| **BP:** | 150/92 sitting L arm 12/10/2014 11:23 am | | | | |

## HPI

patient still has problems with her low back and leg is also having back problems which radiates into her arms she does not want epidural steroids because we don't put her to sleep when asked about returning to work she says that is her and doesn't feel that she is herself

## ROS

None recorded.

## Physical Exam

Patient is a 52-year-old female.

has significant flat affect asked us to C7 mild tenderness medial scapula diffuse weakness of the arm no significant radicular symptoms at this time MRI of her lumbar spine show mild L4-5 disease she had not had x-rays of her cervical spine

## Results / Interpretations

X-RAY, CERVICAL SPINE, 2 VIEW

Review of x-ray, cervical spine, 2 view taken on 12/10/2014 at IN-OFFICE ORDER shows:
Imaging Studies:
Views: AP and lateral.
AP lateral cervical spine shows degenerative disc disease at C5-6 lesser degree at C6-7

## Assessment / Plan

1. **Lumbosacral nerve root pain**
   724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified

2. **Prolapsed cervical intervertebral disc**
   722.0: Displacement of cervical intervertebral disc without myelopathy
   - X-RAY, CERVICAL SPINE, 2 VIEW
   - MRI, C-SPINE

   Height (ft.): 5 ft 4 in Weight (lbs): 176

## Discussion

**Discussion Notes**

try some Cymbalta to help her leg and depression in regards to work do I think she will do light workthe problemreturning to work would be the depression

## Return to Office

None recorded.

## QM

Provider: dholford1

Programs: MU Medicare - Year 1 - 2014 (Stage 1), PQRS 2014

Last updated 12/10/2014

| Measure | Status |
|---|---|

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

| | |
|---|---|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| BMI Screening and Follow-Up | Out of Range |
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |
| Documentation of current medications | No Episodes |
| Hypertension screening and follow-up | Out of Range |
| Influenza immunization (MU) | Needs Data |
| Medication reconciliation | Satisfied |
| Provide patient information | Needs Data |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Up-to-date problem list | Satisfied |

## Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 12/10/2014.

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on 12/10/2014 at 12:30pm

**Encounter Date: 11/17/2014**

## Patient

| | | | |
|---|---|---|---|
| **Name** | PRIESTER, ELIZABETH (52, F) ID# 43419 | **Appt. Date/Time** | 11/17/2014 05:00PM |
| **DOB** | 08/17/1962 | **Service Dept.** | CMI ORTHOPEDIC UNIV |
| **Provider** | DOUGLAS HOLFORD, MD | | |
| **Insurance** | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is eligible. details | | |

## Chief Complaint

Test Results

mri lumbar, ultram not strong enough still having constant pain

## Patient's Care Team

**Insurance Adjuster (Worker's Comp):** BEVERLY KING: Ph (770) 290-8255, Fax (866) 354-3218

## Patient's Pharmacies

**CVS/PHARMACY #5529 (ERX): 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9962**

## Problems

Problems not reviewed (last reviewed 11/03/2014)
- Lumbosacral nerve root pain

## Medications

Reviewed Medications

| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| metaxalone 800 mg tablet | 09/15/14 filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 prescribed |

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Allergies

Reviewed Allergies
NKDA

## Past Medical History

Reviewed Past Medical History

## Surgical History

Reviewed Surgical History

## Family History

Reviewed Family History

## Social History

Reviewed Social History
**Orthopedic Surgery**
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Non-smoker.
Hand Dominance: Right.
Work related injury?: Y.

## Vitals

11/17/2014 04:28 pm

Ht: 5 ft 4 in  Wt: 175 lbs  BMI: 30

BP: 138/82

## HPI

Comes in for MRI results and still has pain in her back some paresthesias

## ROS

None recorded.

## Physical Exam

Patient is a 52-year-old female.

Dr. lumbar spine straight leg raising is negative neurological exam is intact MRI shows a minimal annular bulge at L4-5

## Assessment / Plan

**1. Lumbosacral nerve root pain**
724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified

## Discussion

**Discussion Notes**
Tried Mobic back exercises see her back here in 6 day weeks'

## Return to Office

None recorded.

## QM

Provider: dholford1
Programs: MU Medicare - Year 1 - 2014 (Stage 1), PQRS 2014
Last updated 10/30/2014

| Measure | Status |
|---|---|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| BMI Screening and Follow-Up | Out of Range |
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

| | |
|---|---|
| Documentation of current medications | No Episodes |
| Hypertension screening and follow-up | Out of Range |
| Influenza immunization (MU) | Needs Data |
| Medication reconciliation | Satisfied |
| Provide patient information | Needs Data |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Up-to-date problem list | Satisfied |

## Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 11/17/2014.

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on 11/17/2014 at 5:01pm

**Encounter Date: 11/11/2014**

## Patient

| | | | |
|---|---|---|---|
| **Name** | PRIESTER, ELIZABETH (52, F) ID# 43419 | **Appt. Date/Time** | 11/11/2014 02:30PM |
| **DOB** | 08/17/1962 | **Service Dept.** | CMI IMAGING |
| **Provider** | DAVID GOLTRA, MD | | |
| **Insurance** | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: check now | | |

## Allergies

Reviewed Allergies
NKDA

## Assessment / Plan

CAROLINA MUSCULOSKELETAL INSTITUTE IMAGING

LUMBAR SPINE MRI

Technique: Multiplanar imaging of the lumbar spine was performed on the GE 1.5 Tesla MRI system.

Contrast:: None

Comparison: None

Clinical history: Low back pain numbness and tingling in right leg. Lifting injury.

Findings:

Overview: The renal contours, visualized paraspinous musculature and bone marrow signal within the pelvis and hips all appear normal.

Thoracic spine: The spinal cord terminates in a normal fashion. No compressive disc pathology is evident within the lower thoracic spine.

Lumbar spine: There is normal alignment of the lumbar vertebral bodies. No marrow space edema is present within the osseous elements the lumbar spine.

Intervertebral discs:

L1-2, L2-3 and L3-4: There is normal height and signal within the intervertebral discs. Bilateral facet and ligamentous hypertrophy is present. No compressive disease is evident.

L4-5: There is normal height and signal within the intervertebral discs. There is a tiny noncompressive annular protrusion projecting slightly into the right lateral recess closely approximating the right L5 nerve root. Bilateral facet and ligamentous hypertrophy is present

L5-S1: There is normal height and signal within the intervertebral disc. The neural foramina are patent bilaterally. No significant facet joint disease is evident. No compressive pathology is identified.

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

Opinion: There is an very mild noncompressive annular protrusion at L4-5. Diffuse facet and ligamentous hypertrophy is present throughout the lumbar spine.

David Goltra MD

**1. Lumbosacral nerve root pain**
724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified

**Return to Office**
- Douglas Holford, MD for TEST RESULTS at CMI ORTHOPEDIC UNIV on 11/17/2014 at 02:15 PM

**Encounter Sign-Off**
Encounter signed-off by David Goltra, MD, 11/14/2014.

Encounter performed and documented by David Goltra, MD
Encounter reviewed & signed by David Goltra, MD on 11/14/2014 at 11:32am

**Encounter Date: 11/03/2014**

**Patient**

| | | | |
|---|---|---|---|
| **Name** | PRIESTER, ELIZABETH (52, F) ID# 43419 | **Appt. Date/Time** | 11/03/2014 02:30PM |
| **DOB** | 08/17/1962 | **Service Dept.** | CMI ORTHOPEDIC UNIV |
| **Provider** | DOUGLAS HOLFORD, MD | | |
| **Insurance** | Med Worker's Comp: GALLAGHER BASSETT SERVICES INCORPORATED<br>Policy/Group # : 005502005593WC01<br>Employer Name : PRUITTHEALTH<br>Case # : 005502005593WC01<br>Case Injury Date : 09/07/2014<br>Prescription: ESI1 - Member is eligible. details | | |

**Chief Complaint**

Right lower back pain

AT WORK TRYING TO KEEP RESIDENT FROM FALLING OFF BED AND PATIENT WAS OBESE, PATIENT PUT ALL WT ON HER AND SINCE THEN HAS HAD LOW BACK PAIN AND RT LEG TINGLING AND NUMBNESS, WENT TO DOCTOR CARE HAD X RAYS THEY ARE ON THE COMPUTER, CONTINUES TO HAVE BACK AND LEG PROBLEMS

**Patient's Care Team**

**Insurance Adjuster (Worker's Comp):** BEVERLY KING: Ph (770) 290-8255, Fax (866) 354-3218

**Patient's Pharmacies**

**CVS/PHARMACY #5529 (ERX): 1041 YORK STREET, AIKEN SC 29801, Ph (803) 641-1827, Fax (803) 644-9962**

**Problems**

Reviewed Problems
- Lumbosacral nerve root pain

**Medications**

Reviewed Medications

| Name | Date | |
|---|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 | filled |
| hydrocodone 5 mg-acetaminophen 325 mg tablet | 10/20/14 | filled |
| metaxalone 800 mg tablet | 09/15/14 | filled |

**Allergies**

Reviewed Allergies
NKDA

**Past Medical History**

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

Reviewed Past Medical History

## Surgical History

Reviewed Surgical History

## Family History

Reviewed Family History

## Social History

Reviewed Social History
**Orthopedic Surgery**
Smoking Status: Never smoker.
Tobacco-years of use: 0.
Non-smoker.
Hand Dominance: Right.
Work related injury?: Y.

## Vitals

11/03/2014 03:10 pm

| | | |
|---|---|---|
| **Ht:** 5 ft 4 in | **Wt:** 177 lbs | **BMI:** 30.4 |
| **BP:** 140/82 | | |

## HPI

Lifting a double-ended procedure well and felt something pull in her back with the patient fell backwards to try to prevent the patient from falling and left leg pain and low back pain and see the doctors care where x-rays were taken comes here because it continues to hurt

## ROS

None recorded.

## Physical Exam

Patient is a 52-year-old female.

Tender L4-5 L5-S1 tender left posterior-superior iliac spine extends 10° left bends 25° with pain to the left flexes to 40° mild tenderness in the gastroc motor point in her wound and no significant weakness x-rays taken at Dr. scan shows a disc this to be relatively well maintained no significant bony abnormalities

## Assessment / Plan

**1. Lumbosacral nerve root pain**
724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified
- MRI, LUMBAR SPINE
  Height (ft.): 5 ft 4 in Weight (lbs): 176

## Discussion

**Discussion Notes**
Because of 6 weeks and get an MRI to evaluate

## Return to Office

None recorded.

## QM

Provider: dholford1
Programs: MU Medicare - Year 1 - 2014 (Stage 1), PQRS 2014
Last updated 10/30/2014

| Measure | Status |
|---|---|
| Active allergy list | Satisfied |
| Active medication list | Satisfied |
| BMI Screening and Follow-Up | Out of Range |
| Breast Cancer Screening | Needs Data |
| Colorectal Cancer Screening | Needs Data |

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

| | |
|---|---|
| Hypertension screening and follow-up | Out of Range |
| Influenza immunization (MU) | Needs Data |
| Provide patient information | Needs Data |
| Provide patients timely online access | Satisfied |
| Record demographics | Satisfied |
| Record smoking status | Satisfied |
| Record vital signs | Satisfied |
| Tobacco screening and cessation intervention | Satisfied |
| Up-to-date problem list | Out of Range |

## Encounter Sign-Off

Encounter signed-off by Douglas Holford, MD, 11/03/2014.

Encounter performed and documented by Douglas Holford, MD
Encounter reviewed & signed by Douglas Holford, MD on 11/03/2014 at 3:30pm

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800
**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Return to Work / School

**Patient:** Priester, Elizabeth C
**DOB:** 08/17/1962
**Address:** 2610 Edgefield Hwy
Aiken, SC 29801-8022

**Date:** 02/23/2015
**Patient ID:** 43419

Note to Patient:

_X__ Was Seen in my office on: _____02/23/15_____

___ May return to work/school on: _____

_X__ May Not return to work for 4-6 week pending approval of ESI.

___ Work limitations: _____

___ May Not participate in physical education: _____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty: _____

Electronically Signed by: DOUGLAS HOLFORD, MD

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800
PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

## Return to Work / School

**Patient:** Priester, Elizabeth C
**DOB:** 08/17/1962
**Address:** 2610 Edgefield Hwy
Aiken, SC 29801-8022

**Date:** 01/05/2015
**Patient ID:** 43419

Note to Patient:

_X__ Was Seen in my office on: _01/05/2015_____

___ May return to work/school on: _____

___ May Not return to work/school on: _____

___ Work limitations: _____

___ May Not participate in physical education: _____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty: _____

Electronically Signed by: DOUGLAS HOLFORD, MD

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Encounters and Procedures

### MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR PATIENTS

Date 12/23/14 Patient Number

Name Priester Elizabeth Age 52 Height 5'2" Weight 175
Last name First name Middle Initial

Date of Birth 08/17/62 Male ☐ Female ☑ Body Part to be Examined

Address 2410 Edgefield Hwy. Telephone (home) (803) 514-0814
number street city

City Aiken Telephone (work) (___) ___-____

State S.C. Zip Code 29801

Reason for MRI and/or Symptoms Neck pain, back pain

Referring Physician Hafford Telephone (___) ___-____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes
   If yes, please indicate the date and type of surgery:
   Date 5/19/98 Type of surgery Hysterectomy – Female problems (2 visits)
   Date ___/___/___ Type of surgery
2. Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? ☐ No ☑ Yes
   If yes, please list: Body part / Date / Facility

| | Body part | Date | Facility |
|---|---|---|---|
| MR: | Lumbar | 11/3 | Dr. Hafford |
| CT/CAT Scan: | | | |
| X-Ray: | Lumbar | 09/3/14 | Dr. Hafford |
| Ultrasound: | | | |
| Nuclear Medicine: | | | |
| Other: | | | |

3. Have you experienced any problem related to a previous MRI examination or MR procedure? ☐ No ☐ Yes
   If yes, please describe:
4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? ☑ No ☐ Yes
   If yes, please describe:
5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes
   If yes, please describe:
6. Are you currently taking or have you recently taken any medication or drug? ☐ No ☐ Yes
   If yes, please list: Lisinopril, Meloxicam, Vit. C, Calc.
7. Are you allergic to any medication? ☐ No ☑ Yes
   If yes, please list:
8. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? ☐ No ☐ Yes
9. Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, renal (kidney) failure, renal (kidney) transplant, high blood pressure (hypertension), liver (hepatic) disease, a history of diabetes, or seizures? ☑ No ☐ Yes
   If yes, please describe:

For female patients:
10. Date of last menstrual period: 2-__-15 Post menopausal? ☐ No ☐ Yes
11. Are you pregnant or suspecting a late menstrual period? ☑ No ☐ Yes
12. Are you taking oral contraceptives or receiving hormonal treatment? ☑ No ☐ Yes
13. Are you taking any type of fertility medication or having fertility treatments? ☑ No ☐ Yes
    If yes, please describe:
14. Are you currently breastfeeding? ☑ No ☐ Yes

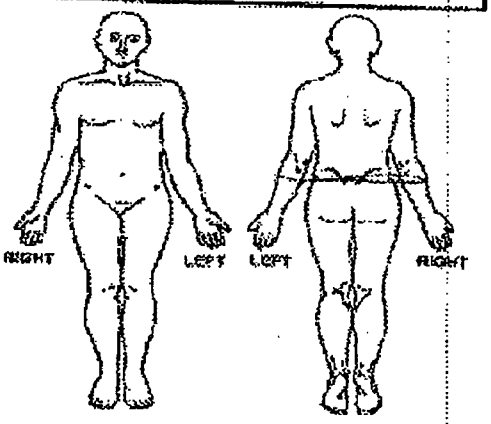
**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

**Please indicate if you have any of the following:**

| | | |
|---|---|---|
| ☐ Yes | ☑ No | Aneurysm clip(s) |
| ☐ Yes | ☑ No | Cardiac pacemaker |
| ☐ Yes | ☑ No | Implanted cardioversion defibrillator (ICD) |
| ☐ Yes | ☑ No | Electronic implant or device |
| ☐ Yes | ☑ No | Magnetically-activated implant or device |
| ☐ Yes | ☑ No | Neurostimulation system |
| ☐ Yes | ☑ No | Spinal cord stimulator |
| ☐ Yes | ☑ No | Internal electrodes or wires |
| ☐ Yes | ☑ No | Bone growth/bone fusion stimulator |
| ☐ Yes | ☑ No | Urethral, urologic, or other coil implant |
| ☐ Yes | ☑ No | Insulin or other infusion pump |
| ☐ Yes | ☑ No | Implanted drug infusion device |
| ☐ Yes | ☑ No | Any type of prosthesis (eye, cochlear, etc.) |
| ☐ Yes | ☑ No | Heart valve prosthesis |
| ☐ Yes | ☑ No | Eyelid spring or wire |
| ☐ Yes | ☑ No | Artificial or prosthetic limb |
| ☐ Yes | ☑ No | Metallic stent, filter, or coil |
| ☐ Yes | ☑ No | Shunt (spinal or intraventricular) |
| ☐ Yes | ☑ No | Vascular access port and/or catheter |
| ☐ Yes | ☑ No | Radiation seeds or implants |
| ☐ Yes | ☑ No | Swan-Ganz or thermodilution catheter |
| ☐ Yes | ☑ No | Medication patch (Nicotine, Nitroglycerine) |
| ☐ Yes | ☑ No | Any metallic fragment or foreign body |
| ☐ Yes | ☑ No | Wire mesh implant |
| ☐ Yes | ☑ No | Tissue expander (e.g., breast) |
| ☐ Yes | ☑ No | Surgical staples, clips, or metallic sutures |
| ☐ Yes | ☑ No | Joint replacement (hip, knee, etc.) |
| ☐ Yes | ☑ No | Bone/joint pin, screw, nail, wire, plate, etc. |
| ☐ Yes | ☑ No | IUD, diaphragm, or pessary |
| ☑ Yes | ☐ No | Dentures or partial plates |
| ☐ Yes | ☐ No | Tattoo or permanent makeup |
| ☑ Yes | ☐ No | Body piercing jewelry (one) |
| ☐ Yes | ☑ No | Hearing aid<br>*(Remove before entering MR system room)* |
| ☐ Yes | ☑ No | Other implant: _____ |
| ☐ Yes | ☑ No | Breathing problem or motion disorder |
| ☐ Yes | ☑ No | Claustrophobia |

**Please mark on the figure(s) below the location of any implant or metal inside of or on your body**




**IMPORTANT INSTRUCTIONS**

**Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.**

**Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.**

**NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.**

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date: 12/23/14
Signature

Form Completed By: ☑ Patient ☐ Relative ☐ Nurse _____
Print name Relationship to patient

Form Information Reviewed By: _____ _____
Print name Signature

☑ MRI Technologist ☐ Nurse ☐ Radiologist ☐ Other _____

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**
**CAROLINA MUSCULOSKELETAL INSTITUTE, PA**
410 UNIVERSITY PKWY SUITE 1000
AIKEN, SC 29801-6800
Phone: (803) 644-4264
Fax: (803) 649-0543

**Encounter Summary - Progress Note**
Date Printed: 12/11/2014

| | |
|---|---|
| **Patient** | Priester, Elizabeth C (52 YR, F) #43419 |
| **DOB** | 08/17/1962 |

Patient Demographics:

| | | | |
|---|---|---|---|
| **Address** | 2610 Edgefield Hwy<br>Aiken, SC 29801-8022 | **Home Phone** | (803) 514-0874 |
| | | **Work Phone** | |

Encounter Notes:

| | |
|---|---|
| **Encounter Reason/Date** | lower back pain<br><br>PT SAYS PAIN MEDS ARE NOT WORKING; STILL HAVING PAIN.<br>12/10/2014 - 11:00AM - CMI ORTHOPEDIC SOUTH |
| **History of Present Illness** | patient still has problems with her low back and leg is also having back problems which radiates into her arms she does not want epidural steroids because we don't put her to sleep when asked about returning to work she says that is her and doesn't feel that she is herself |
| **Review of Systems** | None recorded. |
| **Vitals** | **Ht:** 5 ft 4 in 12/10/2014 11:22 am; **Wt:** 177 lbs 12/10/2014 11:22 am; **BMI:** 30.4 12/10/2014 11:22 am<br>**BP:** 150/92 sitting L arm 12/10/2014 11:23 am |
| **Results/Interpretations** | X-RAY, CERVICAL SPINE, 2 VIEW<br><br>Review of x-ray, cervical spine, 2 view taken on 12/10/2014 at IN-OFFICE ORDER shows:<br>Imaging Studies:<br>Views: AP and lateral.<br>AP lateral cervical spine shows degenerative disc disease at C5-6 lesser degree at C6-7 |
| **Physical Exam** | Patient is a 52-year-old female.<br><br>has significant flat affect asked us to C7 mild tenderness medial scapula diffuse weakness of the arm no significant radicular symptoms at this time MRI of her lumbar spine show mild L4-5 disease she had not had x-rays of her cervical spine |
| **Assessment and Plan** | **1. Lumbosacral nerve root pain**<br>724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified<br><br>**2. Prolapsed cervical intervertebral disc**<br>722.0: Displacement of cervical intervertebral disc without myelopathy<br>• X-RAY, CERVICAL SPINE, 2 VIEW<br>• MRI, C-SPINE<br>Height (ft.): 5 ft 4 in Weight (lbs): 176<br><br>Discussion |

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**
**CAROLINA MUSCULOSKELETAL INSTITUTE, PA**
410 UNIVERSITY PKWY SUITE 1000
AIKEN, SC 29801-6800
Phone: (803) 644-4264
Fax: (803) 649-0543

**Encounter Summary - Progress Note**
Date Printed: 12/11/2014

**Discussion Notes**
try some Cymbalta to help her leg and depression in regards to work do I think she will do light workthe problemreturning to work would be the depression

**Return to Office**
None recorded.

Patient Medical History:

| | |
|---|---|
| **Allergies List** | Reviewed Allergies<br>NKDA |
| **Medications** | Reviewed Medications |

| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| metaxalone 800 mg tablet | 09/15/14 filled |
| Mobic 15 mg tablet<br>Take 1 tablet(s) every day by oral route for 30 days. | 11/25/14 prescribed |
| naproxen 500 mg tablet | 12/05/14 filled |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet | 11/17/14 filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 prescribed |

| | |
|---|---|
| **Family History** | Reviewed Family History |
| **Past Medical History** | Reviewed Past Medical History |
| **Vaccine History** | None recorded. |

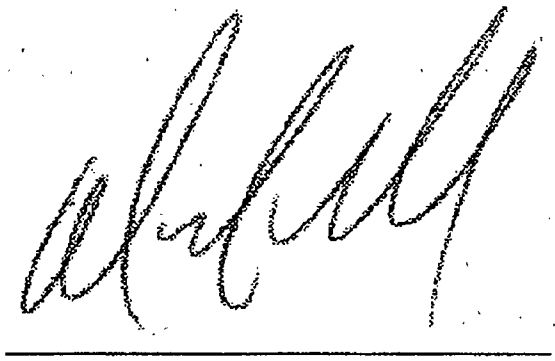
Electronically Signed by: DOUGLAS HOLFORD, MD

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 399 SILVERBLUFF RD, AIKEN SC 29803-6007

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

**CAROLINA MUSCULOSKELETAL INSTITUTE, PA**
410 UNIVERSITY PKWY SUITE 1000
AIKEN, SC 29801-6800
Phone: (803) 644-4264
Fax: (803) 649-0543

**Encounter Summary - Progress Note**
Date Printed: 12/11/2014



**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

**CAROLINA MUSCULOSKELETAL INSTITUTE, PA**
410 UNIVERSITY PKWY SUITE 1000
AIKEN, SC 29801-6800
Phone: (803) 644-4264
Fax: (803) 649-0543

**Encounter Summary - Progress Note**
Date Printed: 12/11/2014

| | |
|---|---|
| **Patient** | Priester, Elizabeth C (52 YR, F) #43419 |
| **DOB** | 08/17/1962 |

Patient Demographics:

| | | | |
|---|---|---|---|
| **Address** | 2610 Edgefield Hwy<br>Aiken, SC 29801-8022 | **Home Phone** | (803) 514-0874 |
| | | **Work Phone** | |

Encounter Notes:

| | |
|---|---|
| **Encounter Reason/Date** | lower back pain<br><br>PT SAYS PAIN MEDS ARE NOT WORKING; STILL HAVING PAIN.<br>12/10/2014 - 11:00AM - CMI ORTHOPEDIC SOUTH |
| **History of Present Illness** | patient still has problems with her low back and leg is also having back problems which radiates into her arms she does not want epidural steroids because we don't put her to sleep when asked about returning to work she says that is her and doesn't feel that she is herself |
| **Review of Systems** | None recorded. |
| **Vitals** | **Ht:** 5 ft 4 in 12/10/2014 11:22 am; **Wt:** 177 lbs 12/10/2014 11:22 am; **BMI:** 30.4 12/10/2014 11:22 am<br>**BP:** 150/92 sitting L arm 12/10/2014 11:23 am |
| **Results/Interpretations** | X-RAY, CERVICAL SPINE, 2 VIEW<br><br>Review of x-ray, cervical spine, 2 view taken on 12/10/2014 at IN-OFFICE ORDER shows:<br>Imaging Studies:<br>Views: AP and lateral.<br>AP lateral cervical spine shows degenerative disc disease at C5-6 lesser degree at C6-7 |
| **Physical Exam** | Patient is a 52-year-old female.<br><br>has significant flat affect asked us to C7 mild tenderness medial scapula diffuse weakness of the arm no significant radicular symptoms at this time MRI of her lumbar spine show mild L4-5 disease she had not had x-rays of her cervical spine |
| **Assessment and Plan** | **1. Lumbosacral nerve root pain**<br>724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified<br><br>**2. Prolapsed cervical intervertebral disc**<br>722.0: Displacement of cervical intervertebral disc without myelopathy<br>• X-RAY, CERVICAL SPINE, 2 VIEW<br>• MRI, C-SPINE<br>Height (ft.): 5 ft 4 in Weight (lbs): 176<br><br>Discussion |

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**Encounter Summary - Progress Note**
Date Printed: 12/11/2014

**Discussion Notes**
try some Cymbalta to help her leg and depression in regards to work do I think she will do light workthe problemreturning to work would be the depression

**Return to Office**
None recorded.

Patient Medical History:

| | |
|---|---|
| **Allergies List** | Reviewed Allergies<br>NKDA |
| **Medications** | Reviewed Medications |

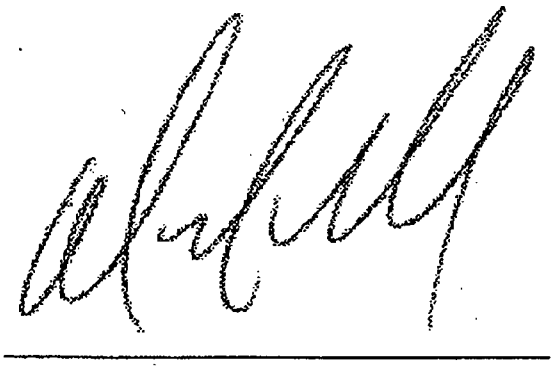
| Name | Date |
|---|---|
| cyclobenzaprine 10 mg tablet | 09/26/14 filled |
| metaxalone 800 mg tablet | 09/15/14 filled |
| Mobic 15 mg tablet<br>Take 1 tablet(s) every day by oral route for 30 days. | 11/25/14 prescribed |
| naproxen 500 mg tablet | 12/05/14 filled |
| sulfamethoxazole 800 mg-trimethoprim 160 mg tablet | 11/17/14 filled |
| Ultram 50 mg tablet<br>Take 1 tablet(s) every 8 hours by oral route. | 11/11/14 prescribed |

| | |
|---|---|
| **Family History** | Reviewed Family History |
| **Past Medical History** | Reviewed Past Medical History |
| **Vaccine History** | None recorded. |

Electronically Signed by: DOUGLAS HOLFORD, MD

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**
**CAROLINA MUSCULOSKELETAL INSTITUTE, PA**
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AIKEN, SC 29801-6800
Phone: (803) 644-4264
Fax: (803) 649-0543

**Encounter Summary - Progress Note**
Date Printed: 12/11/2014



**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Imaging Results

### X-RAY, CERVICAL SPINE, 2 VIEW 12/10/2014 (#341376)

| | |
|---|---|
| Interpretation | Review of x-ray, cervical spine, 2 view taken on 12/10/2014 at IN-OFFICE ORDER shows:<br>Imaging Studies:<br>Views: AP and lateral.<br>AP lateral cervical spine shows degenerative disc disease at C5-6 lesser degree at C6-7. |

### Imaging/Diagnostic Result

(#291358, 12/11/2006)

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PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

## Return to Work / School

**Patient:** Priester, Elizabeth C
**DOB:** 08/17/1962
**Address:** 2610 Edgefield Hwy
Aiken, SC 29801-8022

**Date:** 12/10/2014
**Patient ID:** 43419

Note to Patient:

_X__ Was Seen in my office on: ____12/10/14_____

___ May return to work/school on: _____

_X__ May Not return to work/school on: ? UNTIL HER MRI IS AUTHORIZED AND PENDING THE RESULTSOF MRI

___ Work limitations: _____

___ May Not participate in physical education:_____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty:_____

Electronically Signed by: DOUGLAS HOLFORD, MD

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800
**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## Return to Work

**Patient:** Priester, Elizabeth C
**DOB:** 08/17/1962
**Address:** 2610 Edgefild Hwy
Aiken, SC 29801-8022

**Date:** 11/17/2014
**Patient ID:** 43419

Note to Patient:

_X_ Was Seen in my office on: ___11/17/14_____

___ May return to work on: _____

___ May Not return to work on: _____

___ Work limitations: _____

___ May Not participate in physical education:_____

___ May return to physical education: _____

___ Limitations for physical education:_____

___ May Not participate in jury duty:_____

Electronically Signed by: DOUGLAS HOLFORD, MD

**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

## MAGNETIC RESONANCE (MR) PROCEDURE SCREENING FORM FOR PATIENTS

Date 11/11/14 Patient Number

Name Elizabeth Priester Age 52 Height 5' Weight 3
Last name First name Middle Initial

Date of Birth 8/17/14 Male ☐ Female ☑ Body Part to be Examined all over please
some thing like stained rotting me

Address 2620 Edgefield Hwy. Telephone (home) 803.514.0874

City Aiken Telephone (work) (___) ___-____

State SC Zip Code 29801

Reason for MRI and/or Symptoms

Referring Physician Dr Riley of Pectoral and Aiken Telephone (803) 274-0874
Hand Surgery (HDC Hand & Orthopaedic Center)

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes
If yes, please indicate the date and type of surgery:
Date __/__/__ Type of surgery Women problem with Period 1990s
Date __/__/__ Type of surgery

2. Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)? ☐ No ☑ Yes
If yes, please list:

| | Body part | Date | Facility |
|---|---|---|---|
| MRI | | | |
| CT/CAT Scan | | | |
| X-Ray | Neck + Back | 9/11/14 | Dr Cole |
| Ultrasound | | | |
| Nuclear Medicine | | | |
| Other | | | |

3. Have you experienced any problem related to a previous MRI examination or MR procedure? ☑ No ☐ Yes
If yes, please describe:
4. Have you had an injury to the eye involving a metallic object or fragment (e.g., metallic slivers, shavings, foreign body, etc.)? ☑ No ☐ Yes
If yes, please describe:
5. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☑ No ☐ Yes
If yes, please describe:
6. Are you currently using or have you recently taken any medication or drug? ☑ No ☐ Yes
If yes, please list:
7. Are you allergic to any medication? ☑ No ☐ Yes
If yes, please list:
8. Do you have a history of asthma, allergic reaction, respiratory disease, or reaction to a contrast medium or dye used for an MRI, CT, or X-ray examination? ☑ No ☐ Yes
9. Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease (renal dialysis) failure, renal (kidney) transplant, high blood pressure (hypertension), liver (hepatic) disease, a history of diabetes, or seizures? ☑ No ☐ Yes
If yes, please describe:

**For female patients**

10. Date of last menstrual period 10/__/__ Past menopausal? ☐ No ☐ Yes
11. Are you pregnant or experiencing a late menstrual period? ☑ No ☐ Yes
12. Are you taking oral contraceptives or receiving hormonal treatment? ☑ No ☐ Yes
13. Are you taking any type of fertility medication or having fertility treatments? ☑ No ☐ Yes
If yes, please describe:
14. Are you currently breastfeeding? ☑ No ☐ Yes

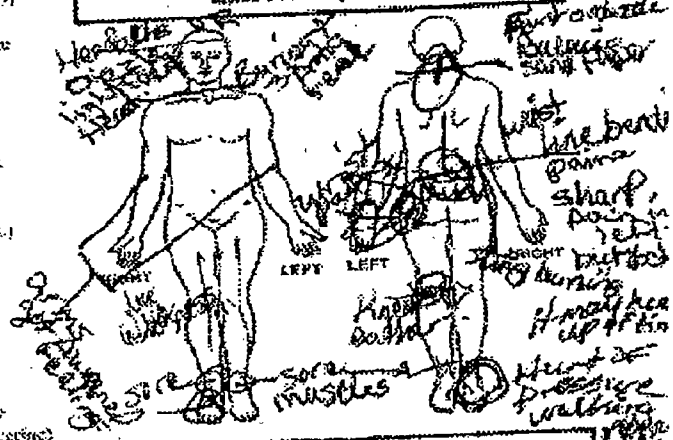
**PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)**

**WARNING:** Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure (i.e., MRI, MR angiography, functional MRI, MR spectroscopy). Do not enter the MR system room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist or Radiologist BEFORE entering the MR system room. The MR system magnet is ALWAYS on.

**Please indicate if you have any of the following:**

| | | |
|---|---|---|
| ☐ Yes | ☐ No | Aneurysm clip(s) |
| ☐ Yes | ☐ No | Cardiac pacemaker |
| ☐ Yes | ☐ No | Implanted cardioverter defibrillator (ICD) |
| ☐ Yes | ☐ No | Electronic implant or device |
| ☐ Yes | ☐ No | Magnetically-activated implant or device |
| ☐ Yes | ☐ No | Neurostimulation system |
| ☐ Yes | ☐ No | Spinal cord stimulator |
| ☐ Yes | ☐ No | Internal electrodes or wires |
| ☐ Yes | ☐ No | Bone growth/bone fusion stimulator |
| ☐ Yes | ☐ No | Cochlear, otologic, or other ear implant |
| ☐ Yes | ☐ No | Insulin or other infusion pump |
| ☐ Yes | ☐ No | Implanted drug infusion device |
| ☐ Yes | ☐ No | Any type of prosthesis (eye, penile, etc.) |
| ☐ Yes | ☐ No | Heart valve prosthesis |
| ☐ Yes | ☐ No | Eyelid spring or wire |
| ☐ Yes | ☐ No | Artificial or prosthetic limb |
| ☐ Yes | ☐ No | Metallic stent, filter, or coil |
| ☐ Yes | ☐ No | Shunt (spinal or intraventricular) |
| ☐ Yes | ☐ No | Vascular access port and/or catheter |
| ☐ Yes | ☐ No | Radiation seeds or implants |
| ☐ Yes | ☐ No | Swan-Ganz or thermodilution catheter |
| ☐ Yes | ☐ No | Medication patch (Nicotine, Nitroglycerine) |
| ☐ Yes | ☐ No | Any metallic fragment or foreign body |
| ☐ Yes | ☐ No | Wire mesh implant |
| ☐ Yes | ☐ No | Tissue expander (e.g., breast) |
| ☐ Yes | ☐ No | Surgical staples, clips, or metallic sutures |
| ☐ Yes | ☐ No | Joint replacement (hip, knee, etc.) |
| ☐ Yes | ☐ No | Bone/joint pin, screw, nail, wire, plate, etc. |
| ☐ Yes | ☐ No | IUD, diaphragm, or pessary |
| ☐ Yes | ☐ No | Dentures or partial plates |
| ☐ Yes | ☐ No | Tattoo or permanent makeup |
| ☐ Yes | ☐ No | Body piercing jewelry |
| ☐ Yes | ☐ No | Hearing aid *(Remove before entering MR system room)* |
| ☐ Yes | ☐ No | Other implant: _____ |
| ☐ Yes | ☐ No | Breathing problem or sleep disorder |
| ☐ Yes | ☐ No | Claustrophobia |

**Please mark on the figure(s) below the location of any implant or metal inside of or on your body.**




**IMPORTANT INSTRUCTIONS**

**Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.**

**Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.**

**NOTE: You may be advised or required to wear earplugs or other hearing protection during the MR procedure to prevent possible problems or hazards related to acoustic noise.**

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: Elizabeth Priester Signature Date 11/6/14

Form Completed By: ☐ Patient ☐ Relative ☐ Name _____ Print name _____ Relationship to patient

Form Information Reviewed By: _____ Print name _____ Signature

☐ MRI Technologist ☐ Nurse ☐ Radiologist ☐ Other _____

Therapy Technician

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800
PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

## Return to Work

**Patient:** Priester, Elizabeth C
**DOB:** 08/17/1962
**Address:** 2610 Edgefild Hwy
Aiken, SC 29801-8022

**Date:** 11/03/2014
**Patient ID:** 43419

Note to Patient:

_X_ Was Seen in my office on: __11/03/14_____

___ May return to work/school on: _____

___ May Not return to work/school on: _____

___ Work limitations: _____

___ May Not participate in physical education: _____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May Not participate in jury duty: _____

Electronically Signed by: DOUGLAS HOLFORD, MD

PRIESTER, ELIZABETH 44042

OFFICE VISIT
10/28/98

WHAT: Low back
HOW: Insidious
WHEN: Past several months
WHERE: Denmark

HISTORY OF PRESENT ILLNESS: This is a 36-year-old female, who apparently was involved in a motor vehicle accident back in 1997. Since that she has had back pain. She had x-rays and pain medication at that time, but it continues to bother her. She has a hard time bending, twisting or moving a whole lot. It lasts for several days, and then gets a bit better. She has a hard time sleeping. She has a hard time sitting for prolonged periods of time. Because of continued problems, she comes here to get it checked.

PAST MEDICAL ILLNESSES: History of migraines, history of anemia.

PHYSICAL EXAMINATION: She is 5'3", 146 pounds. Blood pressure 110/78. She flexes 20 degrees, extends 20 degrees, laterally bends 20 degrees. She is able to toe and heel walk. Calf and thigh girdles are equal. She has a negative sitting straight leg raising. Deep tendon reflexes 2+. No weakness over extensor hallucis longus, peroneals, tibialis anterior, gastroc, hamstrings.

X-RAYS: AP and lateral of the lumbar spine are unremarkable. Hip joints appear to be well maintained.

IMPRESSION: Facet joint arthrosis.

TREATMENT: Try some Voltaren and see if this doesn't help. See her back here in 4-6 weeks.

Douglas E. Holford, M.D.

pab

CANCELLED OR MISSED APPOINTMENT
DATE: 11-25-98
BY CANCELLED APPT ✓ or MISSED APPT

# Aiken Regional Medical Centers

## Outpatient Services Order Form

Schedule Test: 803-641-5808

Southside Imaging Center Tel: 803-502-6020 Fax: 803-648-9564 | Women's Lifecare Diagnostics Fax: 803-641-5810 | Radiology Fax: 803-641-5033 | Cardiology/EKG Fax: 803-641-5378

Appointment Date 12/17 Time 1:30 & 2:30

Patient Name ELIZABETH PRIESTER DOB 08 17 62 Phone 803 514 0874

Physician Tam Phone/Fax 803 648 4224 803 641 7600

Symptoms/Indication Neck / back pain

### EKG/ECHO

| Prep # | | |
|---|---|---|
| 5 | | Dobutrex stress echo |
| 4 | | Echocardiogram, Adult |
| 4 | | Echocardiogram, Pediatric |
| 5 | | Echocardiogram w/bubble |
| 4 | | EKG |
| 4 | | Holter Monitor |
| 6 | | Nuclear Stress Test |
| 5 | | Stress Echocardiogram |
| 5 | | Stress Test |
| 2 | | TEE |
| 2 | | Tilt Table |

### EEG/VASCULAR

| Prep # | | |
|---|---|---|
| 4 | | ABI (Ankle Brachial Index) |
| 4 | | Arterial Vascular Study |
| 7 | | BAER |
| 6 | | EEG, routine |
| 6.8 | | EEG, sleep deprived |
| 7 | | VEP |

### RESPIRATORY

| Prep # | | |
|---|---|---|
| | | Arterial Blood Gas |
| | | Arterial Blood Gas w/exercise |
| | | BioZ |
| 2 | | Bronchoscopy |
| 2 | | Bronchoscopy w/ Fluoro |
| 1 | | Metabolic Cart |
| 1 | | Methacholine Challenge PFT |
| 1 | | PFT w/bronchodilator |
| 1 | | PFT w/DLCO |
| 1 | | Pulmonary Function Screen (PFS) |
| | | Thoracentesis |

### GU/GI

| Prep # | | |
|---|---|---|
| 1 | | Barium Enema - Air Contrast |
| 1 | | Barium Enema - Full Column |
| 3 | | Barium Swallow |
| | | Defecogram |
| | | HSG |
| 2 | C | IVP with or without Tomograms |
| | | Modified Barium Swallow |
| 3 | | Small Bowel |
| 3 | | UGI |
| 3 | | UGI with SB follow through |
| | C | Voiding Cystogram |

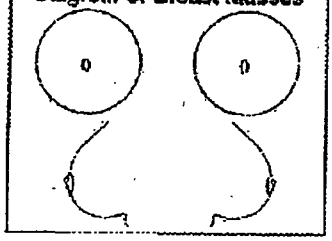
### CT

| Prep # | | |
|---|---|---|
| 1 | C | Abdomen & Pelvis W Contrast |
| 1 | | Abdomen & Pelvis WO Contrast |
| 1 | C | Abdomen W Contrast |
| 1 | | Abdomen WO Contrast |
| 1 | C | Chest W Contrast |
| | | Chest WO Contrast |
| | | Head WO Contrast |
| | C | Head WO/W Contrast |
| | C | Neck (soft tissue) W Contrast |
| | | Orbits WO Contrast |
| | C | Orbits WO/W Contrast |
| 1 | C | Pelvis W Contrast |
| 1 | | Pelvis WO Contrast |
| | | Renal Stone Protocol |
| | | Sinuses Complete WO Contrast |
| | | Spine, Cervical |
| | | Spine, Lumbar |
| | | Spine, Thoracic |
| | | Temporal Bones WO Contrast |

### BREAST IMAGING

| Prep # | | |
|---|---|---|
| | | Bone Densitometry |
| | | Breast Core Biopsy |
| | | Breast Cyst Biopsy |
| | | Breast Ultrasound Rt, Lt, or Bilat |
| | | Galactography |
| | | Mammo with Implants |
| | | Mammogram Diagnostic |
| | | Mammogram Screening |

**Diagram of Breast Masses**



### MRI

| Prep # | | |
|---|---|---|
| | M | Abdomen (specify below) |
| | | Ankle ☐L ☐R |
| | | Elbow ☐L ☐R |
| | | Hip(s) ☐L ☐R |
| | | Knee ☐L ☐R |
| | | Shoulder ☐L ☐R |
| | | Wrist ☐L ☐R |
| 1 | M | Aorta |
| | | Brain |
| 1 | M | Brain MR Angio |
| 1 | M | Brain W/WO Contrast |
| 1 | M | MR Angio Neck |
| 2 | | MR Cholangiogram |
| 1 | M | MRA Peripheral Run Off |
| | X | Spine, Cervical |
| | M | Spine, Cervical W/WO Contrast |
| | X | Spine, Lumbar |
| 1 | M | Spine, Lumbar W/WO Contrast |
| 1 | | Spine, Thoracic |
| 1 | M | Spine, Thoracic W/WO Contrast |

### ULTRASOUND

Circle all that apply:

| Prep # | | |
|---|---|---|
| 2 | | Abdomen Complete |
| 2 | | Abdomen Ltd. (RUQ, GB, Pancreas, Liver) |
| 2 | | Aorta with Doppler |
| 3 | | Breast (Rt, Lt, or Bilat.) |
| 3 | | Bx/Aspiration, Breast (Rt, Lt, or Bilat.) |
| 1 | | Bx/Aspiration, Kidney (Rt, Lt) |
| 1 | | Bx/Aspiration, Liver |
| 1 | | Bx/Aspiration, Thyroid |
| | | Doppler, Arterial ☐ Upper ☐ Lower |
| | | Doppler, Carotid |
| | | Doppler, Venous ☐ Upper ☐ Lower |
| | | Hip Pediatric |
| 1 | | Kidneys with Bladder |
| 2 | | Liver (Doppler if needed) |
| 4 | | Obstetrical (Transvaginal if needed) |
| 1 | | Paracentesis |
| 4 | | Pelvis with Transvaginal |
| 2 | | Pyloric |
| | | Scrotum with Doppler |
| 1 | | Thoracentesis |

### NUCLEAR MED

| Prep # | | |
|---|---|---|
| | | Bone Scan |
| 1 | | Gastric Empty |
| 1 | | HIDA Scan |
| | | Lung Scan or VQ |
| | | Parathyroid Scan |
| | | Renal Scan |
| | | Thyroid Scan |

### RADIOLOGY

| Prep # | | |
|---|---|---|
| | | Abdomen (KUB) |
| | | Abdomen Acute Series |
| | | Ankle ☐L ☐R |
| | | Cervical Spine (flex & ext) |
| | | Cervical Spine Routine |
| | | Chest |
| | | Clavicle ☐L ☐R |
| | | Elbow ☐L ☐R |
| | | Facial Bones ☐L ☐R |
| | | Femur ☐L ☐R |
| | | Fingers (Identify) ☐L ☐R |
| | | Foot ☐L ☐R |
| | | Forearm ☐L ☐R |
| | | Hand ☐L ☐R |
| | | Heel ☐L ☐R |
| | | Hip ☐L ☐R |
| | | Hip Survey Child |
| | | Humerus ☐L ☐R |
| | | Knee AP & Lat both standing |
| | | Knee Routine (4 views) ☐L ☐R |
| | | Lumbar Spine Routine |
| | | Mandible |
| | | Nasal Bones |
| | | Neck Soft Tissue |
| | | Orbits ☐L ☐R |
| | | Pelvis |
| | | Ribs ☐L ☐R |
| | | Sacrum Coccyx |
| | | Scapula ☐L ☐R |
| | | Scoliosis Series |
| | | Shoulder ☐L ☐R |
| | | Sinus |
| | | Skull |
| | | Sternum |
| | | Thoracic Spine |
| | | Thumb ☐L ☐R |
| | | Tib/Fib ☐L ☐R |
| | | Toe ☐L ☐R |
| | | Wrist ☐L ☐R |

**Physicians Office:** (Indicate location of appointment on the map located on the reverse side);

C = If exam is preceded by C, please ask the following questions.
Diabetic: ☐ No ☐ Yes On Glucophage: ☐ No ☐ Yes
If over 65 years old, need Bun and Creatinine within 30 days. Where drawn_____

M = If exam is preceded by M, please ask the following questions.
Diabetic: ☐ No ☐ Yes If over 65 years old, diabetic or Renal disease, the patient must have a GFR blood test within 30 days of appointment. Where drawn_____

**Other Exam:** _____

**Special Instructions:** _____

**Do you need any auxiliary aides or services, provided at no cost to you, to facilitate effective communication with hospital staff?** _____

**Physician Signature:** _____

732.99 (5/14)

**PATIENT INSTRUCTIONS ON BACK**

132

MAKE CHECKS PAYABLE TO:

**Family MedCenters Of Aiken**
216 Edgefield Ave NW

Aiken, SC 29801-3910

| IF PAYING BY CREDIT CARD, FILL OUT BELOW | | |
|---|---|---|
| CHECK CARD USING FOR PAYMENT<br>☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA | | |
| CARD NUMBER | CW | AMOUNT |
| SIGNATURE | | EXP. DATE |
| STATEMENT DATE | PAY THIS AMOUNT | ACCOUNT NBR |
| 05/11/15 | $9.45 | 14722 |
| | SHOW AMOUNT PAID HERE | $ |

STATEMENT

ADDRESSEE:

**Priester, Elizabeth**
2610 Edgefield Hwy
Aiken, SC 29801
USA

REMIT TO:

**Family MedCenters Of Aiken**
216 Edgefield Ave NW
Aiken, SC 29801-3910

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

(803) 648-4224

For Appointments, Call

| DATE | PATIENT | PROVIDER | SERVICE | DESCRIPTION OF SERVICE | CHARGE | INSUR RECEIPT | PATIENT RECEIPT | ADJUST | INSUR BALANCE | PATIENT BALANCE |
|---|---|---|---|---|---|---|---|---|---|---|
| 09/10/14 | Elizabeth | Tam | 99202 | New Patient Expanded Problem ... | $116.00 | $36.00 | $25.00 | $55.00 | $0.00 | $0.00 |
| 09/25/14 | Elizabeth | Tam | 99213 | Established Pt Expanded Exam | $97.00 | $28.00 | $25.00 | $44.00 | $0.00 | $0.00 |
| 09/27/14 | Elizabeth | Tam | 36415 | Venipuncture | $16.00 | $0.00 | $3.15 | $12.85 | $0.00 | $0.00 |
| 12/05/14 | Elizabeth | Tam | 99213 | Established Pt Expanded Exam | $97.00 | $28.00 | $25.00 | $44.00 | $0.00 | $0.00 |

| ACCOUNT NBR | CURRENT | 30 DAYS | 60 DAYS | 90 DAYS | 120 DAYS | TOTAL ACCOUNT BALANCE |
|---|---|---|---|---|---|---|
| 14722 | $0.00 | $0.00 | $0.00 | $0.00 | $9.45 | $9.45 |

MESSAGE:
Thank You For Choosing Our Practice For Your Medical Care.

PLEASE PAY THIS AMOUNT »»»» $9.45

** PAYMENT DUE UPON RECEIPT * THANK YOU **

STATEMENT

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R. 237

216 Edgefield Ave NW
Aiken SC 29801
803-648-4224

# Family MedCenter of Aiken

## Patient Progress Notes

Date DEC 0 5 2014 Doctor: H. Tarr MD Extender: M. Dorfenzo ANP / R. Davis FNP / J. Harvey FNP

Patient Name: ELIZABETH PRIESTER DOB: 08 17 62 ENC # 106529

HT: ____ WT: 175 BMI: ____ BP: 140/88 P: 72 R: ____

T: 98.3 VA: Uncorr - R ____ Correct - R ____ Color: ____

L ____ L ____ Horizontal: ____

Is Patient fasting today? Y ____ N ____ Race: W

BSS testing frequency ____ /day (non-insulin dependent: allowed 1 time qd; insulin dependent: allowed 3 times qd) If testing more, Must have patients BS record in chart)

Initials Vitals

Allergies: NKDA ☐ See med sheet

CC: Age 52 - BUNNER WEAKNESS (LEAKING)
- WANTS PAP SMEAR
- HEADACHE - ALMOST EVERYDAY (BURNING FEELING)
- STABBING PAINS IN EYES
- FACIAL NUMBNESS
- DIZZINESS
- NECK HURTS

Hx of Problem: ⊕ greg, no depression ⊕ stress. ⊕ anxiety ⊕ over paraphernalia ⊕ lower backpain

PMH: ☐ Unchanged from ____

FHx: ☐ Unchanged from ____

SHx:

Smoker ☐ ____ /d x ____ yrs ☐ Quit x ____ yrs

ETOH ☐ ____ /d

Verify w/pt that Hx correct Historian Initials: ____

**Physical Exam:** Check box if examined - Leave blank if not examined. Record findings as needed.

- ☐ General
- ☐ HEENT (including mouth & face)
- ☐ ~~Neck~~ hurt neck pain
- ☐ ~~Heart~~ /Cardiovascular
- ☐ ~~Lung~~ /Respiratory
- ☐ Chest /Breasts
- ☐ Gastrointestinal /Abdomen
- ☐ ~~Back~~/Musculoskeletal lower back pain
- ☐ ~~Feet~~/Extremities (Q 3 mo for Diabetics - Note any deformity)
- ☐ ~~Neurologic~~ nl reflexes
- ☐ Genitourinary/Genitalia
- ☐ Skin

2 radiate to hip + over paraphernalia

VA (=)

⊕ SCOLIOSIS (L)

| Assessment | Plan/Education |
|---|---|
| 1. OAB | Vesicare 5mg #30 |
| 2. Neck pain | UR2 & Neuro Spine |
| 3. back pain | Naproxen BID |
| 4. | |
| 5. | |

**Tests Ordered (circle)**

CBC BSS Glycohgb
UA Strep BHCG
CMP BMP Exec Prof I or II
Pap Wetprep ph
Lipid Panel Liver Func Test
TSH Heme Profime INR
EKG Rapid Influenza
Other ____
X-ray ____
Diagnostic ____
Lab Slip Given ☐

Procedure: Seen by: T

RTO: PRN Excused from work or school: ____ thru ____

Referral: ☐ To

Signature:

Rev 10/14

## Family MedCenter

216 Edgefield Avenue NW • Aiken, SC 29801

NAME: Elizabeth Priester ENCOUNTER # 10552

| TEST | | Glucose | FBS / Random | | |
|---|---|---|---|---|---|
| Leukocytes | 8 | Microscopic | WNL | ABNORMAL | |
| Nitrates | 8 | WBC | | 2-4 | |
| Ph | 7.5 | RBC | | 3-10 | |
| Protein | 8 | Epithelia | | 0-1 | |
| Glucose | 8 | Bacteria | | 2+ | |
| Ketones | 8 | Casts | | TYPE | |
| Urobilinogen | 8 | Crystals | | TYPE | |
| Bilirubin | 8 | Trichomonas | | | |
| Blood | + | Other (Specify) | | | |
| Spec. Gravity | 1.010 | | | | |

DATE 12/7/14

URINALYSIS/MISC

| | | |
|---|---|---|
| Glyco Hgb | 4.2% - 6.3% | |
| Wet Prep | pH | |
| WBC's | | |
| Trichomonas | | |
| Bacteria | | |
| Epithelia | | |
| Yeast | | |
| Clue Cells | | |
| Other (Specify) | | |
| H Pylori | ☐ Positive | ☐ Negative |
| Beta HCG | ☐ Positive | ☐ Negative |
| Strep | ☐ Positive | ☐ Negative |
| Flu Rapid Test Type A | ☐ Positive | ☐ Negative |
| Flu Rapid Test Type B | ☐ Positive | ☐ Negative |

Rev 5/14

216 Edgefield Ave NW
Aiken SC 29801
803-648-4224

# Family MedCenter of Aiken

## Patient Progress Notes

SEP 2 5 2014

Date_____ **Doctor:** H. Tam MD **Extender:** M. Dorlenzo ANP / J. Harvey FNP

**Patient Name:** Elizabeth Priester **DOB:** 8.17.62 **ENC #** 99185

**HT:** 5'3½" **WT:** 175.4 **BMI:**_____ **BP:** 128/82 **P:** 80 **R:**_____

**T:** 98.7 **VA:** Uncorr - R_____ Correct - R_____ Color:_____

L_____ L_____ Horizontal:_____

Is Patient fasting today? Y_____ N ✓ Race: B F

BSS testing frequency _____ /day (non-insulin dependent: allowed 1 time qd; insulin dependent allowed 3 times qd; If testing more, Must have patients BS record in chart)

Initials Vitals: JP

Allergies: ☐ NKDA ☐ See med sheet

**CC:** Age 50 follow up from UTI

also wants to discuss getting Blood Work. BS, Chol. family Hx of Diabetes, ↑ trigl chol

**Hx of Problem:** gives hypothetical ⊕ unipolar/mania ↑ anxiety at times

PMH: ☐ Unchanged from_____

Rx: ☐ Unchanged from_____

**Physical Exam:** Check box if examined - Leave blank if not examined. Record findings as needed.

- ☐ General
- ☐ HEENT (including mouth & face)
- ☐ Neck
- ☐ Heart /Cardiovascular
- ☐ Lung /Respiratory
- ☐ Chest /Breasts
- ☐ Gastrointestinal /Abdomen
- ☐ Back/Musculoskeletal
- ☐ Feet/Extremities *(Q 3 mo for Diabetics - Note any deformity)*
- ☐ Neurologic
- ☐ Genitourinary/Genitalia
- ☐ Skin

UA 20-25 WBC
1-3 Epi
3+ bact

SHx:

Smoker ☐ ____/d x____ yrs ☐ Quit x_____ yrs

ETOH ☐ ____/d

Verify w/pt that Hx correct Historian Initials:_____

| Assessment | Plan/Education |
|---|---|
| 1. UTI? vs DAB | Urine culture, maintain BG < 200, return for lipid panel, CMP |
| 2. Hyperlipid | |
| 3. Chronic meds. | |
| 4. | |
| 5. | |

**Tests Ordered (circle)**

CBC BSS Glycohgb
UA Strep BHCG
CMP BMP Exec Prof I or II
Pap Welprep . ph
Lipid Panel Liver Func Test
TSH Heme Protime INR
EKG

X-ray_____

Other_____

**Procedure:** Seen by: T

**RTO:** 1yr **Excused from work or school:** _____ thru_____

**Referral:** ☐ To

**Signature:**

Rev 09/14

## Family MedCenter

216 Edgefield Avenue NW Aiken SC 29801

NAME: Elizabeth Priester ENCOUNTER # 99185

| | | | | | | |
|---|---|---|---|---|---|---|
| | Glucose | FBS | | Glyco Heb | 4.2% - 6.5% | |
| TEST | | Random | | Wet Prep | pH | |
| Leukocytes | Microscopic | WNL | ABNORMAL | WBC'S | | |
| Nitrates | WBC | | 20-25 | Trichomonas | | |
| Ph 6.0 | RBC | | 1-3 | Bacteria | | |
| Protein | Epithelia | | 1-3 | Epithelia | | |
| Glucose | Bacteria | | 3+ | Yeast | | |
| Ketones | Casts | | TYPE | Clue Cells | | |
| Urobilinogen | Crystals | | TYPE | Other (Specify) | | |
| Bilirubin | Trichomonas | | | H Pylori | ☐ Positive | ☐ Negative |
| Blood Small Cell | Other (Specify) | | | Beta HCG | ☐ Positive | ☐ Negative |
| Spec. Gravity 1.015 | | | | Strep | ☐ Positive | ☐ Negative |
| | | | | Flu Rapid Test Type A | ☐ Positive | ☐ Negative |
| DATE 9/25/14 | URINALYSIS/MISC | | | Flu Rapid Test Type B | ☐ Positive | ☐ Negative |

Rev. 5/14

216 Edgefield Ave NW
Aiken SC 29801
803-648-4224

# Family MedCenter of Aiken

## Patient Progress Notes

SEP 1 0 2014

Date _____ Doctor: H. Tam MD Extender: M. Dorlenzo ANP / J. Harvey FNP / A. Lee FNP

**Patient Name:** Elizabeth Priester **DOB:** 8/17/62 **ENC #** 97563

**HT:** 5'4 **WT:** 170.4 **BMI:** _____ **BP:** 150/90 **P:** 74 reg **R:** _____

**T:** 98.5 **VA:** Uncorr - R _____ Correct - R _____ **Color:** _____

L _____ L _____ **Horizontal:** _____

Is Patient fasting today? Y _____ N ✓ Race ~~Black~~ Black

BSS testing frequency _____ /day (non-insulin dependent: allowed 1 time qd; insulin dependent allowed 3 times qd) If testing more, **Must have patients BS record in chart)**

Initials Vitals: FN

Allergies: X NKDA ☐ See med sheet

_____

_____

PMH: ☐ Unchanged from _____

? gBP

FHx: ☐ Unchanged from _____

SHx:

Smoker ☐ ____/d x____ yrs ☐ Quit x _____ yrs

ETOH ☐ ___/d

Verify w/pt that Hx correct Historian Initials: _____

**CC:** Age 52yo ♀ – C/O freq urination; Pressure like she has to go + only voids a little. X 1mth. Dec back pain since PM.

**Hx of Problem:**

**Physical Exam:** Check box if examined - Leave blank if not examined. Record findings as needed.

- ☐ General
- ☐ HEENT(including mouth & face)
- ☐ Neck
- ☐ Heart /Cardiovascular
- ☐ Lung /Respiratory
- ☐ Chest /Breasts
- ☐ Gastrointestinal /Abdomen mild CVAT
- ☐ Back/Musculoskeletal
- ☐ Feet/Extremities *(Q 3 mo for Diabetics - Note any deformity)*
- ☐ Neurologic
- ☐ Genitourinary/Genitalia
- ☐ Skin

UA – 8-10 WBC 6-7 bacteria

| Assessment | Plan/Education |
|---|---|
| 1. UTI | Cipro 500 BID x 7d |
| 2. gBP | & Sacs, |
| 3. | Fluids. |
| 4. | |
| 5. | |

**Tests Ordered (circle)**

CBC BSS Glycohgb
UA Strep BHCG
CMP BMP Exec Prof I or II
Pap Wetprep pn
Lipid Panel Liver Func Test
TSH Heme Profilma INR
EKG Influenza
Other _____
X-ray _____
Diagnostic _____
Lab Slip Given ☐

**Procedure:** Seen by: T

**RTO:** Julie **Excused from work or school:** _____ thru _____

**Referral:** ☐ To

**Signature:** [signature]

Rev.03/14

## Family MedCenter

216 Edgefield Avenue NW Aiken SC 29801

NAME: Elizabeth Priester ENCOUNTER # 97563

| | | | | | | |
|---|---|---|---|---|---|---|
| | Glucose | FBS | | Glyco Hgb | 4.2% - 6.5% | |
| TEST | | Random | | Wet Prep | pH | |
| Leukocytes SL. TRACE | Microscopic | WNL | ABNORMAL | WBC'S | | |
| Nitrates (+) | WBC | | 8-10 | Trichomonas | | |
| Ph 5 | RBC | 0 | | Bacteria | | |
| Protein 0 | Epithelia | 0 | | Epithelia | | |
| Glucose 0 | Bacteria | | 4+ | Yeast | | |
| Ketones TRACE | Casts | | TYPE | Clue Cells | | |
| Urobilinogen 0 | Crystals | | TYPE | Other (Specify) | | |
| Bilirubin 0 | Trichomonas | | | H Pylori | ☐ Positive | ☐ Negative |
| Blood TRACE | Other (Specify) | | | Beta HCG | ☐ Positive | ☐ Negative |
| Spec. Gravity 1.010 | | | | Strep | ☐ Positive | ☐ Negative |
| | | | | Flu Rapid Test Type A | ☐ Positive | ☐ Negative |
| DATE 9-10-14 | | | URINALYSIS/MISC | Flu Rapid Test Type B | ☐ Positive | ☐ Negative |

Rev. 5/14

Dear Patient,

This form becomes a permanent part of your patient record. Please take the time to fill it out completely and clearly. Be sure to include all requested phone numbers so that we can contact you in an emergency.

After you have filled out the form and signed it, bring it to the front window with your drivers license and insurance cards. We will photocopy these onto the second sheet of this form.

We MUST ASK YOU TO PAY WHEN SEEN: We accept credit cards as well as cash and checks for payment. In most cases we do not accept insurance as payment.

Our itemized receipt lists all the procedures performed along with diagnoses and other information necessary for you to file with your insurance company. We will be glad to answer any questions you have about your insurance.

**ANY CHARGES REMAINING UNPAID AFTER 90 DAYS WILL BE ASSESSED A $15.00 LATE PAYMENT CHARGE**

**(1) PATIENT INFORMATION**

Full Patient Name Elizabeth Preuett (If Married-State Maiden Hensley)

Spouses Name Christopher Preuster (If Minor, list MOTHER & FATHER on this line)

Mailing Address: P.O. Box 241 Street Address: 637 W. Coker St.

City,State,Zip Denmark, SC. 29042

Telephone: Home 793-1547 Work Beverly Enterprises

Sex: Male [ ] Female [ ] ** Date of Birth 8/13/62

Social Security Number: 248-39-0112

Emergency Contact: Name, relationship, address and phone number of a friend or relative who lives near you and can get you an emergency message.

Name Christopher Preuster Relationship husband

Address P.O. Box 241, Denmark SC. 29042 Phone (h) 793-1547 (w) 793-4929 (Ex-10 Store)

Other information: Do you have a disability such as deafness, blindness, difficulty walking or understanding English that we should know about in order to make you comfortable when you come to us for medical care? If so, please describe below:

N/A

**(2) FINANCIAL INFORMATION**

Name of Person Responsible for Payment Elizabeth Preuett

Mailing Address: P.O. Box 241 Street Address: 637 W. Coker St.

City,State,Zip Denmark, SC. 29042

Telephone: Home 793-1547 / Work _____ Social Security #: 248-39-0112

School/Employer of Patient _____

Address of Above Employer P.O. Box 241, Denmark SC. 29042

Employer of []Parent or []Spouse _____

Address of Above Employer _____

**(3) AUTHORIZATION FOR TREATMENT OF CHILDREN**

If your child/children needs a physical exam, medical treatment, or emergency care and comes in or is brought in by any person other than their parents, please sign here if you consent to their being examined and or medically treated in your absence.

Names of Children: N/A

Parent Signature _____ Date _____

Comments _____

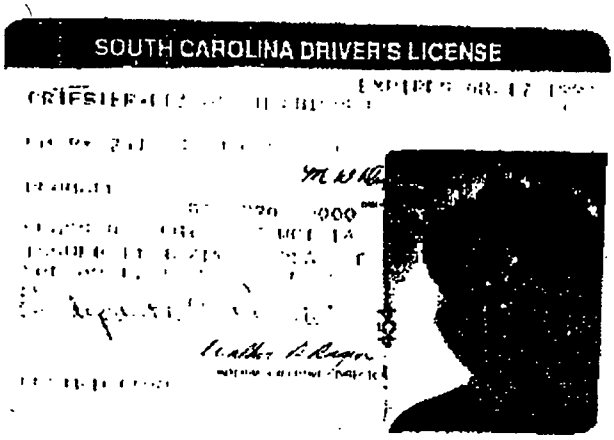
I certify that I have provided correct information on this form.

Elizabeth Preuett 1/16/93

(Signature) (Date)

How did you find out about us? _____

PLEASE BRING THIS COMPLETED FORM TO THE FRONT WINDOW WITH YOUR DRIVERS LICENSE AND INSURANCE CARDS.


SOUTH CAROLINA DRIVER'S LICENSE

SCHHBP South Carolina Hospitals Health Benefit Trust

ID NO 249-35-6122

NAME ELIZABETH CHISOLM
GROUP NUMBER 5000
COVERAGE SINGLE
EFFECTIVE DATE 07/01/91
EMPLOYER ALBERG CO. MEMORIAL HOSP

**AUTHORIZATION FOR INSURANCE CLAIMS PROCESSING - SIGNATURE TO BE UPDATED EACH YEAR**

I authorize the release of any medical information necessary to process my insurance claim and request payment of benefits either to myself or to the party who accepts assignment. I further understand that I am financially responsible for all charges not covered by this authority and authorize any part or all of my medical record to be faxed between Family Medcenter facilities.

**SIGNATURE:** X Elizabeth Chisolm **DATE:** 1/16/93

I authorize the release of any medical information necessary to process my insurance claim and request payment of benefits either to myself or to the party who accepts assignment. I further understand that I am financially responsible for all charges not covered by this authority and authorize any part or all of my medical record to be faxed between Family Medcenter facilities.

**SIGNATURE:** _____ **DATE:** _____

I authorize the release of any medical information necessary to process my insurance claim and request payment of benefits either to myself or to the party who accepts assignment. I further understand that I am financially responsible for all charges not covered by this authority and authorize any part or all of my medical record to be faxed between Family Medcenter facilities.

**SIGNATURE:** _____ **DATE:** _____

I authorize the release of any medical information necessary to process my insurance claim and request payment of benefits either to myself or to the party who accepts assignment. I further understand that I am financially responsible for all charges not covered by this authority and authorize any part or all of my medical record to be faxed between Family Medcenter facilities.

**SIGNATURE:** _____ **DATE:** _____

JAN 6 1993

ALLERGIES PCN, flu

MEDS

HT 63½ WT 147 3/4

P 64 reg R 20

T 98.0 BP 120/64

39892

C/o Acute Nursing Hosp PE

WNL

[redacted]

Was 48-U... Orig Dent Ept - 1-15-93

# ASSOCIATE'S HEALTH QUESTIONNAIRE

REVISED

Preuster, Elizabeth (LAST NAME, FIRST NAME) — M (S M W D) — 30 (AGE) — F (SEX)

Address P.O. Box 241 Denmark, SC 29042 Telephone 793-1547

Position Applied For CNA Date 01-15-93

Family Physician Dr. Waston Date and reason for last visit

Family History: Nervous or Mental Illness N/A Diabetes NO Tuberculosis NO

HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING (Check "Yes" or "No" after each question):

| Disease Of: | Yes | No |
|---|---|---|
| Brain | | ☑ |
| Eyes (Wear glasses) | ☐ | ☑ |
| Ears | | ☑ |
| Nose | | ☑ |
| Throat | | ☑ |
| Heart | | ☑ |
| Lungs | | ☑ |
| Stomach | | ☑ |
| Intestines | | ☑ |
| Liver | | ☑ |
| Spleen | | ☑ |
| Gallbladder | | ☑ |
| Kidneys | | ☑ |
| Bladder | | ☑ |
| Bone | | ☑ |
| Joints | | ☑ |
| Back (Spine) | | ☑ |
| Skin | | ☑ |
| Lymph nodes | | ☑ |

| | Yes | No |
|---|---|---|
| Genitals | | ☑ |
| Dizziness | | ☑ |
| Frequent Headaches | | ☑ |
| Deafness | | ☑ |
| Running ears | | ☑ |
| Freq. sore throat | | ☑ |
| Frequent colds | | ☑ |
| Fainting spells | | ☑ |
| Chest pains | | ☑ |
| Shortness of breath | | ☑ |
| Chronic cough | | ☑ |
| Coughing up blood | | ☑ |
| Palpitations | | ☑ |
| Allergies | | ☑ |
| Poor appetite | | ☑ |
| Chronic indigestion | | ☑ |
| Recurrent nausea | | ☑ |
| Recurrent vomiting | | ☑ |
| Vomiting of blood | | ☑ |

| | Yes | No |
|---|---|---|
| Chronic constipation | | ☑ |
| Black or bloody bowel movements | | ☑ |
| Freq. or painful urination | | ☑ |
| Blood in urine | | ☑ |
| Swollen ankles | | ☑ |
| High blood pressure | | ☑ |
| Jaundice | | ☑ |
| Hernia (rupture) | | ☑ |
| Stomach ulcers | | ☑ |
| Pneumonia | | ☑ |
| Pleurisy | | ☑ |
| Kidney stones | | ☑ |
| Piles | | ☑ |
| Fits or convulsions | | ☑ |
| Tuberculosis | | ☑ |
| Bronchitis | | ☑ |
| Nephritis | | ☑ |

| | Yes | No |
|---|---|---|
| Malaria | | ☑ |
| Rheumatic fever | | ☑ |
| Paralysis | | ☑ |
| Cancer or tumors | | ☑ |
| Asthma | | ☑ |
| Hay fever | | ☑ |
| Diabetes | | ☑ |
| Arthritis | | ☑ |
| Rheumatism | | ☑ |
| Nervous breakdown | | ☑ |
| Painful flat feet | | ☑ |
| Backaches | | ☑ |
| Chronic sinus infection (Have sinus) | | ☑ |
| Injuries | | ☑ |
| Operations | | ☑ |
| Other serious illnesses | | ☑ |

Do you hear well? YES Weight 145 lbs.

Have you ever been rejected or discharged from military service because of illness or injury? N/A

Have you ever received any pension, insurance payments or compensation for an injury or illness? NO

Do you have any defect, deformity or disease which may interfere with your work? N/A

State details of illnesses, injuries, operations or defects:

*I, THE UNDERSIGNED, CERTIFY THE ABOVE ANSWERS ARE TRUE, AND GIVE THE EXAMINING PHYSICIAN PERMISSION TO SUBMIT A REPORT TO THE HOSPITAL.*

Date 01-15-93, 19 93 Signed Elizabeth Preuster

143

SE-634 (8/90)

| NAME OF INSTITUTION | **ASSOCIATE HEALTH EXAMINATION** |
|---|---|

TO BE FILLED OUT BY ASSOCIATE'S PHYSICIAN

I have examined Mr. / ~~Mrs~~ / Miss PRIESTER ELIZABETH
Last Name First Middle

who is applying for the position of CNA

and I have found no condition that appears to prevent him/her from performing the duties of the position applied for with the exception or the possible exception of the following:

Further, I have found no indication of any condition which might represent a possible hazard to the health of patients or other associates in the institution.

Date 1/16/93

Signed _____ M.D.

Address

Patient: PRIESTER, ELIZABETH E
MRN: AIK209793
DOB/Sex: 8/17/1962 / Female
Attending: Draper MD,Cortney S

Admit: 11/14/2014
Disch: 11/14/2014 Disch Time: 18:17 EST
FIN: AIK0000116052374

## ED Physician Record

DOCUMENT NAME: ED Physician Record
SERVICE DATE/TIME: 11/14/2014 17:48 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Draper,Cortney MD (11/14/2014 17:59 EST)
SIGN INFORMATION: Draper,Cortney MD (11/15/2014 00:31 EST)

**Dizziness**

Patient: **PRIESTER, ELIZABETH E** **MRN: AIK209793** **FIN: AIK0000116052374**
Age: **52 years** Sex: **Female** DOB: **08/17/62**
Associated Diagnoses: **None**
Author: **Draper, Cortney MD**

**Basic Information**

**Time seen:** Date & time 11/14/14 17:47:00, Provider Assignment
Gill Scribe, Kenni assigned at 11/14/2014 17:46

**History source:** Patient.
**Arrival mode:** Private vehicle.
**History limitation:** None.
**Additional information:** Chief Complaint from Nursing Triage Note : Chief Complaint
11/14/14 14:13 EST Chief Complaint Chief Complaint .

**History of Present Illness**

The patient presents with dizziness and fatigue. The onset was unknown. The character of symptoms is lightheaded. The degree at present is minimal. Prior episodes: frequent and chronic. Therapy today: see nurses notes. Associated symptoms: headache, altered sensation and weakness. Patient is a 52 year old female who presents to the ED with dizziness, fatigue and generalized pain. She stated that she was feeling lightheaded and "faint". She has had a headache as well. She stated that she has also had some mild numbness around her lips. This is all chronic. She stated that she had an accident at work in September and stated that since then she has had some generalized weakness as well as diffuse pain. She is currently in physical therapy. .

**Review of Systems**

**Constitutional symptoms:** Weakness, fatigue, No fever,
**Skin symptoms:** No rash,
**Eye symptoms:** No blurred vision,
**ENMT symptoms:** No sore throat,
**Respiratory symptoms:** No shortness of breath,
**Cardiovascular symptoms:** No chest pain,
**Gastrointestinal symptoms:** No vomiting, no diarrhea.
**Genitourinary symptoms:** No dysuria,
**Musculoskeletal symptoms:** Back pain.
**Neurologic symptoms:** Headache, dizziness, numbness.
**Additional review of systems information:** All other systems reviewed and otherwise negative.

**Health Status**

**Allergies:**
Allergic Reactions (Selected)
No Known Medication Allergies.

## ED Physician Record

**Past Medical/ Family/ Social History**

**Medical history:** Negative.
**Surgical history:**
No active procedure history items have been selected or recorded..
**Family history:**
No family history items have been selected or recorded..
**Social history:** Social History ST
**Social & Psychosocial Habits**

**Tobacco**
11/14/2014 **Patient Smoked Cigarettes During Last 12 Months:** No
11/14/2014 **Smoking History:** Never smoker.

**Physical Examination**

**Vital Signs**
Vital Signs (ST)

| Vital Signs (24 hrs) | Last Charted | | Minimum | | Maximum | |
|---|---|---|---|---|---|---|
| Temp | 36.7 | (NOV 14 14:12) | 36.7 | (NOV 14 14:12) | 36.7 | (NOV 14 14:12) |
| Peripheral Pulse Rate | 77 | (NOV 14 14:12) | 77 | (NOV 14 14:12) | 77 | (NOV 14 14:12) |
| Resp Rate | 18 | (NOV 14 14:12) | 18 | (NOV 14 14:12) | 18 | (NOV 14 14:12) |
| SBP | H 186 | (NOV 14 14:12) | H 186 | (NOV 14 14:12) | H 186 | (NOV 14 14:12) |
| DBP | 77 | (NOV 14 14:12) | 77 | (NOV 14 14:12) | 77 | (NOV 14 14:12) |
| SpO2 | 100 | (NOV 14 14:12) | 100 | (NOV 14 14:12) | 100 | (NOV 14 14:12) |
| | Room air | | Room air | | Room air | |

Per nurse's notes.
Basic Oxygen Information

| | | |
|---|---|---|
| 11/14/14 14:12 EST | SpO2 | 100 % |
| | Oxygen Therapy | Room air |

**General:** Alert, anxious.
**Skin:** No rash.
**Head:** Normocephalic, atraumatic.
**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact.
**Ears, nose, mouth and throat:** Oral mucosa moist.
**Cardiovascular:** Regular rate and rhythm.
**Respiratory:** Lungs are clear to auscultation, respirations are non-labored.
**Gastrointestinal:** Soft, Nontender.
**Back:** no point tenderness on the vertebrae.
**Musculoskeletal:** No deformity.
**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal sensory observed, normal motor observed.
**Psychiatric:** Mood and affect: Flat.

**Medical Decision Making**
**Differential Diagnosis:** Dizziness, generalized weakness, urinary tract infection, anemia, anxiety.
**Documents reviewed:** Emergency department nurses' notes.
**Orders** Review/Insert Order Profile (Selected)

Patient: PRIESTER, ELIZABETH E
MRN: AIK209793
DOB/Sex: 8/17/1962 / Female
Attending: Draper MD,Cortney S

Admit: 11/14/2014
Disch: 11/14/2014
FIN: AIK0000116052374

## ED Physician Record

Inpatient Orders

*Ordered*

Saline Lock Insert:
Vital Signs Mobile:

*Ordered (In-Lab)*

Culture Urine:

*Canceled*

ED Triage Mobile:

*Completed*

+UA Microscopic:
Auto Diff:
BMP:
CBC with Diff:
Extra Blue:
Extra Green:
Extra Lav:
Extra SST:
Urinalysis Microscopic if Ind and Culture if Ind:
Urine Drug Scr 8 (AIK):
XR Spine Cervical 3 View:

**Results review:** Lab results : Lab View

| | | |
|---|---|---|
| 11/14/14 14:53 EST | Ur Amphetamine | Not Detected ng/mL |
| | Ur Barbiturates | Not Detected |
| | U Benzodiazepine Screen | Not Detected |
| | Ur Cannabinoids | Not Detected |
| | Ur Cocaine | Not Detected |
| | Ur Opiates | Not Detected |
| | U PCP | Not Detected |
| | Ur Color | Yellow |
| | Ur Clarity | CLOUDY |
| | **Ur Spec Grav** | **1.028 HI** |
| | Ur pH | 5.5 |
| | **Ur Leuk Est** | **2+** |
| | Ur Nitrite | Negative |
| | Ur Protein | Negative |
| | UR Glucose | Negative |
| | **Ur Ketones** | **Trace** |
| | Ur Urobilinogen | 0.2 |
| | Ur Bili | Negative |
| | **Ur Blood** | **2+** |
| | Ur WBC | 25-50 /HPF |
| | Ur RBC | 0-3 |
| | Ur Bacteria | 2+ |
| | Ur Squam Epithelial | 5-10 |
| 11/14/14 14:41 EST | WBC | 6.45 x10e3/mcL |
| | RBC | 5.10 x10e6/mcL |
| | Hgb | 11.70 gm/dL |
| | Hct | 37.10 % |
| | **MCV** | **73 Femtoliter LOW** |
| | **MCH** | **23 pg LOW** |
| | **MCHC** | **32 gm/dL LOW** |
| | RDW-CV | 15.4 % |
| | RDW-SD | 40.9 Femtoliter |
| | Plt | 250 x10e3/mcL |

Patient: PRIESTER, ELIZABETH E
MRN: AIK209793
DOB/Sex: 8/17/1962 / Female
Attending: Draper MD,Cortney S

Admit: 11/14/2014
Disch: 11/14/2014
FIN: AIK0000116052374

## ED Physician Record

| | | |
|---|---|---|
| MPV | 9.6 Femtoliter | |
| NRBC % | 0 | NA |
| NRBC # | 0 /100 WBC | NA |
| Neut % Auto | 58 % | |
| Lymph % Auto | 33 % | |
| Mono % Auto | 8 % | |
| Eos % Auto | 1 % | |
| Baso % Auto | 0 % | |
| Immature Grans % | 0 | NA |
| Neut # Auto | 3.77 x10e3/mcL | |
| Lymph # Auto | 2.10 x10e3/mcL | |
| Mono # Auto | 0.51 x10e3/mcL | |
| Eos # Auto | 0.04 x10e3/mcL | |
| Baso # Auto | 0.01 x10e3/mcL | |
| Immature Grans # Auto | 0 x10e3/mcL | NA |
| Glucose Level | 90 mg/dL | |
| Sodium | 141 mmol/L | |
| Potassium | 4.2 mmol/L | |
| Chloride | 107 mmol/L | |
| CO2 | 31 mmol/L | |
| Anion Gap | 3.0 | NA |
| BUN | 14 mg/dL | |
| Creatinine | 0.81 mg/dL | |
| BUN/Creat Ratio | 17 | NA |
| Calcium | 9.5 mg/dL | |
| eGFR Non-African American | >60 mL/min/1.73m2 | NA |
| eGFR African American | >60 mL/min/1.73m2 | NA |

**Radiology results:** X-ray, Spine Cervical, reviewed radiologist's report,
CONCLUSION:

No acute osseous abnormality.

**Notes:** Patient evaluated for chronic symptoms of fatigue and pain. Patient describes diffuse weakness as well as some tingling in her hands bilaterally and peri-oral numbness. Examination is unremarkable with no focal neuro deficits. Did note UTI, gave Rx for this. Also provided Ultram for pain. Recommended f/u with her PCP and orthopedist for further pain management. Return precautions provided..

**Impression and Plan**

**Diagnosis**

Urinary tract infection 599.0 - ICD9 599.0,
Chronic pain - ICD9 338.29,

**Plan**

**Condition:** Improved, Stable.
**Prescriptions:** Launch PrescriptionWriter
Pharmacy:
Ultram 50 mg oral tablet (Prescribe): 1 Tabs, Oral, q6H, 15 Tabs, PRN, Pain
Septra DS 800 mg-160 mg oral tablet (Prescribe): 1 Tabs, Oral, BID, 20 Tabs.
**Patient was given the following educational materials:** BLADDER INFECTION, Female (Adult), DIZZINESS, Unk Cause.

## ED Physician Record

**Follow up with:** ; Follow up with primary care provider Within 1-2 days.
**Counseled:** Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Patient indicated understanding of instructions.
**Disposition:** Launch Disposition Order
Admit/Transfer/Discharge:
Discharge Request (Order): 11/14/14 18:01 EST, Home Routine.

**Addendum**

**Teaching-Supervisory Addendum-Brief**
I participated in the following activities of this patients care: the medical history, the physical exam, Documented by Kenni Gill acting as Scribe for Dr. Draper..
I personally performed: supervision of the patient's care, the medical history, the physical exam, the medical decision making, I, Dr. Draper, have reviewed the information recorded by the scribe for accuracy and agree with its content..
Notes: All entries were made by the scribe at my direction and reflect the services I personally performed. The documentation has been verified for accuracy..

*Electronically Signed By: Draper, Cortney*
*On: 11.15.2014 00:31 EST*

---

| | |
|---|---|
| DOCUMENT NAME: | ED Physician Record |
| SERVICE DATE/TIME: | 11/14/2014 14:16 EST |
| RESULT STATUS: | Auth (Verified) |
| PERFORM INFORMATION: | Higgins PA,Kevin (11/14/2014 14:17 EST) |
| SIGN INFORMATION: | Garrett,Aaron MD (11/14/2014 18:00 EST); Higgins PA,Kevin (11/14/2014 14:17 EST) |

**ED Note**

Patient: **PRIESTER, ELIZABETH E** **MRN: AIK209793** **FIN: AIK0000116052374**
Age: **52 years** Sex: **Female** DOB: **8/17/1962**
Associated Diagnoses: **None**
Author: **Higgins PA, Kevin**

**Basic Information**
**Time seen:** Date & time 11/14/2014 14:16:00, At the time of triage, based on the patient's complaints, a medical emergency does not exist. I ordered appropriate department specific protocols on this patient.

*Electronically Signed By: Higgins, Kevin PA*
*On: 11.14.2014 14:17 EST*

*Electronically Signed On: 11.14.2014 18:00 EST*
*Garrett, Aaron*

| | | | |
|---|---|---|---|
| Patient: | PRIESTER, ELIZABETH E | Admit: | 11/14/2014 |
| MRN: | AIK209793 | Disch: | 11/14/2014 |
| DOB/Sex: | 8/17/1962 / Female | FIN: | AIK0000116052374 |
| Attending: | Draper MD,Cortney S | | |

## Imaging

| PROCEDURE | EXAM DATE/TIME |
|---|---|
| XR Spine Cervical 2 or 3 Views | 11/14/2014 15:06 EST |

**Report**

CERVICAL SPINE:

Clinical History: Trauma by fall, neck pain.

Technique: AP, lateral, and open mouth views were obtained.

Findings: There is normal alignment of the cervical spine with no evidence for fracture or subluxation. No significant prevertebral soft tissue swelling is identified. Moderate degenerative disc space narrowing is noted at C5-C6 and mild narrowing at C6-C7.

CONCLUSION:

No acute osseous abnormality.

Dictated By:ALFONSO GAY, MD
DID 45302

D:/T:/11572008 /Job ID 12523347 /DT:11/14/2014 17:43:43/TD:11/14/2014 17:33:04 /Rev: 11/14/2014 17:33:04
cc:

This document was electronically signed by ALFONSO GAY, MD on 11/14/2014 17:43:42 .

***** *Final* *****

*Dictated by: Gay, Alfonso MD Dictated DT/TM: 11/14/2014 5:43 pm*
*Transcribed By: AGTranscribed by: AG Transcribed DT/TM: 11/14/14 17:33:00*
*Electronically Signed by: Gay, Alfonso MD Signed DT/TM: 11/14/2014 5:43 pm*

AIK- Aiken Regional Medical Centers
302 University Parkway
Aiken, SC 29801-6302

Patient: PRIESTER, ELIZABETH E
MRN: AIK209793
DOB/Sex: 8/17/1962 / Female
Attending: Miller,Nathan MD

Admit: 11/17/2013
Disch: 11/17/2013 Disch Time: 10:56 EST
FIN: AIK0000114522964

## ED Physician Record

DOCUMENT NAME: ED Physician Record
SERVICE DATE/TIME: 11/17/2013 09:45 EST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Miller MD,Nathan (11/17/2013 09:53 EST)
SIGN INFORMATION: Miller MD,Nathan (11/17/2013 10:51 EST)

**Motor vehicle crash - minor**

Patient: **PRIESTER, ELIZABETH E** **MRN: AIK209793** **FIN: AIK0000114522964**
Age: **51 years** Sex: **Female** DOB: **08/17/1962**
Associated Diagnoses: **None**
Author: **Miller MD, Nathan**

**Basic Information**
**Time seen:** Date & time 11/17/2013 09:46:00, Provider Assignment.

**History source:** Patient.
**Arrival mode:** Private vehicle.
**History limitation:** None.
**Additional information:** Chief Complaint from Nursing Triage Note : Chief Complaint.

| | | |
|---|---|---|
| 11/17/2013 9:42 EST | Chief Complaint | MVA Wed. C/O neck pain |
| 11/17/2013 9:27 EST | Chief Complaint | MVA Wed. C/O neck pain |

**History of Present Illness**
The patient presents following motor vehicle collision. The onset was 1 days ago. The Collision was front impact, low speed and 20 mph. The patient was the driver. There were safety mechanisms including seat belt, no airbag. Location: neck. The degree of pain is minimal. The degree of bleeding is none. Risk factors consist of none. The patient's dominant hand is unknown. Therapy today: none. Associated symptoms: none. Patient is a 51 year old female presenting to the ED with neck pain after and MVC yesterday. Patient states that she rear ended someone going about 20mph. Patient was wearing her seatbelt and the air bags did not deploy..

**Review of Systems**
**Constitutional symptoms:** No fever, no sweats.
**Skin symptoms:** No jaundice,
**Eye symptoms:** No recent vision problems, no blurred vision.
**ENMT symptoms:** No sore throat, no nasal congestion.
**Respiratory symptoms:** No shortness of breath, no cough.
**Cardiovascular symptoms:** No chest pain, no diaphoresis.
**Gastrointestinal symptoms:** No abdominal pain, no nausea, no vomiting.
**Genitourinary symptoms:** No dysuria, no hematuria.
**Musculoskeletal symptoms:** No back pain, Reports: Neck, pain.
**Neurologic symptoms:** No headache, no dizziness.

**Health Status**
**Allergies:**
Allergic Reactions (Selected)
*Severity Not Documented*
No Known Medication Allergies- No reactions were documented.

Patient: PRIESTER, ELIZABETH E
MRN: AIK209793
DOB/Sex: 8/17/1962 / Female
Attending: Miller,Nathan MD

Admit: 11/17/2013
Disch: 11/17/2013
FIN: AIK0000114522964

## ED Physician Record

**Past Medical/ Family/ Social History**

**Medical history:** PMH/Problems ST.
No qualifying data available

**Surgical history:** .
No active procedure history items have been selected or recorded.

**Family history:** .
No family history items have been selected or recorded.

**Social history:** Social History ST.

**Social & Psychosocial Habits**

**Tobacco**
11/17/2013 **Patient Smoked Cigarettes During Last 12 Months:** No
11/17/2013 **Smoking History:** Never smoker

**Physical Examination**

**Vital Signs**
Vital Signs.

| | | | |
|---|---|---|---|
| 11/17/2013 9:27 EST | Temperature (Route Not Specified) | | 36.5 DegC |
| | Temperature Convert C to F | | 97.7 DegF |
| | Temperature Method | Oral | |
| | Peripheral Pulse Rate | 83 bpm | |
| | Respiratory Rate | 18 br/min | |
| | Systolic Blood Pressure | 144 mmHg | HI |
| | Diastolic Blood Pressure | 68 mmHg | |

Basic Oxygen Information.
11/17/2013 9:27 EST SpO2 100 %

**General:** Alert.
**Skin:** Warm, dry.
**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.
**Ears, nose, mouth and throat:** Oral mucosa moist.
**Neck:** paraspinal tenderness no midline tenderness.
**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.
**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.
**Gastrointestinal:** Soft, Nontender, Non distended.
**Back:** Nontender, Normal range of motion.
**Musculoskeletal:** Normal ROM, normal strength.
**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact.
**Psychiatric:** Cooperative, appropriate mood & affect.

**Medical Decision Making**
**C-Spine X-Ray:** Normal alignment, normal disc spaces, no fractures, interpretation by Emergency Physician.

**Reexamination/ Reevaluation**
Patient ambulating well with no problems. I have given her naproxen for the pain

**Impression and Plan**
Exam following MVC (motor vehicle collision), no apparent injury - ICD9 V71.4,
Neck pain - ICD9 723.1,
**Plan**
**Prescriptions:** Launch PrescriptionWriter.
Pharmacy:

Patient: PRIESTER, ELIZABETH E
MRN: AIK209793
DOB/Sex: 8/17/1962 / Female
Attending: Miller,Nathan MD

Admit: 11/17/2013
Disch: 11/17/2013
FIN: AIK0000114522964

## ED Physician Record

Naprosyn 500 mg oral tablet (Prescribe): 500 mg, 1 Tabs, Oral, BID, 20 Tabs, PRN, for pain
**Patient was given the following educational materials:** BACK AND NECK PAIN, General, MVC, General Precautions.
**Follow up with:** Follow up with primary care provider Within 1-2 days.
**Counseled:** Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.
**Disposition:** Launch Disposition Order.
Admit/Transfer/Discharge:
Discharge Request (Order): 11/17/2013 10:51 EST, Home Routine

**Addendum**

**Teaching-Supervisory Addendum-Brief**

I participated in the following activities of this patients care: the medical history, the physical exam, medical decision making,
Documented by Brittny Neira acting as scribe for Dr. Miller.

I personally performed: supervision of the patient's care, the medical history, the physical exam, the medical decision making, I, Dr.Miller, have reviewed the information recorded by the scribe for accuracy and agree with its content..

*Electronically Signed By: Miller, Nathan MD*
*On: 11.17.2013 10:51 EST*

Patient: PRIESTER, ELIZABETH E
MRN: AIK209793
DOB/Sex: 8/17/1962 / Female
Attending: Miller,Nathan MD

Admit: 11/17/2013
Disch: 11/17/2013
FIN: AIK0000114522964

## Imaging

PROCEDURE
XR Spine Cervical 2 or 3 Views

EXAM DATE/TIME
11/17/2013 10:24 EST

**Report**

Cervical Spine

Indication: MVA 24 hours ago. Increasing neck pain.

Comparison: None.

Technique: AP, lateral, open mouth odontoid, and swimmer's lateral views were obtained.

Findings: Normal cervical lordosis is maintained.
No evidence for vertebral body fracture or subluxation.
No significant prevertebral soft tissue swelling is identified.
Loss of disc space height with small anterior posterior osteophyte formation C5-C6 and C6-C7.
The dens is intact and the lateral masses are well aligned.

Impression: Mild discogenic degenerative changes lower cervical spine. No vertebral body fracture or subluxation.

ER code 3

Dictated By:ROBERT SEARLES, D.O.
DID 45450

D:/T:/9631586 /Job ID 10455556 /DT:11/17/2013 13:07:42/TD:11/17/2013 13:06:33 /Rev: 11/17/2013 13:06:33
cc:

This document was electronically signed by ROBERT SEARLES, D.O. on 11/17/2013 13:07:43 .

***** Final *****

*Dictated by: Searles DO, Robert* *Dictated DT/TM: 11/17/2013 1:07 pm*
*Transcribed By: RSTranscribed by: RS* *Transcribed DT/TM: 11/17/13 13:06:00*
*Electronically Signed by: Searles DO, Robert* *Signed DT/TM: 11/17/2013 1:07 pm*

POOR QUALITY ORIGINAL

TRIAGE DATE 5-26-12 TIME 0733
ESI: 1 2 3 (4) 5

NAME Priester, Elizabeth E
D.O.B. 8-17-62 AGE 49 M / F
HISTORIAN: patient paramedics family
ARRIVAL MODE: car EMS police
PCP: none MTW / Westside
^IMMUNIZATIONS: current / referral
tetanus flu pneumovax

TREATMENT PTA: see EMS report IV O2 splint
last blood glucose

VITALS: Height 5'3" Weight 70.0 kg
BP 73/70 P 70 RR 20 temp 98.1 TM O R Ax
SaO2 100% RA / O2

PAIN LEVEL: current 9 /10 max /10 acceptable /10
scale used: # quality

CHIEF COMPLAINT: Lt hand swelling
occurred just PTA hrs / days ago, painful
denies injury

INJURIES / PAIN

| R | | | L | | |
|---|---|---|---|---|---|
| shldr | hip | | shldr | hip | |
| arm | thigh | | arm | thigh | |
| elbow | knee | | elbow | knee | |
| f-arm | leg | | f-arm | leg | |
| wrist | ankle | | wrist | ankle | |
| hand | foot | | hand | foot | |
| fingers | toes | | fingers | toes | |

MECHANISM
fall animal bite
twisting GSW / stab wound
direct blow / crush burn
puncture wound cut with

ALLERGIES: NKDA
drug - PCN / ASA / sulfa / latex / codeine / iodine
food

MEDS: none see med list

PAST MEDICAL HX: negative
R / L handed / HTN / diabetes: insulin
past surgeries: none hyst

SOCIAL HX: smoker ppd / drugs / alcohol
^TB exposure / symptoms
^has been physically hurt or threatened by someone close denies
^fall risk screen completed low

LNMP: G P Ab pregnant / postmenop / hyst

RN Signature Rebecca Jones

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05 Aiken Regional Medical Center
EMERGENCY NURSING RECORD
Extremity Trauma / Pain

ER0807 - ED Assessment

TINA

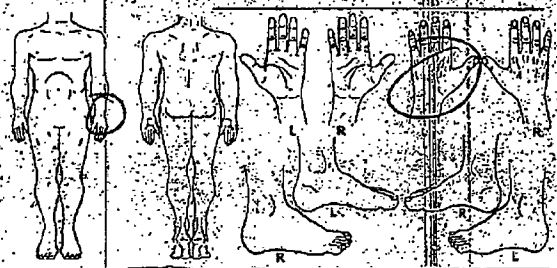
TIME TO ROOM: 0740 ROOM: 10

INITIAL ASSESSMENT TIME: 0740

GENERAL APPEARANCE
no acute distress / mild / moderate / severe distress
alert / oriented x3 / anxious / decreased LOC
disoriented to person / place / time

^FUNCTIONAL / NUTRITIONAL ASSESSMENT
independent ADL / assisted / total care
appears well / obese / malnourished
nourished / hydrated / recent weight loss / gain

CVS
skin warm & dry / pale / cyanotic
cap refill less than 2 sec / cap refill greater than 2 sec




KEY: T=Tenderness S=Swelling E=Erythema B=Burn
A=Abrasion V=Vesicles Lac=Laceration

UPPER EXTREMITIES: see diagram
no evidence of trauma / active bleeding
skin intact / deformity
non-tender / ROM limited
no deformity / pulse deficit
full ROM
pulses nml

LOWER EXTREMITIES: see diagram
no evidence of trauma / active bleeding
skin intact / deformity
non-tender / ROM limited
no deformity / unable to bear weight
full ROM / pulse deficit
pulses nml

ADDITIONAL FINDINGS

INITIAL ACTIONS

| TIME | | | | INIT |
|---|---|---|---|---|
| | ID band applied | ID band verified | | |
| | c-collar | backboard | | |
| | disrobed / gowned | blanket provided | | |
| 0745 | ice pack | elevation / immobilization | | TW |
| | bandage applied | wet to dry dressing | | |
| | bed low position | side rails up x1 x2 | | |
| | call light in reach | head of bed elevated | | |

Nurse Signature Tina Williams

* protocol available


112229281
PRIESTER, ELIZABETH E
DOB: 08/17/1962 49 Y SX: F EMR
MRN: 209793 ADM/REG DT: 05/26/2012
Aiken Regional Medical Centers


NURSING RECORD

POOR QUALITY ORIGINAL

**ACTIONS**

| TIME | | INIT |
|---|---|---|
| | pulse checked with doppler | |
| | [1] set up suture tray [1] | |
| | [2] cleaned wound [2] [3] gauze [3] / [2] pressure dressing [2] | |
| | [4] cardiac monitor [4] | |
| | pulse oximeter $O_2$ ____ L via NC / [5] mask [5] / [6] NRB [6] | |
| | [2] Accu-Chek [2] | |
| | [5] emesis / incontinence care [5] | |
| | ready for Dr eval. notified doctor / seen by Dr | |
| | [6] restraints [6] see documentation | |
| | social worker intervention [3] limited [3] [5] extended [5] | |

**IV STARTS** [3] lock [3] [4] IV fluid [4]

| TIME | # | site | gauge | attempts | complications | INIT |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

**IV / MEDICATION INFUSION RECORD**

| Start Time | Solution / Med | Type / Pump | Rate ml / hr | Stop Time | Amount Infused | INIT |
|---|---|---|---|---|---|---|
| | | | | | | |
| | Response: no change improved | | | | | |
| | | | | | | |
| | Response: no change improved | | | | | |
| | | | | | | |
| | Response: no change improved | | | | | |

**MEDICATIONS**

| Time | Medication | Dose | Route | Site | INIT |
|---|---|---|---|---|---|
| | [1] Td [1] | 0.5mL | IM | | |
| | lot # | exp. date | manufac | | |
| | Response: no change improved | | | | |
| | Response: no change improved | | | | |
| | Response: no change improved | | | | |

[1] immunizations [1] [2] OTC [2] [3] prescription PO / SL / TOPICAL [3]
[4] parenteral meds [4] [6] blood products [6] [cc] crit care med [cc]

**PROCEDURES**

| TIME | | INIT |
|---|---|---|
| | [1] laceration repair [1] to | |
| | assisted by: | |
| | [2] foreign body removed [2] assisted by: | |
| | assisted Dr with [5] dislocation [5] / [5] fx reduction [5] | |
| | shoulder elbow MTP patella | |
| | [2] splint [2] / [4] sling [4] applied arm leg short long | |
| | type: | |
| | assessed post-procedure | |
| | pms / color / sensation / movement | |
| | lab drawn / sent by ED tech / [5] nurse [5] / lab | |
| | [2] clean catch [2] / [2] urine pregnancy test [2] results back | |
| | [2] cleaned wound [2] applied abx ointment | |
| | [4] applied dressing [4] / [1] Band-Aid [1] / [2] elastic wrap [2] | |
| | crutch training w/ proper return demonstration | |
| | to X-ray [3] single [3] [4] multi [4] w/ [6] monitor [6] / [6] nurse [6] / $O_2$ / tech | |
| | return to room | |

Extremity Trauma - 05 Rev. 06 / 10

**VITAL SIGNS**

| TIME | BP | P | RR | T | $SaO_2$ | GCS | Pain | Pupils | INIT |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |

**ADDITIONAL NOTES**

**INTAKE** _____ **OUTPUT** _____

__IV / saline lock discontinued: Total Amt Infused _____
Time _____ Initials _____

**PROPERTY TO:**

__patient __family __security __safe __see patient belongings list

**DISPOSITION**

__discharged (home) police nursing home [3] ME [3] [3] funeral home [3]
(verbal) (written instructions) (RX given) to: (patient)
(verbalized understanding)
__[3] learning barriers addressed [3]
(accompanied by / driver)
__[6] admitted / transferred [6] to _____
__report to _____ time _____
__transfer documentation completed
__notified family / police / ME _____
__[1] left AMA [1] / LWBS signed AMA sheet refused _____
__physician notified of: _____

**Discharge Vitals**
BP 102/64 HR 80 RR 20 Temp 98 $SaO_2$ 100
pain level at discharge 6 /10

**CONDITION**

__unchanged (Improved) stable __other _____
Depart Time 0000 Mode: (walk) crutches W/C stretcher ambulance

*Discharge Nurse Signature* [signature]

☐ Continuation Sheet [3] Highest E / M Level

| SIGNATURE | INITIAL |
|---|---|
| [signature] | [initial] |
| | |
| | |

^ protocol available

ER0807 – ED Assessment



112229281
PRIESTER, ELIZABETH E
DOB: 08/17/1962 49 Y SX: F EMR
MRN: 209793 ADM/REG DT: 05/26/2012
Aiken Regional Medical Centers

**GENERAL INSTRUCTIONS:**

☑ Call the next business day and make an appointment to see: your pmd w/i 1 week

Be sure to tell them you were seen in our Emergency Department and the emergency physician feels you need a followup visit in: _____ days or less or _____ days or less if still ill.

☐ Have your blood pressure checked at _____ within _____ days.

☐ Return to the Emergency Department in _____ days for suture removal or re-check.

☐ Give Tylenol (acetaminophen) _____ every four hours for three days as needed for pain or fever.

☑ Work/school excuse from 5/26/2012 thru 5/28/2012. May return to work 5/29/2012

☐ See your company doctor per your company's policy. Light duty until _____.

(No use of _____ No lifting over _____ lbs.)

☐ _____

_____

_____

**Your diagnosis was:** Hand Pain

**INSTRUCTION SHEETS** You may receive one or more of the following:

**Abdominal** (green sheet)
- ☐ Abdominal Pain in Adults*
- ☐ Abdominal Pain in Children*
- ☐ Nausea, Vomiting, Diarrhea, Adults*
- ☐ Vomiting, Diarrhea, Children*
- ☐ Kidney Stone –

**OB/GYN** (pink sheet)
- ☐ Threatened Miscarriage*
- ☐ Pelvic Inflammatory Disease*

**Orthopedics** (white sheet)
- ☐ Splints and Casts*
- ☐ Sprains and Strains*
- ☐ Walking with Crutches*
- ☐ Low Back Pain*
- ☐ Cervical Strain

**Environmental** (grey sheet)
- ☐ Bug Bites*
- ☐ Allergic Reactions*

**Trauma** (red sheet)
- ☐ Accident*
- ☐ Head Injury*
- ☐ Wound Care*
- ☐ Burns*
- ☐ Corneal Abrasion*
- ☐ Animal Bite*
- ☐ Hematoma

**Respiratory** (blue sheet)
- ☐ Croup*
- ☐ Asthma*
- ☐ Bronchiolitis*
- ☐ Bronchitis
- ☐ Sore Throat*
- ☐ Nose Bleed*
- ☐ Sinusitis in Adults

**Infection** (yellow sheet)
- ☐ Fever in Adults*
- ☐ Fever in Children*

*Preprinted Instructions
- ☐ Taking Temperatures*
- ☐ Otitis Media*
- ☐ Chicken Pox*
- ☐ Skin Infection / Abscess*
- ☐ Urinary Tract Infection*
- ☐ Conjunctivitis
- ☐ Scabies and Lice

**General** (orange sheet)
- ☐ Pediatric Followup*
- ☐ Medication Precautions*
- ☐ Test Results*
- ☐ Antibiotics*
- ☐ **Tetanus/Diphtheria booster***
- ☐ Blood/Body Fluid Exposure Follow-up

**Other** (on computer)
- ☐ _____
- ☐ _____

**IMPORTANT (Please read carefully before signing. Do not leave if you have unanswered questions.)**

1. I have received the instruction sheets indicated above.
2. I realize the care I received in your Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for followup care.
3. I realize that all diseases change with time, so I will return here if I think something has gone wrong or if unexpected symptoms occur. RETURN IF YOU WORSEN IN ANY UNEXPECTED WAY.
4. Aiken Regional Medical Centers Emergency Services obtains a second reading on EKGs and X_Rays. If cultures were obtained, results will not be final for 3 or more days.
5. I hereby authorize Aiken Regional Medical Centers Emergency Services to release today's emergency department medical record to my followup physician.
6. The Medical Records Department is open Monday-Friday, 8:00 a.m. to 4:30 p.m. to obtain copies of your medical records.
7. Call your followup Physician for any results (including cultures, labs, x-rays) not received or completed during your stay in the Emergency Department.
8. If you feel you want to harm yourself or are suicidal, call 1-800-784-2433 (National Suicide Hotline).

Physician/Staff: Kelly Killough — Date: 5/26/12 — Patient or Responsible Person: Elizabeth Priester

**Aiken Regional Medical Centers**
**302 University Parkway**
**Aiken, SC 29801**

**EMERGENCY SERVICES**

630.06
Rev. 8/08

ER0023

Patient Identification

112229281
PRIESTER, ELIZABETH E
DOB: 08/17/1952 49 Y SX: F EMR
MRN: 209793 ADM/REG DT: 05/26/2012
Aiken Regional Medical Centers

WHITE - RECORDS CANARY - PATIENT GOLDENROD - PATIENT

# Home Medication List
## Physician's Order

Page _____ of _____

Height: 5 feet 3 inches

Weight: 70 kgs actual stated estimated

Allergies: NKSA

Nurse Signature [signature] Date/Time

**ADMISSION**

At time of entry, please check which medications should be continued and sign below to authenticate order

Information obtained from: ☐ Patient ☐ Patient Representative ☐ No home medications ☐ Unable to obtain list ☐ List requested from family

***Include insulin, inhalers, eye drops, aspirin, herbals, vitamins, and OTC.***

| Medication | Dose | Route | Frequency | Reason for Taking | Last dose taken | Give med upon adm. | Do not give med upon adm. |
|---|---|---|---|---|---|---|---|
| Hormone replacement therapy | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Physician Signature (on admission): Date:

**Outpatients/23 hr OBS Only**

Changes to home medications: ☐ None-Continue as listed above ☐ _____

Based on the treatment prescribed by your physician(s) and the list of medications that you provided, you may continue your home medications with the changes written above, if any. Be sure to give a list of medications to your primary care physician. Update your medication list when medications are discontinued, when doses are changed, or when taking new medications. Be sure to include over-the-counter medications and be sure to carry your medication list with you at all times in case of an emergency.

**New Discharge Medications**

☐ No new medications @ discharge

| Medication/Dose | Route | Frequency | Reason for taking |
|---|---|---|---|
| Naproxen 500mg | take 1 | tablet by mouth | 2 times a day |
| Ultram 50mg | take 1 | tablet by mouth | every 6 hours |
| | | | |
| | | | |

Signed by ABT, JOHN on 29-May-2012 15:00:53 -0400 Outpatients/23 hr OBS Only

Physician Signature-Outpatients/23 hr OBS Only | Licensed Staff's Signature | Patient's Signature

**Aiken Regional Medical Centers**
**302 University Parkway**
**Aiken, SC 29801**

PO0010

**Home Medication List**
**Physician's Order**

10-37036
601.126
Rev. 3/11

**CHART COPY**

Patient Label

112229281
PRIESTER, ELIZABETH E
DOB: 08/17/1962 49 Y SX: F EMR
MRN: 209793 ADM/REG DT: 05/26/2012
Aiken Regional Medical Centers

2203) Guard for triage per Dr Yeh. PT in place on arrival Utilized

Elizabeth Priester 8-17-62

**TRIAGE** DATE 10/8/10 TIME 2211
ESI: 1 2 3 (4) 5

TIME TO ROOM: 2243 ROOM: 8
**INITIAL ASSESSMENT** TIME: 2258

NAME: Priester Elizabeth
D.O.B: 10/8/87 AGE: ____ M (F)
HISTORIAN: (patient) paramedics family ____
ARRIVAL MODE: (car) EMS police ____
PCP: none MTW
^IMMUNIZATIONS: current / referral ____
tetanus ____ flu ____ pneumovax ____

TREATMENT PTA (see EMS report) IV $O_2$ c-collar backboard
last blood glucose ____

VITALS Height 5'3" Weight 155 Lbs kg
BP 126/68 P 75 RR 20 temp 98.6 TM (O) R Ax
$SaO_2$ 99% (RA) / $O_2$ ____ GCS 15

PAIN LEVEL current 7-8/10 max ____/10 acceptable ____/10
scale used ____ quality Head / neck

CHIEF COMPLAINT MVC Involved in
occurred just PTA ____ hrs / days ago 3 vehicle MVC
tonight now c/o headache
and neck pain

INJURIES / PAIN

| | | R | | | L | |
|---|---|---|---|---|---|---|
| (head) | (neck) | shldr | hip | shldr | hip | |
| face | back | arm | thigh | arm | thigh | |
| nose | chest | elbow | knee | elbow | knee | |
| mouth | abdomen | f-arm | leg | f-arm | leg | |
| coccyx | ____ | wrist | ankle | wrist | ankle | |
| ____ | ____ | hand | foot | hand | foot | |
| | | fingers | toes | fingers | toes | |

CRASH
(driver) / passenger front back
(lap belt) (shoulder) / car seat
air bag deployed ____
walking at scene ____
lost consciousness ____
thrown from vehicle ____
long extrication ____

SITE OF IMPACT
"P" = primary "S" = secondary
speed low, mod, high
direct glancing

ALLERGIES (NKDA)
drug - PCN / ASA / sulfa / latex / codeine / iodine ____
food - Peanuts

MEDS none (see med list) Vidaura

PAST MEDICAL HX (negative)
heart disease / HTN / diabetes: insulin ____
past surgeries none Hysteroectomy

SOCIAL HX smoker ____ ppd drugs / alcohol ____
^TB exposure / symptoms ____
^has been physically hurt or threatened by someone close ____
^fall risk screen completed V

LNMP ____ G ____ P ____ Ab ____ pregnant / postmenop / hyst

RN Signature ____

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01 Aiken Regional Medical Center
**EMERGENCY NURSING RECORD**
**MVC**

**GENERAL APPEARANCE**
__no acute distress __c-collar / backboard in place
__alert __mild / moderate / severe distress
__anxious / decreased LOC

**^FUNCTIONAL / NUTRITIONAL ASSESSMENT**
__independent ADL __assisted / total care
__appears well __obese / malnourished
__nourished / hydrated __recent weight loss / gain

**CHEST**
__no evidence of trauma __laceration / abrasion / swelling
__non-tender __tenderness
__breath sounds nml __wheezing / crackles / stridor
__deformity
__seat belt / airbag marks

**CVS**
__regular rate __tachycardia / bradycardia
__pulses strong & equal __pulse deficit
__skin warm, dry __pale / cyanotic
__cool / diaphoretic

**NEURO**
__oriented x 3 __disoriented to person / place / time
__PERRL __confused / memory loss
__pupils unequal R ____ L ____
__weakness / sensory loss

**HEAD / FACE**
__no evidence of trauma __laceration / abrasion / swelling
to head / eye / ear / face __periorbital swelling / hematoma
__ecchymosis / airbag marks
__dental injury / malocclusion
c/o headache - flu +

**NECK / BACK**
__no evidence of trauma __laceration / abrasion / swelling
__non-tender __tenderness / seat belt marks
neck - Burning

**ABDOMEN**
__no evidence of trauma __laceration / abrasion / swelling
__soft, non-tender __tenderness
__rigid / distended

**PELVIS / GU**
__no evidence of trauma __laceration / abrasion / swelling
__pelvis stable __pelvis unstable
__tenderness
__blood at urethral meatus

**EXTREMITIES**
__no evidence of trauma __laceration / abrasion / swelling
__non-tender __tenderness
__sensation / motor intact __deformity
__sensory / motor deficit

ADDITIONAL FINDINGS
States she knows she is getting a Migraine PH

**INITIAL ACTIONS**

| TIME | | | INIT |
|---|---|---|---|
| 2211 | (ID band applied) SK | ID band verified | |
| | c-collar | backboard | |
| 2220 | disrobed / gowned | blanket provided | PM |
| | ice pack | elevation / immobilization | |
| | bandage applied | wet to dry dressing | |
| | bed low position | side rails up x1 x2 | |
| | call light in reach | head of bed elevated | |

Nurse Signature PM Mar

^ protocol ord

109637181
PRIESTER, ELIZABETH E
DOB: 08/17/1962 48 Y SX: F EMR:
MRN: 209793 ADM/REG DT: 10/08/2010
Aiken Regional Medical Centers

**ACTIONS**

| TIME | | INIT |
|---|---|---|
| | [1]set up suture tray[2] [2]eye tray[2] | |
| | [2]cardiac monitor[2] | |
| | pulse oximeter $O_2$ ____ L via NC / [5]mask[5] / [5]NRB[5] | |
| | [2]Accu-Chek[2] | |
| | [3]emesis / incontinence care[3] | |
| | ready for Dr eval. notified doctor / seen by Dr | |
| | [6]restraints[6] see *documentation* | |
| | social worker intervention [3]limited[3] [3]extended[3] | |

**IV STARTS** [3]lock[3] [4]IV fluid[4]

| TIME | # | site | gauge | attempts | complications | INIT |
|---|---|---|---|---|---|---|
| | | | | | | |

**IV / MEDICATION INFUSION RECORD**

| Start Time | Solution / Med | Type / Pump | Rate ml / hr | Stop Time | Amount Infused | INIT |
|---|---|---|---|---|---|---|
| | | | | | | |
| | *Response: no change Improved* | | | | | |
| | | | | | | |
| | *Response: no change Improved* | | | | | |
| | | | | | | |
| | *Response: no change Improved* | | | | | |

**MEDICATIONS**

| Time | Medication | Dose | Route | Site | INIT |
|---|---|---|---|---|---|
| | [1]Td / TT[1] | 0.5mL | IM | | |
| | lot #: exp. date manufac | | | | |
| 2246 | Medician | 2 tabs | PO | TDG | RA |
| | *Response: no change Improved* | | | | |
| | *Response: no change Improved* | | | | |
| | *Response: no change Improved* | | | | |

[1]immunizations[1] [2]OTC[2] [3]prescription PO / SL / TOPICAL[3]
[4]parenteral meds[4] [5]blood products[5] [6]crit care med[6]

**PROCEDURES**

| TIME | | INIT |
|---|---|---|
| | [1]laceration repair[2] to | |
| | assisted by: | |
| | [2]foreign body removed[2] assisted by: | |
| | assisted Dr with [3]dislocation[3] / [3]fx reduction[3] | |
| | *shoulder elbow MTP patella* | |
| | [3]splint[3] / [3]sling[3] applied *arm leg short long* | |
| | type: | |
| | assessed post-procedure | |
| | *nml color / sensation / movement* | |
| | lab drawn / sent by ED tech / [3]nurse[3] / lab | |
| | [2]clean catch[2] / [2]urine pregnancy test[2] *results back* | |
| | [4]cleaned wound[4] [4]applied abx ointment[4] | |
| | [2]applied dressing[2] / [1]Band-Aid[1] / [2]elastic wrap[2] | |
| | soft collar | |
| | crutch training w/ proper return demonstration | |
| | to Xray [3]single[3] [3]multi[3] w/ [5]monitor[5] / [3]nurse[3] / $O_2$ / tech | |
| | return to room | |
| | [3]to CT[3] w/ [5]monitor[5] / [3]nurse[3] / $O_2$ / tech | |
| | return to room | |

MVC - 01 Rev. 06 / 10

**VITAL SIGNS**

| TIME | BP | P | RR | T | $SaO_2$ | GCS | Pain | Pupils | INIT |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |
| | | | | | | | /10 | | |

**ADDITIONAL NOTES**

INTAKE _____ OUTPUT _____
__IV / saline lock discontinued: Total Amt Infused _____
Time _____ Initials _____

**PROPERTY TO:**

| patient | family | security | safe | see patient belongings list |
|---|---|---|---|---|
| | | | | |

**DISPOSITION**

[1]discharged[1] home police nursing home [3]ME[3] [3]funeral home[3]
[1]verbal / written instructions[1] [1]RX given[1] to: patient
[1]verbalized understanding[1]
__[1]learning barriers addressed[1]
[1]accompanied by / driver mom
__[5]admitted / transferred[5] to _____
__report to _____ time _____
__transfer documentation completed
__notified family / police / ME _____
__[1]left AMA[1] / LWBS *signed AMA sheet refused* _____
__physician notified of: _____

Discharge Vitals
BP ____ HR ____ RR ____ Temp ____ $SaO_2$ ____
pain level at discharge ____ /10

**CONDITION**

__unchanged __improved [1]stable[1] __other _____
Depart Time 2318 Mode: walk crutches W/C stretcher ambulance

*Discharge Nurse Signature* L Stoner

☐ Continuation Sheet 3 Highest E / M Level

| SIGNATURE | INITIAL |
|---|---|
| L Stoner | |
| | |
| | |

[1] protocol available

ER0807 – ED Assessment

**NURSING RECORD**
Page 2 of 2

109637181
PRIESTER, ELIZABETH E
DOB: 08/17/1962 48 Y SX: F EMR
MRN: 209793 ADM/REG DT: 10/08/2010
Aiken Regional Medical Centers

**GENERAL INSTRUCTIONS:**

☐ Call the next business day and make an appointment to see: PMD

Be sure to tell them you were seen in our Emergency Department and the emergency physician feels you need a followup visit in: 2-3 days or less or _____ days or less if still ill.

☐ Have your blood pressure checked at _____ within _____ days.

☐ Return to the Emergency Department in _____ days for suture removal or re-check.

☐ Give Tylenol (acetaminophen) _____ every four hours for three days as needed for pain or fever.

☐ Work / school excuse from 10/9/10 thru 10/11/10. May return to work _____.

☐ See your company doctor per your company's policy. Light duty until _____.

(No use of _____ No lifting over _____ lbs.)

☐ Flexeril / Vicodin as directed.
Return for worsening symptoms.

**Your diagnosis was:**

**INSTRUCTION SHEETS** You may receive one or more of the following:

**Abdominal** (green sheet)
- ☐ Abdominal Pain in Adults*
- ☐ Abdominal Pain in Children*
- ☐ Nausea, Vomiting, Diarrhea, Adults*
- ☐ Vomiting, Diarrhea, Children*
- ☐ Kidney Stone –

**OB/GYN** (pink sheet)
- ☐ Threatened Miscarriage*
- ☐ Pelvic Inflammatory Disease*

**Orthopedics** (white sheet)
- ☐ Splints and Casts*
- ☐ Sprains and Strains*
- ☐ Walking with Crutches*
- ☐ Low Back Pain*
- ☐ Cervical Strain

**Environmental** (grey sheet)
- ☐ Bug Bites*
- ☐ Allergic Reactions*

**Trauma** (red sheet)
- ☐ Accident*
- ☐ Head Injury*
- ☐ Wound Care*
- ☐ Burns*
- ☐ Corneal Abrasion*
- ☐ Animal Bite*
- ☐ Hematoma

**Respiratory** (blue sheet)
- ☐ Croup*
- ☐ Asthma*
- ☐ Bronchiolitis*
- ☐ Bronchitis
- ☐ Sore Throat*
- ☐ Nose Bleed*
- ☐ Sinusitis in Adults

**Infection** (yellow sheet)
- ☐ Fever in Adults*
- ☐ Fever in Children*

*Preprinted Instructions
- ☐ Taking Temperatures*
- ☐ Otitis Media*
- ☐ Chicken Pox*
- ☐ Skin Infection / Abscess*
- ☐ Urinary Tract Infection*
- ☐ Conjunctivitis
- ☐ Scabies and Lice

**General** (orange sheet)
- ☐ Pediatric Followup*
- ☐ Medication Precautions*
- ☐ Test Results*
- ☐ Antibiotics*
- ☐ Tetanus/Diphtheria booster*
- ☐ Blood/Body Fluid Exposure Follow-up

**Other** (on computer)
- ☐ _____
- ☐ _____

**IMPORTANT (Please read carefully before signing. Do not leave if you have unanswered questions.)**

1. I have received the instruction sheets indicated above.
2. I realize the care I received in your Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for followup care.
3. I realize that all diseases change with time, so I will return here if I think something has gone wrong or if unexpected symptoms occur. RETURN IF YOU WORSEN IN ANY UNEXPECTED WAY.
4. Aiken Regional Medical Centers Emergency Services obtains a second reading on EKGs and X_Rays. If cultures were obtained, results will not be final for 3 or more days.
5. I hereby authorize Aiken Regional Medical Centers Emergency Services to release today's emergency department medical record to my followup physician.
6. The Medical Records Department is open Monday-Friday, 8:00 a.m. to 4:30 p.m. to obtain copies of your medical records.
7. Call your followup Physician for any results (including cultures, labs, x-rays) not received or completed during your stay in the Emergency Department.
8. If you feel you want to harm yourself or are suicidal, call 1-800-784-2433 (National Suicide Hotline).

Physician / Staft — 10/8/10 Date — Patient or Responsible Person

**Aiken Regional Medical Centers**
**302 University Parkway**
**Aiken, SC 29801**

3/14

**EMERGENCY SERVICES**

630.06
Rev. 9/08

ER0023

Patient Identification

109637181
PRIESTER, ELIZABETH E
DOB: 08/17/1962 48 Y SX: F EMR
MRN: 209793 ADM/REG DT: 10/08/2010
Aiken Regional Medical Centers

WHITE - RECORDS CANARY - PATIENT GOLDENROD - PATIENT

DATE: 10/8/10 TIME: 2300 ☐on arrival ROOM: ____ EMS Arrival

HISTORIAN: patient spouse paramedics ____

__HX / __EXAM LIMITED BY: ____

## HPI

**chief complaint:** MVC injury to: ____

**onset / duration:** just PTA today yesterday ____ min / hrs / days ago

**position in vehicle:** driver passenger front back

**context:** car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)

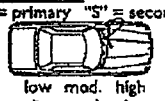
**location of pain / injuries:**
head face mouth
neck chest abdomen
back upper mid lower
radiating to (R / L) thigh / leg

| –right– | | –left– | |
|---|---|---|---|
| shldr | hip | shldr | hip |
| arm | thigh | arm | thigh |
| elbow | knee | elbow | knee |
| f-arm | leg | f-arm | leg |
| wrist | ankle | wrist | ankle |
| hand | foot | hand | foot |

**severity of pain:** mild moderate severe (1/10) ____

**associated symptoms:**
lost consciousness / dazed seizure memory impairment
duration: ____ remembers: impact coming to hospital

**site of impact:**
"P" = primary "S" = secondary



force low mod. high
direct glancing

**restraints:**
none lap / shoulder
doesn't recall
car seat
air bag deployed
thrown from vehicle
ambulated at scene
long extrication

## ROS

dizziness ____
recent illness ____
fever / chills ____
weakness / numbness ____
neck / back pain ____
shortness of breath ____
LNMP ____ preg post-menop

problems urinating ____
nausea / vomiting ____
leg / ankle swelling ____
problems with vision ____
nasal drainage / rash ____
anxiety / depression ____
☐all systems neg except as marked

* NEURO / MS components also addressed in HPI

## PAST HX

diabetes Type 1 Type 2 ____ hepatitis / HIV ____
diet / oral / insulin ____
__old records ordered / summary: None

Tetanus immun. UTD / given in ED ____
Meds- __none (see nurses note) aspirin coumadin clopidogrel ____

Allergies- __NKDA / (see nurses note) ____

**SOCIAL HX** smoker ____ drugs ____
alcohol (recent / heavy / occasional) ____ occupation ____
**FAMILY HX** __negative ____

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17 · Aiken Regional Medical Center
**EMERGENCY PHYSICIAN RECORD**
**MVC**



ER0010 – ED Physician Record

☐Nursing Assessment Reviewed ☑Vitals Reviewed ____
VS BP ____ HR ____ RR ____ Temp ____ $SpO_2$ ____

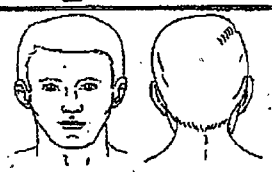
## PHYSICAL EXAM

**General Appearance**
no acute distress
alert
__c-collar / backboard (PTA / in ED) ____
__mild / moderate / severe distress ____
__anxious / lethargic / unconscious ____

**HEAD**
no evidence of trauma
__see diagram ____
__raccoon eyes / Battle's sign ____

**NECK**
non-tender
painless ROM
trachea midline
__see diagram ____
__decreased / limited ROM ____
__pain on movement of neck ____

__Nexus criteria neg
__midline tenderness / distracting injury ____
__altered mental status / recent ETOH ____
__focal neuro deficit ____



**EYES**
LL mm
PERRL
EOMI
__unequal pupils R- ____ mm L- ____
__EOM entrapment / palsy ____
__subconjunctival hemorrhage ____

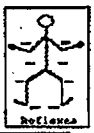
**ENT**
nml ext inspection
airway nml
no dental / oral inj
__hemotympanum / TM obscured by wax ____
__clotted nasal blood ____
__dental injury / malocclusion ____

**RESP / CVS**
chest non-tender
no acchymosis
breath sounds nml
no resp. distress
heart sounds nml
__see diagram ____
__rib tenderness / palpable fracture ____
__crepitus / subcutaneous emphysema ____
__splinting / paradoxical movements ____
__decreased breath sounds ____
__wheezes / rales / rhonchi ____
__tachycardia / bradycardia ____

**ABDOMEN**
non-tender
no distension
__see diagram ____
__tenderness / guarding / rebound ____
__mass ____

**GENITAL / RECTAL**
__nml ext. inspection
__nml rectal tone
__heme negative stool
__prostate nml position
__perineal hematoma ____
__blood at urethral meatus ____
__decreased rectal tone ____
__vaginal bleeding ____

**NEURO / PSYCH**
oriented x3
CN's nml as tested
sensation nml
motor nml
mood / affect nml
__disoriented to person / place / time ____
__facial asymmetry ____
__unsteady / ataxic gait ____
__sensory / motor deficit ____
__repeats questions ____
__depressed mood / affect ____



Reflexes

Glasgow Coma Score SCORE= 15
Eyes Open- spontaneously (4) to voice (3) to pain (2) none (1)
Speech- nml (5) disoriented (4) inapprop. (3) incoherent (2) none (1)
Motor- nml (6) localizes (5) withdraws (4) flexor (3) exten (2) none (1)

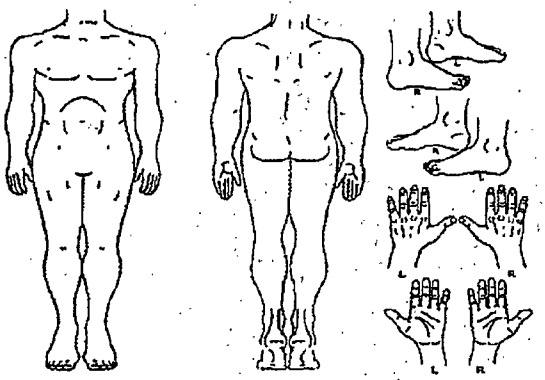
109637181
PRIESTER, ELIZABETH E
DOB: 08/17/1962 48 Y SX: F EMR
MRN: 209793 ADM/REG DT: 10/08/2010
Aiken Regional Medical Centers

**SKIN**
✓ intact
✓ warm, dry
__ see diagram
__ ecchymosis / laceration
__ crepitus / diaphoresis
__ decubitus

**BACK**
✓ no CVA tenderness
✓ no vertebral tenderness
__ see diagram
__ vertebral point / CVA tenderness
__ muscle spasm / limited ROM

**EXTREMITIES**
✓ atraumatic
✓ pelvis stable
✓ hips non-tender
✓ no pedal edema
✓ nml ROM
✓ nml color / temp
__ see diagram
__ bony point-tenderness
__ painful / unable to bear weight
__ pulse deficit

*Joint Exam:*
__ limited ROM / ligaments laxity
__ joint effusion



T=Tenderness PT=Point Tenderness S=Swelling E=Ecchymosis B=Burn
C=Contusion L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
(Ø= without m=mild mod=moderate s=severe)

## PROCEDURES

**Wound Description / Repair:** *Time:*_____
**length**_____**cm** **location**_____
linear stellate irregular flap into: subcut / muscle
clean contaminated *moderately / heavily* _____
**distal NVT:** neuro/vasc intact no tendon injury
**anesthesia:** local topical _____ lidocaine / bupivacaine epi / bicarb
digital block _____
**prep:** Betadine / wound cleanser_____
irrigated with saline
wound explored
*to base / in bloodless field*
no foreign body identified
foreign material removed
debrided *mod. /extensive*
wound margins revised
multiple flaps aligned
_____
_____
**repair:** *Wound closed with: wound adhesive / Dermabond / steri-strips*
SKIN- #_____ _____-0 nylon / prolene / staples / ethilon_____
SUBCUT- #_____ _____-0 vicryl / chromic_____
OTHER- #_____ _____-0



ER0010 – ED Physician Record

## LABS, EKG & XRAYS

| CBC | Chemistries | UA | ETOH_____ |
|---|---|---|---|
| *normal except* | *normal except* | *normal except* | TOX_____ |
| WBC_____ | Na_____ | _____ | _____ |
| Hgb_____ | K_____ | _____ | _____ |
| Hct_____ | Cl_____ | HCG | PT/PTT_____ |
| Platelets_____ | CO2_____ | serum / urine | INR_____ |
| _____ | Gluc_____ | POS NEG | _____ |
| _____ | BUN_____ | _____ | _____ |
| _____ | Creat_____ | _____ | _____ |

**EKG** __NML ☐ Interp. by me ☐ Reviewed by me Rate_____
__NSR __nml intervals __nml axis __nml QRS __nml ST/T

**XRAYS** ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/ radiologist
*C-spine T-spine LS-spine pelvis*
__nml / NAD __no fracture __nml alignment __soft tissues nml

**CXR**
__nml / NAD __no pneumothorax __nml heart size __nml mediastinum

**CT Scan** ☐ Discsd w/ radiologist
*head C-spine chest abdomen / pelvis*
__nml / NAD_____

**Ultrasound / FAST Exam**
__nml / NAD_____

**Other**_____

## PROGRESS

*Time*_____ unchanged improved re-examined

__Discussed with Dr._____ Time:_____
*will see patient in: ED / hospital / office*

Counseled patient / family regarding: *lab / rad. results diagnosis need for follow-up*
Additional history from: *family caretaker paramedics*
__Rx given_____
CRIT CARE TIME *(excluding separately billable procedures)* _____ *min*

## CLINICAL IMPRESSION

Abrasion_____
Concussion *with LOC w/o LOC*_____
Contusion_____
Laceration_____
Fracture_____
Sprain / Strain *cervical thoracic lumbosacral*_____
_____

DISPOSITION- ☑ home ☐ transferred ☐ morgue_____
Time_____ ☐ admitted __POA *decubitus / UTI (foley)* _____
CONDITION- ☑ unchanged ☐ improved ☐ stable ☐ expired_____
Care transferred to Dr._____ Time:_____

_____ *PA*
_____ *MD / DO*

☐ Template Complete ☑ See Addendum (Dictated / Template #_____)

2318

109637181
PRIESTER, ELIZABETH E
DOB: 08/17/1962 48 Y SX: F EMR
MRN: 209793 ADM/REG DT: 10/08/2010
Aiken Regional Medical Centers

# Aiken Regional ED ENCOUNTER Record

☐ Full Admission ☐ 23 Hr Observation

Chief Complaint: Patient is pleasant 44 y/o WM 2 restrained driver, hit vehicle in incident, lost control on wet roads did not hit anyone on Friday

HPI

Current Meds: Motrin

☒ See ED nurses notes

PMD MJ Weston

Past Medical History: ☐ HPI, Pmed Hx, Social Hx, Fam Hx, ☐ HTN ☐ IDDM ☐ NIDDM ☐ CAD ☐ Renal Disease ☐ Asthma ☐ COPD ☐ CHF
& ROS Unobtainable due to: ☐ As Above ☐ Other:

Past Surgical History: None, Appendectomy

Family History: ☐ HTN ☐ IDDM ☐ NIDDM ☐ CAD ☐ Asthma ☐ COPD ☐ CHF

Social History: Tobacco ☒ No ☐ Yes Amt ____ ETOH ☒ No ☐ Yes Amt ____ ☒ Other denies drugs

**Review Of Systems:** (Check ☐ if normal, Check ○ if abnormal, If not Checked then not applicable)

☒ Other ROS Neg

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Eyes: | ☒ Diplopia | ☒ Blurred | ☒ Vision chgs | GU: | ☐ Dysuria | ☐ Urgency | ☐ Hematuria |
| ENT: | ☐ Rhinitis | ☐ Sore throat | ☐ Nose bleeds | MS: | ☐ Myalgia | ☐ Back pain | ~~☐ Neck pain~~ |
| Card: | ☒ CP | ☐ Palpitation | | Neuro: | ☐ Seizures | ☐ Dizziness | ☐ Syncope |
| Respir: | ☒ SOB | ☐ Cough | ☐ Hemoptysis | | ☐ Weakness | ☐ Numbness | |
| GI: | ~~☐ Nausea~~ | ☒ Vomiting | ☐ Diarrhea | Endo: | ☐ Polyuria | ☐ Hypoglyc | ☐ Thyroid Dys |
| | ☐ Abd pain | ☐ Melena | ☐ Hematochez | Hem/Lym: | ☐ Anemia | ☐ Bleeding | |

☒ For allergies see ED nurses notes

ALLERGIES: NKDA

TETANUS STATUS:

Other ROS

**Physical Exam:**

| WEIGHT | TIME | PULSE OX: | TEMP | P | R | BP |
|---|---|---|---|---|---|---|
| | | | | | | |

☒ For vitals see ED nurses notes

Check ☐ if normal, Check ○ if abnormal

| | | | | | | Abn Findings: |
|---|---|---|---|---|---|---|
| General: ☒ | ○ Mental Status | | | | | |
| Eyes: ☒ | ○ Conjun NL | ☒ ○ Lids | ☒ ○ PERRL | | | |
| Head: ☒ | ○ NL cephalic | ☒ ○ Sinuses | ☒ ○ Nose | | | |
| ENT: ☒ | ○ Oropharynx | ☒ ○ Right TM | ☒ ○ Left TM | | | |
| Neck: ☐ | ○ Palpation | ☐ ○ Thyroid | ☒ ○ Trachea – midline | | | |
| Chest: ☒ | ○ Palpation | ☐ ○ Excursion | ☒ ○ Symmetry – pain | | | |
| Cardio: ☒ | ○ Heart sounds | ☐ ○ R & R | | | | |
| Respir: ☒ | ○ Respir effort | ☒ ○ Lung sounds | | | | |
| Abdom: ☒ | ○ Palpation | ☒ ○ Bowel Sounds | ☒ ○ Digits | | | |
| MS: ☒ | ○ RUE | ☒ ○ RLE | ☒ ○ Back – muscles | | | |
| ☒ | ○ LUE | ☒ ○ LLE | | | | |
| ☐ | ○ Pelvis | ☐ ○ Gait | | | | |
| Skin: ☐ | ○ Temp | ☐ ○ Appear | ☐ ○ Color | | | |
| Neuro: ☐ | ○ CNS | ☐ ○ Strength | ☐ ○ Sensation | – CN II-VII grossly intact | | |

**Med Decision Making:**

☐ Med records reviewed:
☐ Xrays reviewed by me:
☐ EKG reviewed by me:
☐ Labs reviewed by me:

Reviewed triage Dr. Jackson – Head/neck/back findings

CC TIME:

Diff Dx:

Consult/s:

NAME OF PHYSICIAN THAT ADMITTED PT:

NAME OF PHYSICIAN THAT PT IS ADMITTED TO:

☒ Encounter only
☐ Dictated only
☐ Temp sheet only
☐ Dictated & Encounter
☐ Dictated & Temp sheet

**DISCHARGE DIAGNOSIS:**

(1) Acute cervical strain

CODES

☒ STABLE

☐ UNSTABLE SEE NOTE

Physician Signature: [signature]

Time MD IN: 17:09

ED Encounter Record
630.70

| TEST: | ORD | Initial |
|---|---|---|
| CBC W DIFF: | | |
| CHEM 8: | | |
| URINE PREG: | | |
| CCUA: | | |
| CATH UA: | | |
| URINE C&S: | | |
| EKG: | | |
| OLD EKGS: | | |
| TROPONIN: | | |
| PT/PTT: | | |
| FINGER ST GL: | | |
| BLOOD CULT X____ | | |
| TYPE & SCREEN: | | |
| TYPE CROSS UNITS: | | |
| LIVER PANEL: | | |
| CMP: | | |
| AMYLASE: | | |
| LIPASE: | | |
| HEMOCULT: | | |
| TYPE & RH: | | |
| HCG QUANT: | | |
| URINE DRUG S: | | |
| ALCOHOL: | | |
| ED ABG: | | |
| PA/LAT CXR: | | |
| PCXR: | | |
| C-SPINE: | | |
| L-SPINE: | | |
| ACUTE ABD: | | |
| OLD RECORDS: | | |
| OLD ED Record: | | |

TIME INITIAL ✓TEST ORDERED:

| PHYSICIAN'S ORDERS: | TIME ORD: | TIME COMP Initials: |
|---|---|---|
| → URINE PREG RESULTS: | | |
| C-Spine | | |
| Rx: Percocet | | |
| Flexeril | | |

Name: Race: Sex: Age:

Addressograph

104473558
PRIESTER , ELIZABETH E
DOB: 08/17/1962 44 SX: F EMR
MRN: 209793 ADM/REG DT: 06/17/07
AIKEN REGIONAL MEDICAL CENTER

10-24129

MEDICAL RECORDS

**Aiken Regional Medical Centers**

*Admission Date:* 6/17/07
*Med. record No.:* 209793
*Visit No.:* 104473558
*Attending Phys.:* STAGGS, Clifford D, MD
*Allergies:* No Known Allergies

**Quick Triage**

*Patient:* Priester, Elizabeth
*D.O.B.:* 8/17/1962, Age: 44
*Gender:* Female
*Location:* TRIG
*Room/Bed:* TRIG/03

*Scheduled:* 6/17/07 16:39 *User:* Lynne Clarke, RN
*Performed:* 6/17/07 16:39 *Status:* Finished

### Quick Triage Info

TRIAGE STATUS NON-URGENT .
PRIMARY COMPLAINT: MOTOR VEHICLE ACCIDENT , Friday: c/o neck pain .
Rates pain as 4 on a scale of 0 to 10.
Patient ambulated onto unit by himself/herself .
Transported by private vehicle .
Vital Signs: Oral Temperature Temperature 99.3 F (37.39 C ) .
Pulse 91 bpm .
Resp rate 18 . O2 SAT 100% . Patient on room air.
Right Arm BP 120/ 69 mmHg while patient sitting .
Patient's stated height is 5 Ft 3 in (1 Meter 60 cm ) .
Patient's stated weight is 160 lb 0 oz (72 kg 574.8 gm ) .
There is no evidence of abuse and/or neglect .
After triage patient went to express care, and waiting room .

### Home Meds

Home medications list not obtained at this time.

**Occurrence History for Quick Triage**

| Effective | Status | User |
|---|---|---|
| 6/17/07 16:42 | Finished | Clarke, RN, Lynne |



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# Aiken Regional Medical Centers

## ER Discharge Assessment

*Admission Date:* **6/17/07**
*Med. record No.:* **209793**
*Visit No.:* **104473558**
*Attending Phys.:* **STAGGS, Clifford D, MD**
*Allergies:* **No Known Allergies**

*Patient:* **Priester, Elizabeth**
*D.O.B.:* **8/17/1962**, *Age:* **44**
*Gender:* **Female**
*Location:* **EMR2**
*Room/Bed:* **EMR2/06**

*Scheduled:* **6/17/07 16:39** *User:* **Dawn Price,RN**
*Performed:* **6/17/07 18:29** *Status:* **Finished**

### ER Discharge

ER Discharge Date/Time: 06/17/2007 18:29 . Patient discharged to home .
Patient ambulated off the unit, by himself/herself .
Transported by private vehicle .
Patient condition is stable.
Discharge instructions given to patient .
Medications instructions given to patient .
Patient verbalized understanding.
Room checked. No personal belongings found.
Discharge notes: Pt verbalized understanding after counseled on dc instructions, home care and follow up. Pt denies any questions. .

### Pain

Patient's level of pain is 0 (no pain). Numerical pain scale used to assess patient's pain level. Use of pain scale was explained to patient and/or family.

### Occurrence History for ER Discharge Assessment

| *Effective* | *Status* | *User* |
|---|---|---|
| 6/17/07 18:31 | Finished | Price,RN, Dawn |



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**GENERAL INSTRUCTIONS:**

☐ Call the next business day and make an appointment to see: FMC

Be sure to tell them you were seen in our Emergency Department and the emergency physician feels you need a followup visit in: 1-2 days or less or _____ days or less if still ill.

☐ Have your blood pressure checked at _____ within _____ days.

☐ Return to the Emergency Department after 12:30 p.m. in _____ days for suture removal or re-check.

☐ Give Tylenol (acetaminophen) _____ every four hours for three days as needed for pain or fever.

☒ Work / school excuse from 6/17/07 thru 6/18/07. May return to work 6/19/07.

☐ See your company doctor per your company's policy. Light duty until _____.

(No use of _____ No lifting over _____ lbs.)

☒ Percocet 5/325mg #20, Flexeril 10mg #20

Your diagnosis was: Acute cervical strain

**INSTRUCTION SHEETS** You may receive one or more of the following:

**Abdominal** (green sheet)
- ☐ Abdominal Pain in Adults*
- ☐ Abdominal Pain in Children*
- ☐ Nausea, Vomiting, Diarrhea, Adults*
- ☐ Vomiting, Diarrhea, Children*
- ☐ Kidney Stone –

**OB/GYN** (pink sheet)
- ☐ Threatened Miscarriage*
- ☐ Pelvic Inflammatory Disease*

**Orthopedics** (white sheet)
- ☐ Splints and Casts*
- ☐ Sprains and Strains*
- ☐ Walking with Crutches*
- ☐ Low Back Pain*
- ☒ Cervical Strain

**Environmental** (grey sheet)
- ☐ Bug Bites*
- ☐ Allergic Reactions*

**Trauma** (red sheet)
- ☐ Accident*
- ☐ Head Injury*
- ☐ Wound Care*
- ☐ Burns*
- ☐ Corneal Abrasion*
- ☐ Animal Bite*
- ☐ Hematoma

**Respiratory** (blue sheet)
- ☐ Croup*
- ☐ Asthma*
- ☐ Bronchiolitis*
- ☐ Bronchitis
- ☐ Sore Throat*
- ☐ Nose Bleed*
- ☐ Sinusitis in Adults

**Infection** (yellow sheet)
- ☐ Fever in Adults*
- ☐ Fever in Children*

*Preprinted Instructions
- ☐ Taking Temperatures*
- ☐ Otitis Media*
- ☐ Chicken Pox*
- ☐ Skin Infection / Abscess*
- ☐ Urinary Tract Infection*
- ☐ Conjunctivitis
- ☐ Scabies and Lice

**General** (orange sheet)
- ☐ Pediatric Followup*
- ☒ Medication Precautions* PO Narcotics
- ☐ Test Results*
- ☐ Antibiotics*
- ☐ **Tetanus/Diptheria booster***
- ☐ Blood/Body Fluid Exposure Follow-up

**Other** (on computer)
- ☐ _____
- ☐ _____

**IMPORTANT (Please read carefully before signing. Do not leave if you have unanswered questions.)**

1. I have received the instruction sheets indicated above.
2. I realize the care I received in your Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for followup care.
3. I realize that all diseases change with time, so I will return here if I think something has gone wrong or if unexpected symptoms occur. RETURN IF YOU WORSEN IN ANY UNEXPECTED WAY.
4. Aiken Regional Medical Centers Emergency Services obtains a second reading on EKGs and X_Rays. If cultures were obtained, results will not be final for 3 or more days.
5. I hereby authorize Aiken Regional Medical Centers Emergency Services to release today's emergency department medical record to my followup physician.
6. The Medical Records Department is open Monday-Friday, 8:00 a.m. to 4:30 p.m. to obtain copies of your medical records.
7. Call your followup Physician for any results (including cultures, labs, x-rays) not received or completed during your stay in the Emergency Department.

_____ Physician

_____ Staff

6/17/2007 Date

_____ Patient or Responsible Person

**Aiken Regional Medical Center**
**302 University Parkway**
**Aiken, SC 29801**

**EMERGENCY SERVICES**

10-2163
690.06
Rev. 5/07

ER0023

Patient Identification

104473558
PRIESTER , ELIZABETH E
DOB: 08/17/1962 44 SX: F EMR
MRN: 209793 ADM/REG DT: 06/17/07
AIKEN REGIONAL MEDICAL CENTER

WHITE - RECORDS CANARY - PATIENT PINK - EMERGENCY DEPARTMENT GOLDENROD - PATIENT

AIKEN REGIONAL MEDICAL CENTERS RADIOLOGICAL CONSULTATION

PT NAME: PRIESTER, ELIZABETH E
ROOM #: EMR2-06
ACCT#: 104473558
DOB: 08/17/1962
DATE DONE: 06/17/07
SSN:
SEX: F
PRIORITY:
pain
ISOLATION:
COMMENTS:
STUDY: XR C-SPINE 2V
STUDY:
STUDY:

VT: ER SEQ: 01035593
XRAY#: 988853
MEDREC#: 209793
REF PHYS: WALTER JACKSON
PRI PHYS: CLIFFORD STAGGS

CPT#1: 72040
CPT#2:
CPT#3:

CONFIDENTIAL - IF NOT INTENDED FOR YOU, PLEASE CALL (803) 641-5060

Job Number:275322 Text Status:checked Text Body:

Job#275322 MedRec#209793 A0219225

Cervical Spine: 06/17/07

History: Motor vehicle accident, neck pain.

Technique: Three views are obtained.

Findings: There is mild narrowing of the C5-6 disk space secondary to degenerative disk disease. No significant prevertebral soft tissue swelling is identified. The cervical spine is normally aligned. No fracture is identified.

Conclusion:

No acute osseous abnormality.

Code 3

DATE DICTATED: 06/18/07

PT NAME: PRIESTER, ELIZABETH E
ROOM#: EMR2-06
DATE REQUESTED: 06/17/07
DATE TRANSCRIBED: 06/19/07
TRANSCRIBED BY: YSMOAK

DATE SIGNED: 06/21/07
TIME SIGNED: 10:23

READ BY: ALFONSO GAY, M.D.

ELECTRONICALLY SIGNED BY: ALFONSO GAY, M.D.

PAGE # 1

# Aiken Regional ED ENCOUNTER Record

Level 3

**Chief Complaint:**

**HPI**

**Current Meds:**

☐ See ED nurses notes

**PMD**

**Past Medical History:** ☐ HPI, Pmed Hx, Social Hx, Fam Hx, & ROS Unobtainable due to: ☐ HTN ☐ IDDM ☐ NIDDM ☐ CAD ☐ Renal Disease ☐ Asthma ☐ COPD ☐ CHF

☐ As Above ☐ Other:

**Past Surgical History:**

**Family History:** ☐ HTN ☐ IDDM ☐ NIDDM ☐ CAD ☐ Asthma ☐ COPD ☐ CHF

**Social History:** Tobacco ☑ No ☐ Yes Amt ____ ETOH ☑ No ☐ Yes Amt ____ ☐ Other ____

**Review Of Systems:** Check ☐ If normal Check ○ If abnormal (If not Checked then not applicable.)

☑ Other ROS Neg

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Eyes: | ☐ ○ Diplopia | ☐ ○ Blurred | ☐ ○ Vision chgs | GU: | ☐ ○ Dysuria | ☐ ○ Urgency | ☐ ○ Hematuria |
| ENT: | ☐ ○ Rhinitis | ☐ ○ Sore throat | ☐ ○ Nose bleeds | MS: | ☐ ○ Myalgia | ☐ ○ Back pain | ☐ ○ Neck pain |
| Card: | ☐ ○ CP | ☐ ○ Palpitation | | Neuro: | ☐ ○ Seizures | ☐ ○ Dizziness | ☐ ○ Syncope |
| Respir: | ☐ ○ SOB | ☐ ○ Cough | ☐ ○ Hemoptysis | | ☐ ○ Weakness | ☐ ○ Numbness | |
| GI: | ☐ ○ Nausea | ☐ ○ Vomiting | ☐ ○ Diarrhea | Endo: | ☐ ○ Polyuria | ☐ ○ Hypoglyc | ☐ ○ Thyroid Dys |
| | ☐ ○ Abd pain | ☐ ○ Melena | ☐ ○ Hematochez | Hem/Lym: | ☐ ○ Anemia | ☐ ○ Bleeding | |

Other ROS

☑ For allergies see ED nurses notes

**TETANUS STATUS:**

**ALLERGIES:**

**Physical Exam:**

| Weight | TIME | PULSE OX: | TEMP | P | R | BP |
|---|---|---|---|---|---|---|
| | | | | | | |

☑ For vitals see ED nurses notes

Check ☐ If normal Check ○ If abnormal

Abn Findings:

| | | | | | |
|---|---|---|---|---|---|
| General: | ☐ ○ Mental Status | | | | |
| Eyes: | ☑ ○ Conjun NL | ☑ ○ Lids | ☑ ○ PERRL | | |
| Head: | ☑ ○ NL cephalic | ☑ ○ Sinuses | ☑ ○ Nose | | |
| ENT: | ☑ ○ Oropharynx | ☐ ○ Right TM | ☐ ○ Left TM | middly T-b | |
| Neck: | ☑ ○ Palpation | ☐ ○ Thyroid | ☐ ○ Trachea | | |
| Chest: | ☑ ○ Palpation | ☐ ○ Excursion | ☐ ○ Symmetry | | |
| Cardio: | ☑ ○ Heart sounds | ☑ ○ R & R | | | |
| Respir: | ☑ ○ Respir effort | ☑ ○ Lung sounds | | | |
| Abdom: | ☑ ○ Palpation | ☑ ○ Bowel Sounds | | | |
| MS: | ☑ ○ RUE | ☑ ○ RLE | ☑ ○ Digits | | |
| | ☑ ○ LUE | ☑ ○ LLE | ☑ ○ Back | | |
| | ☑ ○ Pelvis | ☑ ○ Gait | | | |
| Skin: | ☑ ○ Temp | ☑ ○ Appear | ☑ ○ Color | | |
| Neuro: | ☑ ○ CNS | ☑ ○ Strength | ☑ ○ Sensation | | |

FSJ – WNL

**Med Decision Making:**

☐ Med records reviewed:
☐ Xrays reviewed by me:
☐ EKG reviewed by me:
☐ Labs reviewed by me:

CSpm

**CC TIME:**

**Diff Dx:**

**Consults:**

**NAME OF PHYSICIAN THAT ADMITTED PT:**

**NAME OF PHYSICIAN THAT PT IS ADMITTED TO:** Hosp / Phmd

☐ Encounter only
☐ Dictated only
☐ Temp sheet only
☐ Dictated & Encounter
☐ Dictated & Temp sheet

**DISCHARGE DIAGNOSIS:**

1) Cervical Strain SIP MVA

**CODES**

☐ STABLE

☐ UNSTABLE SEE NOTE

**Physician Signature:**

**Time MD IN:**

| TEST: | ORD | Initial | TIME INITIAL ✓TEST ORDERED: |
|---|---|---|---|
| CBC W DIFF: | | | PHYSICIAN'S ORDERS: TIME ORD: TIME COMP Initials: |
| CHEM 8: | | | |
| URINE PREG: | | | → URINE PREG RESULTS: |
| CCUA: | | | CSpm (1) |
| CATH UA: | | | |
| URINE C&S: | | | |
| EKG: | | | |
| OLD EKGS: | | | |
| TROPONIN: | | | |
| PT/PTT: | | | |
| FINGER ST GL: | | | |
| BLOOD CULT X ____ | | | |
| TYPE & SCREEN: | | | |
| TYPE CROSS UNITS: | | | |
| LIVER PANEL: | | | |
| CMP: | | | |
| AMYLASE: | | | |
| LIPASE: | | | |
| HEMOCULT: | | | |
| TYPE & RH: | | | |
| HCG QUANT: | | | |
| URINE DRUG S: | | | |
| ALCOHOL: | | | |
| ED ABG: | | | |
| PA/LAT CXR: | | | |
| PCXR: | | | |
| C-SPINE: | | | |
| L-SPINE: | | | |
| ACUTE ABD: | | | |
| OLD RECORDS: | | | |
| OLD ED Record: | | | |

Name: Race: Sex: Age:

Acct/Patient# 00235745 41
PRIESTER, ELIZABETH E F 2
SCEMS D
7/17/1962 10/28/03 T EMR
[illegible] F 99-99-9999

ED Encounter Record

630.70

MEDICAL RECORDS

10-24129

169

# AIKEN REGIONAL MEDICAL CENTERS

302 University Parkway • Aiken, South Carolina 29802

TREATMENT AREA Room # 11 Time 1648 Report to _____ VIA GR

## ED NURSING ASSESSMENT RECORD

### NEUROMUSCULAR

☐ Normal Adult Pattern ☐ Normal Pediatric Pattern

MENTATION ☐ Disoriented ☐ Agitated ☐ Resp to verbal stim
☐ Combative ☐ Unresponsive ☐ Resp to painful stim

PUPILS ☐ Equal ☐ Unequal
Size R____mm L____mm
R ☐ Fixed ☐ Dilated ☐ Non-reactive
☐ Pinpoint ☐ Sluggish
L ☐ Fixed ☐ Dilated ☐ Non-reactive
☐ Pinpoint ☐ Sluggish

Visual Acuity R:_____ L:_____ Both:_____

SENSATIONS

| | | DECREASED | ABSENT |
|---|---|---|---|
| ARM | R | | |
| ARM | L | | |
| LEG | R | | |
| LEG | L | | |

ROM

| | | DECREASED | ABSENT |
|---|---|---|---|
| ARM | R | | |
| ARM | L | | |
| LEG | R | | |
| LEG | L | | |

### CARDIOVASCULAR

☐ Normal Adult Pattern ☐ Normal Pediatric Pattern

HEART ☐ Chest pain Describe:_____

EXTREMITIES ☐ Edema ☐ Obvious deformity _____
Describe:_____

CAP REFILL ☐ < 2 Sec ☐ > 2 Sec

PULSES

| | | DECREASED | ABSENT |
|---|---|---|---|
| RADIAL | R | | |
| RADIAL | L | | |
| FEMORAL | R | | |
| FEMORAL | L | | |
| PEDAL | R | | |
| PEDAL | L | | |

### RESPIRATORY

Review above information, assess patient, document changes.

☐ Normal Adult Pattern ☐ Normal Pediatric Pattern
☐ Dyspnea ☐ Stridor ☐ Retraction ☐ Nasal Flaring

COUGH ☐ Productive Describe:_____
☐ Non-Productive

LUNG SOUNDS

| | RIGHT | LEFT |
|---|---|---|
| Wheezes | | |
| Rales | | |
| Crackles/Course | | |
| Diminished | | |

CHEST EXPANSION
SYMMETRICAL
ASYMETRICAL
TENDERNESS
Describe:_____

### GI / NUTRITIONAL STATUS ☐ N/A

☐ Normal Adult Pattern ☐ Normal Pediatric Pattern

ABDOMEN ☐ Firm ☐ Distended:
☐ Tenderness Describe:_____

APPETITE ☐ Fair ☐ Poor
☐ Special Diet at home:_____

STOOL ☐ Diarrhea ☐ Incontinence ☐ Incontinence
☐ Last BM:____ ☐ Nausea ☐ Vomiting

### GU / REPRODUCTIVE ☐ N/A

☐ Normal Adult Pattern ☐ Normal Pediatric Pattern

FEMALE ☐ Vaginal Discharge Color:_____
☐ Vaginal Bleeding Describe:_____
☐ Breast Problem ☐ R ☐ L Describe:_____

MALE ☐ Prostate Problem Describe:_____
☐ Genitalia tenderness / swelling / discharge
Describe:_____

VOIDING ☐ Frequency ☐ Urgency ☐ Hematuria ☐ Incontinence
☐ Last Void: ☐ Catheter

### INTEGUMENT

☐ Normal Adult Pattern ☐ Normal Pediatric ☐ Laceration
☐ Abrasion ☐ Amputation ☐ Avulsion ☐ Bruising ☐ Burn ☐ Bleeding ☐ Diaphoresis ☐ Abnormal Skin Color ☐ Lesions ☐ Rash
Describe:_____

### EENT

Eyes: ☐ Contact Lenses ☐ Glasses ☐ Foreign Body ☐ Cataracts ☐ Mucous Membranes Moist/Dry
☐ Injury:_____
Ear/Nose/Throat/Mouth:_____
Visual Acuity: L_____ R_____
☐ Dentures ☐ Glasses ☐ Contacts ☐ Disposition_____

RN/LPN Signatures: [signature]

18335745 61
POLESTER, ELIZABETH E F 2
SCCMS 0 ADDRESSOGRAPH
[illegible]/1962 10 28/03 T EMR
[illegible] F 99-99-9999

### PAIN ASSESSMENT

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

neck pain

## ED NURSING ASSESSMENT RECORD

630.64 (Rev. 3/03) 10-20214

170

TRIAGE ASSESSMENT

PRIESTER ,ELIZABETH E F 41 / EMR Pt#: 18335745 Page: 1
Atn Dr: SCEMS D OUTPATIENT Covers Period:
Adm Dt: 10/28/03 ET Isol: Mr#: 209793 10/28/03 00:01 to 10/28/03

Patient Allergies: PENICILLIN

| CHIEF COMPLN | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| CHIEF COMPLN | | 10/28/03 16:48 | PEARSE | 10/28/03 16:55 |
| | pt brought in via ems after a single car mva. pt was the restrained driver. pt now c/o neck pain. | | | |

| VITAL SIGNS | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| TEMPERATURE | 097.40 | | | 10/28/03 16:55 |
| TEMP SITE | Oral | | | 10/28/03 16:55 |
| PULSE | 83 | | | 10/28/03 16:55 |
| PULSE SITE | Brac | | | 10/28/03 16:55 |
| RESP. RATE | 16 | | | 10/28/03 16:55 |
| BLOOD PRESSR | 138/74 | | | 10/28/03 16:55 |
| WT/LB | 150.00 | | | 10/28/03 16:55 |
| WT/KG | 68.1818 | | | 10/28/03 16:55 |
| WT OBTAINED | stated | | | 10/28/03 16:55 |

| MEDICATIONS | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|
| MED 1 | | | 10/28/03 16:55 |
| NONE | | | |

| PAST MED HX | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|
| FAMILY DR | | | 10/28/03 16:55 |
| MJW CLINIC | | | |
| COMMENT | | | 10/28/03 16:55 |
| HYSTERECTOMY | | | |

| PATIENT INFO | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| ARRIVAL MODE | | | | 10/28/03 16:55 |
| stretcher | | | | |
| EMS | | | | |
| ACCOMP BY | | | | 10/28/03 16:55 |
| alone | | | | |
| PRIOR TX | EMS | | | 10/28/03 16:55 |
| c-collar, backboard | | | | |
| CONDITION | good | | | 10/28/03 16:55 |
| LAST TETANUS | up to dt | | | 10/28/03 16:55 |
| LAST INFLUEN | unknown | | | 10/28/03 16:55 |

GROUP CONTINUED

PERMANENT CHART COPY

TRIAGE ASSESSMENT

PRIESTER ,ELIZABETH E F 41 / EMR Pt#: 18335745 Page: 2
Atn Dr: SCEMS D OUTPATIENT Covers Period:
Adm Dt: 10/28/03 ET Isol: Mr#: 209793 10/28/03 00:01 to 10/28/03

Patient Allergies: PENICILLIN

| PATIENT INFO CONT | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| LMP | | 10/28/03 16:48 | PEARSE | 10/28/03 16:55 |
| LMP | / / | | | 10/28/03 16:55 |
| | hysterectomy | | | |
| PAIN | yes | | | 10/28/03 16:55 |

| PRIMARY ASMT | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| RESPIRATION | | | | 10/28/03 16:55 |
| | non-labored | | | |
| SKIN COOL | yes | | | 10/28/03 16:55 |
| SKIN DRY | yes | | | 10/28/03 16:55 |
| ALERT | yes | | | 10/28/03 16:55 |
| ORIENTED | yes | | | 10/28/03 16:55 |
| FACE RELAXED | yes | | | 10/28/03 16:55 |
| MOTOR | yes | | | 10/28/03 16:55 |
| | Patient can move all extremities | | | |

| PAIN | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| LOCATION | neck | | | 10/28/03 16:55 |
| DURATION | 01 | | | 10/28/03 16:55 |
| DURATION | hrs | | | 10/28/03 16:55 |
| PAIN SCALE | 8-severe | | | 10/28/03 16:55 |
| TYPE | acute | | | 10/28/03 16:55 |
| FREQUENCY | constant | | | 10/28/03 16:55 |
| PN ACCPTABLE | no | | | 10/28/03 16:55 |

| TRIAGE | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| TRI CLASS | | | | 10/28/03 16:55 |
| | urgent | | | |
| NO TREATMENT | yes | | | 10/28/03 16:55 |
| PT TO ED | yes | | | 10/28/03 16:55 |
| TO ROOM #: | 11 | | | 10/28/03 16:55 |

| TRI ASMT STS | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| TRIAGE STATU | C | | | 10/28/03 16:55 |

**********

* PEARSE ELIZABETH PEARSON RN *

**********

PERMANENT CHART COPY

# Aiken Regional Medical Centers

## Emergency Services

ADDRESSOGRAPH 1335745 41
PEISIER ,ELIZABETH E F 2
SCEMS D
03/17/1962 1 12-/03 T EMR
209793 F 9:4-99-9999

**GENERAL INSTRUCTIONS:**

- ☐ Call the next business day and make an appointment to see: _____
  Be sure to tell them you were seen in our Emergency Department and the emergency physician feels you need a followup visit in: _____ days or less or _____ days or less if still ill.
- ☐ Have your blood pressure checked at _____ within _____ days.
- ☐ Return to the Emergency Department after 12:30 p.m. in _____ days for suture removal or re-check.
- ☐ Give Tylenol (acetaminophen) _____ every four hours for three days as needed for pain or fever.
- ☒ Work / school excuse from 10/28/03 thru 10/29/03 RETURN 10/30/03
- ☐ See your company doctor per your company's policy. Light duty until _____.
  (No use of _____ No lifting over _____ lbs.)
- ☐ Myc / Mud
  Pen Gld
  Amoxil Inhaled

**Your diagnosis was:** Acute Sinusitis

**INSTRUCTION SHEETS** You may receive one or more of the following:

**Abdominal** (green sheet)
- ☐ Abdominal Pain in Adults*
- ☐ Abdominal Pain in Children*
- ☐ Nausea, Vomiting, Diarrhea, Adults*
- ☐ Vomiting, Diarrhea, Children*
- ☐ Kidney Stone –

**OB/GYN** (pink sheet)
- ☐ Threatened Miscarriage*
- ☐ Pelvic Inflammatory Disease*

**Orthopedics** (white sheet)
- ☐ Splints and Casts*
- ☐ Sprains and Strains*
- ☐ Walking with Crutches*
- ☐ Low Back Pain*
- ☐ Cervical Strain

**Environmental** (grey sheet)
- ☐ Bug Bites*
- ☐ Allergic Reactions*

**Trauma** (red sheet)
- ☐ Accident*
- ☐ Head Injury*
- ☐ Wound Care*
- ☐ Burns*
- ☐ Corneal Abrasion*
- ☐ Animal Bite*
- ☐ Hematoma

**Respiratory** (blue sheet)
- ☐ Croup*
- ☐ Asthma*
- ☐ Bronchiolitis*
- ☐ Bronchitis
- ☐ Sore Throat*
- ☐ Nose Bleed*
- ☐ Sinusitis in Adults

**Infection** (yellow sheet)
- ☐ Fever in Adults*
- ☐ Fever in Children*

* Preprinted Instructions
- ☐ Taking Temperatures*
- ☐ Otitis Media*
- ☐ Chicken Pox*
- ☐ Skin Infection / Abscess*
- ☐ Urinary Tract Infection*
- ☐ Conjunctivitis
- ☐ Scabies and Lice

**General** (orange sheet)
- ☐ Pediatric Followup*
- ☐ Medication Precautions*
- ☐ Test Results*
- ☐ Antibiotics*
- ☐ **Tetanus/Diptheria booster***
- ☐ Blood/Body Fluid Exposure Follow-up

**Other** (on computer)
- ☐ _____
- ☐ _____

**IMPORTANT (Please read carefully before signing. Do not leave If you have unanswered questions.)**

1. I have received the instruction sheets indicated above.
2. I realize the care I received in your Emergency Department was intended to rule out emergencies and not to be a substitute or replacement of my routine and complete care. I will arrange for followup care.
3. I realize that all diseases change with time, so I will return here if I think something has gone wrong or if unexpected symptoms occur. RETURN IF YOU WORSEN IN ANY UNEXPECTED WAY.
4. Aiken Regional Medical Centers Emergency Services obtains a second reading on EKGs and X-Rays. If cultures were obtained, results will not be final for 3 or more days.
5. I hereby authorize Aiken Regional Medical Centers Emergency Services to release today's emergency department medical record to my folowup physician.
6. The Medical Records Department is open Monday-Friday, 8:00 a.m. to 4:30 p.m. to obtain copies of your medical records.
7. Call your followup Physician for any results (including cultures, labs, x-rays) not received or completed during your stay in the Emergency Department.

Physician / Staff — 10/28/03 Date — Patient or Responsible Person

630.06 Rev. 10/02 WHITE - MEDICAL RECORDS CANARY - PATIENT PINK - EMERGENCY DEPARTMENT GOLDENROD - PATIENT FORM 10-2183 3/99

1648 (B) (3)

ER D/C ASSESSMENT

PRIESTER ,ELIZABETH E F 41 / EMR Pt#: 18335745 Page: 1
Atn Dr: SCEMS D OUTPATIENT Covers Period:
Adm Dt: 10/28/03 ET Isol: Mr#: 209793 10/28/03 00:01 to 10/28/03

Patient Allergies: PENICILLIN

| ER DISCHARGE | | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|---|
| D/C PULSE | 80 | 10/28/03 18:42 | SHACED | 10/28/03 18:42 |
| D/C RESP | 12 | | | 10/28/03 18:42 |
| D/C BP | 136/57 | | | 10/28/03 18:42 |
| ACCOMP BY | relative | | | 10/28/03 18:42 |
| DEPART MODE | car | | | 10/28/03 18:42 |
| DSCH VIA | walk | | | 10/28/03 18:42 |
| VALUBL/BELON | rm chckd | | | 10/28/03 18:42 |
| RETURNED TO | patient | | | 10/28/03 18:42 |
| DSCH TO HOME | yes | | | 10/28/03 18:42 |
| INSTR GIVEN | yes | | | 10/28/03 18:42 |
| MED INSTRUCT | yes | | | 10/28/03 18:42 |
| GIVEN TO | patient | | | 10/28/03 18:42 |
| VERB UNDERST | yes | | | 10/28/03 18:42 |
| PT STABLE | y | | | 10/28/03 18:42 |

| ER D/C NOTE | PERFORM DT/TM | RESP PTY | ENTRY DT/TM |
|---|---|---|---|
| ER D/C NOTE | | | 10/28/03 18:42 |

medication precautions stressed.

* SHACED DAVID SHACKFORD RN-ED *

Cervical Strain s/p MVA

Platte

END OF REPORT

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South Carolina Department of Health and Environmental Control

# DHEC PATIENT CARE FORM

U.A. NO.

TRIP NO. 10,374-01

**PATIENT IDENTIFICATION (Please Print)**

LAST NAME (10–29): Priester | FIRST NAME (30–45): Elizabeth | MI (46): E

STREET (47–71): 546 Galaxy Dr | APT. #

CITY (72–87): New Ellenton | STATE (88–89): SC | ZIP CODE (90–94): 29809

SSN (95–103): 247 39 01 12

**SEX (104)**: 1 ☐ Male; 2 ☒ Female; 3 ☐ Undetermined

**RACE (105)**: 1 ☐ White; 2 ☒ Black; 3 ☐ Am. Indian; 4 ☐ Hispanic; 5 ☐ Asian; 6 ☐ Other

**AGE (106–109)**: 041 — CHECK ONE: 1 ☒ YRS.; 2 ☐ MOS.; 3 ☐ DAYS

**DISPOSITION (110–111)**

01 ☐ TREAT/NO TRANS.
02 ☐ DOA AT SCENE
03 ☒ HOSPITAL ER
04 ☐ HOSP. DIR. ADMIT.
05 ☐ PATIENT'S HOME
07 ☐ NURSING HOME
08 ☐ DR.'S OFFICE
09 ☐ OUTPATIENT
10 ☐ PT. REFUSED TREAT.
13 ☐ EMS TRANSFER

**TYPE OF INCIDENT**

TRAUMA (112): 1 ☒ MVA; 2 ☐ MC; 3 ☐ BIKES; 4 ☐ PED; 5 ☐ ASSAULT; 6 ☐ FALL; 7 ☐ FIRE; 8 ☐ INTERFAC; 9 ☐ OTHER

MEDICAL (113): 1 ☐ ENVIRON; 2 ☐ BEHAV; 3 ☐ OB/GYN; 4 ☐ RESP; 5 ☐ CARDIAC; 6 ☐ INTERFAC; 7 ☐ OTHER

**CALL TYPE**: TO SCENE (114): 1 ☒ EMERGENT; 2 ☐ NONEMERGENT; CODE 23

**PATIENT STATUS**: ON SCENE (115): 1 ☒ URGENT; 2 ☐ NON URGENT; CODE 02. FROM SCENE (116): 1 ☒ URGENT; 2 ☐ NON URGENT

**INCIDENT LOCATION**

ST. OR HWY. NAME OR NO.: Dry Branch Rd

CITY: Aiken Co.

County (117–118): 02 | Zip Code (119–123): 29803

**SAFETY EQP (124)**: 1 ☒ Seatbelts; 2 ☐ Helmets; 3 ☐ Airbags; 4 ☐ Child Seat; 5 ☐ None; 6 ☐ Unkn.

**SITE OF INCIDENT (125)**: 1 ☒ ROADWAY; 2 ☐ RESIDENCE; 3 ☐ INDUSTRIAL; 4 ☐ RECREATIONAL; 5 ☐ AGRICULTURAL; 6 ☐ OTHER

**PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126–137)**

003 ☐ Seizure; 004 ☐ Diabetic; 011 ☐ Abrasion/Contusions; 013 ☐ Laceration; 023 ☐ Fracture; 024 ☐ Multitrauma/Shock; 030 ☐ Head Injury; 032 ☒ Spinal Injury; 034 ☐ Stroke; 051 ☐ G.I. Problems; 074 ☐ Respiratory Distress; 080 ☐ Coronary Problems; 083 ☐ Cardiac Arrest; Other 166; Other

**PRIMARY IMPRESSION (138–140)**: 032

**TREATMENT PROCEDURES (141–174)**

01 ☐ Dressing Applied; 02 ☐ Limb Splinted; 03 ☒ Spine Immobilized; 04 ☒ Neck Immobilized; 05 ☐ OB Assistance; 06 ☐ Oral Airway Used; 07 ☒ Oxygen Given; 08 ☐ Suction Used; 09 ☐ Antishock Trousers; 10 ☐ Airway Maintained; 11 ☐ Antishock Treatment; 12 ☐ Artificial Resp.; 13 ☐ Cardiac Massage; 14 ☐ Bleeding Controlled; 15 ☐ Cold Application; 16 ☐ Patient Restrained; 17 ☒ Other (Use Comments); 18 ☐ Ventilator

**HCFA CODES (175–180)**

**SITE OF TRAUMA (181–189)**

1 ☐ Head; 2 ☐ Face; 3 ☒ Neck; 4 ☐ Chest; 5 ☐ Abdomen; 6 ☐ Hip/Pelvis; 7 ☐ Upper Extr.; 8 ☒ Lower Extr.; 9 ☒ Back

**ADVANCED PROCEDURES (190–223)**

1. ☐ EKG Monitored — Rhythm ____ Time ____
2. ☐ First Defib Attempted — Watt Sec. ____ Time ____ — Post Defib — Rhythm ____
3. ☐ Second Defib Attempted — Watt Sec. ____ Time ____ — Post Defib — Rhythm ____
4. ☐ Third Defib Attempted — Watt Sec. ____ Time ____ — Post Defib — Rhythm ____

INTUBATED 5. ☐ ET Size ____ Total # Attempts ☐ (224)
15 ☐ RSI 16 ☐ LMA 17 ☐ Cricc

6. ☐ EXTERNAL PACING
7. ☐ BLOOD DRAWN — DEXTROSE/BOL ____
8. ☐ IV STARTED/GAUGE ____ SOLUTION ____ — RATE ____ IV TIME ____ IV VOLUME ____
9. ☐ IV STARTED/GAUGE ____ SOLUTION ____ — RATE ____ IV TIME ____ IV VOLUME ____
10. ☐ IV ATTEMPTED TOTAL # ☐ (225)
11. ☐ PLEURAL DECOMPRESSION Time ____
12. ☐ INTRAOSSEOUS LINE
13. ☐ AUTOMATIC DEFIB
14. ☐ PATIENT ASSISTED MEDS

Observing Physician (Name) (Signature)

**DRUGS USED (226–241)**

| DRUG | DOSE | TIME | DRUG | DOSE | TIME |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**REVISED TRAUMA SCORE**

GCS: (242) EYES 4; (243) VERBAL 5; (244) MOTOR 6; (245–248) GLASGOW 15

(247–249) SBP 120; (250–252) RR 18; RTS (254–255): 7.12

(253) ANATOMICAL INJ. 1 ☐ YES 2 ☒ NO

**VITAL SIGNS**

| BP | PULSE | | RESPIRATIONS | | PUPIL | LEVEL OF CONSC. | TIME |
|---|---|---|---|---|---|---|---|
| 130/P | RATE 100 | ☒ REG. ☐ IRREG. | RATE 18 | ☒ REG. ☐ IRREG. | E | A | 1600 |
| 120/90 | 96 | ☒ REG. ☐ IRREG. | 18 | ☒ REG. ☐ IRREG. | E | A | 1620 |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | |

AVPU: A, V, P, U

EXPOSURE TO PT's BODY FLUIDS? (256) 1 ☐ YES 2 ☒ NO

1st Responder (257) 1 ☒ YES Name: New Ellenton Fire Dept. 2 ☐ NO

**COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)**

A77 scene, fd Pt sitting in drivers seat of veh. Pt CAOX3 Pt C/O lower Neck pain & headache. Pt Veh involved in a MINOR MVA (single car) Pt accompanied by New Ellenton FD First Responders. Pt report from first responders w/ V/S Pt skin warm & dry w/ good color, lungs clear, pearl, grip good, MAE x4. Pt denies LOC, SOB, or Chest pain. Pt FSI to FSW to Unit en route to ARMC ER. Exam revealed NO Other Trauma Noted, Pt w/ Headache & lower Back pain. Pt w/ good PMS before & after FSI. Pt given PRN @ 15 1pm for headache. Pt HX: None Meds: None Allergies Penicillin. Pt V/S second monitored en route. Pt headache better w/ Os therapy. Upon arr ER, Pt to Rm # 12. Pt report to staff written & oral Pt w/ dignity & respect.

Patient Care Form Left In (258): 1. ☒ ED 2. ☐ ICU 3. ☐ OTHER — Pt restrained driver

☐ See Page 2

**TIME RECORD**

RUN DATE (259–266): MONTH 10 | DAY 28 | YEAR 03

| | |
|---|---|
| Call Received: (267–270) | 1530 |
| Call Dispatched: (271–274) | 1534 |
| Departed Base: (275–278) | 1535 |
| Arrive Scene: (279–282) | 1554 |
| Departed Scene: (283–286) | 1611 |
| Arrive Destination: (287–290) | 1627 |

CAUSE OF DELAY: Transport to Rm 12 ER

**DHEC PERMIT NO. (291–295)**: 00210

**RECEIVING AGENCY (296–299)**: 4001

**SENDING AGENCY (300–303)**:

PROVIDER TIME (OPTIONAL): 1632

**ATTENDANT'S SIGNATURE & CERTIFICATION NO.**

04/17/2

PRIMARY PATIENT ATTENDANT (304–308): 83913

2ND ATTENDANT/DRIVER (309–313):

3RD ATTENDANT/DRIVER (314–318):

(RECEIVING NURSE OR PHYSICIAN)

DHEC 1050 REV. (01/2003)

**RECEIVER'S COPY**

REPORT NO. (1-9) 156573

## 3/17/2014 11:08:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 3/17/2014 11:08AM, Examiner: Erin P. Beaudry***

**Chief complaint**

The Chief Complaint is: NO SHOW.

**Allergies and Adverse Reactions**

No Known Allergies.

**Signoff Information**

Electronically Signed By: ERIN P. BEAUDRY on 03/17/2014 at 11:08 AM.

## 3/3/2014 8:23:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 3/03/2014 08:23AM, Examiner: Erin P. Beaudry Finding -1 not found.***

**Chief complaint**

The Chief Complaint is: Pt states she has been having problems with swelling in both feet for couple of days.remanuel.

**History of present illness**

ELIZABETH PRIESTER is a 51 year old female.

Pt presents to clinic today as a same day for c/o bilat pedal edema. Pt has not been to the clinic in over 1 year.

- Vision problems blurry vision ° No eye symptoms
- LMP not documented: Hysterectomy
- Soft tissue swelling

° No fever ° and No chills ° No headache ° No chest pain or discomfort ° and No palpitations ° Not feeling congested in the chest ° No dyspnea ° No cough ° No wheezing

**Current medication**

Medication List Reconciled

**Past medical/surgical history**

**Diagnoses:**

Odontologic disorder.
Migraine headache

**Surgical:**

- Hysterectomy
- Total abdominal hysterectomy

**Personal history**

*Behavioral:* Caffeine use. Never a smoker and never a smoker.
*Work:* Using seatbelts.
*Marital:* Divorced.

**Family history**

Heart disease
Hyperlipoproteinemia
Stroke syndrome

**Paternal:**

Cancer

**Maternal:**

Odontologic disorder
Hypertension
Diabetes mellitus.

**Physical findings**

**Vital Signs:**

| Vital Signs/Measurements | Value | Date |
|---|---|---|
| Tympanic membrane temperature | 98 | 3/03/2014 |
| RR | 20 per min | 3/03/2014 |
| PR | 88 bpm | 3/03/2014 |
| Blood pressure | 162/98 mmHg | 3/03/2014 |
| Blood pressure | 156/94 mmHg | 3/03/2014 |
| Weight | 177.3 lbs | 3/03/2014 |
| Body mass index | 31.4 kg/m2 | 3/03/2014 |
| Height | 63 in | 3/03/2014 |

**Standard Measurements:**

| Standard Measurements: | Value | Date |
|---|---|---|
| Body surface area | 1.9 | 3/03/2014 |

**General Appearance:**

° Alert. ° Well developed. ° In no acute distress.

**Cardiovascular:**

*Heart Rate And Rhythm:* ° Normal. ° Heart rate was normal. ° Heart rhythm regular. ° No abnormalities of heart beat were noted.

*Heart Sounds:* ° S1 normal. ° S2 normal.

*Murmur Left Upper Sternal Border (Auscultation Murmurs):* ° No LUSB murmur heard.

*Murmur Right Upper Sternal Border:* ° No RUSB murmur heard.

*Arterial Pulses:* ° Equal bilaterally and normal unable to palpate pedal pulses secondary to edema.

*Edema:* • Present. • Pitting edema 2+ to bilat knee.

**Neurological:**

° Oriented to time, place, and person.

**Laboratory Studies:**

| Pulmonary Tests: | Value | Date |
|---|---|---|
| Oxygen saturation | 99% percent | 3/03/2014 |

**Assessment**

Soft tissue swelling.

Combined systolic and diastolic elevation was observed.

- Hyperlipidemia
- Hypothyroidism

Edema
- start hctz and lisinopril
- basic labs
- support stockings while at work, oow 2 days
- f/u 2 weeks

**Therapy**

- Instructions for patient - Increase Water Consumption to 8 glasses of water per day
- Follow-up visit in 2 weeks.
- Not fit for work ...oow 2 days.....

**Allergies and Adverse Reactions**

Allergies Reviewed.

No Known Allergies.

**Counseling/Education**

- Return to the clinic if condition worsens or new symptoms arise
- Education and counseling

PATIENT EDUCATION

Understands current medication condition/diagnosis: Yes

Understands current medication usages: Yes

Understands current treatment plan: Yes

Understands his or her responsibilities in care: Yes

- Education and counseling

Instruction Provided to patient verbally and patient voiced understanding

- Discussed food groups Increase Fruits and Vegetables
- Patient education about medication
- Patient education about the proper use of medications
- Patient education about the proper use of medications
- Patient education about the proper use of medications
- Parent education about medication use
- Patient appeared to understand counseling
- Education: medication instruction
- Education: follow-up for re-examination

patient information sheet given for diagnosis - Low Sodium Diet and given for diagnosis - HIGH BP.

**Plan**

- A routine urinalysis without microscopic exam
- CBC with partial differential
- A comprehensive metabolic panel
- Lipid test panel
- Hemoglobin A1c

- Serum TSH level

Follow-up visit 2 week(s)

- levothyroxine 50 mcg tablet. 1 tablet by Oral route 1 time per day. Dispense: 30 tab(s). Refill: 2
- pravastatin 40 mg tablet. 1 Tablet by Oral route 1 time per day before bed. Dispense: 30 tablet(s). Refill: 2
- hydrochlorothiazide 25 mg tablet. take 1 tablet by Oral route 1 time per day pt will p/u today in CW. Dispense: 30 TAB. Refill: 3
- lisinopril 20 mg tablet. 1 tablet by Oral route 1 time per day pt will p/u in cw today. Dispense: 30 tab(s). Refill: 3

### Practice Management

Estab outpatient expanded h&p - low complexity decisions.

### Signoff Information

Electronically Signed By: ERIN P. BEAUDRY on 03/19/2014 at 08:11 AM.

## 3/19/2013 3:15:00 PM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 3/19/2013 03:15PM, Examiner: Gary Fischbach***

### Chief complaint

The Chief Complaint is: Pt states she has been having problems with frequent urination, urine has fould odor for two to three months.remanuel.

### History of present illness

ELIZABETH PRIESTER is a 50 year old female. Source of patient information was patient.

Pt here with urinary frequency and foul smelling urine.

- Increased urinary frequency • LMP not documented: Hysterectomy

### Current medication

Medication List Reconciled

Flagyl 500 mg tablet SIG: 4 tab(s) orally once Take with food. Do not drink alcohol

Premarin Vaginal 0.625 mg/g cream with applicator SIG: 1 g intravaginally once a day (in the evening) (daily for 21 days, then off for 7 days, then use 2-3 times a week.)

Loratadine 10 mg tablet SIG: 1 tab(s) orally once a day

Nasonex 50 mcg/inh spray SIG: 1 spray(s) intranasally once a day SAMPLE

Zyrtec 10 mg tablet SIG: 1 tab(s) orally once a day OTC

- No Known Current Medications

### Past medical/surgical history

**Diagnoses:**

Odontologic disorder
Odontologic disorder.
Migraine headache
Migraine headache

**Surgical:**

- Hysterectomy
- Hysterectomy
- Total abdominal hysterectomy
- Total abdominal hysterectomy

### Personal history

*Behavioral:* Caffeine use and caffeine use. Never a smoker and never a smoker.
*Work:* Using seatbelts and using seatbelts.
*Marital:* Divorced and divorced.

### Family history

Heart disease
Heart disease
Hyperlipoproteinemia
Hyperlipoproteinemia
Stroke syndrome
Stroke syndrome

**Paternal:**

Cancer
Cancer

**Maternal:**

Odontologic disorder
Odontologic disorder
Hypertension
Hypertension

Diabetes mellitus
Diabetes mellitus.

## Physical findings

**Vital Signs:**

| Vital Signs/Measurements | Value | Date |
|---|---|---|
| Tympanic membrane temperature | 98 | 3/19/2013 |
| RR | 18 per min | 3/19/2013 |
| PR | 79 bpm | 3/19/2013 |
| Blood pressure | 173/91 mmHg | 3/19/2013 |
| Blood pressure | 134/78 mmHg | 3/19/2013 |
| Pain level by numeric rating scale | 0 | 3/19/2013 |
| Weight | 160.6 lbs | 3/19/2013 |
| Body mass index | 28.4 kg/m2 | 3/19/2013 |
| Height | 63 in | 3/19/2013 |

**Standard Measurements:**

| Standard Measurements: | Value | Date |
|---|---|---|
| Body surface area | 1.8 | 3/19/2013 |

**General Appearance:**
° Alert. ° Well developed. ° In no acute distress.

**Lungs:**
° Respiration rhythm and depth was normal.

**Cardiovascular:**
*Heart Rate And Rhythm:* ° Normal.

**Neurological:**
° Oriented to time, place, and person.

**Laboratory Studies:**

| Pulmonary Tests: | Value | Date |
|---|---|---|
| Oxygen saturation | 100% percent | 3/19/2013 |

## Tests

Results for: (IH) URINE DIP

| Ordered/ Performed | Test Name | Ind Results | Units | Range |
|---|---|---|---|---|
| 3/19/2013 | (IH) URINE DIP | | | |
| 3/19/2013 | | | | |
| | GLUCOSE | NEG | | |
| | BILIRUBIN | NEG | | |
| | KETONES | NEG | | |
| | SPECIFIC GRAVITY | 1.025 | | |
| | BLOOD | MOD NON-HEMO | | |
| | PH | 5.0 | | |
| | PROTEIN | NEG | | |
| | UROBILIRUBIN | 0.2 | | |
| | NITRITE | POS | | |
| | LEUKOCYTES | NEG | | |

****** END OF RESULTS ******.

## Assessment

- Dehydration (Na, H2O)

Dehydration.

## Allergies and Adverse Reactions

Allergies Reviewed.
No Known Allergies.

## Counseling/Education

Patient information sheet: Dehydration, Adult, Easy-to-Read

## Plan

- A routine urinalysis without microscopic exam

Follow-up visit prn

- Flagyl 500 mg tablet SIG: 4 tab(s) orally once Take with food. Do not drink alcohol . DISCONTINUED BY: RAVEN EMANUEL. REASON: Course Complete
- Premarin Vaginal 0.625 mg/g cream with applicator SIG: 1 g intravaginally once a day (in the evening) (daily for 21 days, then off for 7 days, then use 2-3 times a week.) . DISCONTINUED BY: RAVEN EMANUEL. REASON: Course Complete

- loratadine 10 mg tablet SIG: 1 tab(s) orally once a day . DISCONTINUED BY: RAVEN EMANUEL. REASON: Course Complete
- Nasonex 50 mcg/inh spray SIG: 1 spray(s) intranasally once a day SAMPLE . DISCONTINUED BY: RAVEN EMANUEL. REASON: Course Complete
- Zyrtec 10 mg tablet SIG: 1 tab(s) orally once a day OTC . DISCONTINUED BY: RAVEN EMANUEL. REASON: Course Complete

Push water!!!

**Practice Management**

Estab outpatient expanded h&p - low complexity decisions.

**Signoff Information**

Electronically Signed By: GARY FISCHBACH on 03/20/2013 at 05:20 PM.

## 5/14/2012 1:25:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 5/14/2012 01:25AM, Examiner: Cherise Fretwell***

**Assessment**

A mammogram was abnormal.

**Allergies and Adverse Reactions**

No Known Allergies.

**Plan**

- Unilateral mammogram Spot compression R breast. US if indicated

**Signoff Information**

Electronically Signed By: CHERISE FRETWELL on 07/17/2012 at 05:08 PM.

**Tests**

Results for: MAMMOGRAM, DIAGNOSTIC

| Ordered/ Performed | Test Name | Ind | Results | Units | Range |
|---|---|---|---|---|---|
| 5/14/2012 8/23/2013 | MAMMOGRAM, DIAGNOSTIC | | | | |

Result Comments: PLEASE LOOK UNDER THE FIRT MMG RESULT
****** END OF RESULTS ******
ADDENDA: 8/23/2013 12:08:36 PM CRISTAL TORRES
Reason for Edit:

## 5/3/2012 1:31:00 PM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 5/03/2012 01:31PM, Examiner: Cherise Fretwell***

**Allergies and Adverse Reactions**

No Known Allergies.

**Signoff Information**

Electronically Signed By: CHERISE FRETWELL on 05/13/2012 at 06:16 PM.

## 5/2/2012 10:53:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 5/02/2012 10:53AM, Examiner: Cherise Fretwell***

**Assessment**

- Urogenital trichomoniasis

**Allergies and Adverse Reactions**

No Known Allergies.

**Plan**

- Flagyl 500 mg tablet. SIG: 4 tab(s) orally once Take with food. Do not drink alcohol . Dispense: 4 tab(s). Refill: 0

**Signoff Information**

Electronically Signed By: CHERISE FRETWELL on 05/02/2012 at 10:55 AM.

## 4/16/2012 11:07:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 4/16/2012 11:07AM, Examiner: Cherise Fretwell***

### Chief complaint

The Chief Complaint is: Pt here for annual pap smear ctorres.

### History of present illness

ELIZABETH PRIESTER is a 49 year old female.

Pt here for annual exam. She reports having pain with intercourse. Also recently, she noticed a white discharge and had vaginal itching. She tried an OTC cream, and states that it helped some. Denies using lubricant with intercourse and states that her boyfriend has noticed that she is moody. She reports that she has used HRT in the past but she discontinued usaged when became concerned when a physician told her that she was at an increased risk for breast cancer and that the drugs are made from animal by-products.

- Vaginal itching or burning • Vaginal discharge
- High irritability
- ° No breast symptoms ° No pain in breast

### Current medication

Ciprofloxacin 500 mg tablet SIG: 1 tab(s) orally every 12 hours for 10 day(s)
Loratadine 10 mg tablet SIG: 1 tab(s) orally once a day
Nasonex 50 mcg/inh spray SIG: 1 spray(s) intranasally once a day SAMPLE
Zyrtec 10 mg tablet SIG: 1 tab(s) orally once a day OTC

### Past medical/surgical history

**Diagnoses:**

Odontologic disorder.
Migraine headache

**Surgical:**

- Hysterectomy
- Total abdominal hysterectomy

### Personal history

*Behavioral:* Caffeine use. Never a smoker.
*Work:* Using seatbelts.
*Marital:* Divorced.

### Family history

Heart disease
Hyperlipoproteinemia
Stroke syndrome

**Paternal:**

Cancer

**Maternal:**

Odontologic disorder
Hypertension
Diabetes mellitus.

### Review of systems

**Systemic:** No systemic symptoms.
**Head:** No head symptoms.
**Neck:** No neck symptoms and no neck pain.
**Eyes:** No eye symptoms.
**Otolaryngeal:** No otolaryngeal symptoms.
**Cardiovascular:** No cardiovascular symptoms.
**Pulmonary:** No pulmonary symptoms.
**Gastrointestinal:** Normal appetite and no fecal incontinence.
**Genitourinary:** No urinary loss of control.
**Endocrine:** No endocrine symptoms.
**Hematologic:** No hematologic symptoms.
**Musculoskeletal:** No soft tissue swelling.
**Neurological:** No neurological symptoms.
**Skin:** No skin symptoms.

### Physical findings

**Vital Signs:**

| Vital Signs/Measurements | Value | Date |
|---|---|---|
| RR | 20 per min | 4/16/2012 |
| PR | 61 bpm | 4/16/2012 |
| Blood pressure | 122/78 mmHg | 4/16/2012 |
| Weight | 159.4 lbs | 4/16/2012 |
| Body mass index | 28.2 kg/m2 | 4/16/2012 |
| Height | 63 in | 4/16/2012 |
| Vital Signs: | Value | Date |
| Temperature | 98.8 | 4/16/2012 |

**Standard Measurements:**

| Standard Measurements: | Value | Date |
|---|---|---|
| Body surface area | 1.8 | 4/16/2012 |

**General Appearance:**
° Alert. ° Well developed. ° In no acute distress.

**Head:**
° Normal.

**Neck:**
*Thyroid:* ° Showed no abnormalities.

**Eyes:**
**General/bilateral:**
° Eyes: normal.

**Ears, Nose, Throat:**
° ENT: normal.

**Lymph Nodes:**
° Normal.

**Chest:**
° Normal.

**Breasts:**
**General/bilateral:**
° Breasts: normal. ° Nipples showed no abnormalities. ° No abnormal breast secretion was observed. ° No breast mass was found. ° No tenderness of the breast.

**Lungs:**
° Normal.

**Cardiovascular:**
° System: normal.

**Back:**
° Normal.

**Abdomen:**
• Abdomen:
*Visual Inspection:* ° Abdomen was normal on visual inspection.
*Auscultation:* ° Abdominal auscultation revealed no abnormalities.
*Palpation:* ° Abdominal palpation revealed no abnormalities.

**Urinary System:**
° Normal.
*Bladder:* ° Normal.

**Genitalia:**
° Normal.
*External:* ° Genitalia showed no abnormalities.
*Vagina:* • Abnormal. • A vaginal discharge was observed.

**Pelvic:**
• Exam:
*Cervix:* • Pap smear sample taken.

**Musculoskeletal System:**
*General/bilateral:* ° Musculoskeletal system: normal.

**Neurological:**
° System: normal. ° Oriented to time, place, and person.

**Skin:**
° Normal.

**Hair:**
° Normal.

**Nails:**
° Normal.

**Laboratory Studies:**

| Pulmonary Tests: | Value | Date |
|---|---|---|
| Oxygen saturation | 98% percent | 4/16/2012 |

**Assessment**

Vaginal odor.
Vaginal discharge.
Pelvic exam:
The mood was irritable.
Vaginal Pap smear.
- Symptomatic menopause
- Female dyspareunia due to a physical condition

**Allergies and Adverse Reactions**

No Known Allergies.

**Counseling/Education**

- Patient education about self-examination of breasts
- Patient education about self-examination of breasts

**Plan**

- A bilateral screening mammogram Scheduled at Belk's in Noth Augusta 5/2/2012 @ 9:30am
- Cervical/vaginal cytopathology with automated screening with manual rescreening under MD supervision

Follow-up visit prn.
Follow-up for re-examination - PRN

- MetroGel-Vaginal 0.75% gel with applicator. SIG: 1 appful intravaginally once a day (at bedtime) for 5 day(s) . Dispense: 70 gram(s). Refill: 0
- Premarin Vaginal 0.625 mg/g cream with applicator. SIG: 1 g intravaginally once a day (in the evening) (daily for 21 days, then off for 7 days, then use 2-3 times a week.) . Dispense: 42.5 gram(s). Refill: 2

(1) Vaginal estrogen for pelvic symptoms. Pt educated on also using lubricants with intercourse. We discussed that vaginal estrogen will have more localized effects and so a decreased risk of breast cancer.
(2) metrogel for BV. Pt instructed to use metrogel first before beginning the estrogen cream.
(3)We will schedule mammogram @ University.
(4) Perhaps vaginal estrogen may help with moodiness. If symptoms become more bothersome, we can discuss restarting HRT oral.

**Practice Management**

Estab outpatient detailed h&p - moderate complexity decision.

**Signoff Information**

Electronically Signed By: CHERISE FRETWELL on 05/02/2012 at 10:54 AM.

## 4/11/2012 11:38:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 4/11/2012 11:38AM, Examiner: Catherine Toomer***

**Chief complaint**

The Chief Complaint is: Pt is here for possible bladder infection. DAllen.

**History of present illness**

ELIZABETH PRIESTER is a 49 year old female. Source of patient information was patient.
Here c/o possible UTI. Pt is an incredibly poor historian and is ahving difficulty asnswering yes/no questions without excessive giggling. States that she has had increasing polyuria over the past 3-4 weeks.

- Fever with gradual onset ° No chills
- Nausea ° No vomiting ° No diarrhea
- Urinary frequency was increased polyuria • Nocturia • Dysuria ° No hematuria ° No pain in the flank ° No vaginal discharge
- ° No polydipsia

**Past medical/surgical history**

**Diagnoses:**

Odontologic disorder.
Migraine headache

**Personal history**

*Behavioral:* Never a smoker.

**Physical findings**

**Vital Signs:**

| Vital Signs/Measurements | Value | Date |
|---|---|---|
| PR | 82 bpm | 4/11/2012 |

| | | |
|---|---|---|
| Blood pressure | 134/66 mmHg | 4/11/2012 |
| Weight | 153.2 lbs | 4/11/2012 |
| Body mass index | 27.1 kg/m2 | 4/11/2012 |
| Height | 63 in | 4/11/2012 |

**Standard Measurements:**

| Standard Measurements: | Value | Date |
|---|---|---|
| Body surface area | 1.8 | 4/11/2012 |

**General Appearance:**
° In no acute distress.

**Lungs:**
° Normal.

**Cardiovascular:**
• System:

**Back:**
° No costovertebral angle tenderness.

**Abdomen:**
*Auscultation:* ° Abdominal auscultation revealed no abnormalities.
*Palpation:* • Abdominal palpation revealed abnormalities. • Direct suprapubic tenderness.

**Neurological:**
*Gait And Stance:* ° Normal.

**Laboratory Studies:**

| Pulmonary Tests: | Value | Date |
|---|---|---|
| Oxygen saturation | 100% percent | 4/11/2012 |

**Tests**
Results for: (IH) URINE DIP

| Ordered/ Performed | Test Name | Ind Results | Units | Range |
|---|---|---|---|---|
| 4/11/2012 | (IH) URINE DIP | | | |
| 4/11/2012 | | | | |
| | GLUCOSE | NEG | | |
| | BILIRUBIN | NEG | | |
| | KETONES | +1 | | |
| | SPECIFIC GRAVITY | 1.030 | | |
| | BLOOD | MOD NON-HEMO | | |
| | PH | 5.0 | | |
| | PROTEIN | +1 | | |
| | UROBILIRUBIN | 0.2 | | |
| | NITRITE | NEG | | |
| | LEUKOCYTES | +3 | | |

****** END OF RESULTS ******.

**Assessment**
• Urinary tract infection
• Anemia

**Therapy**
• Medication List Reconciled.
Allergies Reviewed.

**Allergies and Adverse Reactions**
No Known Allergies.

**Plan**
• A routine urinalysis without microscopic exam
• CBC with partial differential
• A comprehensive metabolic panel
Follow-up visit prn
• ciprofloxacin 500 mg tablet. SIG: 1 tab(s) orally every 12 hours for 10 day(s) . Dispense: 20 tab(s). Refill: 0

**Notes**
Instructed to void after intercourse.

**Practice Management**
Estab outpatient expanded h&p - low complexity decisions.

**Signoff Information**
Electronically Signed By: CATHERINE TOOMER on 04/12/2012 at 12:59 AM.

## 12/15/2011 11:56:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 12/15/2011 11:56AM, Examiner: Erin P. Beaudry***

**Allergies and Adverse Reactions**

No Known Allergies.

**Signoff Information**

Electronically Signed By: ERIN P. BEAUDRY on 01/10/2012 at 02:09 PM.

## 12/12/2011 2:54:00 PM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 12/12/2011 02:54PM, Examiner: Erin P. Beaudry***

**Chief complaint**

The Chief Complaint is: Urinary urgency,LBP.low grade fever,urine odor,SMyers.

**History of present illness**

ELIZABETH PRIESTER is a 49 year old female.

Pt presents to clinic w/ a one month c/o urinary urgency.

• Urinary frequency was increased • Dysuria ° No hematuria ° No polyuria ° No nocturia ° No flank pain ° Not feeling tired or poorly ° No fever ° No chills

**Physical findings**

**Vital Signs:**

| Vital Signs/Measurements | Value | Date |
|---|---|---|
| RR | 18 per min | 12/12/2011 |
| PR | 82 bpm | 12/12/2011 |
| Blood pressure | 129/76 mmHg | 12/12/2011 |
| Weight | 161.4 lbs | 12/12/2011 |
| Body mass index | 28.6 kg/m2 | 12/12/2011 |
| Height | 63 in | 12/12/2011 |
| Vital Signs: | Value | Date |
| Temperature | 99 | 12/12/2011 |

**Standard Measurements:**

| Standard Measurements: | Value | Date |
|---|---|---|
| Body surface area | 1.8 | 12/12/2011 |

**General Appearance:**

° Alert ° Well developed ° In no acute distress

**Lungs:**

° Respiration rhythm and depth was normal ° Clear to auscultation

**Cardiovascular:**

*Heart Rate And Rhythm:* ° Normal
*Heart Sounds:* ° Normal
*Murmurs:* ° No murmurs were heard
*Arterial Pulses:* ° Equal bilaterally and normal
*Edema:* ° Not present

**Musculoskeletal System:**

*General/bilateral:* ° Musculoskeletal system: normal

**Neurological:**

° Oriented to time, place, and person

**Skin:**

° General appearance was normal

**Laboratory Studies:**

| Pulmonary Tests: | Value | Date |
|---|---|---|
| Oxygen saturation | 98% percent | 12/12/2011 |

**Tests**

Results for: (IH) URINE DIP

| Ordered/ Performed | Test Name | Ind | Results | Units | Range |
|---|---|---|---|---|---|
| 12/12/2011 | (IH) URINE DIP | | | | |

12/12/2011

| | |
|---|---|
| GLUCOSE | NEG |
| BILIRUBIN | NEG |
| KETONES | +1 |
| SPECIFIC GRAVITY | 1.015 |
| BLOOD | +2 |
| PH | 5.0 |
| PROTEIN | TRACE |
| UROBILIRUBIN | 0.2 |
| NITRITE | NEG |
| LEUKOCYTES | +2 |

****** END OF RESULTS ******

### Assessment

- Urinary tract infection

1. UTI
- (IH) urine dip: (+) leuko, (+) blood
- start cipro
- start pyridium
- send urine for C&S, flag to S. Myers.
- f/u in 2 days if no improvement

### Therapy

- Medication List Reconciled

Allergies Reviewed

### Allergies and Adverse Reactions

No Known Allergies

### Plan

- A routine urinalysis without microscopic exam
- A quantitative bacterial urine culture

Follow-up visit prn

- Cipro 250 mg tablet. SIG: 1 tab(s) orally every 12 hours for 3 day(s) t will p/u in CW . Dispense: 6 tab(s). Refill: 0
- Pyridium 200 mg tablet. SIG: 1 tab(s) orally 3 times a day for 3 day(s) pt will p/u in CW . Dispense: 9 tab(s). Refill: 0

### Practice Management

Estab outpatient focused h&p - straightforward decisions.

### Signoff Information

Electronically Signed By: ERIN P. BEAUDRY on 12/13/2011 at 10:39 AM.

## 9/12/2011 11:45:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 9/12/2011 11:45AM, Examiner: Erin P. Beaudry***

### Chief complaint

The Chief Complaint is: Here today with stuffy head and scratchy throat. edenny.

### History of present illness

ELIZABETH PRIESTER is a 49 year old female.

Pt presents to clinic today w/ c/o scratchy throat and stuffy head for 3 days.

- Headache • Sinus pain
- Nasal passage blockage (stuffiness) • Sneezing ° No earache ° No discharge from the ears ° No nasal discharge ° No sore throat
- Cough

° No fever ° and No chills ° No neck symptoms ° No swollen glands in the neck

### Past medical/surgical history

**Diagnoses:**

Odontologic disorder.
Migraine headache

### Personal history

*Behavioral:* Caffeine use.
*Work:* Using seatbelts.
*Marital:* Divorced.

### Family history

Heart disease
Hyperlipoproteinemia
Stroke syndrome

**Paternal:**
Cancer
**Maternal:**
Odontologic disorder
Hypertension
Diabetes mellitus.

## Physical findings

**Vital Signs:**

| Vital Signs/Measurements | Value | Date |
|---|---|---|
| RR | 18 per min | 9/12/2011 |
| PR | 70 bpm | 9/12/2011 |
| Blood pressure | 120/76 mmHg | 9/12/2011 |
| Weight | 156.2 lbs | 9/12/2011 |
| Body mass index | 27.7 kg/m2 | 9/12/2011 |
| Height | 63 in | 9/12/2011 |
| Vital Signs: | Value | Date |
| Temperature | 98.9 | 9/12/2011 |

**Standard Measurements:**

| Standard Measurements: | Value | Date |
|---|---|---|
| Body surface area | 1.8 | 9/12/2011 |

**General Appearance:**
° Alert. ° Well developed. ° In no acute distress.

**Neck:**
*Suppleness:* ° Neck demonstrated no decrease in suppleness.

**Eyes:**
**General/bilateral:**
*Extraocular Movements:* ° Normal.
*Pupils:* ° Normal.

**Ears:**
**General/bilateral:**
*External Auditory Canal:* • External auditory meatus abnormalities right cerumen.
*Tympanic Membrane:* ° Normal.
*Hearing:* ° No hearing abnormalities.

**Pharynx:**
° Normal NARES: pale, edematous turbinates, clear rhinorrhea.

**Lymph Nodes:**
° Normal.

**Lungs:**
° Respiration rhythm and depth was normal. ° Clear to auscultation.

**Cardiovascular:**
*Heart Rate And Rhythm:* ° Normal.
*Heart Sounds:* ° Normal.
*Murmurs:* ° No murmurs were heard.
*Arterial Pulses:* ° Equal bilaterally and normal.
*Edema:* ° Not present.

**Musculoskeletal System:**
*General/bilateral:* ° Musculoskeletal system: normal.

**Neurological:**
° Oriented to time, place, and person.

**Skin:**
° General appearance was normal.

**Laboratory Studies:**

| Pulmonary Tests: | Value | Date |
|---|---|---|
| Oxygen saturation | 98% percent | 9/12/2011 |

## Assessment

• Allergic rhinitis

1. Allergic rhinitis
- pt was requesting a note to be oow, denied
- exam essentially unremarkable
- start loratadine
- pt refuses nasonex/flonase for same.

## Therapy

• Medication List Reconciled.

Allergies Reviewed.

### Allergies and Adverse Reactions
No Known Allergies.

### Plan
Follow-up visit prn
- loratadine 10 mg tablet. SIG: 1 tab(s) orally once a day . Dispense: 30 tab(s). Refill: 5

### Practice Management
Estab outpatient focused h&p - straightforward decisions.

### Signoff Information
Electronically Signed By: ERIN P. BEAUDRY on 09/13/2011 at 11:18 AM.

## 3/23/2011 8:27:00 AM

***ELIZABETH PRIESTER, Gender: F, DOB: 8/17/1962, Encounter Date and Time: 3/23/2011 08:27AM, Examiner: Catherine Toomer***

### Chief complaint
The Chief Complaint is: Pt c/o poss of upper resp infection, pain in the right brest above nipple area going on for about 3-4 days , also some nasal conjestion--mg.

### Past medical/surgical history
**Diagnoses:**
Odontologic disorder.
Migraine headache

### Personal history
*Behavioral:* Caffeine use.
*Work:* Using seatbelts.
*Marital:* Divorced.

### Subjective
Psychometric depression scale was 0.

### Family history
Heart disease
Hyperlipoproteinemia
Stroke syndrome

**Paternal:**
Cancer

**Maternal:**
Odontologic disorder
Hypertension
Diabetes mellitus.

### Physical findings
**Vital Signs:**

| Vital Signs/Measurements | Value | Date |
|---|---|---|
| RR | 17 per min | 3/23/2011 |
| PR | 87 bpm | 3/23/2011 |
| Blood pressure | 123/70 mmHg | 3/23/2011 |
| Weight | 157 lbs | 3/23/2011 |
| Body mass index | 27.8 kg/m2 | 3/23/2011 |
| Height | 63 in | 3/23/2011 |
| Vital Signs: | Value | Date |
| Temperature | 98.9 | 3/23/2011 |

**Standard Measurements:**

| Standard Measurements: | Value | Date |
|---|---|---|
| Body surface area | 1.8 | 3/23/2011 |

**Laboratory Studies:**

| Pulmonary Tests: | Value | Date |
|---|---|---|
| Oxygen saturation | 98% percent | 3/23/2011 |

### Assessment
Pain in breast.
- Allergic rhinitis
- Post-hysterectomy vaginal vault prolapse
- Anemia

### Allergies and Adverse Reactions
No Known Allergies.

## Plan

- CBC with partial differential
- Order postponed for CBC with partial differential
- A comprehensive metabolic panel
- Order postponed for a fecal occult blood test
- Nasonex 50 mcg/inh spray. SIG: 1 spray(s) intranasally once a day SAMPLE . Refill: 0
- Zyrtec 10 mg tablet. SIG: 1 tab(s) orally once a day OTC . Refill: 0

## Practice Management

Estab outpatient expanded h&p - low complexity decisions.

## Signoff Information

Electronically Signed By: CATHERINE TOOMER on 07/03/2011 at 02:48 PM.

# BAMBERG COUNTY HOSPITAL

600 NORTH STREET
BAMBERG, SC 29003
PHONE: (803) 245-4321 FAX:(803) 245-6280

## RADIOLOGY REPORT***

| | | | |
|---|---|---|---|
| **NAME:** | **PRIESTER ELIZABETH E** | | **STAY TYPE:O/P** |
| **PATIENT NUMBER:** | **687209** | **ROOM:** | |
| **XRAY NUMBER:** | **012204** | **MR#:** | **69250** |
| **AGE:** | **38** | **SEX:** | **F** |
| **ADMIT PHYS:** | **PADGETT R** | **DOB:** | **08/17/1962** |
| **FAMILY PHYS:** | **PADGETT R** | | |
| **TRANSCR.DATE:** | **8/25/00** | | |
| **TRANSCR.TIME:** | **14:34** | | |
| **TRANSCR.INIT:** | **CE** | | |

****Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document****

==========

**<=X-RAY ORDER=>** **COMPLETE:08/25/00 13:37 BME 13251**
**Reason for Procedure(s): PAIN**
**CERVICAL SPINE ROUTINE-MIN 4 72050 COMPLETE:08/25/00 13:37 BME 13256**
**LUMBAR-SACRAL SPINE COMPLETE 72110 COMPLETE:08/25/00 13:37 BME 13257**

CERVICAL SPINE SERIES 8/25/00

Clincial history: pain in the neck.

AP, latcral and oblique views are obtained. Open mouth odontoid view is also obtained.
The prevertebral soft tissues are unremarkable. No fracture or subluxation is seen.
The disc spaces are well maintained. The exit foramina are patent.
The C 1-2 relationship appears normal.

Impression
Negative study.

LUMBAR SPINE 8/25/00:

Clinical history: Right lower back pain. Old injury years ago.

Five views are obtained. AP, lateral, oblique and coned down spot lateral views are obtained.
The vertebral body height and disc spaces are well maintained.
No fracture or spondylolisthesis noted. There are transitional characteristics along the sacral junction.
There are pars inarticularis defects at that junction. There is no spndylolisthesis noted.
The transverse and spinous processes are intact.

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## RADIOLOGY REPORT***

| | | | |
|---|---|---|---|
| NAME: | PRIESTER ELIZABETH E | | STAY TYPE:O/P |
| PATIENT NUMBER: | 687209 | ROOM: | |
| XRAY NUMBER: | 012204 | MR#: | 69250 |
| AGE: | 38 | SEX: | F |
| ADMIT PHYS: | PADGETT R | DOB: | 08/17/1962 |
| FAMILY PHYS: | PADGETT R | | |
| TRANSCR.DATE: | 8/25/00 | | |
| TRANSCR.TIME: | 14:34 | | |
| TRANSCR.INIT: | CE | | |

**Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document**

<=X-RAY ORDER=> COMPLETE:08/25/00 13:37 BME 13251
Reason for Procedure(s): PAIN
CERVICAL SPINE ROUTINE-MIN 4 72050 COMPLETE:08/25/00 13:37 BME 13256
LUMBAR-SACRAL SPINE COMPLETE 72110 COMPLETE:08/25/00 13:37 BME 13257

Impression
Transitional characteristics of the lumbosacral junction.
Pars inarticularis defects at that level.
No spondylolisthesis seen.
Disc spaces are well maintained.

SGR

Steven G. Rogers, MD

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PHONE: (803) 245-4321 FAX: (803) 245-6280

R A D I O L O G Y R E P O R T

| ---------NAME--------- | NUMBER | SEX | AGE | ADMIT | DISC. | XRAY# | F/C | TYPE |
|---|---|---|---|---|---|---|---|---|
| PRIESTER ELIZABETH | 626026 | F | 35 | 10/01/97 | 10/01/97 | 000866 | XB | O/P |

DATE OF BIRTH: 08/17/1962 M/R# 69250 PH#: 803-793-4242 RM
LOCATION: TRANSCRIBED: 10/01/97 13:57 dsh
(=CAT SCAN ORDER=) COMPLETE: 10/01/97 10:26 CW 33038
Reason for Procedure(s): HEADACHES
CT HEAD (PLAIN) 70450 COMPLETE: 10/01/97 10:28 CW 33059
PHYSICIAN: PADGETT R

**********Unsigned transcriptions represent a preliminary document**********
*****and DO NOT reflect a medical or legal document.*****

CRANIAL CT WITHOUT INTRAVENOUS CONTRAST: 10-1-97

The ventricles are normal in size. No abnormal attenuation or mass effect is present. No intracranial hemorrhage is seen.

Impression: No significant abnormality identified.

Stuart A. Prather, III, M.D. 10-1-97

Dale Padgett, M.D.
Phone (803) 245-2133
603 North St. • P. O. Box 524
Bamberg, S. C. 29003

LAB & X-RAY REQUEST

Date Sept 17 19 97

Mr.
Mrs.
Miss Elizabeth Priester

☑ X-ray CT Scan of Head.

☐ Lab

☐ Please send film to office
☐ Please send report to office
☐ Please call report
☐ Respiratory Therapy
☐ Physical Therapy

Remarks: UA

Signed [illegible]

PATIENT NUMBER: 621195 | DATE OF SERVICE: 7-9-97 | PATIENT NAME LAST: Priester | FIRST: Elizabeth | MIDDLE: | AGE: 34 | DATE OF BIRTH: 8/17/62 | ATTENDING PHYSICIAN: Burn | EMERGENCY RECORD #:

CHIEF COMPLAINT: (LT) Hand has bone sticking out

FAMILY DOCTOR: Padgett

EMERGENCY CARE GIVEN PRIOR TO ARRIVAL
☐ ACLS ☐ O₂ ☐ IV ☐ SPINAL PRECAUTIONS ☑ SPLINT ☐ CARDIAC MONITOR

LMP: Hysectomy | ☐ WNL ☐ ABNORMAL | LAST TETANUS: ☒ N/A | MODE OF ARRIVAL: ☒ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED ☐ SELF ☒ FAMILY ☐ EMS

NURSING ASSESSMENT: C/O L hand hurting & inj in June appx on. MVA June 12th hand inj then.

ALLERGIES: PCN

CURRENT MEDICATIONS: PROZAC, Promazin

Alert x3 — NURSE'S SIGNATURE

PHYSICIAN ASSESSMENT
TIME

PREVIOUS MEDICAL HISTORY: ☐ NONE ☐ SEIZURES ☐ IDDM ☐ NIDDM ☐ MI ☐ CVA ☐ PUD ☐ OTHER

PHYSICAL EXAM

3 lac B/C clo pin back of left hand
Suture out 6/12/97.
Clo no clo
exc hemorrhagic scar - abrasion to back of hand 2° to mva.

Exam: tender abn scar left hand
small palp hematoma deformity
back 1st mtc.

xray - no fx
no FB

Soft tissue changes to back of hand.
Dw pt - to ortho Dr. Padgett or Dr. Ross to have scar tissue excised.

| TIME | TEMP | PULSE | RESP | BP | O2 |
|---|---|---|---|---|---|
| 2010 | 98 | 91 | 18 | 116/68 | |

WEIGHT: 145 lb
WEIGHT: 5'3"
HEAD CIRCUMFERENCE ≤ 24 MONTHS

| MEDICATION ADMINISTERED | TIME | SITE |
|---|---|---|
| | | |

LABS: ☐ CBC ☐ BAM-7 ☐ BAM-20 ☐ BAM-28 ☐ AMYLASE ☐ EKG ☐ U/A ☐ ABG ☐ PT/PTT
☐ OTHER:
X-RAYS: ☐ CXR ☐ AAS ☐ ABD F & U ☐ KUB ☐ C-SPINE ☐ L-SPINE
☒ EXT: Left hand. ☐ OTHER:

DIAGNOSIS: pain left hand.

**DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS**

DISCHARGE STATUS: ☒ STABLE ☐ IMPROVED ☐ UNCHANGED 8040 AM/PM ☐ EXPIRED ____ AM/PM VALUABLES TO: ☐ FAMILY ☐ OTHERS

☐ ADMITTED TO RM ____ @ ____ AM/PM ☐ TRANSFERRED TO: AM/PM

EXIT BY: ☒ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED

DIAGNOSIS CODE: | SURGICAL CODE: | RETURN TO PERSONAL PHYSICIAN ____ DAYS.

PT. INSTRUCTIONS: As Above - F.U. with Dr. M.D.

NURSE'S SIGNATURE: Grace RN

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY: X Elizabeth Priester
I ACKNOWLEDGE RECEIPT OF THESE INSTRUCTIONS AND WILL SEEK FOLLOW-UP AS DIRECTED

PHYSICIAN'S SIGNATURE: ____ M.D.

194

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R. 302

**BAMBERG COUNTY MEMORIAL HOSPITAL**
**DRAWER 507**
**BAMBERG, SOUTH CAROLINA**

BAMBERG COUNTY HOSPITAL 600 NORTH STREET BAMBERG SC 29003

| PATIENT NUMBER | TYPE | PATIENT NAME | AGE | BIRTHDATE | SEX | M/S | DATE OF SERVICE | TIME | CLERK INIT. |
|---|---|---|---|---|---|---|---|---|---|
| 619779 | 2 | PRIESTER ELIZABETH | 34 | 8/17/1962 | F | XB | 6/13/97 | 0008 | CCW |

| ADDRESS - LINE 1 | ADDRESS - LINE 2 | CITY | STATE | ZIP CODE | TELEPHONE |
|---|---|---|---|---|---|
| PO BOX 241 | | DENMARK | SC | 29042 | 803-793-5080 |

| PATIENT SSAN | NOTIFY IN CASE OF EMERGENCY - NAME | RELATIONSHIP | ADDRESS | TELEPHONE |
|---|---|---|---|---|
| 248390112 | JAMES MARION | FRIEND | DENMARK SC | 803-793-4242 |

| INSURANCE COMPANY | CONTRACT OR GROUP NUMBER | DATE | PLACE | ACCIDENT |
|---|---|---|---|---|
| MVA<br>999 HEALTHSOURCE S C HMO O/P | 248390112 | 6/12/97<br>TIME | HWY 321 S DENMA<br>EVENT<br>CAR OVERTURN | |

| GUARANTOR NAME | GUARANTOR ADDRESS | CITY | STATE | ZIP CODE | GUAR. TELEPHONE | GUARANTOR |
|---|---|---|---|---|---|---|
| PRIESTER ELIZABETH | PO BOX 241 | DENMARK | SC | 29042 | 793-5080 | |

| GUARANTOR EMPLOYER | GUARANTOR OCCUPATION | GUAR. EMPLOYER ADDRESS | GUAR. EMPL. TELEPHONE |
|---|---|---|---|
| BCNC | NURSE TECH | BAMBERG SC | 245-4321 |

| PREV. SERVICE | PREV. SERV. DATE | IF MINOR - PARENT NAME | MED. REC. # | FAMILY PHYSICIAN |
|---|---|---|---|---|
| 616083 | 4/11/97 | | 69250 | LUEBBERT R/PADGETT R |

| EMERGENCY CONTACT | RELATIONSHIP | PHONE |
|---|---|---|
| | | |

- MVA

## CONSENT

I hereby consent to any x-ray, laboratory, medical, or surgical procedure, any anesthesia and any hospital services authorized or directed by my attending or referring physician and hereby release the hospital, its employees, and the physician from all liabilities.

## ASSIGNMENT OF BENEFITS

I hereby authorize payment directly to Bamberg County Hospital any hospital benefits due me for services rendered on the above date, but not to exceed the Hospital's charges, with the understanding that anesthesiology, pathology and emergency room are medical services performed and supervised by physicians, and that the facilities are furnished by the Hospital for said services. I request that the fees for these services be included in the Hospital's bill in the name of the physicians, and I consent that allocations of the fees may be made by the physicians of the Hospital.

I authorize the below named insurance company(ies) to pay all Hospital radiology charges directly to Bamberg County Hospital and all Physician Radiology charges directly to the Radiologists as their interests appear, all benefits due me, if any, for radiological services rendered.

I will pay for all charges in excess of whatever sums may be paid by my insurance company(ies) on my behalf.

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Bamberg County Hospital and my physician to release to the proper parties any information regarding my physical condition or treatment as may be required by my insurance company(ies) to justify payment of any claims made for services rendered. I permit a copy of this authorization to be used in place of the original.

## MEDICARE PATIENT'S CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION, AND PAYMENT REQUEST

I certify that the information given by me applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

6/13/97 Elizabeth Priester
Date Patient or Responsible Person

Date Witness

6/18



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R.300

PATIENT NUMBER: 019779 | DATE OF SERVICE: 6/13/97 | PATIENT NAME LAST: Priester, FIRST: Elizabeth | MIDDLE | AGE: 34 | DATE OF BIRTH: 8/17/62 | ATTENDING PHYSICIAN: ? Webbert | EMERGENCY RECORD #

CHIEF COMPLAINT: MVA | FAMILY DOCTOR: Padgett

EMERGENCY CARE GIVEN PRIOR TO ARRIVAL
☐ ACLS ☐ O₂ ☐ IV ☑ SPINAL PRECAUTIONS ☐ SPLINT ☐ CARDIAC MONITOR

LMP ____ ☐ ABNORMAL | LAST TETANUS: Mar 97 ☐ N/A | MODE OF ARRIVAL: ☐ AMBULATORY ☐ W/C ☑ STRETCHER ☐ CARRIED ☐ SELF ☐ FAMILY ☑ EMS

NURSING ASSESSMENT:
C/O pain to (L) side & head no active bleeding noted. Pain to (L) side. (L) laceration. Denies ↑ pain with Resp. C/O pain to ↓ abd. Denies N, Abd tender but soft, Alert Oriented. (R) edema, PMS ✓ VClose RN
Abd ttypt: 96. Alert Oriented Chronic low back depression
NURSE'S SIGNATURE

ALLERGIES: NKDA

CURRENT MEDICATIONS: Plempro 1 ÷ q day, Prozac 20mg ÷ day, Elavil ÷ q day (@ )mg

PHYSICIAN ASSESSMENT: TIME 0025 | PREVIOUS MEDICAL HISTORY: ☐ NONE ☐ SEIZURES ☐ IDDM ☐ NIDDM ☐ MI ☐ CVA ☐ PUD ☐ OTHER

PHYSICAL EXAM
34/o BF ? restrained driver MVA single car rolled several times, ↓ LOC. Ambulatory on scene. Xport via EMS in full spinal precautions to ER for evaluation + stable Xport.
In ER C/O head & neck pain, (L) CW pain, (R) low back pain, + minor cuts & scrapes.

| TIME | TEMP | PULSE | RESP | BP | O2 |
|---|---|---|---|---|---|
| 0010 | 98 | 98 | 20 | 120/77 | |

PE: 98 98 20 120/77 BF full spinal precautions
Glass embedded in scalp — removed. Minor cuts & scrapes to scalp & face. PERRLA III-VIII intact EOMI clear CTA (B) RRR Soft NT/ND mild pan abd tenderness good peripheral pulses & sensation intact. Minor cuts & scrapes on all 4 extremities. 3cm & 6cm lacerations (L) hand Back tender low lumbar (R) ? spine tenderness Neck tender (R) C4-5.

Wound cleaned NS/betadine. Area c 10cc/6 cc edema c 5% Cloride Infiltrated 40 Prolene 7-0 sutures

CXR ⊖ C-spine ⊖ L-spine ⊖ skull ⊖

Plan) 1 Keflex q 6 hrs day (covered VRE) Strikes out 7d. Watch for S/Sx infection. Flexeril 10 approx 6°; Motrin OTC around the clock. CWC precautions.

| WEIGHT | 145 |
|---|---|
| ~~WEIGHT~~ | 5FT 3" |

HEAD CIRCUMFERENCE ≤ 24 MONTHS

| MEDICATION ADMINISTERED | TIME | SITE |
|---|---|---|
| Toradol 60mg IM | 0100 | IM |

Pt told about missing skin b/w closures + that more may not be cosmetically pleasing + she understands

Area of missing skin

LABS: ☐ CBC ☐ BAM-7 ☐ BAM-20 ☐ BAM-28 ☐ AMYLASE ☐ EKG ☐ U/A ☐ ABG ☐ PT/PTT
☐ OTHER:
X-RAYS: ☒ CXR ☐ AAS ☐ ABD F & U ☐ KUB ☒ C-SPINE ☒ L-SPINE
☐ EXT: ☒ OTHER: skull

DIAGNOSIS: FB scalp — removed; 3cm lac (L) hand; 6cm lac (R) hand, MS Shrin neck + back; multiple abrasions + lacerations

**DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS**

DISCHARGE STATUS: ☐ STABLE ☐ IMPROVED ☐ UNCHANGED 0320 AM PM ☐ EXPIRED ____ AM PM | VALUABLES TO: ☐ FAMILY ☐ OTHERS

☐ ADMITTED TO RM ____ @ ____ AM PM ☐ TRANSFERRED TO: AM PM

EXIT BY ☐ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED

DIAGNOSIS CODE: | SURGICAL CODE: | RETURN TO PERSONAL PHYSICIAN ____ DAYS.

PT. INSTRUCTIONS: AHA

NURSE'S SIGNATURE: VClose RN | SIGNATURE OF PATIENT OR RESPONSIBLE PARTY: X ____ I ACKNOWLEDGE RECEIPT OF THESE INSTRUCTIONS AND WILL SEEK FOLLOW-UP AS DIRECTED | PHYSICIAN'S SIGNATURE: MD M.D.

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600 NORTH STREET
BAMBERG, S.C. 29003
PHONE: (803) 245-4321 FAX: (803) 245-6280

R A D I O L O G Y R E P O R T

| ---------NAME--------- | NUMBER | SEX | AGE | ADMIT | DISC. | XRAY# | F/C | TYPE |
|---|---|---|---|---|---|---|---|---|
| PRIESTER ELIZABETH | 619779 | F | 34 | 6/13/97 | 6/13/97 | 000866 | CB | O/P |

DATE OF BIRTH: 08/17/1962 M/R# 69250 PH#: 803-793-5080 RM
LOCATION: TRANSCRIBED: 6/13/97 10:20 dsh
(=X-RAY ORDER=) COMPLETE: 06/13/97 1:31 WA 24097
Reason for Procedure(s): MVA C/O BACK PAIN
CERVICAL SPINE 72052 COMPLETE: 06/13/97 1:31 WA 24104
PHYSICIAN: LUEBBERT R PADGETT R

**********Unsigned transcriptions represent a preliminary document**********
*****and DO NOT reflect a medical or legal document.*****

CERVICAL SPINE SERIES: 6-13-97

Including AP, lateral, oblique, and open-mouth odontoid views. The prevertebral soft tissues are unremarkable. No fracture or subluxation is seen. The exit foramina are patent. The C1-C2 relationship appears normal.

Impression: Negative study.

Steven G. Rogers, M.D. 6-13-97

BAMBERG COUNTY MEMORIAL HOSPITAL
600 NORTH STREET
BAMBERG, S.C. 29003
PHONE: (803) 245-4321 FAX: (803) 245-6280

R A D I O L O G Y R E P O R T

| ---------NAME--------- | NUMBER | SEX | AGE | ADMIT | DISC. | XRAY# | F/C | TYPE |
|---|---|---|---|---|---|---|---|---|
| PRIESTER ELIZABETH | 619779 | F | 34 | 6/13/97 | 6/13/97 | 000866 | CB | O/P |

DATE OF BIRTH: 08/17/1962 M/R# 69250 PH#: 803-793-5080 RM
LOCATION: TRANSCRIBED: 6/13/97 10:22 dsh
(=X-RAY ORDER=) COMPLETE: 06/13/97 1:31 WA 24099
Reason for Procedure(s): MVA
LUMBAR-SACRAL SPINE COMPLETE 72110 COMPLETE: 06/13/97 1:31 WA 24105
PHYSICIAN: LUEBBERT R PADGETT R

**********Unsigned transcriptions represent a preliminary document**********
*****and DO NOT reflect a medical or legal document.*****

LUMBAR SPINE SERIES: 6-13-97 (5 views)

The vertebral body height and disc spaces are well maintained. No fracture or spondylolisthesis noted. There are transitional characteristics to the lumbosacral junction as a normal variation. The transverse and spinous processes are intact.

Impression: Transitional type lumbosacral vertebral body. No fracture or acute findings seen.

Steven G. Rogers, M.D. 6-13-97

BAMBERG COUNTY MEMORIAL HOSPITAL
600 NORTH STREET
BAMBERG, S.C. 29003
PHONE: (803) 245-4321 FAX: (803) 245-6280

## R A D I O L O G Y R E P O R T

| ---------NAME--------- | NUMBER | SEX | AGE | ADMIT | DISC. | XRAY# | F/C | TYPE |
|---|---|---|---|---|---|---|---|---|
| PRIESTER ELIZABETH | 619779 | F | 34 | 6/13/97 | 6/13/97 | 000866 | CB | O/P |

DATE OF BIRTH: 08/17/1962 M/R# 69250 PH#: 803-793-5080 RM
LOCATION: TRANSCRIBED: 6/13/97 10:21 dsh
(=X-RAY ORDER=) COMPLETE: 06/13/97 1:31 WA 24098
Reason for Procedure(s): MVA
SKULL (ROUTINE) 70260 COMPLETE: 06/13/97 1:31 WA 24106
PHYSICIAN: LUEBBERT R PADGETT R

**********Unsigned transcriptions represent a preliminary document**********
*****and DO NOT reflect a medical or legal document.*****

SKULL SERIES: 6-13-97 (4 views)

No skull fracture is seen. The sella turcica is within normal limits. No abnormal calcifications are identified.

Impression: Negative study.

Steven G. Rogers, M.D. 6-13-97

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600 NORTH STREET
BAMBERG, S.C. 29003
PHONE: (803) 245-4321 FAX: (803) 245-6280

R A D I O L O G Y R E P O R T

| ---------NAME--------- | NUMBER | SEX | AGE | ADMIT | DISC. | XRAY# | F/C | TYPE |
|---|---|---|---|---|---|---|---|---|
| PRIESTER ELIZABETH | 619779 | F | 34 | 6/13/97 | 6/13/97 | 000866 | CB | O/P |

DATE OF BIRTH: 08/17/1962 M/R# 69250 PH#: 803-793-5080 RM
LOCATION: TRANSCRIBED: 6/13/97 10:18 dsh
(=X-RAY ORDER=) COMPLETE: 06/13/97 1:30 WA 24096
Reason for Procedure(s): MVA C/O ABD PAIN
CHEST PA & LAT 71020 COMPLETE: 06/13/97 1:30 WA 24102
PHYSICIAN: LUEBBERT R PADGETT R

**********Unsigned transcriptions represent a preliminary document**********
*****and DO NOT reflect a medical or legal document.*****

AP AND LATERAL VIEWS OF THE CHEST: 6-13-97

No pneumothorax or pleural fluid noted. The heart size is normal for AP technique. There is a small calcified granuloma in the lateral aspect of the right upper lobe. The lungs are otherwise clear.

Impression: Small calcified granuloma right upper lobe laterally. No acute finding seen.

Steven G. Rogers, M.D. 6-13-97

BAMBERG COUNTY HOSPITAL
600 NORTH STREET
BAMBERG, SOUTH CAROLINA 29003
(803)245 - 4321 EXTENSION 214

Patient: ELIZABETH PRIESTER 6/13/97 3:01:05 AM Page

Care Provider: DR.R.LUEBBERT

GENERAL INSTRUCTIONS:

Thank you for choosing us for your medical needs. We hope you're satisfied with the care you received. Please call if there is any problem.

Any condition can change. Some diseases worsen despite proper treatment. Some problems begin with unusual or vague symptoms, and may require passage of time for symptoms and findings to develop before the correct diagnosis can be made. If your condition changes significantly, you should call or return for re-examination.

All X-rays are interpreted by a radiologist. This is usually done within 24 hours. If there is any important difference between the radiologist's and your physician's reading of the X-rays, you'll be notified.

Billing information: For questions about your bill, note the following numbers: Hospital billing _____
Physician billing _____

REMOVAL OF SUBCUTANEOUS FOREIGN BODY:

After removal of a foreign object from the tissues, you should watch for signs of complications. Both the entry wound and the deep tissue damage must heal. Despite thorough exploration of the wound, there is still a chance that foreign matter remains hidden in the tissue.

The usual post-op treatment is elevation and rest of the area. Warm packs or soaks may be recommended if infection is present, or is likely to occur.

Some clear or bloody drainage is normal. If the wound begins to drain large amounts of fluid, or if the fluid looks purulent or smells bad, contact the doctor at once.

Call the doctor or return for examination if the area becomes increasingly painful, swollen, or red; if red streaks are seen; if you have fever; or if tender lumps develop in the groin or armpit.

HAND LACERATION:

A laceration on the hand can present special problems. It may be

difficult to keep the wound dry. Motion of the fingers can disturb the healing edges. Your job may involve exposure to damaging chemicals or water.

Keep the wound clean and dry. If you can't keep the cut dry, undisturbed, and free of chemical exposure, please discuss this with the doctor. If any water or chemical gets onto the dressing, remove it, blot the wound dry, then apply a fresh bandage. Dressings should be changed every day.

If you feel the stitches pulling as you move the hand, a splint or other form of protection is needed.

If any signs of infection occur (swelling, redness, increasing tenderness, red streaks, tender lumps in the armpit, or fever), see the doctor immediately.

MUSCLE STRAIN:

You have strained a muscle -- torn the fibers within the muscle. This often occurs with strenuous exertion, or during an injury which suddenly stretches the muscle. The seriousness of a strain varies. Some strains heal within days, others cause problems for months.

X-rays cannot show a muscle strain. X-rays are taken only if symptoms suggest that a fracture could be present.

The usual treatment of a muscle strain is rest and ice packs. Sometimes, a sling, splint, or crutches may be necessary to rest the muscle. The muscle can be used again once pain subsides. Severe strains require a special exercise and stretching program to prevent permanent stiffness and disability. Your doctor will advise you if this will be necessary.

Call the doctor immediately if pain or swelling becomes severe, or if numbness or discoloration develop.

FOLLOW-UP CARE:

Please return so we can remove your sutures in seven (7) days. Come back sooner if you suspect any problems.

FOLLOW-UP CARE:

Although no definite follow-up visit has been scheduled for you, you should return if there is unexpected worsening or a significant change in your symptoms. If you have a question, please call at any time. The phone number is listed above.

MUSCLE RELAXERS:

Muscle relaxing medications are usually prescribed for acute muscle spasm or injury to the neck and back. They are often combined

with anti-inflammatory pain medication for increased relief.

You may stop the muscle relaxer when the pain and stiffness have improved. Start the medication again if spasms re-occur.

Muscle relaxers may cause drowsiness, especially with the first dose. Do not operate machinery or drive while under the effects of the medication. Most muscle relaxers last up to 24 hours. Do not combine the medication with alcohol.

I understand, and have received a copy of, these instructions.
(Entiendo estas instrucciones y he recibido copia de ellas.)

Elizabeth Priester
Patient [Or Representative]

N. Close RN
Nurse [Witness]

BAMBERG COUNTY HOSPITAL
600 NORTH STREET
BAMBERG, SOUTH CAROLINA 29003
(803)245 - 4321 EXTENSION 214

Patient: ELIZABETH PRIESTER 6/13/97 3:18:32 AM Page

Care Provider: DR R LUEBBERT

GENERAL INSTRUCTIONS:

Thank you for choosing us for your medical needs. We hope you're satisfied with the care you received. Please call if there is any problem.

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Physician billing _____

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If you feel the stitches pulling as you move the hand, a splint or other form of protection is needed.

If any signs of infection occur (swelling, redness, increasing tenderness, red streaks, tender lumps in the armpit, or fever), see the doctor immediately.

RELEASE FROM WORK:

You are not to return to work. The physician wants you to go home, so you can give proper care to your problem.

Your disability must be monitored by the physician, both for the benefit of your health and for insurance purposes. It's critical that you follow-up when instructed. If you fail to keep follow-up appointments, you may loose your disability pay or insurance compensation for lost time.

You should be ready to return to work three (3) days from today. At that time, if you feel you are unable to perform your duties, you must notify the physician and your employer.

I understand, and have received a copy of, these instructions. (Entiendo estas instrucciones y he recibido copia de ellas.)

X Elizabeth Priester V. Close RN

Patient [Or Representative] Nurse [Witness]

REPORT NO. (1-6) 000702157

# DHEC PATIENT CARE FORM

Q.A. NO.

TRIP NO.

## PATIENT IDENTIFICATION (Please Print)

LAST NAME (10-29): Priester | FIRST NAME (30-45): Elizabeth | MI (46):

STREET (47-71): P.O. Box 241 | APT. #:

CITY (72-87): Denmark | STATE (88-89): S.C. | ZIP CODE (90-94): 29042

**SEX (95):** 1 ☐ Male; 2 ☒ Female; 3 ☐ Undetermined

**RACE (96):** 1 ☐ White; 2 ☒ Black; 3 ☐ Am. Indian; 4 ☐ Hispanic; 5 ☐ Asian; 6 ☐ Other

**AGE (97-100):** 034 — CHECK ONE: 1 ☒ YRS.; 2 ☐ MOS.; 3 ☐ DAYS

## DISPOSITION (101-102)

01 ☐ TREAT/NO TRANS.
02 ☐ DOA AT SCENE
03 ☒ HOSPITAL ER
04 ☐ HOSP. DIR. ADMIT.
05 ☐ TRAUMA CENTER
06 ☐ PATIENT'S HOME
07 ☐ NURSING HOME
08 ☐ DR.'S OFFICE
09 ☐ OUTPATIENT
10 ☐ PT. REFUSED TREAT.

## TYPE OF INCIDENT

| TRAUMA (103) | | MEDICAL (104) | |
|---|---|---|---|
| 1 ☒ MVA | | 1 ☐ ENVIRON | |
| 2 ☐ MC | | 2 ☐ BEHAV | |
| 3 ☐ BIKES | | 3 ☐ OB/GYN | |
| 4 ☐ PED | | 4 ☐ RESP | |
| 5 ☐ ASSAULT | | 5 ☐ CARDIAC | |
| 6 ☐ FALL | | 6 ☐ INTERFAC | |
| 7 ☐ FIRE | | 7 ☐ OTHER | |
| 8 ☐ INTERFAC | | | |
| 9 ☐ OTHER | | | |

## PATIENT STATUS

| TO SCENE (105) | ON SCENE (106) | FROM SCENE (107) |
|---|---|---|
| 1 ☒ EMERGENT | 1 ☐ EMERGENT | 1 ☐ EMERGENT |
| 2 ☐ NONEMERGENT | 2 ☒ NONEMERGENT | 2 ☒ NONEMERGENT |
| CODE 3 | CODE 1 | |

## INCIDENT LOCATION

ST. OR HWY. NAME OR NO.: Hwy 321

CITY: Govan | COUNTY (108-109): 05

**SAFETY EQP (110):** 1 ☐ Seatbelts; 2 ☐ Helmets; 3 ☐ Airbags; 4 ☐ Child Seat; 5 ☐ None; 6 ☒ Unkn.

**SITE OF INCIDENT (111):** 1 ☒ ROADWAY; 2 ☐ RESIDENCE; 3 ☐ INDUSTRIAL; 4 ☐ RECREATIONAL; 5 ☐ AGRICULTURAL; 6 ☐ OTHER

## PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (112-119)

03 ☐ Seizure
04 ☐ Diabetic
11 ☐ Abrasion/Contusions
13 ☐ Laceration
23 ☐ Fracture
24 ☐ Multitrauma/Shock
30 ☐ Head Injury
32 ☒ Spinal Injury
33 ☐ Stroke
51 ☐ G.I. Problems
74 ☐ Respiratory Distress
80 ☐ Coronary Problems
83 ☐ Cardiac Arrest
☐☐ Other
☐. Other

## TREATMENT PROCEDURES (120-153)

01 ☒ Dressing Applied
02 ☐ Limb Splinted
03 ☒ Spine Immobilized
04 ☒ Neck Immobilized
05 ☐ OB Assistance
06 ☐ Oral Airway Used
07 ☐ Oxygen Given
08 ☐ Suction Used
09 ☐ Antishock Trousers
10 ☐ Airway Maintained
11 ☐ Antishock Treatment
12 ☐ Artificial Resp.
13 ☐ Cardiac Massage
14 ☐ Bleeding Controlled
15 ☐ Cold Application
16 ☐ Patient Restrained
17 ☒ Other (Use Comments)

## PRIMARY IMPRESSION (154-155)

32

## SITE OF TRAUMA (156-164)

1 ☐ Head
2 ☐ Face
3 ☐ Neck
4 ☐ Chest
5 ☐ Abdomen
6 ☐ Hip/Pelvis
7 ☐ Upper Extr.
8 ☐ Lower Extr.
9 ☐ Back

## ADVANCED PROCEDURES (165-192)

1. ☐ EKG Monitored — Rhythm _____ Time _____
2. ☐ First Defib Attempted — Watt Sec. _____ Time _____ — Post Defib Rhythm _____
3. ☐ Second Defib Attempted — Watt Sec. _____ Time _____ — Post Defib Rhythm _____
4. ☐ Third Defib Attempted — Watt Sec. _____ Time _____ — Post Defib Rhythm _____
5. ☐ INTUBATED (Method) _____ Size _____
6. ☐ EXTERNAL PACING
7. ☐ BLOOD DRAWN — DEXTROSE BGL _____
8. ☐ IV STARTED/GAUGE _____ SOLUTION _____ — RATE _____ IV TIME _____ IV VOLUME _____
9. ☐ IV STARTED/GAUGE _____ SOLUTION _____ — RATE _____ IV TIME _____ IV VOLUME _____
10. ☐ PLEURAL DECOMPRESSION — Time _____
11. ☐ INTRAOSSEOUS INF. — 14. ☐ #IV ATTEMPTED _____
12. ☐ AUTOMATIC DEFIB
13. ☐ PATIENT ASSISTED MEDS: _____

Ordering Physician _____ (Name) _____ (Signature)

EXPOSURE TO PT's BODY FLUIDS? (223) 1. ☐ YES 2. ☒ NO

1ST Responder (224) 1. ☐ YES Name _____ 2. ☒ NO

## DRUGS USED (193-208)

| DRUG | DOSE | TIME | DRUG | DOSE | TIME |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## REVISED TRAUMA SCORE

GCS: (209) EYES 4 | (210) VERBAL 5 | (211) MOTOR 6 | (212-213) GLASGOW 15

(214-216) SBP 116 | (217-219) RR 00

RTS (221-222): 12

(220) ANATOMICAL INJ. 1 ☐ YES 2 ☒ NO

## VITAL SIGNS

| BP | PULSE RATE | PULSE | RESPIRATIONS RATE | RESPIRATIONS | PUPILS | | LEVEL OF CONSC. | TIME |
|---|---|---|---|---|---|---|---|---|
| 116/90 | 69 | ☒ REG. ☐ IRREG. | 20 | ☒ REG. ☐ IRREG. | E | E | A | 2314 |
| 114/76 | 76 | ☒ REG. ☐ IRREG. | 20 | ☒ REG. ☐ IRREG. | E | E | A | 2346 |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | | |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | | |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | | |

E=EQUAL, U=UNEQUAL, N=NO RESP., C=CONSTR., D=DILATED

A=ALERT, V=VERBAL ST., P=PAINFUL ST., U=UNRESP.

## COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

Pt. is 34 y/o female driver of car s/MVA rollover. Pt's car has sever damage all over. Pt. states she was wearing seat belt. Pt. ambulatory on scene. Pt. complains of pain in upper & lower Abd. Pt. complains of @ tenderness. Pt. has abrasions to both hands. Pt. denies any LOC. P.E. reveals: Pt. is conv. & alert x3. SKin is warm. PEARL. Lung sounds are clear & equal bi-lateral. ABD. is soft & pliable. Pt. has Gcom & neuro is intact. Pt. placed in full c-spine percautions. Pt → unit. Dressings applied to abrasions. Pt. → E.R. stretcher. Pt. history of back problems. Pt. on no meds. Pt. allergic to PCN. Pt's family physician is Dr. Padgett.

Patient Care Form Left In: 1. ☐ ED 2. ☐ ICU 3. ☐ OTHER _____

☐ See Page 2

## TIME RECORD

RUN DATE (225-232): MONTH 06 | DAY 12 | YEAR 92

| | |
|---|---|
| Call Received: (233-236) | 2301 |
| Call Dispatched: (237-240) | 2301 |
| Departed Base: (241-244) | 2307 |
| Arrive Scene: (245-248) | 2816 |
| Departed Scene: (249-252) | 2334 |
| Arrive Destination: (253-256) | 2358 |

CAUSE OF DELAY _____

## DHEC PERMIT NO. (257-261)

06002

## RECEIVING AGENCY (262-265)

4004

## SENDING AGENCY (266-269)

## PROVIDER TIME (OPTIONAL)

## ATTENDANT'S SIGNATURE & CERTIFICATION NO.

82340

PRIMARY PATIENT ATTENDANT (270-274): T.K. Ridenour 50000

2ND ATTENDANT/DRIVER (275-279): Olivia J. Creech 00000

3RD ATTENDANT/DRIVER (280-284):

(RECEIVING NURSE OR PHYSICIAN) Vanessa Close RN 206

DHEC 1050 9/96 — RECEIVER'S COPY

Bamberg County Hospital

Print Date : Wed Jun 18 14:45:57 1997
619779 PRIESTER ELIZABETH
Gender : Female
Age : 34
Serv Date : 06/13/97

## BILL TYPE

**N83X** Bill type should not be 83X

## Estimated Reimbursement -- Medicare Outpatient

Status: No Payment, NL Code found
Alert - No ASC Payment Estimated - NLC code found

## Dx Reason for Visit

**8730** OPEN WOUND OF SCALP, UNCOMPLICATED

## Secondary Diagnoses

**E8160** MOTOR VEHICLE ACCIDENT DUE TO LOSS OF CONTROL, WITHOUT COLLISION ON HIGHWAY, DRIVER (OTHER THAN MOTORCYCLE)
**8820** OPEN WOUND OF HAND EXCEPT FINGERS ALONE, WITHOUT COMPLICATION
**8470** NECK SPRAIN
**8479** SPRAIN OF UNSPECIFIED SITE OF BACK

## ICD-9-CM Procedures

**9822** REMOVAL OF OTHER FOREIGN BODY WITHOUT INCISION FROM HEAD & NECK
**8659** SUTURE OF SKIN AND SUBCUTANEOUS TISSUE
**8744** ROUTINE CHEST X-RAY, SO DESCRIBED
**8717** X-RAY OF SKULL
**8724** X-RAY OF LUMBOSACRAL SPINE
**8722** X-RAY OF CERVICAL SPINE

## CPT Procedures

**20100** EXPLORATION OF PENETRATING WOUND (separate procedure); NECK; (No Limitation)
**12004** SIMPLE REPAIR SUPERFICIAL WOUND, SCALP/NECK/AXILLAE/EXTERNAL GENITALIA/TRUNK/ EXTREMITY; 7.6 cm TO 12.5 cm; (No Limitation)

CPT-4 five-digit codes and/or nomenclature are copyright
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**BAMBERG COUNTY MEMORIAL HOSPITAL**
DRAWER 507
BAMBERG, SOUTH CAROLINA 29003

BAMBERG COUNTY HOSPITAL 600 NORTH STREET BAMBERG SC 29003

| PATIENT NUMBER | TYPE | PATIENT NAME | AGE | BIRTHDATE | SEX | M/S | DATE OF SERVICE | TIME | CLERK INIT. |
|---|---|---|---|---|---|---|---|---|---|
| 616083 | 2 | PRIESTER ELIZABETH | 34 | 8/17/1962 | F | X# | 4/11/97 | 20:07 | DBE |

| ADDRESS - LINE 1 | ADDRESS - LINE 2 | CITY | STATE | ZIP CODE | TELEPHONE |
|---|---|---|---|---|---|
| PO BOX 241 | | DENMARK | SC | 29042 | 803-793-5080 |

| PATIENT SSAN | NOTIFY IN CASE OF EMERGENCY - NAME | RELATIONSHIP | ADDRESS | TELEPHONE |
|---|---|---|---|---|
| 248390112 | JAMES MARION | FRIEND | DENMARK SC | 803-793-4242 |

| INSURANCE COMPANY | CONTRACT OR GROUP NUMBER | DATE | PLACE | ACCIDENT |
|---|---|---|---|---|
| 622-WORKMAN'S COMPENSATION-O/P | 248390112 | 4/11/97 | BCNC | |
| | | TIME 18:00 | EVENT LIFTING | |

| GUARANTOR NAME | GUARANTOR ADDRESS | CITY | STATE | ZIP CODE | GUAR. TELEPHONE | GUARANTOR |
|---|---|---|---|---|---|---|
| PRIESTER ELIZABETH | PO BOX 241 | DENMARK | SC | 29042 | 793-5080 | |

| GUARANTOR EMPLOYER | GUARANTOR OCCUPATION | GUAR. EMPLOYER ADDRESS | GUAR. EMPL. TELEPHONE |
|---|---|---|---|
| BCNC | NURSE TECH | BAMBERG SC | 245-4321 |

| PREV. SERVICE | PREV. SERV. DATE | IF MINOR - PARENT NAME | MED. REC. # | FAMILY PHYSICIAN |
|---|---|---|---|---|
| 614398 | 3/14/97 | | 69250 | BURR WM /WATSON SR |

| EMERGENCY CONTACT | RELATIONSHIP | PHONE |
|---|---|---|
| | | |

BACK PAIN

## CONSENT

I hereby consent to any x-ray, laboratory, medical, or surgical procedure, any anesthesia and any hospital services authorized or directed by my attending or referring physician and hereby release the hospital, its employees, and the physician from all liabilities.

## ASSIGNMENT OF BENEFITS

I hereby authorize payment directly to Bamberg County Hospital any hospital benefits due me for services rendered on the above date, but not to exceed the Hospital's charges, with the understanding that anesthesiology, pathology and emergency room are medical services performed and supervised by physicians, and that the facilities are furnished by the Hospital for said services. I request that the fees for these services be included in the Hospital's bill in the name of the physicians, and I consent that allocations of the fees may be made by the physicians of the Hospital.

I authorize the below named insurance company(ies) to pay all Hospital radiology charges directly to Bamberg County Hospital and all Physician Radiology charges directly to the Radiologists as their interests appear, all benefits due me, if any, for radiological services rendered.

I will pay for all charges in excess of whatever sums may be paid by my insurance company(ies) on my behalf.

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Bamberg County Hospital and my physician to release to the proper parties any information regarding my physical condition or treatment as may be required by my insurance company(ies) to justify payment of any claims made for services rendered. I permit a copy of this authorization to be used in place of the original.

## MEDICARE PATIENT'S CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION, AND PAYMENT REQUEST

I certify that the information given by me applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and/or the Medicare Program or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

4-11-97 Elizabeth Priester 4-11-97 Dale B. Edwards
Date Patient or Responsible Person Date Witness

4/11

8479

CHART COPY

| PATIENT NUMBER | DATE OF SERVICE | PATIENT NAME LAST | FIRST | MIDDLE | AGE | DATE OF BIRTH | ATTENDING PHYSICIAN | EMERGENCY RECORD # |
|---|---|---|---|---|---|---|---|---|
| 116083 | 4-11-97 | Priester | Elizabeth | | 34 | 8-17-62 | Burr | |

CHIEF COMPLAINT: Back pain

FAMILY DOCTOR: Watson

EMERGENCY CARE GIVEN PRIOR TO ARRIVAL
☐ ACLS ☐ O₂ ☐ IV ☐ SPINAL PRECAUTIONS ☐ SPLINT ☐ CARDIAC MONITOR

LMP S/P Hysterx ☐ ABNORMAL | LAST TETANUS ☒ N/A | MODE OF ARRIVAL: ☒ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED ☒ SELF ☐ FAMILY ☐ EMS

NURSING ASSESSMENT:
2010 - amb BR from Waiting Center states "hurt back while putting pt. back to bed". c/o L back pain. AAO x 3.

NURSE'S SIGNATURE: Lynn Eberhart

ALLERGIES: NKDA

CURRENT MEDICATIONS:
① FeSO4
② Prozac 20mg q d

PHYSICIAN ASSESSMENT
TIME _____

PREVIOUS MEDICAL HISTORY:
☐ NONE ☐ SEIZURES ☐ IDDM ☐ NIDDM ☐ MI ☐ CVA ☐ PUD ☐ OTHER

PHYSICAL EXAM

Pt. c/o pain pulled lower back while lifting pt.
no neurological def.

Pt. mostly tender along upper lumbar area on Right.
Ches Surrounds

Therapy (lifting & Tlog)
Rx Motrin 600's

| TIME | TEMP | PULSE | RESP | BP | O2 |
|---|---|---|---|---|---|
| 2012 | 97 | 86 | 18 | 113/64 | — |

| | | |
|---|---|---|
| WEIGHT | 142 | HEAD CIRCUMFERENCE ≤ 24 MONTHS |
| WEIGHT | 5-03 | |

| MEDICATION ADMINISTERED | TIME | SITE |
|---|---|---|
| Motrin 600mg PO | 2025 | |

LABS: ☐ CBC ☐ BAM-7 ☐ BAM-20 ☐ BAM-28 ☐ AMYLASE ☐ EKG ☐ U/A ☐ ABG ☐ PT/PTT
☐ OTHER:
X-RAYS: ☐ CXR ☐ AAS ☐ ABD F & U ☐ KUB ☐ C-SPINE ☐ L-SPINE
☐ EXT: ☐ OTHER:

DIAGNOSIS: Muscle Strain

**DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS**

DISCHARGE STATUS: ☒ STABLE ☐ IMPROVED ☒ UNCHANGED 2030 AM PM ☐ EXPIRED _____ AM PM VALUABLES TO: ☐ FAMILY ☐ OTHERS

☐ ADMITTED TO RM _____ @ _____ AM PM ☐ TRANSFERRED TO: AM PM

EXIT BY ☒ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED

DIAGNOSIS CODE: | SURGICAL CODE: | RETURN TO PERSONAL PHYSICIAN _____ DAYS.

PT. INSTRUCTIONS: May return to work

NURSE'S SIGNATURE: Lynn Eberhart

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY: [signature] I ACKNOWLEDGE RECEIPT OF THESE INSTRUCTIONS AND WILL SEEK FOLLOW-UP AS DIRECTED

PHYSICIAN'S SIGNATURE: [signature] M.D.

CHART COPY

Bamberg County Hospital
600 North Street
Bamberg, South Carolina 29003

803-245-4321 Extension 214

Patient: ELIAZBETH PRIESTER 4/11/97 7:21:15 PM 

Care Provider: DR. W. BURR

GENERAL INSTRUCTIONS:

Thank you for choosing us for your medical needs. We hope you're satisfied with the care you received. Please call if there is any problem.

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Billing information: For questions about your bill, note the following numbers: Hospital billing Extension 250

LOW BACK PAIN:

Three out of every four people will have an episode of disabling back pain during their lifetime. Most commonly the pain is due to straining of the muscles and ligaments in the low back.

Usual treatment includes: 1) Rest on a firm surface. Avoid lying on your stomach. 2) Ice pack the painful area. After a few days, gentle heat may be used intermittently to relax the area, or ice packs can be continued. 3) Medication may be needed -- muscle relaxers and anti-inflammatory medicines are commonly used. 4) As the back improves, exercises are prescribed to strengthen the back and abdominal muscles.

Your doctor will advise you on the proper care for your back at each stage in your recovery. You may be better in a few days -- or healing may take several weeks.

If new symptoms of a "herniated disc" (radiation of pain, numbness, or tingling down the back of the leg or weakness in the leg) occur, you should be re-examined. Further testing may be necessary.

LIMITATION OF WORK DUE TO INJURY:

Your injury will prevent performance of your regular work. You are therefore to be placed on light duty.

Your work duties must allow frequent breaks for rest of the injured area. You are not to lift anything heavier than five (5) lbs. You are not to stoop or strain. If work cannot be found for you which fills these conditions, your employer may choose to release you from work until you have improved.

The length of disability is estimated at 1 day.

210

| PATIENT NUMBER | DATE OF SERVICE | PATIENT NAME LAST | FIRST | MIDDLE | AGE | DATE OF BIRTH | ATTENDING PHYSICIAN | EMERGENCY RECORD # |
|---|---|---|---|---|---|---|---|---|
| 612398 | 2-11-97 | Priester | Elizabeth | | 34 | 8/17/62 | Lockett | |

CHIEF COMPLAINT: Hit in Head

FAMILY DOCTOR: Watson

EMERGENCY CARE GIVEN PRIOR TO ARRIVAL
☐ ACLS ☐ O₂ ☐ IV ☐ SPINAL PRECAUTIONS ☐ SPLINT ☐ CARDIAC MONITOR

Hysterectomy CMP xr ☐ ABNORMAL | LAST TETANUS: 1 yr ☐ N/A | MODE OF ARRIVAL: ☒ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED ☐ SELF ☒ FAMILY ☐ EMS

NURSING ASSESSMENT:
Hit on R side of head c fist, bruise R temple. Hit on mouth, lower lip swollen 10 cm
No L.O.C.

ALLERGIES: PCN

CURRENT MEDICATIONS: Prozac, Hormones

PD notified
A&Ox3
NURSE'S SIGNATURE

PHYSICIAN ASSESSMENT TIME _____

PREVIOUS MEDICAL HISTORY: ☐ NONE ☐ SEIZURES ☐ IDDM ☐ NIDDM ☐ MI ☐ CVA ☐ PUD ☐ OTHER

PHYSICAL EXAM
34 yo BF involved in an altercation c her brothers in which she sustained blows to the head & mouth. No LOC. No other complaints or injuries.

PE: WD WN BM.
HEENT: small ② fronto-temporal contusion tender Pmhx: Depression to palpation, ∅ steps offs or pt. tenderness allPC
EOMI, PERRL, TMs-nl, nl oral mucosa,
no loose teeth, slightly swollen lip, neck supple, ∅ lymphadenopathy
CV: RRR
lungs CTA ⓑ
Abd soft, NT, ND, ⊕BS, ∅ masses
Ext: ∅ injury, 5/5 strength ⓑ UELE

| TIME | TEMP | PULSE | RESP | BP | O2 |
|---|---|---|---|---|---|
| 0200 | 98 | 68 | 16 | 128/80 | |

WEIGHT 144 lb
WEIGHT 5'3"
HEAD CIRCUMFERENCE ≤ 24 MONTHS

| MEDICATION ADMINISTERED | TIME | SITE |
|---|---|---|
| Toradol 30mg IM | 0230 AM | LUQ |

A/P: Staple contusion
① Toradol, Ibuprofen prn, ice to head
② F/u c local MD if not improving.

LABS: ☐ CBC ☐ BAM-7 ☐ BAM-20 ☐ BAM-28 ☐ AMYLASE ☐ EKG ☐ U/A ☐ ABG ☐ PT/PTT
☐ OTHER:
X-RAYS: ☐ CXR ☐ AAS ☐ ABD F & U ☐ KUB ☐ C-SPINE ☐ L-SPINE
☐ EXT: ☐ OTHER:

DIAGNOSIS: Head contusion

**DISPOSITION OF PATIENT AND PATIENT INSTRUCTIONS**

DISCHARGE STATUS: ☒ STABLE ☐ IMPROVED ☐ UNCHANGED 0235 AM PM ☐ EXPIRED _____ AM PM VALUABLES TO: ☐ FAMILY ☐ OTHERS

☐ ADMITTED TO RM _____ @ _____ AM PM ☐ TRANSFERRED TO: AM PM

EXIT BY ☒ AMBULATORY ☐ W/C ☐ STRETCHER ☐ CARRIED

DIAGNOSIS CODE: | SURGICAL CODE: | RETURN TO PERSONAL PHYSICIAN _____ DAYS.

PT. INSTRUCTIONS:

NURSE'S SIGNATURE

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY
X Elizabeth Priester
I ACKNOWLEDGE RECEIPT OF THESE INSTRUCTIONS AND WILL SEEK FOLLOW-UP AS DIRECTED

PHYSICIAN'S SIGNATURE Mark Lockett M.D.

CHART COPY

069250 ☐ SURGERY OUTPATIENT ☐ ER

# MEMORIAL HOSPITAL

PATIENT

| NAME | ADMIT DATE | BIRTH DATE | TIME |
|---|---|---|---|
| PRIESTER, ELIZABETH E | CHISOLM | 08/17/52 32 | 23:17 |

| ADDRESS | | PHONE NUMBER | FAMILY DOCTOR |
|---|---|---|---|
| PO BOX 241 | DENMARK SC 29042 | 803-793-1800 | SINGLETON |

| SOCIAL SECURITY | FSC | SEX | MARIT | RACE | TYPE | SVC | GEOGRAPHIC CODE | AUTO ACCIDENT | WORKMAN'S COMP | CLERK | ATTENDING PHYSICIAN |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 248-39-0112 | 18 | F | M | B | 2 | 10 | 000005 | (X) YES ☐ NO | ☐ YES (X) NO | RA | CHANDLER, JOHN |

| EMPLOYER CODE | EMPLOYER NAME | EMPLOYER ADDRESS | OCCUPATION |
|---|---|---|---|
| 000015 | BCMH | | |

| GUARANTOR NAME | GUARANTOR ADDRESS | RELATIONSHIP | GUARANTOR PHONE |
|---|---|---|---|
| PRIESTER, ELIZABETH E | PO BOX 241 DENMARK S 29042 | SELF | 803-793-1800 |

| GUARANTOR EMPLOYER | NOTIFY IN EMERGENCY | RELATIONSHIP | PHONE |
|---|---|---|---|
| BCMH | CHRISTOPHER PRIESTER | SPOUSE | 803-793-1800 |

INSURANCE

| | INSURANCE COMPANY | POLICY HOLDER NAME | REL. TO PAT. | GROUP NAME | GR | POLICY NO. |
|---|---|---|---|---|---|---|
| 1 | 15-SC HOSPITAL BENEF | ELIZABETH PRIESTER | PATIEN | | | |
| 2 | | | | | | |

☐ CORONER ☐ POLICE ☐ HEALTH DEPT. | TIME NOTIFIED | BY WHOM | BROUGHT BY | VIA | MEDICATION

Klenmark R/S Motrin 600mg @ 0005 @

LMP 6/29/94 | LAST TETANUS | CHIEF COMPLAINT: MVA | ACC. TIME/ONSET OF SYMPTOMS

CURRENT MEDS: None -

ALLERGIES: NKA

| DOCTOR NOTIFIED: ARRIVED | TIME | TEMP | PULSE | RESP | B/P |
|---|---|---|---|---|---|
| | 2320 | 99% | 60 | 28 | 130/82 |

132 lbs 5'3"

NURSES NOTES:

Driver - wearing seat belt - truck cut in front of her - rear end - tried forward - drove one block to pay phone - c/o neck, shoulder, jaw & LA - awake, alert, oriented NURSES SIGNATURE Nancy Peterson RN

32 YO BF essentially healthy involved in right vehicle MVA as restrained driver who forced to hit curb. Reports head whipped forward but denies striking any object in car. C/o patient c/o of pain c involvement of (L) shoulder

PMH: anxiety Med: Fe SO4

NAD alert cooperative, PERRLA & full spine board

99 P 60 R 28 BP 130/82

NCAT, pupils equal & brisk, TM's clear

Chest CTA CV-RR abdomen benign, + BS defer to

Neuro - A+Ox3, CN's intact, full motion

PHYSICIAN ORDERS: C-Spine - XR

(L) shoulder Xray - XR for dislocation (Ordered AC joint - Reduced bone fracture)

Analgesia Coord - Soft cervical collar

PHYSICIAN SIGNATURE John Chandler

Cervical Strain

DISCHARGE STATUS: ☐ IMPROVED ☐ STABLE ☐ UNCHANGED (X) DISCHARGED @ 0045 PM ☐ EXPIRED AM/PM ☐ ADMITTED AM/PM

TIME AM/PM | DIAGNOSIS CODE | SURGICAL CODE

☐ TRANS. TO

DATE

FOLLOW INSTRUCTIONS BACK FOR

☐ BROKEN FRACTURE, BRUISES ☐ PELVIC INFLAMMATORY DISEASE ☐ BACK INJURY ☐ DIARRHEA ☐ WOUND CARE ☐ HEAD INJURY ☐ ABDOMINAL PAIN ☐ URINARY TRACT INFECTION ☐ HEADACHES & DIZZINESS ☐ GASTRITIS & ABDOMINAL PAIN ☐ COLD ☐ EAR INFECTION ☐ EYE INJURY ☐ SORE THROAT

ADDITIONAL INSTRUCTIONS: Soft cervical collar x 1 week, F/U Ortho 400-600 MG Motrin PRN Hot Heat

RETURN TO PERSONNEL/PHYSICIAN AS INDICATED

I HAVE READ AND UNDERSTAND INSTRUCTIONS GIVEN TO ME

PATIENT'S SIGNATURE Elizabeth Priester

CHART COPY

212

R. 320

REPORT NO. 819907 (1-6)

# SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

## Ambulance Run Report

TRIP NO. _____ O.A. NO. _____

### PATIENT IDENTIFICATION (Please Print)

LAST NAME (7-26): Priester
FIRST NAME (27-42): Elizabeth
MI (43): C
STREET (44-68): P.O. Box 241 637 W. Coker St
APT. #:
CITY (69-84): Denmark
STATE (85-86): SC
ZIPCODE (87-91): 29042

**SEX (92)**: 1 ☐ Male; 2 ☒ Female; 3 ☐ Undetermined

**RACE (93)**: 1 ☐ White; 2 ☒ Black; 3 ☐ Am. Indian; 4 ☐ Hispanic; 5 ☐ Asian; 6 ☐ Undetermined

**AGE (94-97)**: 032 — CHECK ONE: 1 ☒ YRS; 2 ☐ MOS.; 3 ☐ DAYS

**DISPOSITION (98)**: 1 ☐ TREAT/NO TRANS.; 2 ☐ DOA AT SCENE; 3 ☒ HOSPITAL ER; 4 ☐ HOSP. DIR. ADMIT.; 5 ☐ TRAUMA CENTER; 6 ☐ PATIENT'S HOME; 7 ☐ NURSING HOME; 8 ☐ DR.'S OFFICE; 9 ☐ OUTPATIENT

**HOSPITAL CODE (104-107)**: 4004

**ORIGIN OF INJ./ILL. (99)**: 1 ☒ Motor Vehicle; 2 ☐ Motorcycle; 3 ☐ Pedestrian; 4 ☐ Home Related; 5 ☐ Work Related; 6 ☐ Recreational; 7 ☐ Nat. Disaster; 8 ☐ Other

**SAFETY EQP. (108)**: 1 ☒ Seatbelts; 2 ☐ Helmets; 3 ☐ None; 4 ☐ Unknown

**TYPE OF CALL (100)**: 1 ☒ TRAUMA; 2 ☐ MEDICAL

**PATIENT STATUS**

| TO SCENE (101) | ON SCENE (102) | FROM SCENE (103) |
|---|---|---|
| ☒ EMERGENT | 1 ☐ EMERGENT | 1 ☐ EMERGENT |
| 2 ☐ NONEMERGENT | 2 ☒ NONEMERGENT | 2 ☒ NONEMERGENT |
| CODE 3 | CODE | CODE 1 |

**INCIDENT LOCATION**

ST. OR HWY. NAME OR NO.: Corner of Hwy 304 Church
CITY, STATE, ZIP CODE: Denmark SC

### PRELIMINARY IMPRESSIONS (CHECK NO MORE THAN 4) (109-116)

| | | |
|---|---|---|
| 03 ☐ Seizure | 24 ☐ Multitrauma/Shock | 74 ☐ Respiratory Distress |
| 04 ☐ Diabetic | 30 ☐ Head Injury | 80 ☐ Coronary Problem |
| 11 ☐ Abrasion/Contusions | 32 ☒ Spinal Injury | 83 ☐ Cardiac Arrest |
| 13 ☐ Laceration | 33 ☐ Stroke | ☐ ☐ Other |
| 23 ☐ Fracture | 51 ☐ G.I. Problems | ☐ ☐ Other |

### TREATMENT PROCEDURES (117-146)

| | | |
|---|---|---|
| 01 ☐ Dressing Applied | 07 ☐ Oxygen Given | 13 ☐ Cardiac Massage |
| 02 ☐ Limb Splinted | 08 ☐ Suction Used | 14 ☐ Bleeding Controlled |
| 03 ☒ Spine Immobilized | 09 ☐ Antishock Trousers | 15 ☐ Cold Application |
| 04 ☒ Neck Immobilized | 10 ☐ Airway Maintained | 16 ☐ Patient Restrained |
| 05 ☐ OB Assistance | 11 ☐ Antishock Treatment | 17 ☒ Other (Use Comments) |
| 06 ☐ Oral Airway Used | 12 ☐ Artificial Resp. | |

**PRIMARY IMPRESSION (147-148)**: 32

**SITE OF TRAUMA (149-157)**: 1 ☐ Head; 2 ☐ Face; 3 ☐ Neck; 4 ☐ Chest; 5 ☐ Abdomen; 6 ☐ Hip/Pelvis; 7 ☐ Upper Extremity; 8 ☐ Lower Extremity; 9 ☐ Back

### ADVANCED PROCEDURES (158-167)

1 ☐ EKG Monitored — Rhythm
2 ☐ First Defib Attempted — Watt Sec.
Post Defib — Rhythm
3 ☐ Second Defib Attempted — Watt Sec.
Post Defib — Rhythm
4 ☐ Third Defib Attempted — Watt Sec.
Post Defib — Rhythm
5 ☐ INTUBATED (METHOD): _____ Size _____
6 ☐ EXTERNAL PACING
7 ☐ BLOOD DRAWN — Dextrose BGL
8 ☐ IV Started/Gauge _____ Solution _____ Rate _____ IV Time
9 ☐ IV Started/Gauge _____ Solution _____ Rate _____ IV Time
10 ☐ Pleural Decompression

Ordering Physician _____ (Name) (Signature)

### DRUGS USED (168-197)

| DRUG | DOSE | TIME | DRUG | DOSE | TIME |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

### REVISED TRAUMA SCORE (198-199)

| GLASCOW COMA SCORE | SYSTOLIC BP | RESPIRATORY RATE | CODE VALUE |
|---|---|---|---|
| 13 - 15 | > 89 | 10 - 29 | 4 |
| 9 - 12 | 76 - 89 | > 29 | 3 |
| 6 - 8 | 50 - 75 | 6 - 9 | 2 |
| 4 - 5 | 1 - 49 | 1 - 5 | 1 |
| 3 | 0 | 0 | 0 |

RTS SCORE: 12

**INJURY MOD.**: Falls > 20 ft.; High Spd MVA; Eject/Roll; Sev Veh Dam; Motorcycle; Pedestrian; Death in Veh; Bicycle/Auto; Ext. > 20 min.

### VITAL SIGNS

| BP | PULSE RATE | PULSE | RESPIRATIONS RATE | RESPIRATIONS | PUPILS | LEVEL OF CONSC. | TIME |
|---|---|---|---|---|---|---|---|
| 140/90 | 76 | ☒ REG. ☐ IRREG. | 18 | ☒ REG. ☐ IRREG. | | | 1230 |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | E - EQUAL U - UNEQUAL N - NO RESP. C - CONSTR. D - DILATED | A - ALERT V - VERBAL ST. P - PAINFUL ST. U - UNRESP. | |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | |
| / | | ☐ REG. ☐ IRREG. | | ☐ REG. ☐ IRREG. | | | |

EXPOSURE TO PT's BODY FLUIDS? (200) YES 1 ☐ NO 2 ☒

### COMMENTS (INCLUDE CHIEF COMPLAINTS, OBSERVATIONS AT SCENE, RESPONSE TO STIMULI)

Arrived on scene to find pt sitting in driver's side of vehicle conc alert and oriented c/o pain in her neck and a headache. Pt. stated a white Toyota pickup tried to run her off the road she hit the brakes and it snatched her head forward. Pt denied hitting her head stated she had been wearing her seatbelt. Pt. also denies LOC but states she is dizzy. Held C-spine and applied pediatric C-collar due to smallness of neck. Removed pt from vehicle onto LSB and secured with stretcher straps. Pt. had good movement all extremities before and after removing pt from vehicle. Placed pt in unit and finished securing pt to LSB with 911 straps and tape. Took vitals on pt. Enroute pt c/o pain in neck, headache and both shoulders. No other changes enroute. Transported pt to Bamberg Hosp ER and turned pt over to ER staff. No obvious injuries or deformities noted.
Pt. of Dr Singleton

SEE PAGE 2

### TIME RECORD

RUN DATE (201-206): MONTH 10 DAY 12 YEAR 94

| | |
|---|---|
| Call Received: (207-210) | 2345 |
| Call Dispatched: (211-214) | 2245 |
| Departed Base: (215-218) | 2251 |
| Arrive Scene: (219-222) | 2252 |
| Departed Scene: (223-226) | 2306 |
| Arrive Destination: (227-230) | 2317 |

CAUSE OF DELAY: _____

**DHEC PERMIT NO. (231-236)**: 06003

**AUTO LICENSE PLATE NO. (236-242)**: _____

**SENDING HOSPITAL (243-246)**: _____

PROVIDER TIME (OPTIONAL): _____

**REFUSAL STATUS (247)**: 1. ☐ Pt. Refused Treatment 2. ☐ Pt. Refused Transport

**ATTENDANT'S SIGNATURE & CERTIFICATE NO.**

Tim R. Flem — 59592
PRIMARY PATIENT ATTENDANT (248-252)

Kenneth Utz — 00000
2ND ATTENDANT/DRIVER (253-257)

Nurse Robin RN
(RECEIVING NURSE OR PHYSICIAN)

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DHEC 1050 08/93

HOSPITAL COPY

Bamberg County Memorial Hospital

X-RAY DEPARTMENT

ERR

| History | Room No. | Name |
|---|---|---|
| MVA | er | Prister, Elizabeth |
| | Sex: M (F) | 248-39-0112 |
| | Age: 32 | |

denied preg —

| Examinations | X-Ray No. | History No. |
|---|---|---|
| C.S. Lt. shoulder | 94-7187 | |
| Attending Physician | Date | Charges |
| Singleton | 10-12-94 | |

Report:

AP, INTERNAL AND EXTERNAL ROTATION VIEWS OF THE LEFT SHOULDER: 10/12/94
No fracture or dislocation or acute localized osseous abnormality seen.

IMPRESSION: Negative study.

CERVICAL SPINE series including AP, lateral, oblique and open mouth Odontoid views: 10/12/94 - No fracture or subluxation seen. Disc spaces are well maintained. The exit-foramina are patent. The C1-C2 relationship appears normal.

IMPRESSION: Negative study.

Stephen G. Rogers, M.D./ sp.
d/t 10/13/94

Signature of Radiologist

Bamberg County Hospital Form 001

Patient Name Elizabeth Priester Acct. Number 2911 Date 9-4-02

Wt. 12 Temp. 98.4 PHYSICAL BP 120/60

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
(✓) Positive Findings: watery

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharynx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
(✓) Positive Findings: nose- pale - red mucosa throat - very red

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
(✓) Positive Findings: (+) ton adenop

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, PR w/o ectopy, S1-S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal an J strong in Carotid Femoral and Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no mas
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensati
( ) Positive Findings: _____

Psychiatric: ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect nor
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
[] EKG [] FBS
[] BAM7 [] SGOT
[] CBC [] PT
[] Chol [] U/A
[] Monospot
[] Throat Culture
[] Pulse OX
Other:

**X-RAYS ORDERED:**
[] CXR [] AAS
[] Spine
Other:

**DX:**
Pharyngitis

**Meds, Decision Making, Findings or Procedu**
Prednisone 10 mg + Po QDx3d
Zyrtec, 10mg + Po, QD (sample)
red light tx
F/u 7-10 d

Interpretations: EKG -
XRAY -

PHYS. SIGN: Mark Rich

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Patient Name Elizabeth Pricster Acct. Number 2911 Date 9-4-02

## PATIENT HISTORY

ALLERGIES PCN

CC

HPI C/O Sore Throat / runny nose / headache / dry cough / fever off & on X 4 days / Abdominal pain & diarrhea

PFSH: Past: (-) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:

Past Surgical History: (-) Negative (+) Positive:

Family History: (-) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:

Social History: Tobacco (-) No ( ) Yes ____ pk/day Alcohol: (-) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss

Allergies: ( ) Negative ( ) Food Drug PCN

Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia

Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds (+) Rhinitis

Throat: ( ) Negative (+) Sore Throat

Resp: ( ) Negative (+) Cough ( ) SOB ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE

GI: ( ) Negative (+) Abdominal Pain ( ) Constipation (+) Diarrhea ( ) Nausea
( ) Vomiting

GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia Cramps today

MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain

Neuro: ( ) Negative ( ) Seizures (+) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness Headache

Endocrine: (-) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance

Heme: (-) Negative ( ) Bleeding ( ) Bruising

Psych: (-) Negative ( ) Anxiety ( ) Depression ( ) Suicide

Other:

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 - 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED = 12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE = 18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. 216
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

# HEALTH QUESTIONNAIRE

Formedic

**REASON FOR VISIT** Bladder

**FAMILY HISTORY** *IF ANY BLOOD RELATIVE HAS SUFFERED ANY OF THE FOLLOWING - PLEASE CIRCLE THE NUMBER & INDICATE WHICH RELATIVE*

| | | | |
|---|---|---|---|
| 1) EPILEPSY | 6) THYROID | 11) OSTEOPOROSIS | 16) HIGH CHOLESTEROL |
| 2) MIGRAINE | 7) HAYFEVER | 12) ARTHRITIS | 17) ALCOHOLISM |
| 3) MENTAL ILL. | 8) ASTHMA | 13) HEART DISEASE | 18) CANCER |
| 4) GLAUCOMA | 9) ANEMIA | 14) STROKE | 19) |
| 5) DIABETES | 10) BLEEDS EASILY | 15) HYPERTENSION | 20) |

**HOSPITAL ADMISSIONS** *not including pregnancies*

| YEAR | ILLNESS OR OPERATION | YEAR | ILLNESS OR OPERATION |
|---|---|---|---|
| 96 | fibroid tumors | | |
| | Orangeburg Hosp. | | |

**LIST ALL MEDICATIONS YOU ARE NOW TAKING - INCLUDE THOSE YOU BUY WITHOUT A PRESCRIPTION**

Premarin .625 mg

**ALLERGIES**

Penicillin

| VACCINE | YEAR OF LAST | TEST / EXAM | YEAR OF LAST |
|---|---|---|---|
| TETANUS / Td | | RECTAL/STOOL | |
| INFLUENZA (FLU) | | CHOLESTEROL | |
| PNEUMONIA | | EYE EXAM | |
| HEPATITIS | | T.B. TEST | |

**MEDICAL HISTORY** *MARK (C) FOR CURRENT PROBLEMS. CHECK (✓) AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING SYMPTOMS OR DISEASES.*

- Decreased hearing
- ✓ Ringing in ear
- ✓ Ear infections - *frequent*
- Dizzy spells
- ✓ Fainting spells
- Failing vision
- Eye pain
- Double or blurred vision
- Nose bleeds - *recurrent*
- ✓ Sinus trouble
- Sore throats - *frequent*
- Hoarseness - *prolonged*
- Hayfever / Allergies
- Pneumonia / Pleurisy
- Bronchitis / Chronic cough
- Asthma / Wheezing
- Shortness of breath:
  - on exertion
  - lying flat
- ✓ Chest pain
- High blood pressure
- Heart murmur
- Swollen ankles
- Irregular pulse
- Palpitations
- Leg pain - *when walking*
- Varicose veins / Phlebitis

- Loss of appetite - *recent*
- Difficulty swallowing
- Heartburn
- Peptic ulcer
- *Persistent* nausea / Vomiting
- Abdominal pain- *chronic*
- Gall bladder trouble
- Jaundice / Hepatitis
- Diarrhea
- Constipation
- Diverticulosis
- Crohn's / Colitis
- Bloody or tarry stools
- Hemorrhoids
- Hernia
- ✓ Urine infections - *frequent*
- ✓ Blood in urine
- Kidney stones
- Urination - overnight > than twice
  - Painful
  - Loss of control
  - Decrease in force / flow
- Venereal disease
- Urethral discharge
- Chronic fatigue
- Weight-loss
- Gain-*recent*
- Anemia
- Bruise easily
- Cancer

- Diabetes
- Thyroid disease
- Seizures
- Stroke
- Tremor / hands shaking
- Numbness / tingling sensations
- ✓ Headaches - *frequent*
- Arthritis / Rheumatism
- ✓ Back pain - *recurrent*
- Bone fracture / joint injury
- Gout
- Osteoporosis
- Foot pain
- Cold numb feet
- Rashes
- Hives
- Psoriasis
- Eczema
- Sleeping or concentration difficulty
- ✓ Depression
- Nervousness
- Agitation
- Memory loss
- Moodiness
- Suicidal thoughts
- Phobias
- Mental illness
- Feelings of worthlessness
- Rheumatic Fever
- Scarlet Fever
- Chicken Pox
- Polio
- Mumps
- Measles
- German Measles
- Tuberculosis
- Herpes

- Alcohol oz. per week
- Smoking cig/day #years
- year quit
- Coffee / Tea cups per day
- Recent hair loss

**FEMALES** - *Please complete*

**Menstrual flow:** Reg. Irreg. Pain / Cramps

- Days of Flow 7 Length of cycle 28
- Date -1st day of last period
- ✓ Pain / Bleeding during or after sex Sometimes
- Number of:
  - Pregnancies 3 Abortions 0
  - Miscarriages 1 Live births 2
- Birth control method
- B.C. pill (name)
- Flushing / Menopause
- Date of last PAP test 7/99 Normal Abnormal
- Date of last Mammogram 7/99 Normal Abnormal

**OTHER:**

**NOTES**

Ecotrin®
THE MIRACLE OF ASPIRIN MADE SAFER™
© 1996 SmithKline Beecham Consumer Healthcare 6D 7666

2911

# PATIENT REGISTRATION & HEALTH QUESTIONNAIRE

Formedic

NAME Elizabeth Daniels | MARITAL STATUS S M W D SEP | DATE OF BIRTH 8-17-68 | DATE 6/22/99

STREET ADDRESS PO Box 341 | CITY Denmark, SC. 29042

PHONE # - HOME ( ) | WORK # ( ) | OCCUPATION/ EMPLOYER NA - (W workmen Comp Case open)

SPOUSE'S NAME | DATE OF BIRTH | OCCUPATION/ EMPLOYER | PHONE # ( )

IF UNDER 18 PARENT / GUARDIAN

EMERGENCY CONTACT (OTHER THAN SPOUSE) Loretha Eggers | PHONE | ADDRESS | RELATION mother

S.S. # 248-39-0112 | DRIVER'S LICENSE # | REFERRED BY

## INSURANCE & BILLING INFORMATION

BILLING NAME (IF OTHER THAN PATIENT) Medicaid | RELATIONSHIP

BILLING ADDRESS | PHONE # ( )

*PAYMENT REQUIRED AT TIME OF SERVICE - UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.*

1) INSURANCE COMPANY | ADDRESS | EFFECTIVE DATE

NAME OF INSURED | RELATION TO PATIENT | GROUP# | BENEFIT CODE | I.D.#

2) INSURANCE COMPANY | ADDRESS | EFFECTIVE DATE

NAME OF INSURED | RELATION TO PATIENT | GROUP# | BENEFIT CODE | I.D.#

MEDICARE# | MEDICAID I.D.#

OTHER COVERAGE

## ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize direct payment of surgical / medical benefits to Dr. for services rendered by him / her in person or under his / her supervision. I understand that I am financially responsible for any balance not covered by my insurance.

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Dr. , to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefit.

## MEDICARE * MEDICAID

I certify that the information given by me in applying for payment is correct. I authorize release of all records on request. I request that payment of authorized benefits be made on my behalf.

***A photocopy of these assignments shall be valid as the original.***

PATIENT NAME *(please print)* | DATE

PARENT / GUARDIAN *(please print)* | SIGNATURE

Ecotrin®

THE MIRACLE OF ASPIRIN MADE SAFER™

R. 327

© 1996 SmithKline Beecham Consumer Healthcare ECO 7660

Patient Name Elizabeth Priester Acct. Number _____ Date 3-7-02

Wt. 141 Temp. 98.4 PHYSICAL BP 104/70

Constitutional: (✓) Vital Signs Reviewed (✓) WDWN in ✓ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL (✓) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: (✓) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: (✓) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) PositiveFindings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: (✓) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: (✓) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: (✓) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS<br>[] BAM7 [] SGOT<br>[] CBC [] PT<br>[] Chol [] U/A<br>[] Monospot<br>[] Throat Culture<br>[] Pulse OX<br>Other:<br><br>X-RAYS ORDERED:<br>[] CXR [] AAS<br>[] Spine<br>Other: | UTI<br>Sinusitis | ① Cipro 500 mg bid<br>② Clarinex 5mg qd<br>③ Rob. Tussi OTC<br>④ RTO 1 wk<br>advised<br>Cds but pt states c. no ins Cannot afford to pay for it. |

Interpretations: EKG - Was NSR
XRAY -

PHYS. SIGN: [signature]

Patient Name Elizabeth Priester Acct. Number 2911 Date 3-7-02

## PATIENT HISTORY

ALLERGIES PCN
CC Head Cold & Sinuses; Coughing, Sneezing & Runny nose.
HPI
PFSH: Past: (-) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: (-) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco (-) No ( ) Yes pk/day Alcohol: (-) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (-) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | (-) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| Endocrine: | (-) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | (-) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | (-) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

Sneezing
( ) Vomiting
( ) Numbness

LBP + frequent urination
Gel X
1wk
or
longer
Urgency too.

### MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam:
- PROBLEM FOCUSED = 1 - 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
- EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
- DETAILED = 12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
- COMPREHENSIVE = 18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems 220
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

ent Name Elizabeth Prestage Number _____ Date 8/3/01

ht. 156 Temp. _____ PHYSICAL BP 110/70

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
(✓) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
(✓) Positive Findings: (R) cheek + (R) jawline ↓ lymph

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) PositiveFindings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: staler (R) leg c slurred speech able to distinguish between

Psychiatric: ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
(✓) Positive Findings: strong + dull. Unable to puff (R) cheek, slight
Mood (R) facial droop

COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
[] EKG [] FBS
[] BAM7 [] SGOT
] CBC [] PT
] Chol [] U/A
] Monospot
] Throat Culture
] Pulse OX
)ther:

**-RAYS ORDERED:**
| CXR [] AAS
Spine
ther:

**DX:**
facial numbness

**Meds, Decision Making, Findings or Procedures:**
Prednisone 20mg bid x 2 days
10mg bid x 3 days
5mg bid x 2 days
Dr Bryant ORBG

Interpretations: EKG -
XRAY -

PHYS. SIGN:

Madelyn Ruff M
Practitioner

Patient Name Elizabeth Priester Acct. Number 2911 Date 8/3/01

**PATIENT HISTORY**

AL ERGIES PCN
CC Neck pain = still burning + numb around mouth + toes
HI
PI : Past: (✓) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative (✓) Positive: See Cum Sheet
Family History: (✓) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco (✓) No ( ) Yes _____ pk/day Alcohol: (✓) No ( ) Yes
( ) Other:

**RE EW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| Ge al: | (✓) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| All ies: | ( ) Negative | ( ) Food _____ | | Drug _____ | |
| Ski | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eye | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ear Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Thr : | ( ) Negative | ( ) Sore Throat | | | |
| Resp : | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Car c: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | (✓) Back Pain Neck Pain | ( ) Myalgia | ( ) Joint Pain _____ | |
| Neu | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | (✓) Numbness Around mouth + toes | | | | |
| End ne: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Hem | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psyc | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Othe | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Leve of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED = 12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE = 18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro
Musc-Skel / Skin / Neuro / Psych

Docun tation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings 222

Patient Name Elizabeth Meister Acct. Number _____ Date 7-6-01.

Wt. 134½ lbs. Resp. _____ PHYSICAL BP 104/70.

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
(✓) Positive Findings: Spasm @ bilat sternocleidomastoid → occipital muscles

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts; judgment mood & affect normal
( ) Positive Findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
EKG [] FBS
BAM7 [] SGOT
CBC [] PT
Chol [] U/A
Monospot
Throat Culture
Pulse OX
Other:

**RAYS ORDERED:**
CXR [] AAS
Spine
Other:

**DX:**
(R) flank pain

**Meds, Decision Making, Findings or Procedures:**
KUB @ BH.
Skelaxin 1 PO tid #30x0
Zantac 2mg 1 PO QHS. #30x0
Pyridium

Interpretations: EKG –
XRAY –

PHYS. SIGN: Medical Doctor

223

Patient Name Elizabeth Priester Acct. Number 2911 Date 7-12-01

PCP. C 11

**PATIENT HISTORY**

ALLERGIES

CC (1) burning throat (2) lymph nodes swollen in neck

HPI

PFSH: Past: (-) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:

Past Surgical History: ( ) Negative (-) Positive:

Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:

Social History: Tobacco ( ) No (-) Yes ____ pk/day Alcohol: ( ) No (-) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (-) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | (-) Negative | ( ) Food | | Drug | |
| Skin: | (-) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | (-) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | (-) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | (-) Sore Throat | | | |
| Resp: | ( ) Negative | (-) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | (-) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | (-) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | (-) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | (-) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | (-) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | (-) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | (-) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

Throat hurts but not like Sore Throat

(R) side feels puffy @ times.

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

224

Patient Name Elizabeth Priester Acct. Number _____ Date 03-22-01.

Wt. 136 lbs Temp. 98.9 PHYSICAL BP 110/80

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals, Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
(✓) Positive Findings: TM's dull nose- red boggy throat- red

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
(✓) Positive Findings: + adenop

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS<br>[] BAM7 [] SGOT<br>[] CBC [] PT<br>[] Chol [] U/A<br>[] Monospot<br>[] Throat Culture<br>[] Pulse OX<br>Other:<br><br>**X-RAYS ORDERED:**<br>[] CXR [] AAS<br>[] Spine<br>Other: | Sinusitis<br>Allerg Rhin | Levaquin 500 mg I PO QDx 7d.<br>Claritin D 12 I PO BID pm.<br>Flu 100 |

Interpretations: EKG - PHYS. SIGN:
XRAY -

Mary Phillips MD

325

Patient Name Elizabeth Priester Acct. Number 2911 Date 03-12-01

## PATIENT HISTORY

ALLERGIES PCN
CC 10 Dys of Cold - fever Sore throat
HPI Coughing @ times
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes pk/day Alcohol ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | Drug | | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

### MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genf-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

226

Patient Name Elizabeth Burton Acct. Number _____ Date 1-2-01

Wt. 135 lb Temp. _____ PHYSICAL BP _____

Constitutional: ( ) Vital Signs Reviewed ( ) WDWN in (/) Distress
( ) **Positive Findings** _____

Eyes: ( ) Conjunctiva and Lids are Normal. PEERL (/) Fundi and optic disc are normal
( ) **Positive Findings:** _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) **Positive Findings:** _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) **Positive Findings:** _____

Chest/Breast: (/) Chest symmetrical, no deformities, non-tender to palpation. no lumps or masses. no nipple discharge
( ) **Positive Findings:** _____

Respiratory: (/) Well-aerated bilaterally, clear to A/P. no rales, rhonchi or wheezes. no egophany
( ) **Positive Findings:** _____

Cardiovascular: (/) Good heart tones, RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses. no abdominal pulsations
( ) **Positive Findings:** _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) **PositiveFindings:** _____

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) **Positive Findings:** _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) **Positive Findings:** _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) **Positive Findings:** _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) **Positive Findings:** _____

Extremities: ( ) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) **Positive Findings:** _____

Skin: (/) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) **Positive Findings:** _____

Neurologic: (/) Awake and aware, oriented to time, place and person. CN intact. no pronator drift, normal strength and sensation
( ) **Positive Findings:** _____

Psychiatric: (/) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) **Positive Findings:** _____

COMPLEXITY OF MEDICAL DECISION MAKING

| **LABS ORDERED:** | **DX:** | **Meds, Decision Making, Findings or Procedures:** |
|---|---|---|
| ] EKG [] FBS | UTI | Cipro 250mg PO q 12h x 3 days |
| ] BAM7 [] SGOT | | Cl: med adhesive tape / Steristrip |
| ] CBC [] PT | | F/U: PRN SX or PE |
| ] Chol [] U/A | | |
| ] Monospot | | |
| ] Throat Culture | | |
| ] Pulse OX | | |
| ther: | | |
| **-RAYS ORDERED:** | | |
| CXR [] AAS | | |
| Spine | | |
| her: | | |

Interpretations: EKG - _____ PHYS. SIGN: _____
XRAY - _____

227

Patient Name Elizabeth Preston Acct. Number 2911 Date 1-2-01

**PATIENT HISTORY**

ALLERGIES PCN

CC Sore throat, weakness. Had it I before & think's its starting again.

HPI

PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:

Past Surgical History: ( ) Negative ( ) Positive: Hysterectomy 1996

Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:

Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |

Other:

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**

| | |
|---|---|
| PROBLEM FOCUSED | = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM |
| EXPANDED PROBLEM FOCUSED | = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM |
| DETAILED | =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS |
| COMPREHENSIVE | =18 ELEMENTS OF 9 ORGAN SYSTEMS |

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

Patient Name Elizabeth Preston Acct. Number _____ Date 11-9-00

Wt. 134 Ht 5'2" Temp. _____ PHYSICAL BP 120/84

Constitutional: (X) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (X) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses. no nipple discharge
( ) Positive Findings: _____

Respiratory: ( ) Well-aerated bilaterally, clear to A/P. no rales, rhonchi or wheezes. no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
(X) Positive Findings: tender @ bladder

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck. axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (X) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (X) Awake and aware, oriented to time, place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (X) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
[] EKG [] FBS
[] BAM7 [] SGOT
[] CBC [] PT
[] Chol [] U/A
[] Monospot
] Throat Culture
] Pulse OX
)ther:

**(-RAYS ORDERED:**
] CXR [] AAS
] Spine
ther:

**DX:** UTI

**Meds, Decision Making, Findings or Procedures:** Macrodantin 100mg QID #10

Pyridium

Interpretations: EKG –
XRAY –

PHYS. SIGN: Mary Lutz PA

Patient Name Elizabeth Priester Acct. Number 2911 Date 11-5-00

**PATIENT HISTORY**

ALLERGIES PCN
CC Flu-like Sxs
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco (✓) No ( ) Yes ____ pk/day Alcohol: (✓) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (✓) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | (✓) Negative | ( ) Food | | Drug PCN | |
| Skin: | (✓) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | (✓) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | (✓) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | (✓) Negative | ( ) Sore Throat | | | |
| Resp: | (✓) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | (✓) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | (✓) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | (✓) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | (✓) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | (✓) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | (✓) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | (✓) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | (✓) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam:
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

Patient Name Elizabeth Priester Acct. Number _____ Date 10-31-00

Wt. 132 lbs Temp. _____ PHYSICAL BP 130/80

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
(✓) Positive Findings: throat - very red

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
(✓) Positive Findings: + ton adenop

Chest/Breast: ( ) Chest symmetrical, no deformities. non-tender to palpation. no lumps or masses. no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P. no rales. rhonchi or wheezes. no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) PositiveFindings: _____

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck. axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
(✓) Positive Findings: L-S area tender to palp

Extremities: ( ) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
(✓) Positive Findings: WNL mood

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [✓] EKG [ ] FBS | Pharyngitis | Biaxin 250 mg 1 po bid x 1wk. |
| [ ] BAM7 [ ] SGOT | L-S strain | Zanflex 2mg 1 po tid |
| [ ] CBC [ ] PT | UTI | Ibu 800 tid x 10 pain |
| [ ] Chol [✓] U/A | | Urine culture sent |
| [ ] Monospot | | |
| [ ] Throat Culture | | |
| [ ] Pulse OX | | |
| Other: Culture | | |
| **X-RAYS ORDERED:** | | |
| [ ] CXR [ ] AAS | | |
| [ ] Spine | | |
| Other: | | |

Interpretations: EKG - _____
XRAY - _____

PHYS. SIGN: Mary Ruff MD

Patient Name Elizabeth Priester Acct. Number 2911 Date 10-31-20

## PATIENT HISTORY

ALLERGIES NKA
CC Headache, neck pain & Sore throat with cramp on it
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes _____
( ) Other:

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss
Allergies: ( ) Negative ( ) Food _____ Drug NKA
Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy
Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia
Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis
Throat: ( ) Negative ( ) Sore Throat
Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis
Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE
GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea ( ) Vomiting
GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia
MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain
Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness ( ) Numbness
Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance
Heme: ( ) Negative ( ) Bleeding ( ) Bruising
Psych: ( ) Negative ( ) Anxiety ( ) Depression ( ) Suicide
Other:

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings 232

Patient Name Elizabeth Proster Acct. Number _____ Date 12-6-06

Wt. 280 1/2 lbs Temp. _____ PHYSICAL BP 126/80

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: (✓) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal. No bleeding gums
( ) Positive Findings: cerumen impacted, right ear obl tympanic membrane

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses. no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P. no rales, rhonchi or wheezes. no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: (✓) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) PositiveFindings: _____

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge. uterus normal
( ) Positive Findings: _____

Lymphatic: (✓) No palpable nodes in neck. axillae and inguinal region
( ) Positive Findings: _____

MS: (✓) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: (✓) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS | UTI | |
| ] BAM7 [] SGOT | | Culture = urine CAS |
| ] CBC [] PT | menopausal | bactrim DS 160/800 1 PO BID |
| ] Chol [] U/A | | |
| ] Monospot | | |
| ] Throat Culture | | |
| ] Pulse OX | | |
| )ther: | | |
| | | |
| :-RAYS ORDERED: | | |
| CXR [] AAS | | |
| Spine | | |
| ther: | | |

Interpretations: EKG -
XRAY -

PHYS. SIGNATURE

Pt. 233

Patient Name Elizabeth Priester Acct. Number 2911 Date 10-6-00

## PATIENT HISTORY

ALLERGIES NKA
CC Bladder infection - green odor
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes ____ pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug NKA | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

- 5 days fever
- ↑ urination, odor
- H/O UTI

### MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam:
- PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
- EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
- DETAILED = 12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
- COMPREHENSIVE = 18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

Patient Name Elizabeth Priester Acct. Number 2911 Date 8/25/00

Wt. 134 ↓ 116 Temp. _____ PHYSICAL BP 110/80

Constitutional: (X) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (X) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: ( ) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
(X) Positive Findings: mild spasm CER neck + Lumbar

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (X) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture
( ) Positive Findings: _____

Neurologic: (X) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (X) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS | Cer Pain | Celebrex 200 mg 1B QD |
| [] BAM7 [] SGOT | L-S pain | Xanaflex 4mg 1/2-1B bid |
| [] CBC [] PT | | |
| [] Chol [] U/A | muscle spasm | Cont Premarin |
| [] Monospot | | |
| [] Throat Culture | | Flex bid |
| [] Pulse OX | | |
| Other: | | |
| X-RAYS ORDERED: | | |
| [] CXR [] AAS | | |
| [] Spine | | |
| Other: | | |

Interpretations: EKG -
XRAY -

PHYS. SIGN: _____

235

Patient Name Elizabeth Priester Acct. Number 2911 Date 8/25/00

**PATIENT HISTORY**

ALLERGIES PCN
CC Here to have back of neck checked
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (✓) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam:
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

Patient Name Elizabeth Preston Acct. Number _____ Date 6-23-00

Wt. 135 Temp. _____ PHYSICAL BP 102/74

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: (✓) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal. No bleeding gums
( ) Positive Findings: _____

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation. no lumps or masses. no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-acrated bilaterally, clear to A/P. no rales, rhonchi or wheezes. no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) PositiveFindings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
(✓) Positive Findings: @ cer muscles c mild spasm

Extremities: (✓) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts. judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS | Cer Strain | Skelaxin 1-2 po tid x 1wk. |
| [] BAM7 [] SGOT | | Ice. Qid. |
| ] CBC [] PT | | |
| ] Chol [] U/A | | |
| ] Monospot | | |
| ] Throat Culture | | |
| ] Pulse OX | | Needs: PAP |
| )ther: | | Tetanus. |
| | | CBC |
| **(-RAYS ORDERED:** | | |
| ] CXR [] AAS | | |
| ] Spine | | |
| ther: | | |

Interpretations: EKG - _____ PHYS. SIGN:
XRAY - _____

Patient Name Elizabeth Priester Acct. Number _____ Date 6-23-06

## PATIENT HISTORY

ALLERGIES PCN
CC Burning sensation in neck, Right side feels like a mass or lump
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (•) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | (•) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | (•) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | (•) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | (•) Negative | ( ) Sore Throat | | | |
| Resp: | (•) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | (•) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | (•) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | (•) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | (•) Back Pain | ( ) Myalgia | (•) Joint Pain | Neck + (R) Side |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | (•) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | (•) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | (•) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam:
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings

Patient Name Elizabeth Priester Acct. Number _____ Date 5-8-00

Wt. 136 Temp. 98. PHYSICAL BP 90/60

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
(✓) Positive Findings: Nose - Red boggy throat - red

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus-normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: ( ) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: ( ) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS | URI | Bactrim DM cough /Rx Sick Note |
| [] BAM7 [] SGOT | Allen Rhin | Allegra Tmax /Rx D |
| [] CBC [] PT | Iron anemia | CXR @ hosp. |
| [] Chol [] U/A | | Flu Lab |
| [] Monospot | Mononucl | Rehill Prednisone |
| [] Throat Culture | | |
| [] Pulse OX | | |
| Other: | | |
| **X-RAYS ORDERED:** | | |
| [] CXR [] AAS | | |
| [] Spine | | |
| Other: | | |

Interpretations: EKG - _____
XRAY - _____

PHYS. SIGN: Mandy Rutter

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Patient Name Elizabeth Priester Acct. Number _____ Date 5-8-00

## PATIENT HISTORY

ALLERGIES PCN
CC Here for fever
HPI _____
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: _____
Past Surgical History: ( ) Negative ( ) Positive: _____
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other: _____
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes _____
( ) Other: _____

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss

Allergies: ( ) Negative ( ) Food _____ Drug _____
Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia

Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis

Throat: ( ) Negative ( ) Sore Throat

Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE

GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting

GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia

MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain _____

Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness

Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance

Heme: ( ) Negative ( ) Bleeding ( ) Bruising

Psych: ( ) Negative ( ) Anxiety ( ) Depression ( ) Suicide

Other: _____

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:** PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings240

Patient Name Elizabeth Priester Acct. Number _____ Date 12/8/99

Wt. 130 Temp. _____ PHYSICAL BP 108/82

| | |
|---|---|
| Constitutional: | ( ) Vital Signs Reviewed ( ) WDWN in _____ Distress<br>( ) Positive Findings _____ |
| Eyes: | ( ) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal<br>( ) Positive Findings: _____ |
| ENT: | ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o<br>( ) Dentition Normal, No bleeding gums<br>( ) Positive Findings: _____ |
| Neck: | ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency<br>( ) Positive Findings: _____ |
| Chest/Breast: | ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge<br>( ) Positive Findings: _____ |
| Respiratory: | ( ) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany<br>( ) Positive Findings: _____ |
| Cardiovascular: | ( ) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills<br>( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations<br>( ) Positive Findings: _____ |
| GI/Abdominal: | ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses<br>( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative<br>( ) Positive Findings: (+) CVA tenderness to palpation |
| GU (Male) | ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender<br>( ) Positive Findings: _____ |
| GU (Female) | ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal<br>( ) Positive Findings: _____ |
| Lymphatic: | ( ) No palpable nodes in neck, axillae and inguinal region<br>( ) Positive Findings: _____ |
| MS: | ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities<br>( ) Positive Findings: _____ |
| Extremities: | ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae<br>( ) Positive Findings: _____ |
| Skin: | ( ) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.<br>( ) Positive Findings: _____ |
| Neurologic: | ( ) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation<br>( ) Positive Findings: _____ |
| Psychiatric: | ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal<br>( ) Positive Findings: _____ |

U/A (+)

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS<br>[] BAM7 [] SGOT<br>[] CBC [] PT<br>[] Chol [X] U/A<br>[] Monospot<br>[] Throat Culture<br>[] Pulse OX<br>Other:<br><br>**X-RAYS ORDERED:**<br>[] CXR [] AAS<br>[] Spine<br>Other: | UTI | Cipro 500mg i Po BID X 7 days<br>Pyridium 200mg i Po TID<br>F/U 10 days<br><br>Transferred |

Interpretations: EKG –
XRAY –

PHYS. SIGN: _____

Patient Name Elizabeth Priester Acct. Number _____ Date 12/8/99

## PATIENT HISTORY

ALLERGIES PCN

CC

HPI Clo freq urinate → ? UTI — U/A obtained

PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: Anemia

Past Surgical History: ( ) Negative ( ) Positive: _____

Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other: _____

Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes _____
( ) Other: _____

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss (+) urinary frequency, urgency x1 mon

Allergies: ( ) Negative ( ) Food _____ Drug _____

Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy (+) cloudy infection

Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia

Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis occasional chills/fever

Throat: ( ) Negative ( ) Sore Throat (+) LBP

Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE

GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting _____

GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia

MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain _____

Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness

Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance

Heme: ( ) Negative ( ) Bleeding ( ) Bruising

Psych: ( ) Negative ( ) Anxiety ( ) Depression ( ) Suicide

Other: _____

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings

N/V/D 12/31/99 — to ER started on Promethazine and Procyclomine
No longer N/V/D but has abdominal pain lower quad - No vag bleed/discharge, + Diarrhea

Patient Name _____ Acct. Number _____ Date 1-5-00

Wt. 130 Temp. _____ PHYSICAL BP 100/60

Constitutional: (✓) Vital Signs Reviewed (✓) WDWN in 0 Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: ( ) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4. PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land-Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
(✓) Rectal - no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) Positive Findings: Mid Epistric tender to touch.

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: (✓) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: ( ) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
[] EKG [] FBS
[] BAM7 [] SGOT
[] CBC [] PT
[] Chol [] U/A
[] Monospot
[] Throat Culture
[] Pulse OX
[] Other:

**XRAYS ORDERED:**
[] CXR [] AAS
[] Spine
[] Other:

**DX:** Gastroenteritis

**Meds, Decision Making, Findings or Procedures:** Phil DSic 2 tabs qpo qd x 2 weeks #28

RTO - 1 WK

Interpretations: EKG - _____
XRAY - _____

PHYS. SIGN: _____

P. Ohrin, LPN

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Patient Name Elizabeth Priester Acct. Number _____ Date 1-8-00

## PATIENT HISTORY

ALLERGIES _____

CC Stomach pain + n/v since 1-1-00 Had some diarrhea

HPI Pain in ↓ abd - sharp comes + goes

PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: _____

Past Surgical History: ( ) Negative ( ) Positive: _____

Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other: _____

Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes _____
( ) Other: _____

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss

Allergies: ( ) Negative ( ) Food _____ Drug _____

Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia

Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis

Throat: ( ) Negative ( ) Sore Throat

Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE

GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting

GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia

MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain

Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness

Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance

Heme: ( ) Negative ( ) Bleeding ( ) Bruising

Psych: ( ) Negative ( ) Anxiety ( ) Depression ( ) Suicide

Other: _____

MULTISYSTEM EXAM DOCUMENTATION CHART

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PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
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COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings244

Patient Name Elizabeth Priester Acct. Number _____ Date 10-7-99

Wt. 137 1/2 Same Temp. _____ PHYSICAL BP 102/76

Constitutional: ( ) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: ( ) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal. No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation. no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: ( ) Well-aerated bilaterally, clear to A/P. no rales. rhonchi or wheezes. no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones. RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses. no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck. axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp, in neck, thoraic or lumbar regions, no deformities
(✓) Positive Findings: mild paravert Spasm

Extremities: (✓) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS<br>[] BAM7 [] SGOT<br>[] CBC [] PT<br>[] Chol [] UA<br>[] Monospot<br>[] Throat Culture<br>[] Pulse OX<br>Other:<br><br>**X-RAYS ORDERED:**<br>[] CXR [] AAS<br>[] Spine<br>Other: | L-S strain | Ineed brace Lum support<br>Aleve 2 Po bid<br>Tylenol 2 back Strengthening exer.<br>Flu 2wks<br>Soma 350 mg 1 Po Qhs |

Interpretations: EKG –
XRAY –

PHYS. SIGN: [signature]

245

Patient Name E. Elizabeth Priester Acct. Number 2911 Date 10-7-99

## PATIENT HISTORY

ALLERGIES PCN
CC Back pain + frequent urination. X 2 Weeks.
HPI
PFSH: Past: ( ) Negative ( ) IDDM (✓) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: Anemia
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco (✓) No ( ) Yes _____ pk/day Alcohol: (✓) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (✓) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | (✓) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | (✓) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | (✓) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | (✓) Negative | ( ) Sore Throat | | | |
| Resp: | (✓) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | (✓) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | (✓) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | (✓) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | (✓) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | (✓) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | (✓) Negative | ( ) Thirsty | (✓) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | (✓) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | (✓) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

Patient Name Elizabeth E. Priester Acct. Number 2911 Date 6/22/99

Wt. 127 1/2 lbs. Temp. _____ PHYSICAL BP 110/70

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal. No bleeding gums.
( ) Positive Findings: _____

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: ( ) Well-acrated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: (✓) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) PositiveFindings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS<br>[] BAM7 [] SGOT<br>[] CBC [] PT<br>[] Chol [] U/A<br>[] Monospot<br>[] Throat Culture<br>[] Pulse OX<br>Other:<br><br>**X-RAYS ORDERED:**<br>[] CXR [] AAS<br>[] Spine<br>Other: | UTI | Macrobid 100 mg 1 po bid x 1 wk.<br>Pyridium 200 mg 1 po tid x 1 wk.<br>Rx to d/c UA. |

Interpretations: EKG – _____
XRAY – _____

PHYS. SIGN: _____

Patient Name Elizabeth Priester Acct. Number 2911 Date 6/22/99

## PATIENT HISTORY

ALLERGIES PCN
CC bladder problem; little back pain X wk.
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
(✓) Other: anemia
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco (✓) No ( ) Yes _____ pk/day Alcohol: (✓) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (✓) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | (✓) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | (✓) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | (✓) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | (✓) Negative | ( ) Sore Throat | | | |
| Resp: | (✓) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | (✓) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | (✓) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | (✓) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | (✓) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | (✓) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | (✓) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | (✓) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

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MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:** PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.248

Patient Name Elizabeth Priestley Acct. Number _____ Date 7-30-99

Wt. 157 lbs Temp. _____ PHYSICAL BP 110/70

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
(✓) Positive Findings: ① TM impacted ② TM dull Throat - Red

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities.
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
[] EKG [] FBS
[] BAM7 [] SGOT
[] CBC [] PT
[] Chol [] U/A
[] Monospot
[] Throat Culture
[] Pulse OX
Other:

**X-RAYS ORDERED:**
[] CXR [] AAS
[] Spine
Other:

**DX:** Resolved UTI

Pharyngitis

**Meds, Decision Making, Findings or Procedures:**

Biaxin 250mg bid x 10d

Interpretations: EKG –
XRAY –

PHYS. SIGN: Mark A. Wu

Patient Name Elizabeth Priester Acct. Number 2911 Date 7-20-99

**PATIENT HISTORY**

ALLERGIES PCN
CC URI, pt. follow-up UTI & Sore Throat.
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: anemia
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco (✓) No ( ) Yes pk/day Alcohol: (✓) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | Drug PCN. | | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam:
- PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
- EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
- DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
- COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings250

Patient Name Elizabeth Priester Acct. Number _____ Date 5-27-99

Wt. ~~138~~ 135 lbs Temp. _____ PHYSICAL BP 110/70

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: ( ) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal. No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
(✓) Positive Findings: (R) mass @ 12 o'clock firm very tender

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
(✓) Positive Findings: Vag candida @introitus no odor

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: depressed

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS<br>[] BAM7 [] SGOT<br>[] CBC [] PT Europe<br>[] Chol ~~[] U/A~~<br>[] Monospot<br>[] Throat Culture<br>[] Pulse OX<br>Other:<br><br>**X-RAYS ORDERED:**<br>[] CXR [] AAS<br>[] Spine<br>Other: | (R) breast lump<br>Vag candida<br>Fatigue | Ultrasound (R) breast<br>BCMH @ 1100 Am 5/28/99 X-Ray (R) - Missy<br>Diflucan 150 mg 1po QD x 3d<br>CBC & Mono |

Interpretations: EKG -
XRAY -

PHYS. SIGN: _____

Patient Name Elizabeth Priester Acct. Number 2911 Date 5-27-11

## PATIENT HISTORY

ALLERGIES PCN
CC Here for Vag. itching + feeling sluggish + C/O of pain + lump on L breast
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: Anemia
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

REVIEW OF SYSTEMS:

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| | Lump on L breast | | | | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| ( ) Vomiting | | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| ( ) Numbness | | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| | Vag. itching | | | | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings. 252

Patient Name Elizabeth Rieste Acct. Number 2911 Date 4/8/99

Wt. ~~140 1/2~~ 136 1/2 lbs Temp. _____ PHYSICAL BP 118/74

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: ( ) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4. PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS<br>[] BAM7 [] SGOT<br>[] CBC [] PT<br>[] Chol [] U/A<br>[] Monospot<br>[] Throat Culture<br>[] Pulse OX<br>Other:<br><br>**X-RAYS ORDERED:**<br>[] CXR [] AAS<br>[] Spine<br>Other: | UTI | W/P<br>Cipro 200 mg 1 Po bid x 5 d<br>Robitussin Pneumonia .625 ml 1 x qd. |

Interpretations: EKG –
XRAY –

PHYS. SIGN.

253

Patient Name Elizabeth Priester Acct. Number 2911 Date 4/8/99

## PATIENT HISTORY

ALLERGIES PCN
CC Here for frequent urination
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco (✓) No ( ) Yes pk/day Alcohol: (✓) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | (✓) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | (✓) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | (✓) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | (✓) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | (✓) Negative | ( ) Sore Throat | | | |
| Resp: | (✓) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | (✓) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | (✓) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | (✓) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | (✓) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | (✓) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | (✓) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | (✓) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | (✓) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings 254

Patient Name Elizabeth Priester Acct. Number _____ Date 3-8-99

Wt. 148 Temp. _____ PHYSICAL BP 110/70

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
(✓) Positive Findings: + CVA tenderness

Respiratory: ( ) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
(✓) PositiveFindings: tender epigastric and bladder

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) Positive Findings: _____

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [] EKG [] FBS | viral illness | cl liq for a/p |
| [] BAM7 [] SGOT | | U/A - clear |
| [] CBC [] PT | | Dramocrin AD otc pm |
| [] Chol [] U/A | | |
| ] Monospot | | |
| ] Throat Culture | | |
| ] Pulse OX | | |
| )ther: | | |
| **(-RAYS ORDERED:** | | |
| ] CXR [] AAS | | |
| ] Spine | | |
| )ther: | | |

Interpretations: EKG -
XRAY -

PHYS. SIGN: Mary A Hus

Patient Name Elizabeth Priester Acct. Number _____ Date 3-8-99

**PATIENT HISTORY**

**ALLERGIES** PCN
**CC** C/O Vomiting - ? Stomach Virus - C/O back pain also
**HPI** _____
**PFSH:** Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma ( ) Other: _____
Past Surgical History: ( ) Negative ( ) Positive: _____
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer ( ) Other: _____
Social History: Tobacco ( ) No (•) Yes _____ pk/day Alcohol: ( ) No (•) Yes _____ ( ) Other: _____

**REVIEW OF SYSTEMS:**

General: (•) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss

Allergies: ( ) Negative ( ) Food _____ Drug _____

Skin: (•) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: (•) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia

Ears & Nose: (•) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis

Throat: ( ) Negative ( ) Sore Throat

Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis

Cardiac: (•) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE

GI: ( ) Negative (•) Abdominal Pain ( ) Constipation ( ) Diarrhea (•) Nausea (•) Vomiting

GU: (•) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia

MS: ( ) Negative (•) Back Pain ( ) Myalgia ( ) Joint Pain _____

Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness ( ) Numbness

Endocrine: (•) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance

Heme: (•) Negative ( ) Bleeding ( ) Bruising

Psych: (•) Negative ( ) Anxiety ( ) Depression ( ) Suicide

Other: _____

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.256

Patient Name_____ Acct. Number_____ Date_____

Wt. 148 Temp. 99.4 PHYSICAL BP 110/70

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings_____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings:_____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
(✓) Positive Findings: TMJ Will move – Red boggy Turbinates

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings:_____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings:_____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings:_____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings:_____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) PositiveFindings:_____

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings:_____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings:_____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings:_____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings:_____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings:_____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings:_____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings:_____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
(✓) Positive Findings: depressed

COMPLEXITY OF MEDICAL DECISION MAKING

| LABS ORDERED: | DX: | Meds, Decision Making, Findings or Procedures: |
|---|---|---|
| [ ] EKG [ ] FBS<br>[ ] BAM7 [ ] SGOT<br>[ ] CBC [ ] PT<br>[ ] Chol [ ] U/A<br>[ ] Monospot<br>[ ] Throat Culture<br>[ ] Pulse OX<br>Other:<br><br>X-RAYS ORDERED:<br>CXR [ ] AAS<br>Spine<br>Other: | Sinusitis-<br>Vag candida | Z-pack<br>Diflucan 150 mg today & repeat in 3 days<br>Na. soy hex 2 sp QD. |

Interpretations: EKG –
XRAY –

PHYS. SIGN:

257

R. 366

Patient Name Elizabeth Priester Acct. Number _____ Date 1-26-99

**PATIENT HISTORY**

**ALLERGIES** PCN
**CC** Here for Congestn - Cough - pressure in head
**HPI** _____
**PFSH:** Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma HA
( ) Other: _____
Past Surgical History: ( ) Negative ( ) Positive: _____
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other: _____
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes _____
( ) Other: _____

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss

Allergies: ( ) Negative ( ) Food _____ Drug _____
Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia

Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis

Throat: ( ) Negative ( ) Sore Throat

Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE

GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting

GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia
C/O white itchy Vag dc.

MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain

Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness

Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance

Heme: ( ) Negative ( ) Bleeding ( ) Bruising

Psych: ( ) Negative ( ) Anxiety ( ) Depression ( ) Suicide

Other: _____

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 - 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings. 258

Patient Name Elizabeth Priester Acct. Number _____ Date 1-7-99

Wt. 148 Temp. _____ PHYSICAL BP 122/82

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities. non-tender to palpation. no lumps or masses. no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P. no rales. rhonchi or wheezes. no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones. RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses. no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) Positive Findings: Bladder + CVA tenderness

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck. axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing. cynanosis or petechiae
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes. lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time. place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts. judgment mood & affect normal
( ) Positive Findings: depressed

COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
[] EKG [] FBS
[] BAM7 [] SGOT
[] CBC [] PT
] Chol [] U/A
] Monospot
] Throat Culture
] Pulse OX
)ther:

**(-RAYS ORDERED:**
| CXR [] AAS
| Spine
)ther:

**DX:**
Menopausal Symp

**Meds, Decision Making, Findings or Procedures:**
Premarin 0.625 mg 1 PO QD
Methadone 10 mg 1 PO BID
Tylox 1 q 4-6 prn pain

Interpretations: EKG -
XRAY -

PHYS. SIGN:

259

Patient Name Elizabeth Priester Acct. Number 2911 Date 1-7-99

## PATIENT HISTORY

ALLERGIES PCN
CC Here for back pain & needs hormone med.
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| ( ) Vomiting | | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| ( ) Numbness | | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings. 260

tient Name _____ Accl. Number _____ Date _____

Wt. 114 Temp. _____ PHYSICAL BP 132/80

Constitutional: (✓) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: (✓) Conjunctiva and Lids are Normal. PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: (✓) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (✓) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings: _____

Respiratory: (✓) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (✓) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsatio
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no m
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
(✓) Positive Findings: tender @ bladder

GU (Male) ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechia
( ) Positive Findings: _____

Skin: (✓) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (✓) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sens
( ) Positive Findings: _____

Psychiatric: (✓) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect n
( ) Positive Findings: depressed

## COMPLEXITY OF MEDICAL DECISION MAKING

**LABS ORDERED:**
EKG [] FBS
BAM7 [] SGOT
CBC [] PT
Chol [] U/A
Monospot
Throat Culture
Pulse OX
Other:

**X-RAYS ORDERED:**
CXR [] AAS
Spine
Pelvis:

**DX:**
UTI

**Meds, Decision Making, Findings or Proce**
Bactrim DS 1Rx bid X 10d
STD teaching done R/T HIV, Condo
use
Refill Premarin

Interpretations: EKG –
XRAY –

PHYS. SIGN:
V Mabry, RN RN261

Patient Name Elizabeth Arcot Acct. Number _____ Date 11-20-98

**PATIENT HISTORY**

ALLERGIES NKA
CC Here for wt ✓ c/o frog in throat
HPI _____
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: _____
Past Surgical History: ( ) Negative ( ) Positive: _____
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other: _____
Social History: Tobacco (✓) No ( ) Yes _____ pk/day Alcohol (✓) No ( ) Yes _____
( ) Other: _____

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss
Allergies: ( ) Negative ( ) Food _____ Drug _____
Skin: ( ) Negative ( ) Rash ( ) Sweaty ( ) Itchy
Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia
Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis
Throat: ( ) Negative ( ) Sore Throat
Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis
Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE
GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting _____
GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia
MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain _____
Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness
Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance
Heme: ( ) Negative ( ) Bleeding ( ) Bruising
Psych: ( ) Negative ( ) Anxiety ( ) Depression ( ) Suicide
Other: also needs Premarin refilled

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ Systems 262.
Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative Findings.

Patient Name Elizabeth E. Price Acct. Number _____ Date 5-6-98

B/P 120/78
WT 156½

## PHYSICAL

**Constitutional:** ( ) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

**Eyes:** ( ) Conjunctiva and Lids are Normal, PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

**ENT:** ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: (L) TM impacted (R) clear

**Neck:** ( ) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

**Chest/Breast:** ( ) Chest symmetrical, no deformities, non-tender to palpation. no lumps or masses. no nipple discharge
( ) Positive Findings: _____

**Respiratory:** ( ) Well-aerated bilaterally, clear to A/P. no rales, rhonchi or wheezes, no egophany
( ) Positive Findings: _____

**Cardiovascular:** ( ) Good heart tones. RR w/o ectopy. S1 S2 no murmurs or S3 S4, PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses. no abdominal pulsations
( ) Positive Findings: _____

**GI/Abdominal:** ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) PositiveFindings: _____

**GU (Male)** ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

**GU (Female)** ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) Positive Findings: _____

**Lymphatic:** ( ) No palpable nodes in neck. axillae and inguinal region
( ) Positive Findings: _____

**MS:** ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: Pain @ L4 - S1 c palp

**Extremities:** ( ) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing. cyanosis or petechiae
( ) Positive Findings: _____

**Skin:** ( ) Warm and dry, no rashes. lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

**Neurologic:** ( ) Awake and aware, oriented to time. place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings: _____

**Psychiatric:** ( ) Oriented to time and place. answers questions appropriately, no suicidal thoughts. judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

**Diagnosis:** 1 L back pain 2 _____
3 _____ 4 _____

**Plan:** _____

**Test Ordered:** _____

**Management:** _____

**Medications:** _____

**Diagnostics:** _____

**Coordination of Care:** _____

Patient Name Elizabeth Priestel Acct. Number _____ Date 5-6-98

## PATIENT HISTORY

ALLERGIES Pcn
CC Here for infection in Both Ears
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

General: (X) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss
Allergies: (X) Negative ( ) Food _____ Drug _____
Skin: (X) Negative ( ) Rash ( ) Sweaty ( ) Itchy
Eyes: (X) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia
Ears & Nose: (X) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis
Throat: (X) Negative ( ) Sore Throat
Resp: (X) Negative ( ) Cough ( ) SOB ( ) Hemoptysis
Cardiac: (X) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE
GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea (X) Nausea PM time
( ) Vomiting
GU: ( ) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia
MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain
Neuro: ( ) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness
Endocrine: (X) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance
Heme: (X) Negative ( ) Bleeding ( ) Bruising
Psych: (X) Negative ( ) Anxiety ( ) Depression ( ) Suicide
Other:

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ systems must be documented with specific abnormal and relevant negative

Patient Name _____ Acct. Number _____ Date _____

T: 98.6 B/P: 104/62
P: 76 Wts 152

PHYSICAL

Constitutional: (✓) Vital Signs Reviewed (✓) WDWN in no Distress
( ) Positive Findings

Eyes: ( ) Conjunctiva and Lids are Normal, PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings:

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings:

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings:

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation. no lumps or masses. no nipple discharge
( ) Positive Findings:

Respiratory: ( ) Well-aerated bilaterally, clear to A/P. no rales, rhonchi or wheezes, no egophany
( ) Positive Findings:

Cardiovascular: ( ) Good heart tones. RR w/o ectopy. S1 S2 no murmurs or S3 S4, PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses. no abdominal pulsations
( ) Positive Findings:

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal - no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) Positive Findings:

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings:

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis: no masses or discharge. uterus normal
( ) Positive Findings:

Lymphatic: ( ) No palpable nodes in neck. axillae and inguinal region
( ) Positive Findings:

MS: (✓) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: no back tenderness

Extremities: (✓) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing. cyanosis or petechiae
( ) Positive Findings:

Skin: ( ) Warm and dry, no rashes. lesions or ecchymoses, normal color and texture.
( ) Positive Findings:

Neurologic: (✓) Awake and aware, oriented to time. place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings:

Psychiatric: ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts. judgment mood & affect normal
( ) Positive Findings:

COMPLEXITY OF MEDICAL DECISION MAKING

Diagnosis: 1 Back Pain Chronic 2 _____
3 UTI 4 _____

Plan: Wants referred for back already seen by Dr Kraus w/no surg. problem. Will refer to pain dr

Test Ordered: _____

Management: _____

Medications: 1). Soma 350mg ÷ po q.i.d Robaxin 750 p.o bid x 10d
2) Motrin 800mg ÷ po q.i.d

Diagnostics: RT 2 wks

Coordination of Care: _____

265

Patient Name Elizabeth Preston Acct. Number 2511 Date 7-1-98

## PATIENT HISTORY

**ALLERGIES** PCN

**CC**

**HPI**

**PFSH:** Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes _____
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | | Drug PCN | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | (X) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS



Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit

Patient Name_____ Acct. Number_____ Date_____

**Documentation Guideline:** A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative findings.

## PHYSICAL

T: 98.8 Wt: 155 1/2
P: 80 B/P: 102/76

**Constitutional:** ( ) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) **Positive Findings**_____

**Eyes:** ( ) Conjunctiva and Lids are Normal, PEERL ( ) Fundi and optic disc are normal
( ) **Positive Findings:**_____

**ENT:** ( ) Normal TM & Canals, Normal Nasal Canal Septum & Turbinates, Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) **Positive Findings:**_____

**Neck:** ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) **Positive Findings:**_____

**Chest/Breast:** ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
(✓) **Positive Findings:** Fibrocystic @ 11-12 (R) breast @ 3-4 hr, IW + tenderness

**Respiratory:** ( ) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) **Positive Findings:**_____

**Cardiovascular:** ( ) Good heart tones, RR w/o ectopy, S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) **Positive Findings:**_____

**GI/Abdominal:** (✓) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) **Positive Findings:**_____

**GU (Male)** ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) **Positive Findings:**_____

**GU (Female)** (✓) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) **Positive Findings:**_____

**Lymphatic:** ( ) No palpable nodes in neck, axillae and inguinal region
( ) **Positive Findings:**_____

**MS:** ( ) Gait normal, no pain to palp, in neck, thoraic or lumbar regions, no deformities
( ) **Positive Findings:**_____

**Extremities:** ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) **Positive Findings:**_____

**Skin:** ( ) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) **Positive Findings:**_____

**Neurologic:** ( ) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) **Positive Findings:**_____

**Psychiatric:** ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect normal
( ) **Positive Findings:**_____

| **LABS ORDERED:** | **DX:** | **Meds, Decision Making, Findings or Procedures:** |
|---|---|---|
| [] EKG [] FBS | Yeast - vag | Diflucan 150mg 1 A Today |
| [] BAM7 [] SGOT | PAP | F/u pap |
| [] CBC [] PT | | |
| [] Chol [] U/A | | |
| [] Monospot | | |
| [] Throat Culture | | |
| [] Pulse OX | | |
| Other: | | |
| **X-RAYS ORDERED:** | | |
| [] CXR [] AAS | | |
| [] Spine | | |
| Other: | | |

**Interpretations:** EKG_____ X-Ray_____

[] Discuss PT with another MD:_____

Physician's Signature Rate 376 Reviewed pt hrs

Patient Name Elizabeth Priester Acct. Number 2911 Date 6/25/98

## PATIENT HISTORY

ALLERGIES PCN

CC Here for Mammogram Results + PAP / Back pain + HA

HPI:

PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:

Past Surgical History: ( ) Negative ( ) Positive:

Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:

Social History: Tobacco (X) No ( ) Yes pk/day Alcohol: (X) No ( ) Yes
( ) Other:

## REVIEW OF SYSTEMS:

General: (X) Negative ( ) Chills ( ) Fever ( ) Malaise ( ) Weight Loss

Allergies: ( ) Negative ( ) Food Drug PCN

Skin: (X) Negative ( ) Rash ( ) Sweaty ( ) Itchy

Eyes: ( ) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia

Ears & Nose: ( ) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis

Throat: ( ) Negative ( ) Sore Throat

Resp: ( ) Negative ( ) Cough ( ) SOB ( ) Hemoptysis

Cardiac: ( ) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE

GI: ( ) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting

GU: (X) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia

MS: ( ) Negative (X) Back Pain ( ) Myalgia ( ) Joint Pain

Neuro: (X) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness

Endocrine: ( ) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance

Heme: ( ) Negative ( ) Bleeding ( ) Bruising

Psych: (X) Negative ( ) Anxiety ( ) Depression ( ) Suicide

Other:

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ-Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Patient Name _____ Acct. Number _____ Date _____

BP 110/72 Wt. 158

PHYSICAL

Constitutional: ( ) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: ( ) Conjunctiva and Lids are Normal, PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD. no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: (X) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses. no nipple discharge
( ) Positive Findings: breast tender bilat S/P D/C from Dr Henderson

Respiratory: (X) Well-aerated bilaterally, clear to A/P. no rales. rhonchi or wheezes, no egophany
( ) Positive Findings: _____

Cardiovascular: (X) Good heart tones. RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses. no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: (X) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal- no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) Positive Findings: _____

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) Positive Findings: _____

Lymphatic: (X) No palpable nodes in neck. axillae and inguinal region
(X) Positive Findings: 2 nodes right

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings: _____

Extremities: ( ) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing. cyanosis or petechiae
( ) Positive Findings: _____

Skin: ( ) Warm and dry, no rashes. lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (X) Awake and aware, oriented to time. place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (X) Oriented to time and place. answers questions appropriately, no suicidal thoughts. judgment mood & affect normal
( ) Positive Findings: _____

Hysterectomy - 1996

COMPLEXITY OF MEDICAL DECISION MAKING

Diagnosis: 1 Breast Pain Bilat 2 _____
3 _____ 4 _____

Plan: a. Baseline Mammography
b. Defend - Educ - Analgesics prn

Test Ordered: _____

Management: _____

Medications: _____

Diagnostics: _____

Coordination of Care: _____

Stanley R. Gallardo M.D.
CF 8/69

Patient Name Elizabeth Priester Acct. Number 2911 Date 6-3-98

PATIENT HISTORY

ALLERGIES

CC Sore and tender breast (bilateral) & also headaches since last visit

HPI

PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

REVIEW OF SYSTEMS:

General: ( ) Negative ( ) Chills (X) Fever headaches ( ) Malaise ( ) Weight Loss
Allergies: ( ) Negative ( ) Food Drug
Skin: (X) Negative ( ) Rash ( ) Sweaty ( ) Itchy
Eyes: (X) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia
Ears & Nose: (X) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis
Throat: (X) Negative ( ) Sore Throat
Resp: (X) Negative ( ) Cough ( ) SOB ( ) Hemoptysis
Cardiac: (X) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE
GI: (X) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting
GU: (X) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia
MS: ( ) Negative ( ) Back Pain ( ) Myalgia ( ) Joint Pain
Neuro: (X) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness
Endocrine: (X) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance
Hemc: (X) Negative ( ) Bleeding ( ) Bruising
Psych: (X) Negative ( ) Anxiety ( ) Depression ( ) Suicide
Other:

MULTISYSTEM EXAM DOCUMENTATION CHART

Levels of Exam: PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ-Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Genit-
Musc-Skel / Skin / Neuro / Psych



sufficient for elements of unaffected organ

WT: 140# BP: 120/80 7:44.

Patient Name_____ Acct. Number_____ Date_____

## PHYSICAL

**Constitutional:** ( ) Vital Signs Reviewed ( ) WDWN in_____ Distress
( ) Positive Findings: Febrile - 99.7

**Eyes:** ( ) Conjunctiva and Lids are Normal, PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings:_____

**ENT:** ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharynx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: fluid behind TMs AU, pharynx erythematous

**Neck:** ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes, thyroid normal size & consistency
( ) Positive Findings:_____

**Chest/Breast:** ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses, no nipple discharge
( ) Positive Findings:_____

**Respiratory:** ( ) Well-aerated bilaterally, clear to A/P, no rales, rhonchi or wheezes, no egophany
( ) Positive Findings:_____

**Cardiovascular:** ( ) Good heart tones. RR w/o ectopy. S1 S2 no murmurs or S3 S4, PMI normal, no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings:_____

**GI/Abdominal:** ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia, no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemoccult negative
( ) PositiveFindings:_____

**GU (Male)** ( ) Penis without lesions, no discharge, two testicles of normal size and non-tender
( ) Positive Findings:_____

**GU (Female)** ( ) Normal ext genitalia, no vaginitis, no cervicitis, no masses or discharge, uterus normal
( ) Positive Findings:_____

**Lymphatic:** ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings:_____

**MS:** ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities
( ) Positive Findings:_____

**Extremities:** ( ) Full ROM w/o deformities, no pre-tibial edema, no calf tenderness. Also no clubbing, cynanosis or petechiae
( ) Positive Findings:_____

**Skin:** ( ) Warm and dry, no rashes, lesions or ecchymoses, normal color and texture.
( ) Positive Findings:_____

**Neurologic:** ( ) Awake and aware, oriented to time, place and person. CN intact, no pronator drift, normal strength and sensation
( ) Positive Findings:_____

**Psychiatric:** ( ) Oriented to time and place, answers questions appropriately, no suicidal thoughts, judgment mood & affect norma
( ) Positive Findings:_____

Hysterectomy - 1996

## COMPLEXITY OF MEDICAL DECISION MAKING

**Diagnosis:** 1 Sinusitis 2_____ 3_____ 4_____

**Plan:** ① Cipro 500 mg p.o bid x 10
② Nasal irrigation

**Test Ordered:**_____

**Management:** Nasal irrigation & Nasonex 2 sp in each nostril qd. Increase fluids, rest, Tylenol prn for fever & pain.

**Medications:**_____

**Diagnostics:**_____

**Coordination of Care:** Follow prn

Stanley Guillard FNP

271

Patient Name Elizabeth Priester Acct. Number 291 Date 5/19/98

## PATIENT HISTORY

ALLERGIES PCN
CC Here for otitis infection - UA, heart pressure
HPI
PFSH: Past: ( ) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other:
Past Surgical History: ( ) Negative ( ) Positive:
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other:
Social History: Tobacco ( ) No ( ) Yes pk/day Alcohol: ( ) No ( ) Yes
( ) Other:

**REVIEW OF SYSTEMS:**

| | | | | | |
|---|---|---|---|---|---|
| General: | ( ) Negative | ( ) Chills | ( ) Fever | ( ) Malaise | ( ) Weight Loss |
| Allergies: | ( ) Negative | ( ) Food | Drug PCN | | |
| Skin: | ( ) Negative | ( ) Rash | ( ) Sweaty | ( ) Itchy | |
| Eyes: | ( ) Negative | ( ) Blurred | ( ) Diplopia | ( ) Photophobia | |
| Ears & Nose: | ( ) Negative | ( ) Hearing Loss | ( ) Nosebleeds | ( ) Rhinitis | |
| Throat: | ( ) Negative | ( ) Sore Throat | | | |
| Resp: | ( ) Negative | ( ) Cough | ( ) SOB | ( ) Hemoptysis | |
| Cardiac: | ( ) Negative | ( ) Chest Pain | ( ) Palpitations | ( ) Orthopnea | ( ) DOE |
| GI: | ( ) Negative | ( ) Abdominal Pain | ( ) Constipation | ( ) Diarrhea | ( ) Nausea |
| | ( ) Vomiting | | | | |
| GU: | ( ) Negative | ( ) Dysuria | ( ) Frequency | ( ) Urgency | ( ) Nocturia |
| MS: | ( ) Negative | ( ) Back Pain | ( ) Myalgia | ( ) Joint Pain | |
| Neuro: | ( ) Negative | ( ) Seizures | ( ) Dizziness | ( ) Syncope | ( ) Weakness |
| | ( ) Numbness | | | | |
| Endocrine: | ( ) Negative | ( ) Thirsty | ( ) Polyuria | ( ) Heat/Cold Intolerance | |
| Heme: | ( ) Negative | ( ) Bleeding | ( ) Bruising | | |
| Psych: | ( ) Negative | ( ) Anxiety | ( ) Depression | ( ) Suicide | |
| Other: | | | | | |

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ-Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych





"normal limits" (WNL) is sufficient for elements of unaffected organ
and relevant negative

Patient Name Elizabeth Priest Acct. Number _____ Date 4-22-98

Wt: 164 T: 97.9 PHYSICAL BP 130/80

Constitutional: ( ) Vital Signs Reviewed ( ) WDWN in _____ Distress
( ) Positive Findings _____

Eyes: ( ) Conjunctiva and Lids are Normal, PEERL ( ) Fundi and optic disc are normal
( ) Positive Findings: _____

ENT: ( ) Normal TM & Canals. Normal Nasal Canal Septum & Turbinates. Oropharnx & Throat clear w/o
( ) Dentition Normal, No bleeding gums
( ) Positive Findings: _____

Neck: ( ) Supple, no masses, no tenderness, trachea midline, no JVD, no nodes. thyroid normal size & consistency
( ) Positive Findings: _____

Chest/Breast: ( ) Chest symmetrical, no deformities, non-tender to palpation, no lumps or masses. no nipple discharge
( ) Positive Findings: _____

Respiratory: ( ) Well-aerated bilaterally, clear to A/P. no rales, rhonchi or wheezes. no egophany
( ) Positive Findings: _____

Cardiovascular: ( ) Good heart tones, RR w/o ectopy. S1 S2 no murmurs or S3 S4. PMI normal. no bruits or thrills
( ) Pulses are equal and strong in Carotid Femoral land Brachial areas. Good DP pulses, no abdominal pulsations
( ) Positive Findings: _____

GI/Abdominal: ( ) Flat, non-tender, good bowel sounds in all quadrants, no hepato-splenomegaly, no abd/inguinal hernia. no masses
( ) Rectal – no hemorrhoids, good sphincter tone, no masses, hemocult negative
( ) PositiveFindings: _____

GU (Male) ( ) Penis without lesions, no discharge. two testicles of normal size and non-tender
( ) Positive Findings: _____

GU (Female) ( ) Normal ext genitalia, no vaginitis, no cervicitis. no masses or discharge. uterus normal
( ) Positive Findings: _____

Lymphatic: ( ) No palpable nodes in neck, axillae and inguinal region
( ) Positive Findings: _____

MS: ( ) Gait normal, no pain to palp. in neck, thoraic or lumbar regions, no deformities Decreased motion & lumbar ROM
(X) Positive Findings: (+) Para-spinal tenderness, also @ L5 bilat

Extremities: ( ) Full ROM w/o deformities. no pre-tibial edema, no calf tenderness. Also no clubbing, cyanosis or petechiae
( ) Positive Findings: Lat ROM flexion 80; Extension 25

Skin: ( ) Warm and dry, no rashes. lesions or ecchymoses, normal color and texture.
( ) Positive Findings: _____

Neurologic: (X) Awake and aware, oriented to time, place and person. CN intact. no pronator drift. normal strength and sensation
( ) Positive Findings: _____

Psychiatric: (X) Oriented to time and place, answers questions appropriately, no suicidal thoughts. judgment mood & affect normal
( ) Positive Findings: _____

## COMPLEXITY OF MEDICAL DECISION MAKING

Diagnosis: 1 Chron LBP 2 _____
3 _____ 4 _____

Plan: ① Valtrex XR 1 p.o. h.s. prn pain (21) tabs
② Darvocet 25 mg 1 p.o. q 6 prn pain
③ LBD Home Exercise Sheet

Test Ordered: _____

Management: ↑ back pain ± B.K. but ↓ bladder or BK dysfunction = bilat

Medications: _____

Diagnostics: _____

Coordination of Care: CTH prn

Blood K. Sullivan M.D.
R. Sadeghi FPN

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Patient Name Elizabeth Priester Acct. Number _____ Date 4-22-98

## PATIENT HISTORY

ALLERGIES PCN
CC Here for Chronic Back pain - wants meds
HPI _____
PFSH: Past: (X) Negative ( ) IDDM ( ) NIDDM ( ) HTN ( ) Angina ( ) CHF ( ) COPD ( ) Asthma
( ) Other: _____
Past Surgical History: ( ) Negative ( ) Positive: _____
Family History: ( ) No Significant Family History ( ) Heart Disease ( ) DM ( ) Cancer
( ) Other: _____
Social History: Tobacco ( ) No ( ) Yes _____ pk/day Alcohol: ( ) No ( ) Yes _____
( ) Other: _____

**REVIEW OF SYSTEMS:**

General: ( ) Negative ( ) Chills (X) Fever ( ) Malaise ( ) Weight Loss
Allergies: (X) Negative ( ) Food _____ Drug _____
Skin: (X) Negative ( ) Rash ( ) Sweaty ( ) Itchy
Eyes: (X) Negative ( ) Blurred ( ) Diplopia ( ) Photophobia
Ears & Nose: (X) Negative ( ) Hearing Loss ( ) Nosebleeds ( ) Rhinitis
Throat: (X) Negative ( ) Sore Throat
Resp: (X) Negative ( ) Cough ( ) SOB ( ) Hemoptysis
Cardiac: (X) Negative ( ) Chest Pain ( ) Palpitations ( ) Orthopnea ( ) DOE
GI: (X) Negative ( ) Abdominal Pain ( ) Constipation ( ) Diarrhea ( ) Nausea
( ) Vomiting
GU: (X) Negative ( ) Dysuria ( ) Frequency ( ) Urgency ( ) Nocturia
MS: ( ) Negative (X) Back Pain - Chronic ( ) Myalgia ( ) Joint Pain _____
Neuro: (X) Negative ( ) Seizures ( ) Dizziness ( ) Syncope ( ) Weakness
( ) Numbness
Endocrine: (X) Negative ( ) Thirsty ( ) Polyuria ( ) Heat/Cold Intolerance
Heme: (X) Negative ( ) Bleeding ( ) Bruising
Psych: (X) Negative ( ) Anxiety ( ) Depression ( ) Suicide
Other: _____

MULTISYSTEM EXAM DOCUMENTATION CHART

**Levels of Exam:**
PROBLEM FOCUSED = 1 – 5 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
EXPANDED PROBLEM FOCUSED = 6 ELEMENTS OF AT LEAST ONE ORGAN SYSTEM
DETAILED =12 ELEMENTS OF 2 TO 6 ORGAN SYSTEMS
COMPREHENSIVE =18 ELEMENTS OF 9 ORGAN SYSTEMS

Organ Systems: Const / Eyes / ENT / Neck / Resp / Cardio / Chest (breast) / Gastro (abdomen) / Gent-Uro
Musc-Skel / Skin / Neuro / Psych

Documentation Guideline: A notation of "Within normal limits" (WNL) is sufficient for elements of unaffected organ systems. Elements of exam in affected organ systems must be documented with specific abnormal and relevant negative

CONTINUATION

F30 CR
WT: 163 1/2 #  BP: 110/62  T: 98.8 DATE  P: 100

ESS

Here for c/o (L) leg discomfort & HA.

Allergy to Pcn.

S: HA & sore throat for ~3 days: Felt. initially - some cough. some fever. HA & headache above eyes & at temples.

Eating some. No N/V.

O: (L) TM dull; (R) TM, canal clear
oropharynx clear
tender cervical adenopathy
heart & RR. S1 S2 RRR
lungs CTA in all fields
(L) leg & no edema or erythema; full ROM

A/P: O sinusitis - bactrim DS 1 po bid x 14 days.
dexamethasone 10 mg po qd

(L) leg pain - Xray.

AP signature

2-25-98 wt: 162 #
S: Has a knot (L) ear, tender, feels pressure in ear & diff. seeing, mild hard of hearing
(L) knee pain & (L) leg pain since last OV
O: (R) TM dull, fluid (L) TM clear
oropharynx clear
(L) pre-auricular & ant. C. adenopathy
HRRR
lungs CTA (L)
(L) Knee: full ROM, stable, varus/valgus mild discomfort, medial ligament & post abduct
A: Knee strain
OM
P: relafen 500 mg qd x 5 days
Xray (L) knee
cefaclor 500 mg tid x 14d Colin Lyons FNP
Randall Lyons FNP

275

R. 384

CONTINUATION Elizabeth Thrasher

DATE

SS

12/29/97 WT 163 1/2 BP- 110/90 Temp 98.1

S. Here for back pain; pt states heart swells; also need Rx for hormones.

O: HENT clear,
HRRR 5 mm
lungs CTA (B)
abd soft, NT, & m/m
psych: tearful, better eye contact, thoughts & logic, Chart, last visit

A: depression
chest wall pain
chronic HBP

P: cont premarin
Cont. prozac 20mg bid
Cont. klonopin
bypap. BP's & pulse prn 1 1/2 samples
RTC 2 wks.

Collier Lyons, FNP Randi Lyons

1-13-98 T 99.2 P 84 BP 120/84 Wt 162 # (↓ 1 1/2)

Here for F/U depression, states she's doing a little better. Still having back pain Lt. s smoke & ETOH
ROS Chronic med & problem sheet reviewed
allergy to PCN
WD WN B/F wants Fe checked
Trying to find a job, can't get unemployment. Still states that heart swells → pt. points to lower ribcage

O: Smiling, wearing make-up
5,5 2
lungs CTA (B)
abd soft, NT, & m/m, + BS
& pain on palpation of (R) lower ribcage

A: back pain
depression
? chest wall pain

P: Cont prozac
CBC, Retic, Fe, TIBC today
Soma Compound + 15 gtts prn #30 x1
Ativan 1.5 mg bid x1 mo.
RTC prn

Collier Lyons FNP Randi Lyons

Olivebelt Treaver

CONTINUATION

NAME

ADDRESS

12-24-97 Wt: 164.2 lbs BP 110/80

Here for back pain & depression & results of MRI of back
States she is very depressed, lack of concentration,
feels hopeless, cries all the time, insomnia,
awakens several times during night, has had
thoughts of suicide, unable to elicit from pt.
if she has a plan, pt. just sits & cries.
Pt. has 2 children, separated from 2nd husband,
h/o sexual/physical abuse, both marriages,
financially distraught, fired from job 2/2 back
injury.
O: tearful, flat affect, little eye contact
good insight
thought process jumbled
unable to answer questions 2 crying, looks at
floor, if question is repeated, answers
A: depression
? suicidal - doubt suicidal, but very distraught
P: refer to Dr. Smith
pt. to go to Orangeburg ER now!

Colleen Lyons, FNP

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CONTINUATION

NAME

DATE

ADDRESS

CONTINUATION

NAME

ADDRESS

DATE

11/5/97

WT: 168 BP: 128/90

S: Here for back pain

S: Pt. c MVA in 6/97 & re-injured after that.
N/N c back pain

Pain is sharp in lower back c pain that radiates down to ⓡ thigh. Occasional swelling. N/o relief c Flexeril.

N/o Δ in visual symptoms. N/o dysuria.

O: ⓡ paravertebral tenderness in L-S area
unable to flex or extend back due to discomfort
Full pain in ⓡ hip & knee
Discomfort c internal rotation of ⓡ hip
SLR on ⓡ to 45° c discomfort
SLR on ⓛ to 80° c discomfort → Dr. Kiral thurs. 6 pm

A/P: ⓡ back pain - refer to Ortho & r/o vertebral herniation. appt. 11/6 2 PM
Darvocet ½ po q 6-8° prn pain #30.

Rippamonte

11-10-97
pt. missed appt c Dr. Kiral Thurs. 11/6
pt rescheduled for 11/14 @ 4:45 A

11-11-97
Pt called & said Dr. Kiral doesn't take Medicaid; so she wanted us to send her elsewhere
made appt c
Thurs. 11/18/97 @ 8:15 c Dr. Moss

279

CONTINUATION

NAME Elizabeth Priester

ADDRESS

DATE

12-8-97

WT: 168 lbs. BP: 130/88

C/O back pain & rash between legs.

O: Skin - few small raised white bumps in vulvar hair
Ø Redness Ø bumps/pimples
Gait stiff & pain c leg raises in ↓ back bilat.
Reflexes 2+ (L) leg 3+ (R) leg Sensation ↓ on (L) leg.
General - crying flat affect obviously depressed.
well groomed & good insight & judgement. memo intact

A: (1) chronic pain ↓ back
(2) Allergic dermatitis
(3) Depression

P: (1) MRI ↓ back
(2) Zegerid 1 PO. a HS
(3) Prozac cont
(4) Mental health appt ASAP.
(5) Suicide safety contract made.
(6) Hx 2 wks.

MRI of ↓ back (Wed) Mon 12/15 @ 1145A TNRC

Maddy Riley FNP-
Randi Epperson

12-17-97

Wt 165 T: 99.2 BP 130/82 P80 reg

S: Here for cough, congestion, sore throat x couple of days

Contact TNRC - Hunter about body aff
Pt not to place:

S+ Ø C S; Ø F HOH
No PCN
RS - ↓ wave breaths / ↓ wheeze mid / ↓ wheeze posterior lobes / ↓ air exchange Ø rales/rhonchi
↳ Fever, Decrease Appetite, Myalgias - Doxypro/Relpax 30 mg
OE TMs - clear throat mild erythema
clear w/ purulent d/c nares
Neck - no lymphadenopathy
Chest clear lungs - few bronchial BS
. / cv - RRR
Skin - Scars
Abd - neg.

A: Bronchitis / Allergic Rhinitis
P: Rx given for Doxy & Promethazine w/ Codeine
Pt to get rx filled
Pt to take pseudoephedrine as directed
Pt to get plenty of rest & fluids
Pt to call if not improving

A: Chronic Back Pain
P: Await MRI
Pay pro bono if pt goes to Tenn

Maddy Riley FNP-

CONTINUATION

NAME Elizabeth Priester (BF)
ADDRESS P.O. Box 241
Denmark, SC. 29042
DATE

DOB: 8-17-62
SS: 248-39-0112
Telephone: 245-5824 friend
Employer: Unemployed
Occupation:
Sex: F
Medicaid 105116882801

11-11-97 WT 155# BP 122/84

Has back pain. + tingling / burning pain radiates
O: Back pain to palpation from thoracic → lumbar area
+ CVA tenderness
Sensation ↓ (R)
Reflexes 1+ (R) leg 2+ (L) leg strength ↓ (L) leg
A: (1) ? disc disease
(2) UTI
P: (1) Bactrim DS 1 bid x 14 days
(2) Ultram 50mg q 6° prn
(3) Naprelan 500mg qd x 10.

Mandy Ruff FNP

7-28-97
WT 158 BP
S: Here for back pain still - also c/o sc. chest aches - URI ved - Thur - felt o.k. until making supper AC was on - felt very dizzy - sat down recovered in 30 min - Some diplopia, nausea, frontal HA. Room was spinning not her. Hx allergic rhinitis. ↑ sleeping. Sometimes awaken ↓ HA.
O: ears - (R) impacted (L) TM's normal nose - boggy throat - red ↓ clean PND neck ∅ thyroid
smoke — ∅ CV clean S, S, RRR
ETOH — ∅ A: Tension vs migraine HA
allergic to Pcn; P: (1) Phenergan Forte 1 PO Q 6°-8° prn HA
current meds: Prozac 20mg 1 PO qd; Clarit 25mg 1 PO qd; Premarin 0.625 mg 1 PO qd
surgery — hysterectomy — 1996
family hx of:
HTN — ∅
cancer — ∅ Father had lung Ca & smoked.
diabetes — ∅

Mandy Ruff FNP

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Elizabeth Priester

9-8-97. BP - 120/84 WT - 166 lbs. (↑ 8 lbs)

C/o back pain s HA. Headaches frequently - awakens c headache & times. Has nausea no emesis; blurred vision intermittently fell in June c headache - felt dizzy = Room spinning hit head @ Ⓡ occip ER saw pt & CT. still ↓ back pain.

O: musculo - spine not straight c forward flexion Ⓡ shoulder dipr down. Hipr seem even when standing. No overt muscle spasm

neuro - cranial nerves 2-12 intact.
- Rhomberg

A: ① headaches ? etiology

P: ① CT scan head → Tues. Sept. 9th @ 10a.
② Phrenalin forte 1-2 Q 8° prn (sumatriptan)
③ Consider neurology consult

Mark Ely PNP-

9-17-97
pt missed appt. for CT of head Tues, Sept. 9th @ 10 am - rescheduled for Wed, Oct. 1st @ 8:30 am

10-6-97 BP - 130/90 WT - 166 lbs.

Here for back pain (lower back) s HA
took a nap for 2 1/2 hrs woke up c tongue was sore - continued dizziness.
Had CT wed oct 1st - normal.

O: Spine c abn curvature Ⓡ hip ↓ than Ⓛ when standing. Ⓡ shoulder ↓ than Ⓛ. neck rom ↓ c ext & flexion

A: ① Muscle tension HA's
② Scoliosis

P: ① Flexeril 10 mg Po qHS #30.
② Phrenalin forte 1-2 @ HA 2nd then 1 Q 8°. #30 x1

# BAMBERG COUNTY HOSPITAL

600 NORTH STREET
BAMBERG, SC 29003
PHONE: (803) 245-4321 FAX:(803) 245-6280

## RADIOLOGY REPORT***

| | | | |
|---|---|---|---|
| NAME: | PRIESTER ELIZABETH E | | STAY TYPE:O/P |
| PATIENT NUMBER: | 687209 | ROOM: | |
| XRAY NUMBER: | 012204 | MR#: | 69250 |
| AGE: | 38 | SEX: | F |
| ADMIT PHYS: | PADGETT R | DOB: | 08/17/1962 |
| FAMILY PHYS: | PADGETT R | | |
| TRANSCR.DATE: | 8/25/00 | | |
| TRANSCR.TIME: | 14:34 | | |
| TRANSCR.INIT: | CE | | |

**Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document**

<=X-RAY ORDER=> COMPLETE:08/25/00 13:37 BME 13251
Reason for Procedure(s): PAIN
CERVICAL SPINE ROUTINE-MIN 4 72050 COMPLETE:08/25/00 13:37 BME 13256
LUMBAR-SACRAL SPINE COMPLETE 72110 COMPLETE:08/25/00 13:37 BME 13257

CERVICAL SPINE SERIES 8/25/00

Clincial history: pain in the neck.

AP, lateral and oblique views are obtained. Open mouth odontoid view is also obtained.
The prevertebral soft tissues are unremarkable. No fracture or subluxation is seen.
The disc spaces are well maintained. The exit foramina are patent.
The C 1-2 relationship appears normal.

2911

Impression
Negative study.

LUMBAR SPINE 8/25/00:

Clinical history: Right lower back pain. Old injury years ago.

Five views are obtained. AP, lateral, oblique and coned down spot lateral views are obtained.
The vertebral body height and disc spaces are well maintained.
No fracture or spondylolisthesis noted. There are transitional characteristics along the sacral junction.
There are pars inarticularis defects at that junction. There is no spndylolisthesis noted.
The transverse and spinous processes are intact.

****Unsigned transcriptions represent a preliminary document****
****and DO NOT reflect a medical opinion or legal document****

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600 NORTH STREET
BAMBERG, SC 29003
PHONE: (803) 245-4321 FAX:(803) 245-6280

## RADIOLOGY REPORT***

| | | | |
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| NAME: | PRIESTER ELIZABETH E | | STAY TYPE:O/P |
| PATIENT NUMBER: | 687209 | ROOM: | |
| XRAY NUMBER: | 012204 | MR#: | 69250 |
| AGE: | 38 | SEX: | F |
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LUMBAR-SACRAL SPINE COMPLETE 72110 COMPLETE:08/25/00 13:37 BME 13257

2911

Impression
Transitional characteristics of the lumbosacral junction.
Pars inarticularis defects at that level.
No spondylolisthesis seen.
Disc spaces are well maintained.

Steven G. Rogers, MD

****Unsigned transcriptions represent a preliminary document****
****and DO NOT reflect a medical opinion or legal document****

# THE SOUTHERN NEUROLOGIC INSTITUTE

FRANKLIN M. EPSTEIN, MD, FACS
*NEUROLOGICAL SURGERY*
RICHARD A. EISENBERG, MD
*NEUROLOGY*
MARTIN GREENBERG, MD, PHD
*NEUROLOGICAL SURGERY*
JOHN M. DOWNEY, DO
*PHYSICAL MEDICINE*
*REHABILITATION*

803•642•6500

FACSIMILE
803•649•7551

MAGNETIC RESONANCE IMAGING
MAGNETIC RESONANCE ANGIOGRAPHY

ELECTROENCEPHALOGRAPHY
ELECTROMYOGRAPHY

STEREOTACTIC RADIOSURGERY

*DAVID L. DERRICK*
*(1941-1996)*


2911

**ELIZABETH PRIESTER** (22731) 12 November 1998

I saw Elizabeth Priester in the office today for a neurological evaluation. Ms. Priester is a 36-year old black female who reports that over the last two to three years, she has had a chronic daily headache. At times, there can be some light sensitivity. She feels nauseous frequently. No reported convulsions. No hemimotor or hemisensory symptoms. She reported that she could not tolerate ELAVIL in the past. It made her too drowsy. She has been using frequent TYLENOL for her headache. She has also had a history of depression, on PROZAC.

PMH: No history of diabetes, hypertension, stroke, or seizure. History of some chronic low back pain. History of some depression.

EXAMINATION: The patient is alert and oriented x 3. There is no aphasia or dysarthria. Cranial nerves II - XII are intact.

The patient has a depressed affect.

MOTOR EXAM: Tone is normal. Strength is 5/5 throughout upper and lower extremities. Deep tendon reflexes are 1-2+ and symmetric throughout. Toes are downgoing.

SENSORY EXAM: Intact.

CEREBELLAR: Without ataxia.

GAIT: Mildly antalgic, secondary to her chronic back pain.

**IMPRESSION/RECOMMENDATION:** MS. PRIESTER IS SUFFERING FROM A CHRONIC DAILY HEADACHE SYNDROME. THE MAJORITY OF HER HEADACHES MAY BE MUSCLE CONTRACTION IN ETIOLOGY AND SHE MAY HAVE AN ELEMENT OF REBOUND HEADACHE, DUE TO ANALGESIC OVER USE. SOME OF THE HEADACHES MAY HAVE SOME MILD MIGRAINOUS FEATURES. I WILL BEGIN HER ON NORPRAMIN - 25 MG Q.H.S. FOR PROPHYLAXIS. AS NOTED ABOVE, SHE CANNOT TOLERATE ELAVIL, DUE TO LETHARGY. I HAVE GIVEN HER MIDRIN SAMPLES TO TRY, NOT TO BE USED MORE THAN TWO DAYS OUT OF THE WEEK. SHE IS ALSO TO DISCONTINUE HER DAILY USE OF OVER-THE-COUNTER ANALGESICS. I WILL CHECK AN MRI SCAN OF THE BRAIN, EEG, CBC, SED. RATE, AND THYROID FUNCTION TESTS. I WILL SEE HER FOR RE-ASSESSMENT AFTER THE ABOVE TESTS HAVE BEEN COMPLETED.

Richard A. Eisenberg, M.D.

Richard A. Eisenberg, M.D./jld

DICTATED BUT NOT PROOFREAD

c: Dale Padgett, M.D., 603 North St., Bamberg, SC 29003

DOUGLAS R. RITZ, PHD
845 HOLLY STREET
ORANGEBURG, SC 29115




| | |
|---|---|
| PATIENT: | ELIZABETH C. PRIESTER |
| SSN: | 248-39-0112 |
| DISABILITY EXAMINER: | Donna Quigley |
| DATE OF EXAMINATION: | 8-21-97 |
| DATE OF DICTATION: | 8-21-97 |

**TESTS ADMINISTERED:** Wechsler Adult Intelligence Scale- Revised (WAIS-R), Wide Range Achievement Test- Third Edition (WRAT-3), and the Thematic Apperception Test (TAT).

**REFERRAL PROBLEM:** This individual was evaluated in order to gain an idea of her personality functioning, as well as cognitive skills. There were questions about academic abilities, as well as day-to-day functioning. Ms. Priester said her problems included, "My back and depression."

**BACKGROUND INFORMATION:** Ms. Priester currently lives with her fourteen-year-old son and nine-year-old daughter. She is not married. She was raised by her parents, and did experience sexual abuse by a boyfriend. She completed high school, and did some study at Denmark Technical College. Background information provided by the Disability office in terms of school performance revealed a special education certificate diploma. Since graduating from high school, she has held nursing home jobs, with the last one occurring from 1990 to 1997. She was fired.

She has difficulty with depression, for which she is being treated at the Mental Health Center by Dr. Juneja. She takes Prozac and amitriptyline for "My head and depression." She takes Premarin because of a hysterectomy in 1996. She was involved in a car accident in June 1997, and says she has lower back pain. She also takes naproxen and cyclobenzaprine for back spasms and back pain.

On a day-to-day basis, Ms. Priester tries to keep her mind occupied by sewing, reading the Bible, cleaning, and cooking. She does not have much outside contact other than with her immediate family.

**BEHAVIORAL OBSERVATIONS:** This thirty-five-year-old African-American female was dressed neatly in pants, and a t-shirt. Her hair was combed. She is overweight. Her overall appearance portrays her as tired. She speaks in a very soft, almost listless voice.

On some of the intellectual tasks she did appear to put forth

effort. Overall, however, she did not exert very much energy during the testing. She did, however, continue to focus on the tasks. As a result, this evaluation may be a slight underestimate of her cognitive skills.

**INTELLECTUAL FUNCTIONING:** As assessed on the WAIS-R, Ms. Priester's Full Scale IQ fell within Borderline limits. The Verbal IQ was within the Mentally Deficient range, while the Performance IQ was within Low Average limits. The corresponding IQ Scores are Full Scale 73, Verbal 69, and Performance 80. Corresponding WAIS-R scaled scores are as follows:

| Verbal | | Performance | |
|---|---|---|---|
| Information | 5 | Picture Completion | 3 |
| Digit Span | 6 | Picture Arrangement | 5 |
| Vocabulary | 5 | Block Design | 6 |
| Arithmetic | 5 | Object Assembly | 10 |
| Comprehension | 3 | Digit Symbol | 5 |
| Similarities | 1 | | |

In terms of the specific WAIS-R Verbal skills, these ranged from Borderline to Mentally Deficient limits. She has the most problems in areas including verbal concept formation and abstraction, and verbal practical judgment and decision making. She did better in arithmetic reasoning and concentration, as well as on a task tapping language development and word knowledge. Her general fund of knowledge is within Borderline limits, as is auditory short term memory.

On the WAIS-R Performance section, abilities ranged from Average to Mentally Deficient limits. She had the most difficulty on the essential detail discrimination task. Borderline skill was noted on nonverbal practical judgment, nonverbal abstraction, and psychomotor efficiency. Finally, she had an Average level of skill on the psychomotor coordination tasks. This is where she was required to recognize familiar objects and then order the parts together.

Based on the above mentioned intellectual test scores, one would predict that she would lag in the academic areas. This hypothesis was born out on the WRAT-3. On the Reading section, Standard Score was 62, with a Grade Score of Third. She was able to read words including "size" and "stretch" but missed words like "contagious" and "triumph."

On the Spelling section, Standard Score was 70, with a Grade Score of Fifth. She was able to spell words like "explain" and "correct" but missed words like "ruin" and "believe."

On the Arithmetic section, Standard Score was 81, with a Grade Score of Sixth. She could compute tasks such as multiplication of fractions, but was not able to do operations including multiple digit numbers.

**PERSONALITY FUNCTIONING:** From the interview data along with the Thematic Apperception Test, Ms. Priester does have some problems with her appetite. She says sometimes she is able to eat, and at other times she is not. She is not having suicidal thoughts, but does cry quite a bit. Her sleep is restless.

On the TAT, her life does not seem to be focused toward any specific goals. She does spend quite a bit of time ruminating and thinking about her life, and there were some sad themes in her stories. Still, these themes were not overwhelming in terms of a depressive nature; people still went on functioning, and did not give up.

**SUMMARY AND RECOMMENDATIONS:** Ms. Priester was evaluated in order to assess overall psychological functioning. She is being treated for depression, and also complains of pain in her back from an automobile accident.

Her intellectual skills fall within the Borderline range. She does significantly better in Performance tasks. Her personality functioning is highlighted by spending a good deal of time thinking about her life, and what she has done. There seems to be no specific goals at this point.

In terms of recommendations, she does fall within the Borderline range of intellectual functioning. She also has evidence of Learning Disability in light of the span between Verbal and Performance WAIS-R skills. She may profit from some type of training in an area that is not highly loaded with Verbal material. This is certainly in reference to vocational-type skills.

She is being treated for depression, although this does not seem to be a type of suicidal or severe nature at this time. She should be encouraged to followup with regular treatment and therapy, which apparently she is not doing at this time.

In terms of specific referral questions, she is able to care for her personal needs, and certainly understands the spoken word. She can avoid physical danger and follow simple directions. Her reading, writing, and calculation skill are at the Sixth Grade Level and below. Activities of daily living are initiated independently, and she carries on caretaking of her children and home.

Social functioning is quite limited. She is able to concentrate and persist to complete tasks, but may need extended periods of time, commensurate with her cognitive skills. Limitations in her ability to perform work-related functions may hinge on depression at this time. Her mood is quite subdued, although there was no crying or upset during the testing.

Ms. Priester would be able to handle funds appropriately.

---

Douglas R. Ritz, PhD, Licensed Clinical Psychologist

DRR/wp

This is to certify that the above was transcribed from the recorded voice of Douglas R. Ritz, PhD, on August 22, 1997.

PRN #754
JOB #: 40980

The Regional Medical Center
of Orangeburg/Calhoun Counties
3000 St. Matthews Road Orangeburg, SC 29115 (803) 533-2

IMAGING SERVICES

| | | | |
|---|---|---|---|
| NAME: | PRIESTER, ELIZABETH | EXAM: | MRI LUMBAR SPINE W/O 72148 |
| DOB: | 08/17/62 | ACCT #: | 0001877654 |
| PT. LOCATION: | OUT | MR #: | 0000168263 |
| EXAM DATE: | DEC 15, 1997 11:49 | | |
| ORDERED BY: | PADGETT, DALE R. | ADM DR.: | PADGETT, DALE R. |
| | 603 North Street | REF DR.: | |
| | Bamberg SC 29003 | | |

Examination: MRI LUMBAR SPINE W/O 72148
Diagnosis: BACK PAIN MRI

CLINICAL HISTORY: LOW BACK PAIN RADIATING TO LEFT LEG.

DATE OF EXAM: 12-15-97.

MRI evaluation was carried out utilizing a 1.0 Tesla magnet. Multiple T1, T2, and proton density MR images of the lumbar spine were obtained in the axial and sagittal planes.

The intervertebral discs appear well hydrated without loss of height. No significant disc bulge or herniation is identified. There may be very minimal bulge at the L4-L5 level which narrows the bilateral neural foramen. At the L4 level the canal appears congenitally narrow and there is some ligamentum flavum hypertrophy present which may cause thecal sac impression without evidence of compression. There is also canal narrowing at the L3 level which is less prominent. No abnormal signal is seen in the conus. No compression fracture of a vertebral body is seen.

IMPRESSION:

There appears to be bony canal narrowing which may be mostly due to a congenitally narrow canal at the L3 and L4 levels. Very minimal disc bulge is identified at the L4-L5 level without evidence of thecal sac impression.

DICTATED BY:

DR. WILLIAM L WOODARD / Electronically approved by WOODARD

Transcribed By : STEPHANIE 12/15/1997 13:45:03
Edited By : STEPHANIE 12/15/1997 13:45:24

**Orangeburg Orthopaedic & Sports Medicine Clinic, P.A.**
Established 1974
Joel R. Graziano, M.D. • R. Wyman Moss, M.D. • James P. Marro, M.D.

November 18, 1997

2911

Dr. Randi Popp
PO Box 524
Bamberg, SC 29003

RE: Elizabeth Priester

Dear Randi,

Thank you very much for referring Elizabeth Priester for us to evaluate. Elizabeth, as you are aware, is a 35 year old black female who states that she has had back pain since April 11, 1997 when she was lifting a patient and also was in a motor vehicle accident in June of 1997. She admits to some prior problems with her back. When I asked her if she has had any previous x-rays she stated that she did but they were done years ago presumably for a separate problem. Her complaint is that of localized lower back pain which is non radiating and not associated with any neurological symptoms. She is currently taking Duract for pain. As you may be aware, she has retained the services of an attorney, Mr. Carter, to represent her in this action.

On examination today, she moves about very slowly with apparent discomfort. However on examination she appears to move her back through a normal range of motion when getting on and off the examining table. In a standing position however, when she is checked for range of motion specifically, there is a great deal of symptom dramatization with no actual objective findings. The back is completely normal to palpation. I did not feel any muscle spasm or guarding. There was no area of point tenderness and there was no sciatic notch tenderness. Her pelvis is stable.

In the sitting position, straight leg raising is readily achieved to 90 degrees with a completely normal neurologic exam including deep tendon reflexes and sensory and motor testing.

We took x-rays of the lumbar spine here in the office today. She has a normal study with no segmentation abnormalities, no disc narrowing, and no evidence of previous trauma.

Clinical impression at this time is ***LOWER BACK PAIN*** with symptoms unsupported by any objective findings. I do not believe this lady has any need for on going orthopaedic treatment and I specifically do not recommend any additional imaging studies since they are not indicated.

JPM 11/20/97

Medical Arts Center • 1175 Cook Road, Suite 215 • Orangeburg, S.C. 29118-8201
803-536-5450 • Fax 803-536-5122

**Orangeburg Orthopaedic & Sports Medicine Clinic, P.A.**
Established 1974
Joel R. Graziano, M.D. • R. Wyman Moss, M.D. • James P. Marro, M.D.



My recommendation for treatment is that she perform some William flexion exercises, use some moist heat on her back at night, and return to full employment without limitations immediately. There is, based on my examination and x-rays, no evidence of permanent impairment as a result of her injury.

Thank you very much for allowing me to participate in her care.

Sincerely,

Wyman
R. Wyman Moss, MD

R Rogers MD 11/21/97

Medical Arts Center • 1175 Cook Road, Suite 215 • Orangeburg, S.C. 29118-8201
803-536-5450 • Fax 803-536-5122

9.7.14

I Elizabeth Rinster, was trying prevent a fall/ falling accident of Mrs. M. Simpkins by rushing about 4 feet or fast walk from MRS M Simpkins to put Onep + Soil bin on bag trash as I were doing so, Mrs. Simpkins said I Slipping from holding on on bed Said laying down reposition on her side facing door because she said she felt sick + will throw up or Vomit, said catch me She move from how I had her hips a little I guest how it feel to her uncomfortable. She don't like lay on side, I did that so she throw just in case she did, I were trying Clear her up good. Sat rush + held her while lowering the bed to the floor, + ring call light for help. No one came I went in hall after I position her in Sitting position against bed for help to call + came back lay her down on floor, she said She sick get to vomit, I lay her on her Side face door head facing North so she wont choke. Nurse left got RN nurse She came + CNA, Our Charge Were back to desk, went to get down for hospital + We got together 2 CNAs on 4x there Nurse got her back in Bed. I Press myself to help hold to her, She didn't hit FLOOR.

Sincerely Yours,
E. Rinster

# FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

Quest Diagnostics
800-877-7484

10009059 1065802 SPECIMEN ID NO.

LAB ACCESSION NO.

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.
HHC AT HATTIE C HALL
ADMIN
330 LAURENS ST N
AIKEN SC 29801
PH: 205-879-0143 FAX: 205-414-6379

B. MRO Name, Address, Phone and Fax No. FORM ID: POCT400020
ALFRED BALDERA MD
2583 HWY 644 STE 1
LOUISA KY 41230
PH: 606-638-3131 FAX: 606-638-3139

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: Priester First: Elizabeth

E. Donor ID Verified: ☐ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22) ☐ Return to Duty (6) ☐ Follow-up (23) ☑ Other (specify) (99)

G. Drug Tests to be Performed:
( ) 20909N POCT SAP-5 TESTSURE

H. Collection Site Name: Prouth Health of Aiken Collection Site Code:
Address: 830 Laurens St Collector Phone No.: 641-8000
City, State and Zip: Aiken SC 29801 Collector Fax No.:

## STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☑ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☑ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

On-site testing performed on this specimen: ☑ Yes ☐ No
☑ All results screened negative.
☐ Specimen screened positive.
List positive drug(s): _____

Lot # 00A30600179
Kit Expiration Date 05/2015

This form is provided for confirmatory testing only. Initial testing of this specimen was performed by the site indicated in STEP 1, and is the responsibility of the indicated site and may not be the responsibility of Quest Diagnostics Incorporated

REMARKS

## STEP 3: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Erica Kirkland — Signature of Collector
340 AM PM — Time of Collection
Erica Kirkland — (Print) Collector's Name (First, MI, Last)
9/8/14 — Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**
☐ Quest Diagnostics Courier ☐ FedEx
☐ Other _____
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X _____ Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last)
Date (Mo./Day/Yr.)

**Primary Specimen Bottle Seal Intact**
☐ Yes
☐ No, Enter Remark

**SPECIMEN BOTTLE(S) RELEASED TO:**

## STEP 4: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X _____ Signature of Donor
Elizabeth Priester — (PRINT) Donor's Name (First, MI, Last)
9/7/14 — Date (Mo./Day/Yr.)

Daytime Phone No. (803) 514-0874
Evening Phone No. ( ) same
Date of Birth 8/17/62 (Mo. Day Yr.)

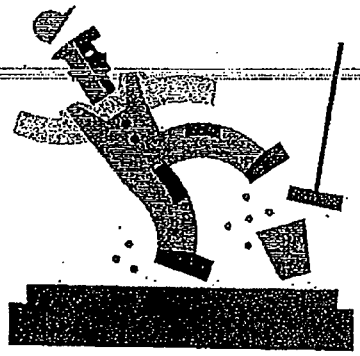
Date (Mo. Day Yr.) _____ Donor's Initial's _____
CENTER OVER CAP (A)
CENTER OVER CAP (B)
Date (Mo. Day Yr.) _____ Donor's Initial's _____

SPECIMEN ID NUMBER
10009059 - 1065802
10009059 - 1065802
SPECIMEN ID NUMBER

294

COPY 1 - LABORATORY

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**ON- THE-JOB INJURY**

**24/7**

**Manager or Supervisor MUST CALL**

**678-533-6481**

**Don't wait!!**



# PARTNER OCCURRANCE
# SUPERVISORY INVESTIGATION REPORT

## SECTION 1- OCCURRENCE DATA

PARTNER NAME: Elizabeth Priester
JOB POSITION / TITLE: CNA
JOB ASSIGNMENT: CNA
ACTIVITY/JOB AT TIME OF OCCURRENCE: making rounds
LENGTH OF TIME ON THIS JOB:
DEPARTMENT: Nursing
LOCATION OF OCCURRENCE: RM 318-B
DATE AND TIME OF ACCIDENT: 9.7.14
DATE REPORTED BY PARTNER: 9.7.14
DATE AND TIME OF INVESTIGATION: 3PM
NAME OF WITNESSES-(N/A if None)
1. na 2. NA 3. NA
TYPE OF OCCURRENCE: (Mark Those Applicable)

| FIRST AID | MEDICAL | LOSS TIME | NEAR MISS (NO INJURY) |
|---|---|---|---|
| ☐ | ☑ | ☐ | ☐ |

## SECTION 2-ANALYSIS OF FACTS AND ROOT CAUSE DETERMINATION

WORK BEING PERFORMED AT TIME OF OCCURRENCE (EQUIPMENT/ MOVEMENT INVOLVED AT TIME OF OCCURRENCE, AS APPLICABLE):
Changing resident, turn on side, so resident won't choke in throat, changed bed, but when trash in bed was put in bag, turned around resident was pulling at straps to hold her up, called for help, but did not help later. Changing resident or making rounds YES (after) were used by this time

ROOT CAUSE: DESCRIBE UNSAFE ACTS AND/OR PHYSICAL HAZARDS AT TIME OF OCCURRENCE:

## SECTION 3-CORRECTIVE ACTION

INJURED PARTNER RECOMMENDATIONS:

SUPERVISOR RECOMMENDATIONS:

WHAT IMMEDIATE ACTION HAVE YOU TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF OCCURRENCE?

DATE COMPLETED:
SUPERVISOR SIGNATURE:

## SECTION 4-FOLLOW UP ACTIVITY

| ACTION ITEM | RESPONSIBILITY | TARGET DATE | DATE COMPLETED |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

ACTION:
SATISFACTORY ☐ UNSATISFACTORY ☐ - IF UNSATISFACTORY, WHY?

## Section 5-PARTNER INFORMATION (HR)

| SOCIAL SECURITY #/AGE: | EMPLOYMENT DATE: | LOSS TIME | MINOR | OSHA 300 RECORDABLE? |
|---|---|---|---|---|
| ____/____ | | ☐ | ☐ | ☐ |

OF DOCTOR_____ NATURE OF INJURY_____

| PREPARED BY/DATE: SUPERVISOR | REVIEWED BY/DATE: SAFETY COMMITTEE | OCC. INJURY MANAGER | ADMINISTRATOR |
|---|---|---|---|
| ____/____ | ____/____ | ____/____ | ____/____ |

## Disability Benefits Waiver

I, Elizabeth Priester, elect to use my Personal Leave Time (PTO) in lieu of the workers' compensation disability benefits for the following reasons:

☑ During the Workers' Compensation waiting period.

☑ During my scheduled absence

---

When my Personal Time Off (PTO) is exhausted, I understand that I must notify my Disability Medical Manager (DMM) so that the Workers' Compensation Disability Benefits can be in initiated as appropriate.

**I also understand that any and all absences I incur in connection with my Workers' Compensation case will concurrently be considered as Family and Medical Leave Act (FMLA) leave by the Company, and accordingly will be counted against the total amount of FMLA leave available to me annually.**

Elizabeth Priester — 9/7/14

Partner Signature — Date:

_____ — _____

Witness Signature — Date:

# Refusal of Medical Coverage

I, _____, understand that I have been offered medical treatment as a result of my on-the-job injury/illness of 9/7/11 (Erase) (date). I have been offered the opportunity to select a Doctor from the workers' compensation panel of providers for treatment of my injury, but I am declining any treatment for this injury at this time. Not Declining Pt Helper Medical tension Edgar

I further acknowledge that I may seek medical treatment if the need occurs, by contacting my employer's Workers' Compensation Coordinator or the Disability Medical manager.

I have been provided a copy of this form.

_____ _____

Partner's Signature and Date

_____

Witness Signature and Date

# AUTHORIZATION FOR MEDICAL RELEASE OF INFORMATION

Partner's Name: Elizabeth Priester
(please print)

Address: 2610 Edgefield Hwy. Aiken SC.

Phone Number: 803.514.0874 SSN: 248.39.0112

Description of Accident: I Were making rounds checking residents & left to B18-B Resident where stating she Bathed many times & did. I Came into the Room & Resident was Side Lying resident but she were asking to go. She stand & She were lay on floor Later on Resident Lt. side. Trying catch holding on resident what happen, to prevent falling. Press holding against resident body weight.

I Elizabeth Priester hereby authorize: _____, or its management representatives to be furnished any information and facts regarding this injury, including reports and records, results of diagnosis, treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the purposes of evaluating and handling my claim for injury as a result of an incident occurring on or about 9.7.14 and for no other purpose, now or in the future:

Elizabeth Priester — 9/7/14

Partner's Signature — Date

_____ — _____

Witness: Signature — Date:

ATTENTION: ALL EMPLOYEE'S

IT IS VERY IMPORTANT THAT YOU READ THIS INFORMATION ON OUR NEW WORKER'S COMP INSTRUCTIONS. IF YOU DO NOT FOLLOW THESE INSTRUCTIONS YOU MAY END UP PAYING FOR THESE SERVICES YOURSELF.

1. IF YOU ARE HURT ON THE JOB YOU MUST REPORT THE INJURY TO ONE OF THE CHARGE NURSES IMMEDIATELY.
2. YOU WILL NEED TO SPEAK TO OUR NEW WORKERS COMP REPRESENTATIVE WHO WILL BE CALLED BY THE NURSE WHEN YOU REPORT THE INJURY.
3. IF YOU ARE INJURED "DO NOT" GO TO THE EMERGENCY ROOM OR A DOCTOR WITHOUT FIRST SEEING YOUR CHARGE NURSE AND TALKING TO THE WORKERS COMP REPRESENTATIVE. IF YOU DO YOU MAY HAVE TO PAY FOR THE EMERGENCY ROOM/DOCTOR BILL/PHARMACY BILL YOURSELF.
4. THE WORKERS COMP REPRESENTATIVE WILL GUIDE YOU THROUGH ALL THE STEPS YOU NEED TO TAKE FOR YOUR INJURY. YOU MAY CALL HER ANYTIME WITH AN INJURY - DAY, NIGHT OR WEEKEND. THERE IS SOMEONE ON CALL 24/7.
5. IF YOU REQUIRE ANY TYPE OF PHYSICAL THERAPY IT WILL BE PERFORMED HERE IN OUR THERAPY DEPARTMENT AFTER YOU HAVE ACQUIRED A DOCTORS ORDER.
6. GOOD NEWS... IF YOU ARE HURT ON THE JOB WE WILL HAVE DUTIES YOU CAN PERFORM SO THAT YOU DO NOT COMPLETELY LOSE PAY OR BENEFITS FROM BEING OUT OF WORK.
7. PLEASE NOTE THAT IF YOU ARE OUT FOR AN INJURY WORKERS COMP DOES NOT PAY YOU ANY SALARY FOR THE FIRST 7 DAYS AND THEN ONLY 2/3 OF YOUR SALARY AFTER THAT. DURING THIS TIME IF YOU ARE NOT WORKING HERE IN THE FACILITY YOU WILL RECEIVE NO DEDUCTIONS FROM YOUR CHECK THAT YOU NORMALLY RECEIVE SUCH AS: HEALTH INSURANCE, GARNISHMENTS, CHILD SUPPORT WITHHOLDING, CREDIT UNION ETC. YOU WILL THEREFORE HAVE TO MAKE THESE PAYMENTS YOURSELF IN ORDER TO KEEP YOUR BENEFITS.
8. ALL INJURIES MUST BE REPORTED NO MATTER HOW BIG OR SMALL AND REGARDLESS OF WHETHER YOU ARE SEEKING MEDICAL CARE OR NOT. YOU HAVE THE OPTION TO REFUSE MEDICAL CARE IF YOU FEEL IT IS NOT NECESSARY. I know that I did it's Necessary for me to be checked out. Later Body hurting more.

PLEASE SIGN BELOW INDICATING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

| | | |
|---|---|---|
| Elizabeth Ruiter | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# Acknowledgement of Transitional/Modified Duties

Date: 9.7.14

I Elizabeth Priester, understand my employer

located at:: Pruitthealth, City: Aiken, State: SC, Zip: 29801: can provide me with transitional duty. I further understand that I may receive a reduction in pay while on transitional duty restrictions and can request disability benefits from our Workers' Compensation Insurance company.

I understand that I will be offered the following tasks while on transitional duty:

- Office Clerical: file paper work, answer phones, make copies, and other duties within my limitations.
- Laundry Tech: Folding of towels, face clothes, pillowcases, hanging of clothes, folding of clothe: and other duties within my limitations.
- Dietary Aide: roll silver wear, dessert trays, push food carts, serve meal trays, and other duties within my limitations.
- Janitorial: sweep, mop, take out trash, and other duties within my limitations.
- Nursing: One on One care with residents and patients, taking vital signs, etc.

In the event I have to attend a Doctor appointment, can not come in to work because of my injury, or have to leave early I understand I must contact my Supervisor, and I will not be compensated by my employer for any time lost. In addition, I understand that whenever possible, all appointments must be made around my work schedule.

I further; understand I must keep my Workers' Compensation Coordinator and manger informed of all Doctor and/or Physical Therapy appointments I have scheduled and that failure to do so may result in disciplinary actions.

Elizabeth Priester
Partner's Signature

9.7.14
Date

Witness Signature

Date

# Employer Authorization Form

Complete this form and fax or bring to your Doctors Care center

Patient Name: Elizabeth Priester Date: 9.7.14

Company: Prittheath Contact/Phone: 803.641.8000 Fax:

Company Address: 830 Lauren St., Aiken, SC 29801 BT Account #:

Temporary Staffing Agency: Contact/Phone:

**REQUIRED SERVICES (check all that apply)**

**Work Related**

☑ Worker's Compensation Injury Treatment:

Date of Injury: 9.7.14

Type of Injury: lifting + holding onto resident to prevent him falling while leaving bed of resident to hold while leaving room 2 floor. Injury to L hand. Dressing applied

☐ Post-accident Drug Screen required

**Physical Examination**

☐ DOT Physical

☐ Pre-Employment PE

☐ Respirator Clearance PE

☐ Physical (Other):

Specify:

**Drug Screen/Breath Alcohol Testing**

☐ Drug Screen

☐ NIDA: (check agency below)

DOT Agency: ☐ FMCSA ☐ FTA ☐ PHMSA ☐ FAA ☐ FRA ☐ USCG

☐ Non-NIDA: (fill in test code below)

☐ 5 Panel ☐ 9 Panel ☐ 10 Panel ☐ 7 Panel ☐ Other

☐ Instant

☐ Breath Alcohol

☐ NIDA ☐ Non-NIDA

**Special Examination**

☐ Audiogram ☐ Blood Lead Level

☐ Chest X-ray ☐ Hepatitis B Immunization

☐ Hepatitis B Profile ☐ Spirometry with Letter

☐ PPD (TB test) ☐ Tetanus

☐ Flu Shot

☐ Other:

☐ Other:

☐ Other:

☐ Other:

**REQUIRED FOR ALL WORKER'S COMPENSATION CLAIMS:**

Has Employer filled out First Report of Injury? ☐ Yes ☐ No (send copy if available)

Where are claims to be filed? ☐ Employer ☒ Carrier

WC Carrier: Gallagher Bassett Phone #: 1 800 913 8698

Address: P.O. Box 23812

City: Tucson State: AZ Zip: 85734

This Certifies that the above information is correct.

I authorize the medical provider to provide medical treatment to the employee named above.

Signature or Company Authorization Number | Date

Printed Name | Position Title

**For Internal Use Only**

Form Completed By | Initials

Center Name | Date

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(OCC-F001-(08-11))

# FIRST SCRIPT®




## Injured Worker

| | |
|---|---|
| ***No Cost*** | **STEP 1** Complete the information requested in the bottom portion below.<br>**STEP 2** Present this form to your pharmacist along with the prescriptions for your work-related injury. |
| ***No Delay*** | First Script is available at over 67,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at **1-866-445-7344.** |
| ***Feel Better Faster*** | Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. The workers' compensation carrier will determine the compensability of the claim. |

## Pharmacy Instructions

The injured worker's employer participates in First Script, a pharmacy benefit program administered by **Medco/Express Scripts.** Call the First Script Help Desk, 24 hours a day, 7 days a week, at **1-866-445-7344.** If the Member ID number is not listed on this form, please provide the claimant information indicated below to receive the Member ID #. Please note the ID number on the form and return to injured worker. First Script claims are submitted electronically and electronic approval of the claim will be returned.

***Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.***

### FIRST SCRIPT®

**Pharmacy:** At the request of the workers' compensation carrier for this customer, please use the following information to process all workers' compensation prescriptions online.

Name: Elizabeth Sylvester

SSN: 248-89-0112

Date of birth: 8/17/62 Pruitt Health

State where injury occurred: RM. 318-B

Date of injury: 9/9/14

Member ID: _____

(Member ID # is generated at time of enrollment)

*(Above information to be completed by injured worker or supervisor)*

RX PROGRAM ADMINISTERED BY: **Medco/EXPRESS SCRIPTS**

GROUP NUMBER: **FSNCVTY**

BIN NUMBER: **610014**

Client #: **005502**

Employer Name: **Pruitt Health**

# TRANSITIONAL DUTY EMPLOYMENT PLAN

*To be completed upon the injured Partners return to work following an on-the-job injury*

| | |
|---|---|
| Partner Name: Elizabeth Priester | Department: Nursing |
| | Supervisor: |
| Job Title: CNA | Reviewing Manager: |

**Physical Capacities/Restrictions**

| | |
|---|---|
| Date Restrictions Begin: 9.7.14 | Next Physician Visit:: |
| | Next Review Date: |

## Plan Specifics

**Describe the Job/Specific Task:** CNA Turning, lifting, Changing Residents, I reposition resident after changing Resident on side Because resident said felt sick like vomiting so I put dirty in bag near bed & rush to resident side to hold my weight against to prevent resident from falling Because Resident could'nt hold on much, so I hold & lower the bed & press call light for help low resident onto floor sitting position, went to call nurse for help again, & light on after, then we use litter pot in Bed.

**Describe Hours/day and days/week, including progression schedule:**
11-7A - Weekend 9/6+7/2014

**Special Consideration:** Will Always report to manager immediately, anything that causes an alteration in this plan.

**This Transitional Employment Plan has been reviewed and discussed with me to clarify any questions that I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. I understand that the purpose of these restrictions is to enable me to recover from my injury and that I am required to stay within the restrictions noted above. Should I experience any difficulties while performing transitional duty work, I will immediately contact my supervisor.**

| | |
|---|---|
| Partner Signature: | Date: |

**I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of this plan to the employee.**

| | |
|---|---|
| Supervisor or Reviewing Manager Signature: | Date: |
| Other Manager in Attendance: | Date |

# Sharps Injury Log

*Please complete a log for each Partner exposure incident involving a sharp.*

Institution: Elizabeth Priester Department: Nurg.

Address: 2120 Edgefield Hwy. City: Aiken State: SC Zip Code: 29801

Date filled out: 9.7.14 By: Phone #: 803.514.0874

Facility Injury ID#: Pruitt Health Date of injury: 9.7.14 Time of injury: 6:45 AM

*Optional*: Sex: O Male ~~O~~ Female, Age 52

**Description of the exposure incident:** rush quickly near bedside to resident lifting, holding on, while lowering head down to the floor til I get more help with lifter/basket to put resident back in bed. (No sharp objects use)!!

**Job Classification:**
O MD
~~O~~ Nurse
O Medical Assistant
O Phlebotomist/Lab Tech
O Housekeeper/Laundry
O Student
O Other CNA

**Department/Location:**
~~O~~ Patient room
O Clinical laboratory
O Medical clinic
O Service/utility area
O Restroom
O Other

**Body Part:** (check all that apply)
O Finger
O Face/head
~~O~~ Hand & WRIST both
~~O~~ Torso
~~O~~ Arm (S) hurts achs
O Leg
O Other

**Procedure:**
O Drawing blood
O Cutting
O Injection, through skin
O Suturing
O Start IV/set up heparin lock
~~O~~ Other lifting/holding on to resident

**Identify Sharp Involved:**
Type: NA Brand: NA Model: NA
e.g. 18g needle/ABC Medical/"no stick" syringe

**Did the device being used have engineered sharps injury protection?** O Yes ~~O~~ No O Don't know

Was the protective mechanism activated?
O Yes-fully O Yes-partially O No

Did the exposure incident occur:
~~O~~ Before O During O After activation

**Did the exposure incident occur:**
O During use of sharp
O Between steps of a multi-step procedure
O After use and before disposal of sharp
O While disassembling
O While putting sharp into disposal container
O Sharp in inappropriate place (table, trash, etc)
O Other NA

**Exposed Partner:** If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury? O Yes ~~O~~ No.
Explain: Because Weight of Resident, Trying hold on to with Bed to Prevent Resident injury of falling on Floor.

**Exposed Partner:** Do you have an opinion that any other engineering, administrative or work practice control could have prevented the injury? O Yes ~~O~~ No
Explain:

# Potential Transitional Duty Task Ideas

**OFFICE AREA**

- [ ] Answer phones, respond to family/visitor requests
- [x] Sort, fold, label, categorize paperwork
- [x] Deliver mail to patients
- [ ] Update/weed files
- [x] Review, organize, update medical records, Chart Audits
- [ ] In-service training

**DIETARY AREA**

- [ ] Peel vegetables & fruit, assist in meal preparation
- [ ] Monitor dining areas, record meals
- [x] Wipe & roll silverware for use
- [ ] Scrub stains from coffee mugs
- [ ] Clean and sanitize food service equipment
- [ ] Clear tables & trays
- [ ] Clean Dietary Dept. areas
- [ ] Serve meals and water

**NURSING AREA**

- [ ] Receive patient reports from charge nurse
- [ ] Check for incontinence & general condition of patients
- [ ] Complete flow sheets
- [ ] Collect urine samples
- [x] Check vital signs/I.D. bracelets
- [ ] Adjust bed height and/or angle
- [x] Replace/refill water carafes
- [ ] Test patient wandering alarm systems/bracelets
- [ ] Clean/organize patient's closets/bed stands
- [x] Check position of bed side rails; location of nurse call buttons
- [x] Clean patient faces & hands before/after meals
- [ ] Shampoo/shave patients
- [x] Trim finger & toe nails
- [ ] Oral care - teeth or dentures
- [ ] Apply oils or lotions to patient's bodies as needed
- [x] Roll meal tables over beds, deliver meals
- [ ] Cut meats & other foods, assist feeding or feed
- [x] Clean up area after meals
- [x] Distribute between-meal nourishment
- [x] Check showers for wash cloths & soap
- [ ] Perform bowel, bladder and feeding retraining

# Potential Transitional Duty Task Ideas

**SERVICES/PHYSICAL THERAPY**

- ☐ Write letters for patients
- ☐ Assist in group meetings/activity groups
- ☐ One-to-one patient visits
- ☐ Patient hand/arm exercises
- ☐ Assist patient while in whirlpool bath (no transfers)

**LAUNDRY AREA**

- ☐ Pre-spot/pre-clean soiled bed linens
- ☐ Make patient name tags, mark patient clothing
- ☑ Fold towels & sheets
- ☐ Straighten/inventory linen rooms

**HOUSEKEEPING/MAINTENANCE AREA**

- ☐ Scrub mildew from tile grout in shower stalls
- ☐ Clean/sanitize toilets, urinals, bedpans, sinks
- ☐ Sweep/dust mop floors, dust furniture
- ☐ Organize/straighten designated areas
- ☐ Wash wheelchairs and/or shower chairs
- ☐ Check operation of wheelchair locks & condition of safety belts

**OTHER**

- ☐ Conduct Safety Audits
- ☐ Study procedures
- ☐ Study Technical Skills
- ☐ Other tasks partner may perform are listed below:

_____

_____

_____

_____

_____ _____

Administrator Signature Date

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elizabeth Priester
2610 Edgefield Highway
Aiken SC 29801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Elizabeth Priester ☐ Agent ☐ Addressee

B. Received by (Printed Name) Elizabeth

C. Date of Delivery 12/7/04

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7010 1670 0000 3124 3946

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PruittHealth
Aiken
A Skilled Nursing and Rehabilitation Center

December 9, 2014

Ms. Priester,

This letter contains the "Return to Work" paperwork we received from CMI, stating your return to work on "light duty as of 11/21/14.

We have repeatedly attempted to contact you via telephone # 803 514 0874 to no avail. Our attendance policy (enclosed) clearly states that 6 occurrences within 180 days constitutes dismissal. After not hearing from you since 11/17/14, we, PruittHealth–Aiken, conclude that you have relinquished your services from PurittHealth-Aiken.

Thank you for your service and hope the best for your future.

Michelle H. Lott RN, DHS

Michelle H. Lott, DHS, RN

830 Laurens Street
Aiken, SC 29801

803-641-8000 Phone
803-842-5737 Fax

pruitthealth.com

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800
PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800
PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)

## Return to Work / School

Patient: PRIESTER, ELIZABETH C
DOB: 08/17/1962
Address: 2610 EDGEFILD HWY
AIKEN, SC 29801-8022

Date: 11/21/2014
Patient ID: 43419

Note to Patient:

X Was Seen in my office on: 11/17/14

___ May return to work/school on: _____

___ May Not return to work/school on: _____

X Work limitations: Light duty

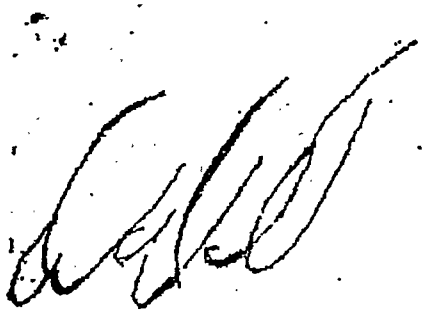
___ May Not participate in physical education: _____

___ May return to physical education: _____

___ Limitations for physical education: _____

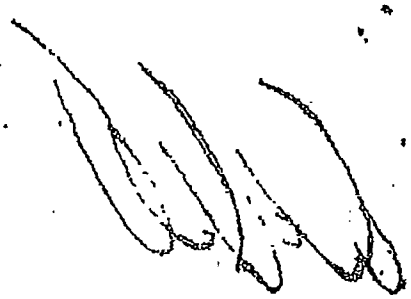
___ May Not participate in jury duty: _____

Sincerely,



CAROLINA MUSCULOSKELETAL INSTITUTE PA • 410 UNIVERSITY PKWY, AIKEN SC 29801-6800

PRIESTER, ELIZABETH C (id #43419, dob: 08/17/1962)



**Michelle Lott**

| | |
|---|---|
| **From:** | Patricia Hollins |
| **Sent:** | Tuesday, November 25, 2014 11:35 AM |
| **To:** | Peggie Mays |
| **Cc:** | Beverly King (Beverly_King@gbtpa.com) |
| **Subject:** | Elizabeth Priester DOL 09-07-14 PruittHealth Aiken 005502-005593-WC-01 |
| **Attachments:** | wk status update 11-17-14.pdf |

Received work status update Ms. Priester has been released to work with restriction a
That will be accommodated. Follow up is not listed on work status Adjustor to follow up and confirm follow up date all parties notified PDH

Injury description..... trying to stop the resident from falling , she felt pain in her left lower arm
Partner contact.....803) 514-0874
ATP.....Dr's Care 803-648-4119
dx.....Thoracic or lumbosacral neuritis or radiculitis unspecified 724.4
diagnostic..... X-ray shows a disc this to be relatively well maintained no significant bony
.....abnormalities
work status..... Out of work 10-29-14 -current
restrictions..... no lifting > 10 lbs no operation of hazardous or fast moving machinery no driving
.....ground level work only no ladders or heights no repetitive bending stooping
.....squatting pushing jerking twisting or bouncing no continuous standing and or sitting
.....minimal walking or climbing
ancillary.....Physical therapy which will be authorized at United Rehab Aiken
referral..... Carolina Musculoskeletal Institute Dr. Holford 803-644-4264
follow up.....not listed

**Patricia Hollins**
Disability Medical Manager - COR
PruittHealth

**Phone:** (770) 806-6805
**Fax:** (770) 564-6979
**Email:** phollins@pruitthealth.com

PruittHealth

pruitthealth.com

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**From:** Patricia Hollins
**Sent:** Tuesday, November 25, 2014 9:58 AM
**To:** Valerie Sebastian
**Subject:** workers comp forms

# Attendance

Issued: December, 2003
Revised: 10/07; 9/08; 9/09; 10/09; 8/10; 9/11; 4/12; 11/12

UHS-Pruitt
HR 5.100
Version: 9

## Policy:

Attendance and punctuality are essential for company success. Absenteeism and tardiness affect coworkers, productivity and competitiveness. We are all dependent upon each other for employment success and satisfaction. Every partner is expected to attend work as scheduled, with punctuality. Partners will read and understand this Attendance and Absenteeism Policy. Unsatisfactory attendance will be cause for disciplinary action up to and including termination.

Provisions:

1. If a partner will be tardy or absent, they must personally contact the appropriate supervisor two hours before the scheduled starting time. They must provide their name, the reason for the absence and when they expect to return to work. Failure to provide such notice may result in an unreported absence. Accordingly, the employer will make three attempts to call the partner within 24 hours. Documentation of date and time of calls and name of individual if message left should be kept in partner's personnel file.

2. To avoid an unreported absence, a partner must speak directly to the appropriate supervisor. If these supervisors are not available, then the person in charge is the contact for reporting an absence. Messages will not be left with the operator, another partner, or voicemails.

3. The company recognizes there are personal and medical reasons which cause occasional absences. Listed below are types of absences which, if verifiable, may be considered approved. Notice must be provided as required in paragraph one in order for approval to be considered.

4. Approval may require an absence be scheduled for a time which minimizes the impact on other partners and production at the company, such as vacations and/or some Family and Medical Leave Act (FMLA) absences.

5. **An absence will not necessarily be considered approved merely because a partner provided notice. However, the supervisor has the discretion to grant PTO. In the event PTO is granted it will not count as an occurrence.**

Recording Absences:

1. Each period of consecutive unapproved absences will be considered as one "occurrence" regardless of the number of days.

2. "Consecutive" refers to a period of time beginning with the proper notification of a partner's absence and ending with the partner's subsequent return or expected date of return, based upon the partner's notice, whichever occurs first.

3. The company reserves the right to issue multiple warnings or to discharge a partner if management deems appropriate.



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Approved Absences:

1. If proper notice is provided and an absence is approved under one of the following, the absence will not be considered an "occurrence" for purposes of administering the Corrective Action Procedure:

   - Family and Medical Leave Act: Partner should be familiar with the company's Family and Medical Leave Act policy.
   - Americans with Disabilities Act.
   - Other approved medical leaves of absence, requested and approved in accordance with the company's policies on leaves of absence. The company recognizes occasions may arise when the partner may be absent for medical reasons other than those covered by the Family and Medical Leave Act, such as an injury arising out of and in the course of employment.
   - Jury duty.
   - National Guard/Reserve Duty.
   - Vacation/Holiday.
   - Disciplinary days off.
   - PTO

Excessive Medically Excused Absences:

If a partner is absent greater than three days, a physician release note will be required in order to return to work. Supervisors are reminded that absences, even though excused by a physician, can become excessive. Excessive is defined as six medically excused absences in a 180 day period. If medically excused absences become excessive and cannot be supported by FMLA provisions, contact the corporate Human Resources Department for corrective action guidance. Additionally, excessive absences will be considered in accordance with the American Disabilities Act and requests for accommodations will be considered accordingly.

## Procedure:

Attendance Records and Corrective Action Procedure:

To provide fair and consistent treatment of all partners with the goal of encouraging partner attendance, the company has established the following Corrective Action procedure.

1. Upon each occurrence, a partner's most recent six months of employment (180 calendar days) will be reviewed. If the 180-day period reflects more than three occurrences, corrective action will be taken. The progressive action procedure follows:

   - Verbal Counseling: three occurrences in previous 180 days.
   - Written Counseling: four occurrences in previous 180 days.



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Steps to the Process:

1. Each month Data Support Services will run a report and notify Administrators of full time, part time, and PRN partners that have not worked in 30 or 90 days and who need to be terminated in PeopleSoft.

2. Data Support Services will give business units a one-week grace period for the business unit to either contact the partner to schedule for work or terminate the partner in PeopleSoft. If the partner is not scheduled for work within one week, Data Support Services will terminate partner with the reason code of "Attendance".

## Partner Acknowledgment:

I have read and understand the provisions of the Attendance Policy.

Partner Signature _____ Date _____



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HEDRICK GARDNER
HEDRICK GARDNER KINCHELOE & GAROFALO LLP
ATTORNEYS AT LAW
CHARLOTTE • RALEIGH • WILMINGTON • COLUMBIA

July 28, 2015

Scott B. Boyd, M.D.
Columbia Neurosurgical Associates, P.A.
720 Rabon Road
Columbia, SC 29203

Reply to:
R. Daniel Addison
Partner
P.O. Box 11267
Columbia, SC 29211
Direct: (803) 727-1201
Fax: (803) 727-1259
Email: daddison@hedrickgardner.com

**RE: Elizabeth Priester v. PruittHealth**

| | |
|---|---|
| **Claim No.:** | **005502-005593-WC-01** |
| **WCC File No.:** | **1414843** |
| **SSN:** | **248-39-0112** |
| **DOB:** | **08/17/1962** |
| **DOI:** | **9/7/2014** |
| **Our File No.:** | **00283L.00057** |

Dear Dr. Boyd:

I represent the employer and its insurance carrier in the above referenced workers' compensation claim. I am in receipt of your June 22, 2015, IME report regarding your evaluation of Ms. Priester. Based on this report, and your evaluation of Ms. Priester, I have a few questions that I would ask that you provide written responses to.

1. Based on your evaluation of Ms. Priester, and to a reasonable degree of medical certainty, do you find that Ms. Priester has sustained any physical injury as a result of the September 7, 2014 work-related accident she was involved in?

   __Yes __No

2. If your answer to No. 1 is "Yes," please identify the injuries and/or effect body part(s).

   _____

3. Is it your opinion that Ms. Priester has reached Maximum Medical Improvement ("MMI") for her injuries, if any, that are causally-related to the September 7, 2014 accident? If so, what is the date of MMI?

   __Yes __No Date:_____

4. Is it your opinion that Ms. Priester requires any future medical treatment for any physical injuries she sustained in the September 7, 2014 accident, if any?

   __Yes __No

5. With respect to any work-related injury, please indicate whether Ms. Priester is capable of returning to work and what, if any, restrictions she has on her ability to work.

---

In addition to the above responses, I would appreciate it if you would complete the enclosed South Carolina Workers' Compensation Form 14B. This form is designed to make sure that the Commission's pertinent questions in each claim are addressed prior to the resolution of any claim in a complete and consistent manner. Please complete the Form 14B and return it to me at your earliest convenience.

If you have any questions in this regard, please contact me. I thank you in advance for you time and prompt attention to this matter.

Very sincerely yours,

R. Daniel Addison

RDA/led
Enclosure
cc: R. Michael Johnson, Jr.
Clyde C. Dean, Jr.
Barbara Ross
Kathy Rogers

**ELIZABETH PRIESTER v. PRUITTHEALTH - AIKEN, LLC**

**WCC No. : 1414843**

**DOI: September 7, 2014**

# APA COVERSHEET

| TAB | NAME OF PHYSICIAN/OTHER | DATE OF REPORTS | NO. |
|---|---|---|---|
| 6 | Carolina Musculoskeletal Institute | 10/28/98-2/23/15 | 102-131 |
| 7 | Family MedCenter of Aiken | 1/15/93-12/17/14 | 132-144 |
| 8 | Aiken Regional Medical Center | 10/28/03-11/14/14 | 145-175 |
| 9 | Rural Health Service | 3/23/11-3/17/14 | 176-189 |
| 10 | Bamberg County Memorial Hospital | 10/12/94-8/25/00 | 190-214 |
| 11 | Dr. Dale Padgett | 11/18/97-9/4/02 | 215-292 |

| TAB | EXHIBIT | NO. |
|---|---|---|
| A | Excerpts of Claimant's employee file | 293-315 |
| B | Dr. Boyd Questionnaire (to be supplemented upon receipt) | 316-317 |
| C | Claimant's deposition transcript | |

#149560
533

HEDRICK GARDNER
HEDRICK GARDNER KINCHELOE & GAROFALO LLP
ATTORNEYS AT LAW
CHARLOTTE • RALEIGH • WILMINGTON • COLUMBIA

July 28, 2015

Scott B. Boyd, M.D.
Columbia Neurosurgical Associates, P.A.
720 Rabon Road
Columbia, SC 29203

Reply to:
R. Daniel Addison
Partner
P.O. Box 11267
Columbia, SC 29211
Direct: (803) 727-1201
Fax: (803) 727-1259
Email: daddison@hedrickgardner.com

**RE: Elizabeth Priester v. PruittHealth**

| | |
|---|---|
| **Claim No.:** | **005502-005593-WC-01** |
| **WCC File No.:** | **1414843** |
| **SSN:** | **248-39-0112** |
| **DOB:** | **08/17/1962** |
| **DOI:** | **9/7/2014** |
| **Our File No.:** | **00283L.00057** |

Dear Dr. Boyd:

I represent the employer and its insurance carrier in the above referenced workers' compensation claim. I am in receipt of your June 22, 2015, IME report regarding your evaluation of Ms. Priester. Based on this report, and your evaluation of Ms. Priester, I have a few questions that I would ask that you provide written responses to.

1. Based on your evaluation of Ms. Priester, and to a reasonable degree of medical certainty, do you find that Ms. Priester has sustained any physical injury as a result of the September 7, 2014 work-related accident she was involved in?

   __Yes ✓No

2. If your answer to No. 1 is "Yes," please identify the injuries and/or effect body part(s).

   _____

3. Is it your opinion that Ms. Priester has reached Maximum Medical Improvement ("MMI") for her injuries, if any, that are causally-related to the September 7, 2014 accident? If so, what is the date of MMI?

   ✓Yes __No Date: 6/22/2015

4. Is it your opinion that Ms. Priester requires any future medical treatment for any physical injuries she sustained in the September 7, 2014 accident, if any?

✓Yes __No Pain management only

5. With respect to any work-related injury, please indicate whether Ms. Priester is capable of returning to work and what, if any, restrictions she has on her ability to work.

Would need an FCE to determine

In addition to the above responses, I would appreciate it if you would complete the enclosed South Carolina Workers' Compensation Form 14B. This form is designed to make sure that the Commission's pertinent questions in each claim are addressed prior to the resolution of any claim in a complete and consistent manner. Please complete the Form 14B and return it to me at your earliest convenience.

If you have any questions in this regard, please contact me. I thank you in advance for you time and prompt attention to this matter.

Very sincerely yours,

R. Daniel Addison

RDA/led
Enclosure
cc: R. Michael Johnson, Jr.
Clyde C. Dean, Jr.
Barbara Ross
Kathy Rogers

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**
**WCC FILE NO. 1414843**

| | |
|---|---|
| **ELIZABETH PRIESTER,**<br><br>**Claimant,**<br><br>**vs.**<br><br>**PRUITTHEALTH,**<br><br>**Employer,**<br><br>**and**<br><br>**AMERICAN ZURICH INS. CO.,**<br><br>**Carrier.** | **APPELLANTS' BRIEF TO THE FULL COMMISSION** |

## STATEMENT OF THE CASE

This claim was originally heard before Commissioner T. Scott Beck ("Single Commissioner") on August 20, 2015, in North Augusta, South Carolina on Claimant's Form 50, *Employee's Request for Hearing*. Elizabeth Preister ("Claimant") alleged compensable injuries to her left wrist/arm, neck/back, left hip, psychological as a result of a work-related accident that occurred on September 7, 2014. The purpose of the hearing was to determine whether Claimant was entitled to medical care for her alleged psychological injury. The employer and carrier (collectively, "Defendants") denied that Claimant was entitled to this treatment.

On September 30, 2015, the Single Commissioner issued an order finding, among other things, that Claimant had sustained a compensable bodily injury to her left wrist, low back and psyche and ordered Defendants to provide causally-related medical treatment. Defendants timely filed a Form 30, *Application for Commission Review*, on October 12, 2015, assigning error to the Single Commissioner order on the basis that Single Commissioner erred in finding that Claimant had met her burden to establish the existence of a psychological injury.

## STATEMENT OF THE FACTS

At the hearing, the parties stipulated to a compensation rate of $357.68 and stated their positions for the record. Claimant contended that the evidence supported a finding that she had a compensable aggravation to the psyche, as a physical-mental injury, arising out of this claim. Defendants denied the compensability of the psyche in its entirety and asserted that this claim should be evaluated as a mental-mental claim since she had been released at maximum medical improvement ("MMI") by the authorized treating physician ("ATP") with no disability.

Claimant testified on her behalf at the hearing. Claimant testified that she is fifty-three (53) years old and is a resident of Aiken, South Carolina. She is a high school graduate who received her CNA certificate from Barnwell Vocational School. She also has a childcare certificate from Denmark Tech, and a Police Citizen certificate from Orangeburg Technical College. Claimant testified she has worked as a CNA since receiving her certificate in 1990.

Claimant testified that her accident occurred when she was cleaning up a resident who was a double amputee. After cleaning her up, Claimant turned the resident upward on her side and moved to put soiled linens in the trash. When she turned around the resident said she was about to fall so Claimant rushed over to help her get back into the bed. Claimant testified the resident was very heavy and she hurt herself holding the patient up and repositioning her.

Claimant testified that she was sent by Defendants to Doctors Care and later to Dr. Holford. She testified that she went to physical therapy and was later sent to Dr. Boyd. Claimant testified that she had depression and anxiety in the 90's but that she got better with treatment. She testified that she felt she needed to see a counselor now to talk about her problem. Claimant stated that everything was different after her injury, the physical and mental things she was going through. Claimant testified that she has pain every day.

On cross-examination, Claimant admitted that she had problems with her back for which she had sought treatment prior to this accident. She admitted telling her doctor at that time that she was having depression because of her back pain. Claimant testified that her neck pain feels like sandpaper rubbing in her neck and a burning sensation in her lower back. Claimant testified that Dr. Holford told her she had a compressed nerve in her neck. She testified that Dr. Boyd told her there was nothing he could do for her and that she might need pain management. Claimant admitted treating for psychological problems in the past but that it has been many years since she last took any medication for it. Claimant admitted to prior injuries to her back from lifting incidents. She testified that Dr. Holford never explained to her the results of her MRI exam or identified any specific injury that could be causing her subjective pain symptoms. She testified that Dr. Holford never told her she could go back to work. She admitted that her employer told her Dr. Holford released her to work but she never returned to work. She explained that her employer called her numerous times about coming back to work but she didn't do so because Dr. Holford never told her she would work or give her any paper showing she was released. She admitted receiving a letter from her employer about returning to work. Claimant testified that she called the employer and left a message but no one called her back. Claimant testified she called and spoke with an on-call nurse and informed her she was not coming back to work because her doctor hadn't released her to work.

Claimant testified that she is currently using a cane for balance but that it was not prescribed by any doctor. She testified that she is taking over the counter medications every once in a while.

Medical Evidence

Claimant received treatment from Doctors Care – North Aiken on September 10, 2014. According to the note, Claimant reported a fall on September 7, 2014 in which she wrenched her

back and injured her wrists. She reported her wrists were feeling better but her back was still uncomfortable. (APA, p. 71) A lumbar spine x-ray revealed spondylosis at the lumbosacral spine junction and moderate constipation. (APA, p. 65) Claimant was released to light duty, given meds and ordered to do home exercises. (APA, p. 67) She returned on September 17, 2014 with continued back pain. (APA, p. 62) Claimant was given additional work restrictions and exercises. (APA, p. 64) Claimant returned for a follow up on September 24, 2014. (APA, p. 54) Her notes reflect poor and non-specific answers to physician questions regarding activities that aggravate her pain. She is noted to have depressed mood and affect. (APA, p. 55) She was referred to physical therapy. (APA, p. 56) On October 1, 2014, Claimant returned with low back pain. Her notes reflect she had not taken her proscribed prednisone. (APA, p. 43) She was referred to an orthopedist and kept on light duty. (APA, p. 39) On October 10, 2014, Claimant reported low back pain. (APA, p. 36) Claimant returned on October 20, 2014 and again on October 29, 2014. At the last visit, Doctors Care wrote her out of work until cleared by ortho. (APA, p. 16)

On September 10, 2014, Claimant was seen at Family MedCenter of Aiken with complaints of frequent urination and back pain. (APA, p. 138) On September 25, 2014, she was seen for a follow up on a urinary tract infection. (APA, p. 136) There were no references to pain issues. On December 5, 2014, Claimant reported bladder weakness, headaches, stabbing pain in her eyes, facial numbness, dizziness and neck pain. (APA, p. 134)

Claimant was seen on November 14, 2014, at the Aiken Regional Medical Center with complaints of dizziness and fatigue. (APA, p. 145) The notes indicate that Claimant reported a work injury in September and has had some generalized weakness as well as diffuse pain since. Her examination was unremarkable with no focal neuro deficits. (APA, p. 148) She was given Ultram for pain and told to follow up with her PCP and ortho.

Claimant was seen by Dr. Douglas Holford, Carolina Musculoskeletal Institute, on November 3, 2014. Dr. Holford notes that Claimant reports low back pain and right leg tingling and numbness. (APA, p. 14) He ordered an MRI of the lumbar spine that was performed on November 11, 2014. (APA, p. 12) Claimant returned on November 17, 2014 reporting constant pain. (APA, p. 10) Dr. Holford released her to work. (APA, p. 127) On December 10, 2014, Claimant was still reporting problems in her low back, radiating into her arms. (APA, p. 119). Dr. Holford also ordered a cervical MRI and noted the she should be able to do light duty work but that her depression was the problem with her not wanting to go back to work. (APA, p. 120) He wrote her out of work until the MRI was completed. (APA, p. 126)

The MRI was conducted on December 23, 2014 and revealed degenerative disc disease at C5-6 and C6-7 with disc bulge and osteophytes. (APA, p. 106) The diagnosis was noted as displacement of cervical intervertebral disc without myelopathy. Claimant returned to Dr. Holford on January 5, 2015 reporting continued neck pain and to review her MRI findings. (APA, p. 8) He offered Claimant injections but she wanted to think it over. (APA, p. 9) Claimant was released to work. (APA, p. 116) On February 23, 2015, Dr. Holford again offered epidural injections to the cervical spine. (APA, p. 5) Claimant was written out of work until she received those injections. (APA, p. 115)

Claimant's attorney sent her for a psychological evaluation with Nicholas A. Lind, PsyD, on March 31, 2015. In his report, Dr. Lind notes that Claimant reported receiving psychiatric treatment in the 1990's related to her divorce. (APA, p. 1) Based on his examination, Dr. Lind diagnosed Claimant with Major Depressive Disorder and states that her anxiety and depression were more likely than not aggravated by the pain and physical limitations resulting from her

September 7, 2014 injury. (APA, p. 3) Dr. Line recommended continued mental health treatment with focus on treating her sleep issues first.

Defendants referred Claimant for an IME with Dr. Scott Boyd, Columbia Neurosurgical Associates on June 22, 2015. (APA, p. 100) Dr. Boyd notes that Claimant reports a lot of diffuse pain, focused mainly in her low back, as well as a lot of pain behavior that he could not explain based on her cervical and lumbar imaging. (APA, p. 101). He indicates that he felt there was a strong psychiatric component to her pain. He notes that he could offer no surgical treatment or procedures as they would only likely make things worse. He indicates he could recommend pain management with a heavy emphasis on cognitive and psychiatric components of pain. In his Form 14B, *Physician's Statement*, dated August 19, 2015, Dr. Boyd assigned Claimant a 5% whole person impairment rating to the lumbar spine, and 5% to the cervical spine. In a questionnaire, Dr. Boyd states that it is his opinion that Claimant **did not sustain a physical injury as a result of her September 7, 2014 accident**, and that she is at MMI. (APA, p. 316)

Pre-Injury Medical Records – ER Records

Claimant's records show that she was seen at Bamberg County Hospital 1994 following a motor vehicle accident complaining of neck, shoulder and left arm pain. (APA, p. 212-213) She was diagnosed with a cervical strain. On April 11, 1997, she was seen for low back pain from a workers comp injury which is noted as happening when she pulled her back while lifting a patient. (APA, p. 209) Claimant was seen again on June 13, 1997, following a motor vehicle accident. (APA, p. 196) She reported pain on the left side of her head, as well as neck and low back pain. Cervical and lumbar x-rays were normal. On August 25, 2000, Claimant was seen for neck and low back pain. C-spine and L-spine x-rays were normal. (APA, p. 190)

Claimant was seen in the Aiken Regional Medical Center ER on October 28, 2003 for neck pain following a motor vehicle accident. (APA, p. 171) Claimant returned to the ER on

June 17, 2007 following a motor vehicle accident. (APA, p. 164) She reported neck pain. X-rays of the cervical spine showed disc space narrowing at C5-6 secondary to degenerative disk disease. (APA, p. 168) She was diagnosed with an acute cervical strain and prescribed Percocet and Flexeril. (APA, p. 164)

She was seen again at the Aiken Regional Medical Center ER on October 8, 2010 for headaches and neck pain following a motor vehicle accident. (APA, p. 159) She was diagnosed with a cervical strain and prescribed Vicodin. (APA, p. 161)

Claimant was seen again on November 17, 2013 following another motor vehicle collision. (APA, p. 151) She reported neck pain following a 20 mph collision. X-rays of the cervical spine were negative for acute injury but did show degenerative changes at C5-6 and C6-7. (APA, p. 154) She was diagnosed with neck pain and was prescribed naproxen.

Pre-Injury Medical Records – Dr. Padget

Claimant's records also show that she received treatment with Dr. Dale Padget from November 18, 1997 through September 4, 2002. (APA, pp. 215-292) These records reflect numerous reports of treatment or evaluation for low back pain, neck pain and depression, including a neurological evaluation on November 12, 1998 (APA, p. 285).

## ARGUMENT

As set forth above, Claimant had an admitted incident on September 7, 2014. Since that time, Defendants have provided all recommended treatment in order to determine what, if any, injuries Claimant may have sustained in the incident. To date, none of the treating physicians have identified a physical injury arising out of the September 7, 2014 accident. Despite the absence of any evidence of a physical injury, the Single Commissioner ordered Defendants to provide medical care for Claimant's psyche based on an alleged aggravation of a pre-existing condition. As set forth below, the Single Commissioner applied the incorrect standard in

reviewing the claim for a psychological injury and erred in ordering Defendants to provide this treatment.

Under the South Carolina Workers' Compensation Act:

> Stress, mental injuries, and mental illness arising out of and in the course of employment unaccompanied by physical injury and resulting in mental illness or injury are not considered a personal injury unless the employee establishes, by a preponderance of the evidence: (1) that the employee's employment conditions causing the stress, mental injury, or mental illness were extraordinary and unusual . . .and (2) the medical causation . . . by medical evidence.

S.C. Code §42-1-160(B) (emphasis added). Pursuant to this statute, "[m]ental injuries are compensable if they are induced either by physical injury or by unusual or extraordinary conditions of employment." Anderson v. Baptist Med. Ctr., 343 S.C. 487, 493, 541 S.E.2d 526, 528 (2001). Mental injuries induced by physical injury are generally referred to as "physical-mental" claims. Bass v. Kenco Grp., 366 S.C. 450, 465, 622 S.E.2d 577, 584 (Ct. App. 2005) ("a mental injury induced by a physical injury is compensable."). Mental injuries unaccompanied by physical injury are "mental-mental" claims and require medical evidence of unusual or extraordinary conditions causing the mental injury or illness. "A mental-mental injury is a purely mental injury resulting from emotional stimuli." Frame v. Resort Servs. Inc., 357 S.C. 520, 528, 593 S.E.2d 491, 495 (Ct. App. 2004). Thus, in the absence of unusual or extraordinary conditions, compensability for a mental illness or condition requires proof of a physical injury.

In this case, Claimant has failed to prove the existence of a physical injury arising out of the September 7, 2014 accident. The record reflects that an accident was reported by Claimant and admitted by Defendants. Following that reported accident, Defendants provided appropriate referrals to allow the authorized treating physicians to evaluate and diagnose what, if any, physical injuries Claimant sustained arising out of that incident. As evidenced by the records of

Dr. Holford and Dr. Boyd, no actual physical injury has ever been identified or diagnosed. The records reflect Claimant's ongoing and persistent subjective reports of diffuse pain, without any evidence of its etiology or relation to the work-place incident. Dr. Boyd specifically stated that he found **no evidence of a physical injury**. The Single Commissioner, in his order, appears to have relied on the fact that Dr. Boyd did assign an impairment rating to Claimant's spine. In doing so, the Single Commissioner overlooked the unequivocal and direct statement of Dr. Boyd that Claimant did not sustain a physical injury arising out of her work-related accident. Under the AMA Guidelines, a physician may assign an impairment rating based solely on subjective pain symptoms without any evidence of physical injury. Dr. Boyd did not state to any reasonable degree of medical certainty that the pain symptoms he was providing a rating for were causally-related or arose out of Claimant's employment. In relying on that rating to find the psyche injury compensable, the Single Commissioner's findings were speculative and not at all consistent with the specific statement of Dr. Boyd that he found no "**physical injury as a result of the September 7, 2014 work-related accident**."

The only other evidence in the record that Claimant produced to establish a causal link in this case is the report of Dr. Lind, based on his one-time evaluation of her. In his report, Dr. Lind concludes, based on the subjective reports of Claimant, that she suffered an aggravation of her pre-existing mental illness. This report and the opinions it contains are not conclusive or binding on the Commission. Sharpe v. Case Produce, Inc., 336 S.C. 154, 161, 519 S.E.2d 102, 106 (1999)("where uncontroverted medical opinions are merely deductions drawn from certain symptoms, the final conclusion remains with the triers of fact.") Claimant's medical records demonstrate a long history of diffuse neck and back pain, as well as depression. In the absence of any credible medical evidence of an actual physical injury, any aggravation to her psyche simply is not compensable under S.C. Code §42-1-160(B).

The facts of this case are similar to those presented to the Court of Appeal in Doe v. S.C. Dep't of Disabilities & Special Needs, 364 S.C. 411, 613 S.E.2d 785 (Ct. App. 2005) rev'd on other grounds by Doe v. S. Carolina Dep't of Disabilities & Special Needs, 377 S.C. 346, 660 S.E.2d 260 (2008). In Doe, the Claimant was kicked in the abdomen by a patient and sought medical treatment. A couple of months later, she began to complain of being depressed and having "crying spells." She was diagnosed with depression. After returning to work, she had another accident in which a patient pushed a cart into her, causing a sprain to her left arm and knee. Claimant sought benefits for her two physical injuries and her depression. The single commissioner found the mental injury was not compensable as either the result of unusual or extraordinary circumstances or caused by her physical injury. On appeal, the Circuit Court reversed this decision. In reversing the Circuit Court, the Court of Appeals stated, "there is substantial evidence in the record supporting the Full Commission's determination that the mental injury was not induced or caused by the minor physical injuries Claimant sustained." Doe, 364 S.C. at 421, 613 S.E.2d at 790.

In this case, while Defendants do not dispute the reported incident as alleged by Claimant, they do dispute that there has been any credible evidence produced that this incident caused a physical injury. Dr. Boyd has explicitly stated that there is no evidence of a physical injury and she is at MMI. In the absence of a physical injury, Claimant's depression is not compensable unless it has been established by medical evidence to have been the result of or aggravated by unusual or extraordinary work conditions. There is no such evidence in the record.

## CONCLUSION

The substantial evidence in this case demonstrates that Claimant has not met her burden in proving the existence of a physical injury as required by S.C. Code §42-1-160(B) for a finding

of a compensable mental or psychological injury. Having failed to meet this burden, her claim for medical care to her psyche must be denied and the decision of the Single Commissioner reversed.

Respectfully submitted, this, the 14th of December, 2015.

R. DANIEL ADDISON
Hedrick Gardner Kincheloe & Garofalo, LLP
P.O. Box 11267
Columbia, SC 29211
(803) 727-1200
Attorneys for the Defendants

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| STATE OF SOUTH CAROLINA<br><br>COUNTY OF AIKEN | ) | BEFORE THE SOUTH CAROLINA<br>WORKERS' COMPENSATION COMMISSION<br><br>WCC FILE NO. 1414843 |
| Elizabeth Priester,<br><br>Employee-Claimant,<br><br>v.<br><br>Pruitt Health,<br><br>as Employer-Defendant<br><br>and<br><br>American Zurich Insurance Company<br>Zurich North America,<br><br>as Carrier-Defendant. | ) | **RESPONDENT'S BRIEF TO THE FULL COMMISSION** |

## STATEMENT OF THE CASE

On May 22, 2015, the Claimant filed a Form 50, Request for a Hearing, seeking psychological medical treatment as a result of her accident on September 7, 2014. The Defendants filed a Form 51 on June 22, 2015, admitting that the Claimant sustained injuries to the left wrist and low back but denying all other injuries. A Hearing was held before Commissioner T. Scott Beck on August 20, 2015, in North Augusta, South Carolina with an Order being issued on September 30, 2015.

The Order found that the Claimant was entitled to psychological care and had sustained a physical-mental injury. The Defendants filed a Form 30, Request for Commission Review on October 12, 2015.

## STATEMENT OF THE FACTS

At the Hearing the Claimant testified that she is 53 years old and lives in Aiken, South Carolina. (R. at p. 8, ll. 5; R. p. 9, ll. 3). The Claimant testified that she is a high school graduate and has a CNA certificate from Denmark Tech. (R. at p. 9, ll. 13-24). The Claimant has been a certified CNA since 1990. (R. at p. 10, ll. 22-25). At the time of the Hearing the Claimant was working for Pruitt Health as a CNA. (R. at p. 10, ll. 12-14). On September 7, 2014, the Claimant injured her back while attempting to keep a patient from falling out of a bed. (R. at p. 13, ll. 2-7). The Defendants accepted the claim and began to provide medical care.

The Defendants first sent the Claimant to Doctors Care where she was seen on September 10, 2014. (APA p. 68). The Claimant continued to treat at Doctors Care and was referred for an orthopaedic evaluation on October 29, 2014. (APA p. 16). The Defendants sent the Claimant to Dr. Douglas Holford at Carolina Musculoskeletal Institute in Aiken. Dr. Holford saw the Claimant on November 3, 2014 and Dr. Holford recommended epidural steroid injections and provided medical care for the Claimant's neck and low back. (APA p. 14).

The Claimant was also seen by Dr. Scott Boyd of Columbia Neurosurgical Associates, PA, in Columbia. Dr. Boyd noted in his report of May 22, 2015 that the he suspected that "there is a strong psychiatric component to her pain." (APA p. 101). Dr. Boyd recommended that future medical treatment should include "pain management with heavy emphasis on cognitive and psychiatric components of pain." (APA p. 101).

At the Hearing the Claimant testified that she has had prior psychological problems for which she received treatment in 1997. (R. at p. 13, ll. 23-25; p. 14, ll. 1-3). The Claimant testified that following the counseling she got "better" and was not receiving any psychological care at the time of the accident. (R. at p. 14, ll. 3-5). The Claimant testified as a result of the

accident she was having problems coping "with the pain" and the "physical trauma" that she had been through. (R. at p. 14, ll. 23-25; p. 15, ll. 1-4). The Claimant also admitted that she has received prior medical treatment for the back as well. (R. at p. 14, ll. 14-15).

On March 31, 2015, the Claimant was seen by Nicholas Lind, PsyD, at Post-Trauma Resources in Columbia. Dr. Lind found that the Claimant's "current symptoms of anxiety and depression were more likely than not, with as much certainty reasonable in the field of psychology, aggravated by the pain and physical limitations resulting from the 7 September 2014 injury." (APA p. 1-4). In addition, Dr. Lind recommended that the Claimant receive treatment, including medications and counseling, all of which are "reasonable, necessary and geared toward lessening the period of disability for her work-related injuries." (APA p. 1-4).

## ARGUMENT

**1. The Claimant Sustained a Physical Injury.**

The Defendants' appeal rests on one argument, that the Claimant did not sustain a physical injury to her back and as a result, the single Commissioner erred in finding that she sustained a physical-mental injury. While the Defendants would prefer that the Full Commission apply the mental-mental standard, it would be error, as by their own admission the Claimant sustained a physical injury.

On May 22, 2015, the Claimant filed a Form 50, Request for a Hearing, alleging "an injury to left wrist/arm, neck/back, left hip". The Defendants filed a Form 51 on June 22, 2015, in which they stated, "Admit an injury to the left wrist and LOW back – all others DENIED." The Defendants cannot allege that the Claimant did not sustain an injury to her back and left wrist, they admitted it in their Form 51.

Additionally, the Claimant filed a Form 58, Pre-Hearing Brief on August 5, 2015, in which she again listed her body parts as "left wrist/arm, neck/back, left hip, psychological" and requested treatment for "psychological injury". Once again, the Defendants listed on their August 10, 2015 Pre-Hearing Brief, "Admitted injuries to left wrist and LOW back. All others denied." The Defendants amended their Pre-Hearing Brief on August 12, 2015 but made no changes to the statements above. The very first time that the Defendants argued that the Claimant had not sustained a physical injury was at the Hearing, almost two months after first admitting in their pleadings that the Claimant had sustained injuries to her back and left wrist.

The Defendants, by their own pleadings, have stated that the Claimant sustained a physical injury. Moreover, Dr. Scott Boyd, the authorized treating physician, gave the Claimant a 5% impairment to the spine due to this injury. He also stated that he recommended "pain management with heavy emphasis on cognitive and psychiatric components of pain." Another authorized physician, Dr. Douglas Holford diagnosed the Claimant with lumbosacral nerve root pain with an annular bulge at L4-5.

The Defendants' argument is that the Claimant did not sustain an injury, yet by their own filings with this body, the Workers' Compensation Commission, they stated that the Claimant sustained an injury and sent the Claimant for treatment for seven months. It is clear from the record, and the Defendants' pleadings, that the Claimant sustained injury by accident to her left wrist and back.

**2. The Claimant sustained a physical-mental injury.**

Once an individual sustains a physical injury which is compensable pursuant to the South Carolina Workers' Compensation Act, "[e]very natural consequence which flow[s]. . . from this injury, unless the result of an independent intervening cause, sufficient to break the chain of causation, is

likewise compensable." Whitfield v. Daniel Construction Company, 226 S.C. 337, 83 S.E. 2d 460, 462 (1954); Mullinax v. Winn-Dixie Stores. Inc., 318 S.C. 431, 458 S.E. 2d 76, 79 (Ct. App. 1995)("Our courts have clearly held the natural consequences flowing from a compensable injury, absent an independent intervening cause, are compensable.").

"Compensability" as recognized by Whitfield not only extends to secondary and/or indirect physical symptoms/injuries which result from the compensable accident, but also to psychological/psychiatric conditions which flow from the accident or compensable injuries. Kennedy v. Williamsburg County, 242 S.C. 47,131 S.E. 2d 512 (1963); Bass v. Kenco Group, 366 S.C. 450, 622 S.E. 2d 577, 584 (Ct. App. 2005) (". . . [A] mental injury induced by a physical injury is compensable.").

In Kennedy, the South Carolina Supreme Court held that a chain gang guard "suffering from a mental condition diagnosed as paranoid schizophrenia" was entitled to permanent and total disability benefits, where: (a) the medical evidence, which was provided by two psychiatrists, established that a head injury which Mr. Kennedy had experienced when attacked by two prisoners most probably caused the mental condition; and (b) circumstantial evidence (in the form of testimony from family members similarly gave "rise to a reasonable inference that there was a causal connection between the claimant's disability and his prior injury." Kennedy, 131 S.E. 2d, at 512.

Based upon Kennedy, the Court of Appeals subsequently explained that "if an accident arising out of and in the course of employment results in physical injury or trauma, and additionally, mental injuries are caused by the same accident," they are compensable under the Act. Doe v. South Carolina State Hospital, 285 S.C. 183, 328 S.E. 2d 652 (Ct. App. 1985) (Claimant, whose mental injury resulted from accidental physical trauma which was compensable per the Act, could not pursue action against employer in tort.).

The standard of proof required to establish the compensability of physical mental injury was clarified in Estridge v. Joslyn Clark Controls. Inc., 325 S.C. 532, 482 S.E. 2d 577, 580 (Ct. App. 1997), where the Court of Appeals: (a) held that mental injuries are compensable if "induced either by physical injury... or by unusual or extraordinary conditions of employment"; and (b) verified that where "the mental injury is induced by physical injury, it is not necessary that it result from unusual or extraordinary conditions of employment."

It is also well settled that the "aggravation of pre-existing psychiatric injury problems is compensable if that aggravation is caused by a work-related physical injury." Anderson v. Baptist Medical Center, 343 S.C. 487, 541 S.E. 2d 526, 528 (2001); Smith v. NCCI. Inc., 369 S.C. 236, 631 S.E. 2d 268, 279 (Ct. App. 2006); Bartlev v. Allendale County School District, 292 S.C. 300, 709 S.E. 2d 619, 623 (2011). In this case, Nicholas A. Lind, PsyD, stated,

> In my opinion Ms. Priester's current symptoms of anxiety and depression were more likely than not, with as much certainty reasonable in the field of psychology, aggravated by the pain and physical limitations resulting from 7 September 2014 injury.

That opinion is buoyed by the statements of Dr. Scott Boyd that he suspected a strong psychiatric component to her pain and recommended pain management with "heavy" emphasis on psychiatric treatment.

The evidence presented at the Hearing can only lead to one conclusion, the Claimant sustained an injury to her left wrist and back, and the accompanying pain aggravated a pre-existing psychological condition requiring medical care. This is the exact finding of the single Commissioner and should be affirmed by the Full Commission.

## CONCLUSION

Based on the foregoing, the Claimant/Respondent respectfully requests that the Full Commission affirm the Order and Award of the single Commissioner and Order that the Claimant has sustained a psychological injury and is in need of medical care.

Respectfully Submitted,

R. Michael Johnson, Jr.
Michael Johnson, P.C. & Associates
1201 Carolina Place, Suite 103
Fort Mill, South Carolina 29708
803-547-2800
803-802-9598 Facsimile
MJohnson@johnsonsclaw.com
Attorney for the Claimant/Respondent

January 5, 2016

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

RECEIVED
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SC Court of Appeals

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APPEAL FROM THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION APPELLATE PANEL

Susan B. Barden, Commissioner
R. Michael Campbell, II, Commissioner
Aisha Taylor, Commissioner

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W.C.C. File No. 1414843
Appellate Case No. 2016-000705

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Elizabeth Priester, Employee . . . . . Respondent,

v.

PruittHealth, Employer, and American Zurich Insurance Co., Carrier . . . . . Appellants

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**CERTIFICATE OF COUNSEL**

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This is to certify that the **Record on Appeal** contains all material proposed to be included by any of the parties and not any other material.

R. Daniel Addison
Lee E. Dixon
Hedrick Gardner Kincheloe & Garofalo
Post Office Box 11267
Columbia, South Carolina 29211
(803) 727-1200
Attorney for Appellants