

CLAIM AGAINST CITY OF MILWAUKEE

RECEIVED

JAN 3 2014

OFFICE OF  
CITY ATTORNEY

To: City of Milwaukee  
c/o Mr. Jim Owczarski, City Clerk  
200 E. Wells Street, Room 205  
Milwaukee, WI 53202

RE: Ms. Stephanie Hazley  
4190 North 17<sup>th</sup> Street  
Milwaukee, WI 53212  
Slip and Fall of 2/19/13

CITY OF MILWAUKEE  
2014 JAN - 2 PM 2:35  
CITY CLERK'S OFFICE

PLEASE TAKE NOTICE that, consistent with Wisconsin Statutes § 893.80 and § 801.11(4), Ms. Stephanie Hazley, by her attorneys, Ziino, Germanotta, Knoll & Christensen, hereby makes this Claim against the City of Milwaukee.

On February 19, 2013, Ms. Hazley was walking on the sidewalk in front of 4117 North Green Bay Avenue, Milwaukee, Wisconsin, when she slipped and fell on ice, striking her back and her head on the ground. The snow and ice had accumulated and remained on the sidewalk for over three weeks, creating a dangerous and unsafe condition for pedestrians. The City of Milwaukee was negligent for allowing snow and ice to accumulate and remain on the sidewalk for over three weeks.

Notice of the Circumstances of this Claim was served upon the City of Milwaukee on April 12, 2013.

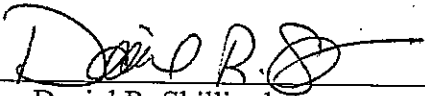
Ms. Hazley sustained injuries as a result of said slip and fall, incurring medical expenses and pain and suffering as a result of the negligence of the City of Milwaukee. Ms. Hazley hereby makes claim against the City of Milwaukee for the following itemized damages:

<u>Medical Bills</u>	
St. Joseph's Hospital, 2/19/13 – 2/25/13	\$4,552.40
Emergency Medicine Specialists, 2/19/13 – 2/25/13	\$944.00
Milwaukee Health Services, Inc., 3/4/13 – 3/25/13	\$500.00
Athletico Physical Therapy, 3/6/13 – 5/2/13	<u>\$4,621.00</u>
<b>Total Medical Bills</b>	<b>\$10,617.40</b>
 <u>Pain and Suffering</u>	 <b>\$10,000.00</b>
 <u>Total Claim</u>	 <b>\$20,617.40</b>

Medical records and bills supporting the injuries and itemized damages sustained by the above claimants are attached hereto.

Dated this 27<sup>th</sup> day of December, 2013.

ZIINO, GERMANOTTA, KNOLL  
& CHRISTENSEN  
Attorneys for Claimant Stephanie Hazley

BY:   
 Daniel R. Shillinglaw  
 State Bar Number 1055986  
 1700 N. Farwell Avenue  
 Milwaukee, WI 53202  
 (414) 272-2295  
 dan@zgkc-law.com

ST JOSEPH REGIONAL MEDICAL CTR  
 5000 W CHAMBERS STREET  
 MILWAUKEE, WI 53210-1650  
 Statement on: 07/01/13 at 06:08 AM

PAGE: 1

Guarantor: HAZLEY STEPHANIE DIANE  
 4190 N 17 ST  
 MILWAUKEE, WI 53209-0000

Patient: HAZLEY STEPHANIE DIANE  
 Visit #: 73543095  
 AR Seg: 02/25/13 to 02/25/13

Date	Svc Code	Description	Units	Debits	Credits
02/25/13	12808460	HYDROCOD-ACET 5/325MG	2	4.40	
02/25/13	15622074	ONDANSETRON PO PER 1M	4	89.00	
02/25/13	61546149	URGENT CARE LEVEL 3	1	250.00	
03/04/13	9848064	ADJ T19 UHC	-1		247.40-
03/22/13	9900350	PAY T19 UHC	-1		36.00-
* - Not posted				Balance:	60.00



ST JOSEPH REGIONAL MEDICAL CTR  
5000 W CHAMBERS STREET  
MILWAUKEE, WI 53210-1650  
Statement on: 05/06/13 at 06:19 AM

PAGE: 1

Guarantor: HAZLEY STEPHANIE DIANE  
4190 N 17 ST  
MILWAUKEE, WI 53209-0000

Patient: HAZLEY STEPHANIE DIANE  
Visit #: 73537984  
AR Seg: 02/19/13 to 02/19/13

Date	Svc Code	Description	Units	Debits	Credits
02/19/13	12808186	ACETAMIN TAB 325MG UD	3	6.00	
02/19/13	59280653	ED SPINE THORACIC DOR	1	288.00	
02/19/13	59380450	CT HEAD WITHOUT CONTR	1	1800.00	
02/19/13	59382125	CT CERVICAL SPINE NO	1	1800.00	
02/19/13	61546184	URGENT CARE LEVEL 4	1	315.00	
02/26/13	9848064	ADJ T19 UHC	-1		4113.00-
03/08/13	9900350	PAY T19 UHC	-1		39.00-
* - Not posted				Balance:	57.00



LOCATION: ST JOSEPH HOSPITAL

PT-0001 PAGE: 1

STEPHANIE D HAZLEY  
4190 N 17 ST  
MILWAUKEE WI 53209

BILLING DATE: 05/08/13  
TOTAL BALANCE: 523.00

BILL TO: HAZLEY STEPHANIE CHART #: J0503292

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
			S HAZLEY			
			STEVEN M MATES			
03/28/11		99285	LEVEL 5 VISIT	643.00		643.00
03/28/11		93010	ELECTROCARDIOGRAM REPORT	63.00		706.00
04/08/11			MEDICAID UHC COMMUNITY PLAN # 729443021 Filed			
04/22/11			265439 PAYMENT MEDI c# 729443021		54.16-	651.84
04/22/11			WRITE-OFF MEDICAID PRIMECARc# 729443021		651.84-	0.00
			S HAZLEY			
			DENISE P ABERNETHY			
04/19/12		99285	LEVEL 5 VISIT	662.00		662.00
04/19/12		93010	ELECTROCARDIOGRAM REPORT	65.00		727.00
08/29/12			MEDICAID BADGERCARE # 372261 Filed			
09/06/12			PAYMENT MEDICAID BADGERCac# 372261		35.77-	691.23
09/06/12			WRITE-OFF MEDICAID c# 372261		689.23-	2.00
09/06/12			Co-pay 2.00			
			S HAZLEY			
			KAYLAN C MANTHA			
09/19/12		99285	LEVEL 5 VISIT	662.00		664.00
09/19/12		93010	ELECTROCARDIOGRAM REPORT	65.00		729.00
09/28/12			MEDICAID UHC COMMUNITY PLAN # 734052671 Filed			
10/15/12			PAYMENT MEDICAID UHC COMMc# 734052671		54.16-	674.84
10/15/12			WRITE-OFF MEDICAID c# 734052671		672.84-	2.00
			S HAZLEY			
			MATTHEW R DELUHERY			
02/19/13		99284	LEVEL 4 VISIT	446.00		448.00
02/19/13		H0049	ETOH AND/OR DRUG SCREENING	52.00		500.00

LOCATION: ST JOSEPH HOSPITAL

PT-0001 PAGE: 2

STEPHANIE D HAZLEY  
4190 N 17 ST  
MILWAUKEE WI 53209

BILLING DATE: 05/08/13  
TOTAL BALANCE: 523.00

BILL TO: HAZLEY STEPHANIE CHART #: J0503292

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
03/04/13			MEDICAID UHC COMMUNITY PLAN # 735379841 Filed S HAZLEY			
02/25/13		99284	NISHANT A PILLAI LEVEL 4 VISIT	446.00*		946.00
03/06/13			MEDICAID UHC COMMUNITY PLAN # 735430951 Filed			
03/26/13			PAYMENT MEDICAID UHC COMM# 735379841		32.71-	913.29
03/26/13			WRITE-OFF MEDICAID c# 735379841		413.29-	500.00
04/25/13			PAYMENT MEDICAID UHC COMM# 735379841		35.35-	464.65
04/25/13			WRITE-OFF MEDICAID c# 735379841 S HAZLEY		16.65-	448.00
04/24/13		99284	JULIANNA M DONIERE MD LEVEL 4 VISIT	456.00		904.00
04/24/13		93010	ELECTROCARDIOGRAM REPORT	65.00		969.00

CURRENT	/30-60 DAYS/	/60-90 DAYS/	>90 DAYS/	TOTAL	INS PENDING	TOTAL DUE
521.00	0.00	446.00	2.00	969.00	446.00	523.00

EMERGENCY MEDICINE SPECIALISTS  
9875 S FRANKLIN DR  
FRANKLIN WI 53132-8895

LOCATION : ST JOSEPH HOSPIT

\*PHONE : 414 858 2200

S T A T E M E N T    O F    A C C O U N T

PAGE            1  
DATE    7/01 2013

MILWAUKEE HEALTH SERVICES, INC  
2555 N MARTIN LUTHER KING DR  
MILWAUKEE                    WI 53212-2709

PHONE #            414-372-8080  
FEDERAL ID #      391664109

STEPHANIE HAZLEY  
4190 N 17TH STREET  
MILWAUKEE                    WI 53209-0000

BILL TO #            2012021335656

BALANCE DUE                    360.00

AMOUNT ENCLOSED

DATE	PS	DIAG	PRO	PROC	DESCRIPTION	RECEIPT #	AMOUNT
3/04	2013				PREVIOUS BALANCE		15.00-
3/04	2013	850.9	RDA	99213	OV, EST PT, LEVEL 3		125.00
		03	HAZLEY, STEPHANIE		PRIMARY      CONCUSSION NOS		
3/11	2013	850.9	RDA	99213	OV, EST PT, LEVEL 3		125.00
		03	HAZLEY, STEPHANIE		PRIMARY      CONCUSSION NOS		
3/11	2013				SLIDING FEE - CR		125.00-
3/18	2013	465.9	RDA	99213	OV, EST PT, LEVEL 3		125.00
		03	HAZLEY, STEPHANIE		PRIMARY      URI ACUTE NOS		
3/25	2013	401.9	RDA	99213	OV, EST PT, LEVEL 3		125.00
		03	HAZLEY, STEPHANIE		PRIMARY      HYPERTENSION NOS		
7/01	2013				ENDING BALANCE		360.00




NEXT APPOINTMENT -

PLEASE CONTACT THE BILLING OFFICE WITH ANY QUESTIONS REGARDING YOUR STATEMENT AT 414-372-8677. THANK YOU.

BEGINNING BALANCE	CURRENT CHARGES	CURRENT ADJUSTMENTS	CURRENT PAYMENTS	CURRENT FINANCE CHARGES	ENDING BALANCE
15.00-	500.00	125.00-	.00	.00	360.00
000-030	031-060	061-090	091-120	121-OVER	FINANCE CHARGE COMPUTED ON
.00	.00	.00	360.00	.00	.00

# ATHLETICO

## PHYSICAL THERAPY

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
 DISCOVER  MASTERCARD  VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
05/16/13	CONTINUED	50561
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

Stephanie D Hazley  
4190 N 17th St  
Milwaukee, WI 53209

REMIT TO:

Athletico LTD  
709 Enterprise Drive  
Oak Brook, IL 60523

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  
PAYMENT DUE DATE - 6/3/13

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
03/06/13	Stephanie	Brice	Scree	Screening	\$0.00				\$0.00	\$0.00
03/13/13	Stephanie	Brice	97001	PT Evaluation	\$160.00				\$0.00	\$160.00
03/13/13	Stephanie	Brice	97530	Therapeutic Activities each 1...	\$77.00				\$0.00	\$77.00
03/13/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
03/13/13	Stephanie	Brice	97140	Manual Therapy Each 15min	\$73.00				\$0.00	\$73.00
03/14/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
03/14/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
03/14/13	Stephanie	Brice	97140	Manual Therapy Each 15min	\$73.00				\$0.00	\$73.00
03/19/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
03/19/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
03/19/13	Stephanie	Brice	97140	Manual Therapy Each 15min	\$73.00				\$0.00	\$73.00
03/21/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
03/21/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
03/21/13	Stephanie	Brice	97140	Manual Therapy Each 15min	\$73.00				\$0.00	\$73.00
03/26/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
03/26/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
03/26/13	Stephanie	Brice	97140	Manual Therapy Each 15min	\$73.00				\$0.00	\$73.00
03/28/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
03/28/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
03/28/13	Stephanie	Brice	97530	Therapeutic Activities each 1...	\$77.00				\$0.00	\$77.00
04/02/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
04/02/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
04/04/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
04/04/13	Stephanie	Brice	97530	Therapeutic Activities each 1...	\$77.00				\$0.00	\$77.00
04/04/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
04/09/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
04/09/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$150.00				\$0.00	\$150.00
04/11/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
04/11/13	Stephanie	Brice	97530	Therapeutic Activities each 1...	\$77.00				\$0.00	\$77.00
04/16/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE				
50561	\$986.00	\$3,250.00	\$385.00	\$0.00	\$0.00	\$4,621.00				

MESSAGE:

For Billing questions please contact us at 630-575-6250 M-F 8-4pm. You can also pay on-line at any time, go to [Athletico.com](http://Athletico.com). Thank you.

PLEASE PAY THIS AMOUNT CONTINUED

\*\* PAYMENT DUE UPON RECEIPT \* THANK YOU \*\*  
STATEMENT



# ATHLETICO

## PHYSICAL THERAPY

### STATEMENT

ADDRESSEE:

Stephanie D Hazley  
4190 N 17th St  
Milwaukee, WI 53209

REMIT TO:

Athletico LTD  
709 Enterprise Drive  
Oak Brook, IL 60523

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  
PAYMENT DUE DATE - 6/3/13

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
05/16/13	\$4,621.00	50561
SHOW AMOUNT PAID HERE		\$

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
04/16/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
04/16/13	Stephanie	Brice	97530	Therapeutic Activities each 1...	\$77.00				\$0.00	\$77.00
04/18/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$228.00				\$0.00	\$228.00
04/18/13	Stephanie	Brice	97530	Therapeutic Activities each 1...	\$77.00				\$0.00	\$77.00
05/02/13	Stephanie	Brice	97112	Neuromuscular Re-Ed each ...	\$76.00				\$0.00	\$76.00
05/02/13	Stephanie	Brice	97110	Therapeutic Exercise each 1...	\$75.00				\$0.00	\$75.00
05/02/13	Stephanie	Brice	97140	Manual Therapy Each 15min	\$73.00				\$0.00	\$73.00
05/02/13	Stephanie	Brice	97530	Therapeutic Activities each 1...	\$77.00				\$0.00	\$77.00

YOUR MEDICAL INFORMATION IS BEING TRANSMITTED TO THE FOLLOWING ENTITIES:

1. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

2. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

3. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

4. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

5. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

6. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

7. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

8. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

9. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

10. ATHLETICO LTD, 709 ENTERPRISE DRIVE, OAK BROOK, IL 60523

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
50561	\$986.00	\$3,250.00	\$385.00	\$0.00	\$0.00	\$4,621.00

MESSAGE:

For Billing questions please contact us at 630-575-6250 M-F 8-4pm. You can also pay on-line at any time, go to Athletico.com. Thank you.

PLEASE PAY THIS AMOUNT **\$4,621.00**

**\*\* PAYMENT DUE UPON RECEIPT \* THANK YOU \*\***  
**STATEMENT**

# ATHLETICO

PHYSICAL THERAPY

## PATIENT INFORMATION

(Please complete both sides of form)

Date \_\_\_\_\_ Clinic \_\_\_\_\_  
Name Stephanie (Diene) Hazley Here  
(First) (Last) (Middle)  
Address 4190 N. 17 street Apt # \_\_\_\_\_  
City Milwaukee State WI Zip 53209  
Day Phone 414 264-4001 Alternate Phone 414 807-5525  
Birth Date 12-27-1958 Social Security # 399-72-5300 E-Mail \_\_\_\_\_  
Marital Status Married  Single  Other  Sex M  F  Former Patient: Yes  No

Other than your doctor, how did you hear of Athletico? (please circle one category and provide specifics when possible)  
Professional Org. \* Golf \* Performing Arts \* Website \* Insurance \* Athletico Location/Signage

Club/Org. \* Endurance \* Rugby \* Advertisement \* None, Physician referral \* Other Specify \_\_\_\_\_

Were you referred by a patient of Athletico? Yes  No  If yes, name \_\_\_\_\_

## EMPLOYMENT INFORMATION

Employer / School It starts here family childcare Occupation Teacher Dept. Teaching  
Address 3885 N. Street  
City Milwaukee State WI Zip 53212

## PHYSICIAN INFORMATION

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

If you would like us to send copies of correspondence to your primary care physician, please complete:

Primary Care Physician Dr. Adams Phone 414 272-8080  
Address 2555 N. Martin Luther King Jr. Drive

## ADDITIONAL INFORMATION

Is this an approved Worker's Comp Injury? Yes  No  Date of Injury Jan. 19, 2013  
Is this an Auto Accident? Yes  No  Is this a Lawsuit? Yes  No   
Attorney Name Danish R. Shillinglaw Attorney Phone 414 272-2295

# ATHLETICO

## PHYSICAL THERAPY

### OUTPATIENT SCREENING FORM

Please answer all questions to the best of your ability.

Patient Name: Stephanie Diane Hazley Age: 54

Height: 5'10" Weight: 174

What problem are you being treated for today? Heard Back

What date (roughly) did your present symptoms start? Jan. 19, 2013

My symptoms are currently:  GETTING BETTER  GETTING WORSE  STAYING THE SAME

Treatment received so far for this problem (please circle):  Chiropractic  Acupuncture  Injections

Physical/Occupational Therapy  Other: \_\_\_\_\_

Have you received physical/occupational therapy within the last calendar year?: YES   NO

Approximately how many treatment sessions have you received this calendar year? \_\_\_\_\_

Special tests performed for this problem and results (please circle):  X-ray  Bone Scan  CT scan  MRI

Other: \_\_\_\_\_

Occupation, including activities that comprise your workday (please circle):  Sitting  Standing  Walking

Lifting  Other: \_\_\_\_\_

Are you on a work restriction from your doctor:  Light duty  Full Duty  Not Working

LEISURE ACTIVITIES: include exercise routines: \_\_\_\_\_

Please provide specific name of any medications you are currently taking (include pills, injections and/or patches): \_\_\_\_\_

ALLERGIES: List any medication(s) you are allergic to: Penicillin

Please list significant past medical history and any surgeries: (please indicate if it was for the current condition)

NONE

During the past month, have you been bothered by feeling down, depressed, or hopeless?  YES  NO

During the past month, have you been bothered by having little interest or pleasure in doing things? YES   NO

Is this something with which you would like help? YES  YES, BUT NOT TODAY  NO

# ATHLETICO

## PHYSICAL THERAPY

English

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Athletico is dedicated to maintaining the privacy of your health information and complying with federal laws that help protect it. The following information is a summary of our privacy practices and how we may use and disclose your health information. Our full-length version follows this summary which also describes your rights regarding how you may gain access to and control your health information. We encourage you to read the Notice of Privacy Practices in its entirety.

- We will use and disclose your health information in the course of providing, coordinating, or managing your medical treatment.
- We will use and disclose your health information to obtain payment for the health care services provided to you.
- We may use your health information in performing a variety of health care operations that allow us to improve the quality of care we provide to you.
- We may contact you and/or leave a voicemail message to remind you of your scheduled appointment.

I acknowledge that I have received the Athletico Notice of Privacy Practices. I understand that Athletico has the right to change its Notice at any time and that I can request a copy of the revised Notice.

Stephanie D. Hasky  
Signature of Patient or Personal Representative

Mar. 6, 2013  
Date

\_\_\_\_\_  
Name of Patient or Representative

\_\_\_\_\_  
Relation to the Patient

**ATHLETICO USE ONLY** \*\*\* Scan and email to: Carol Czaplinski, Director of Marketing and Karin Butkofer, Privacy Officer \*\*\*

\_\_\_\_\_  
Patient Name

Notice Given - Patient Declined to Sign      Reason(s) patient did not sign \_\_\_\_\_

\_\_\_\_\_  
Signature of Athletico Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic

WRITTEN ACKNOWLEDGEMENT NOT OBTAINED      MRN# \_\_\_\_\_

English

### CANCELLATION POLICY ACKNOWLEDGEMENT

- Kindly give at least 24 hours notice for cancellation or rescheduling.
- Cancellations of less than 24 hours or not showing up for an appointment will result in a cancellation charge.
- If you arrive more than 15 minutes late for your scheduled appointment, you may be rescheduled. This is for the benefit of you and other patients being treated.
- We recommend scheduling your appointments at least one week in advance to ensure the times that you need.
- Appointment times given one week do not automatically follow through to the subsequent weeks.

The patient and therapist have discussed the importance of frequency and duration.

Thank you for your cooperation.

Stephanie D. Hasky  
Signature of Patient or Personal Representative

Mar. 6, 2013  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

Pre Demo Entered

Person # 35960

DOB 12/27/58

# ATHLETICO

PHYSICAL THERAPY

## Auto/3<sup>rd</sup> Party Auto/Liability Insurance Verification

Patient Name: Stephanie Hazley Today's Date: 3/10/13

Date of Initial Eval: 3/13/13 Clinic: WKE EAST

Claim # <u>wait until end of tx b/c of City of Wke</u>	Date of Accident: <u>2/19/13</u>
Claim Adjuster:	Phone#
Insurance Co: <u>City of Milwaukee</u>	Fax#
Address:	Suite#
City, State & Zip Code: <u>Milwaukee</u>	
State in which accident occurred? <u>WI</u>	

Do you reimburse directly to Athletico or to the patient? \_\_\_\_\_ Is this a 3<sup>rd</sup> Party claim? YES  NO   
*Lein? Yes*

Are there medical benefits available on the policy? YES  NO  If 'YES' are they exhausted? YES  NO   
*(If the benefits are exhausted, inform the patient that Athletico will need a 'maxed letter and obtain the patient's health insurance. Athletico cannot submit claims to the patient's health insurance without a 'maxed letter')*

Verified by: CO Date Verified: [Signature]

\*\*\*\*\*OBTAIN INFORMATION FROM PATIENT FOR THE BELOW QUESTIONS\*\*\*\*\*

Does patient have Health Insurance? YES  NO  REFUSED  If Yes, provide name: BudgerCare

If yes, verify health insurance benefits and enter in NextGen as "archived" insurance Verified/Entered:   
*(If UHC, notify Kellee Lewis immediately)*

Does the patient have an Attorney? YES  NO  (If yes, provide Attorney information below)

### ATTORNEY SECTION

Attorney Name: Daniel Shillinglaw

Address: 1700 N Farwell Ave Suite # \_\_\_\_\_

City, State & Zip code: Milwaukee, WI 53202

Phone # 414.272.2295 Fax# \_\_\_\_\_

Comments: Ⓢ Patient is being billed. Claimant is suing City of Wke for slip and fall liability. City of Milwaukee will not issue a claim # until case is settled.  
Lein.

Forward completed Auto/3<sup>rd</sup> Party Auto Ins Verification Forms to Kellee Lewis at [klewis@Athletico.com](mailto:klewis@Athletico.com) within 24 hours.  
Date Scanned: \_\_\_\_\_ Clinic Rep Scanning Form: CO Updated: 9/2012

**ATHLETICO**

PHYSICAL THERAPY • OCCUPATIONAL THERAPY

2015 North Downer Avenue, Milwaukee, WI 53207  
Phone: 414-962-4400 Fax: 414-962-5674

**Therapy Initial Evaluation**

Patient Name: Hazley, Stephanie  
Referring Physician:

Patient's DOB: 12/27/1958

MRN: 325960

This is Tom Brice dictating a Physical Therapy Initial Evaluation for Stephanie Hazley, Medical Record #: 325960, visit #1, Date of birth: 12/27/1958, Date of evaluation: March 13, 2013.

Parents: N/A

MD: Dr. Adams

Medical Dx/ICD-9: Concussion 850.9

MD Fax: []

Tx Dx/ICD-9: Dizziness 780.4/Headache 339.89

MD Phone: 414-372-8080

**SUBJECTIVE:**

Stephanie Hazley is a 54 year old female referred by Attorney, Daniel Shillinglaw for neuro rehab secondary to concussion.

DOI: January 19, 2013

Mechanism of Injury: Slip on ice and hit back of head on floor

Immediate symptoms included: bad headache, back pain and throwing up

MRI/CT Scan: CT Results: Negative

Additional Medical History: Negative

Work Status: No work for week (works in child care)

Reading/Computer Tolerance: Difficulty lasting greater than 20 minutes; blurry vision

Sleep Disturbance: Yes, 3-4 hours/night

Current Medications: Ondansetron, Hydrocodone, Methocarbamol, Cyclobenzaprine

Allergies: Penicillin

Social History: Stephanie is working at a child care facility. She enjoys cooking and spending time with her family.

Patient's greatest frustrations/concerns at this time include: head pain that makes her ears hurt.

**OBJECTIVE:**

Patient was seen for 90 minutes for chart review, evaluation, development of a comprehensive plan of care for therapy treatment and dictation completion. Evaluation took place in the Athletico Milwaukee - East side.

Pain: Using the verbal pain scale, patient reports pain at 8/10. She states pain may go down to a 5-6/10, but typically is 8/10. She indicates pain is located in the : temporal / occipital lobes.

She describes pain as sharp, sticking pain

Patient states ice and medicine assists in alleviating pain and that lights, sounds and sitting up tend to worsen symptoms.

Current symptoms include: achiness, headache, nauseated, back pain.

**CLINICAL OBSERVATIONS:**

Cervical Rotation: Yes R L

Cervical Tilt No R L

Kyphotic Posture: Yes

Forward Head Posture: Yes

Shoulder Symmetry: Negative, guarded positioning

**Palpation:**

Patient presents with mild/moderate/severe myofascial pain at the:

	Right	Left
Transverse Process of Atlas	x	x
Upper Trapezius		x
Scalenes		
SCM		x
Paraspinals	x	x
Suboccipital	x	

RE: Hazley, Stephanie  
 Text ID: 4679810  
 Seen at: ATHLETICCO, 2615 North. Jwner Avenue, Milwaukee, WI 53211

**Cervical AROM:**  
 Flexion (50-60): 55  
 Extension (60-75): 65

R Rotation (80): 80  
 L Rotation (80): 60

R Lat Flex (45): 35  
 L Lat Flex (45): 45

**Shoulder AROM:**

Flexion (160-180)  
 Extension (45-60)

Right  
 WNL  
 WNL

Left  
 WNL  
 WNL

Strength  
 Equal bilateral  
 Equal bilateral

Abduction (170-180)

WNL

WNL

Equal bilateral

Ext. Rotation (70-80)

WNL

WNL

Equal bilateral

Int. Rotation (80-90)

WNL

WNL

Equal bilateral

Balance Error Scoring System (BESS) was used to assess the patient's standing balance on both firm and dynamic surface. The patient scored [ ] and had difficulty with [ ].

**Visual Skills:**

Acuity: Increased dizziness and headache  
 Fixation/Vergence: Increased dizziness and headache  
 Smooth Pursuits: Increased dizziness  
 Saccades: Increased dizziness and headache  
 VOR Horizontal: Increased dizziness and headache  
 VOR Cancellation: Increased dizziness  
 Cross Cover: N/A  
 Head Thrust Test: Not assessed due to pain

**Vestibular Testing:**

The Hallpike Maneuver was used to assess patient's vestibular function on both the right and left sides for bilateral anterior and posterior canals.  
 Hallpike Maneuver: R= Dizziness/Headache/Nystagmus Description of Nystagmus: N/A due to back pain  
 L=Dizziness/Headache/Nystagmus Description of Nystagmus: N/A due to back pain  
 Additionally, the Horizontal Roll test was performed to assess horizontal canal function.  
 Horizontal Roll: R=Dizziness/Headache/Nystagmus; Description of Nystagmus: N/A due to back pain  
 L= Dizziness/Headache/Nystagmus; Description of Nystagmus: N/A due to back pain  
 Transitional movements reproduce symptoms: N/A due to back pain

**ADL:**

Neck Disability Index was given to obtain an objective assessment of the patient's limitations as related to head and neck pain. Patient scored a 30 indicating a moderate impairment.  
 Dizziness Handicap Inventory was used to help identify difficulties the patient may be experiencing because of his/her dizziness or unsteadiness. Pt. scored a 40 indicating a moderate impairment.  
 ADLs affected by concussion: sleeping, sit <> standing, cooking, reading, watching tv, using computer, walking one block, walking around a room, climbing one flight of stairs, bathing/dressing

**Patient/Caregiver Education:**

Pt. issued a home exercise program consisting of Vestibular Ocular Reflex exercises. Pt. to perform these exercises 2x/day initially with increased frequency to 5x/day as tolerated. Pt. was instructed to discontinue exercises if PCS symptoms reproduced. Patient and caregiver demonstrated understanding.

Pt. instructed to begin light aerobic activity for 30 min/day 5x/week, sustaining heart rate around 55-75% of max HR. Patient and caregiver communicated understanding.

**Assessment:**





**ATHLETICO**

PHYSICAL THERAPY • OCCUPATIONAL THERAPY

2615 North Downer Avenue, Milwaukee, WI 53211  
Phone: 414-962-4400 Fax: 414-962-5674

**Therapy Initial Evaluation**

Patient Name: Hazley, Stephanie  
Referring Physician:

Patient's DOB: 12/27/1958

MRN: 325960

This document was electronically signed by Tom Brice, PT, DPT on 03/13/2013 17:46:27.

TB/ Dd: 03/13/2013 17:46:25 Bd: 03/13/2013 13:25:33 Td: 03/13/2013 13:25:33

Cc:

Patient Name: Hazley, Stephanie

Referring Physician:

Physician's Diagnosis:

- |  | Frequency                           | Duration                           |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Continue Physical Therapy     | <input type="checkbox"/> 2x/Week    | <input type="checkbox"/> 1-2 Weeks |
| <input type="checkbox"/> Continue Occupational Therapy | <input type="checkbox"/> 3x/Week    | <input type="checkbox"/> 3-4 Weeks |
| <input type="checkbox"/> Work Conditioning             | <input type="checkbox"/> 4x/Week    | <input type="checkbox"/> 4-6 Weeks |
| <input type="checkbox"/> FCE                           | Open <input type="checkbox"/> _____ | <input type="checkbox"/> _____     |

Agree with plan

Revise plan as below:

Discontinue/Discharge.

Physician's Signature:

Date:

IN SIGNING THIS DOCUMENT, THE PHYSICIAN CERTIFIES THAT THE PRESCRIBED PHYSICAL REHABILITATION IS MEDICALLY NECESSARY AS STATED IN THE PLAN OF CARE CREATED ON 03/13/2013.

Please return results to fax number: **414-962-5674**

**ATHLETICO**

PHYSICAL THERAPY, OCCUPATIONAL THERAPY

2. North Downer Avenue, Milwaukee, WI 53.  
S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

03/14/2013

VISIT NUMBER: 2

PRECAUTIONS/CONTRAINDICATIONS: Light duty

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(S): 850.9, 780.4, 339.89

RIGHT [x] LEFT [x]

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

**SUBJECTIVE:**

Patient reports that she feels better today than she did yesterday. Patient reports that the manual therapy on her neck really helps with her headache in the front of her head and that she can feel it a lot. Patient reports that she is liking the direction of therapy and is hoping her headaches will go away permanently.

**OBJECTIVE:**

Neuromuscular reeducation: [ ] Minutes

Exercise	Repetitions
VOR acuity	5x1'
SL balance	3x30"; flat surface
Mini squats	2x20
Heel raises	2x20

[ ]  
Therapeutic exercises: [ ] Minutes

Exercise	Repetitions
Nu-step	10 minutes; Lv 2.0
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]
[ ]	[ ]

Manual therapy: [ ] Minutes

STM to cervical paraspinals

Suboccipital release

Modalities: [ ] Minutes

[ ]

**ASSESSMENT:**

Patient tolerates treatment well with addition of mini squats and heel raises. Patient has increased dizziness after few exercises today but is able to complete all sets. Patient feels better at end of therapy session and is pleased with the direction of therapy.

**PLAN:**

Continue plan of care with addition of heel-toe walking.

Brice, PT, DPT

Document was electronically signed by Tom Brice, PT, DPT on 03/14/2013 12:49:34.

Id: 03/14/2013 12:49:33 Bd: 03/14/2013 09:15:25 Td: 03/14/2013 09:15:25

Hazley, Stephanie D  
465724  
82028  
Room: 71

**ATHLETICO**

PHYSICAL THERAPY, OCCUPATIONAL THERAPY

2015 North Downer Avenue, Milwaukee, WI 53211  
S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

03/19/2013

VISIT NUMBER: 3

PRECAUTIONS/CONTRAINDICATIONS: Light duty

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT [x] LEFT [x]

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

**SUBJECTIVE:**

Patient reports that she is feeling better and that she can tolerate more manual therapy today. Patient states that she enjoys the heat and ice for her back and head and she is noticing improvement with all of her exercises at home. Patient states that she has been cleared for full duty at work.

**OBJECTIVE:**

Neuromuscular reeducation: [ ] Minutes

Exercise	Repetitions
VOR acuity	5x1'
SL balance	3x30"; flat surface
Mini squats	2x20
Heel raises	2x20
Heel-toe walking	4 laps

Therapeutic exercises: [ ] Minutes

Exercise	Repetitions
Nu-step	10 minutes; Lv 2.0

[ ]	[ ]
[ ]	[ ]
[ ]	[ ]

Manual therapy: [ ] Minutes

STM to cervical paraspinals

Suboccipital release

Modalities: [ ] Minutes

[ ]

**ASSESSMENT:**

Patient tolerates treatment well with heel-toe walking. Patient has a bit of a hard time with coordinating the steps at first but is able to complete all sets. Patient is pleased with progress so far but still has headaches and is hoping they will be completely gone soon.

**PLAN:**

Continue plan of care with SL balance ball toss.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 03/19/2013 11:18:31.

TB/ Dd: 03/19/2013 11:18:29 Bd: 03/19/2013 11:14:45 Td: 03/19/2013 11:14:45

RE: Hazley, Stephanie D  
Voice ID: 4477080  
Text ID: 4695293  
Clinic Number: 71

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**ATHLETICO**

PHYSICAL THERAPY, OCCUPATIONAL THERAPY

15 North Downer Avenue, Milwaukee, WI 53211  
S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

03/21/2013

VISIT NUMBER: 4

PRECAUTIONS/CONTRAINDICATIONS: Light duty

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(S): 850.9, 780.4, 339.89

RIGHT  LEFT

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

SUBJECTIVE:

OBJECTIVE:

Neuromuscular reeducation:  Minutes

Exercise                      Repetitions

VOR acuity                      5x1'

SL balance                      3x30"; flat surface

Mini squats                      2x20

Heel raises                      2x20

Heel-toe walking                      4 laps

Therapeutic exercises:  Minutes

Exercise                      Repetitions

Nu-step                      10 minutes; Lv 2.0

Manual therapy:  Minutes

STM to cervical paraspinals

Suboccipital release

Modalities:  Minutes

ASSESSMENT:

Patient tolerates treatment well addition of SL balance with ball toss but has some difficulty with the hand-eye coordination initially. Patient is able to complete 2 sets with the green medicine ball and is showing improved concentration overall.

PLAN:

Continue plan of care with hurdle steps.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 03/21/2013 08:54:06.

TB/ Dd: 03/21/2013 08:54:05 Bd: 03/21/2013 08:52:46 Td: 03/21/2013 08:52:45

----- ADDENDUM -----

March 21, 2013

Subjective reading should have read:

SUBJECTIVE:

RE: Hazley, Stephanie D

Voice ID: 4484659

Text ID: 4702690

Clinic Number: 71

**ATHLETICO**

PHYSICAL THERAPY . OCCUPATIONAL THERAPY

2015 North Downer Avenue, Milwaukee, WI 53211  
S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

03/21/2013

VISIT NUMBER: 4

PRECAUTIONS/CONTRAINDICATIONS: Light duty

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT  LEFT

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

SUBJECTIVE:

OBJECTIVE:

Neuromuscular reeducation:  Minutes

Exercise                      Repetitions

VOR acuity                      5x1'

SL balance                      3x30"; flat surface

Mini squats                      2x20

Heel raises                      2x20

Heel-toe walking                      4 laps

Therapeutic exercises:  Minutes

Exercise                      Repetitions

Nu-step                      10 minutes; Lv 2.0

Manual therapy:  Minutes

STM to cervical paraspinals

Suboccipital release

Modalities:  Minutes

ASSESSMENT:

Patient tolerates treatment well addition of SL balance with ball toss but has some difficulty with the hand-eye coordination initially. Patient is able to complete 2 sets with the green medicine ball and is showing improved concentration overall.

PLAN:

Continue plan of care with hurdle steps.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 03/21/2013 08:54:06.

TB/ Dd: 03/21/2013 08:54:05 Bd: 03/21/2013 08:52:46 Td: 03/21/2013 08:52:45

----- ADDENDUM -----

March 21, 2013

Subjective reading should have read:

SUBJECTIVE:

RE: Hazley, Stephanie D

Voice ID: 4484659

Text ID: 4702690

Clinic Number: 71

Chart Copy

Page 1 of 2

RE: Hazley, Stephanie D

Text ID: 4702690

Seen at: ATHLETICO, 2615 North Downer Avenue, Milwaukee, WI 53211

---

Patient reports that she is feeling better each day. Patient states that she did have a headache last night that was so bad that she cried. Patient states that it is better today and that she feels better after modalities and soft tissue massage. Patient states that she is pleased with her progress so far and is hoping to be headache free at work soon.

This document was electronically signed by Tom Brice, PT, DPT on 03/21/2013 10:38:15.

# ATHLETICO

PHYSICAL THERAPY, OCCUPATIONAL THERAPY

5 North Downer Avenue, Milwaukee, WI 53211

S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

03/26/2013

VISIT NUMBER: 5

PRECAUTIONS/CONTRAINDICATIONS: None

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT  LEFT

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

### SUBJECTIVE:

Patient asks, "How long do concussions last for"? Patient reports that she had a very bad headache all weekend and went to see her physician and her blood pressure read 206/98. Patient reports that she was given new medicine and that she is feeling more "calm" today.

### OBJECTIVE:

Neuromuscular reeducation:  Minutes

Exercise	Repetitions
VOR acuity	5x1'
SL balance	3x30"; flat surface
Mini squats	2x20
Heel raises	2x20

Heel-toe walking 4 laps

Hurdle steps 10 laps

Therapeutic exercises:  Minutes

Exercise	Repetitions
Nu-step	10 minutes; Lv 2.0

Manual therapy:  Minutes

STM to cervical paraspinals

Suboccipital release

Modalities:  Minutes

### ASSESSMENT:

Patient tolerates treatment well addition of hurdle steps. Patient requires some cueing to facilitate proper gait mechanics but is able to complete all sets symptoms free. Patient is pleased with her strength gains but is concerned that her headaches are not completely gone.

### PLAN:

Continue plan of care with addition of step ups.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 03/26/2013 09:51:12.

TB/ Dd: 03/26/2013 09:51:11 Bd: 03/26/2013 07:40:31 Td: 03/26/2013 07:40:30

RE: Hazley, Stephanie D

Voice ID: 4496813

Text ID: 4714996

Clinic Number: 71

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**ATHLETICO**  
PHYSICAL THERAPY, OCCUPATIONAL THERAPY  
2615 North Downer Avenue, Milwaukee, WI 53211  
S.O.A.P. Note

Patient Name: Hazley, Stephanie

Patient's DOB: 12/27/1958

MRN: 325960

03/28/2013  
VISIT NUMBER: 6  
PRECAUTIONS/CONTRAINDICATIONS: None  
DIAGNOSIS: Concussion, Dizziness, Headache  
DIAGNOSIS CODE(s): 850.9, 780.4, 339.89  
RIGHT  LEFT   
DATE OF INJURY/SURGERY: Early January  
CHARGES: 3NM, 1TX, 1MT

IN: 9:00 a.m.                      OUT: 10:15 a.m.

**SUBJECTIVE:**

Patient states that she is doing well now, but notices right around 1:00 p.m. her headache increases. Patient states that the medication is really helping but that it is still very bad during the day.

**OBJECTIVE:**

Neuromuscular reeducation:  Minutes  
Exercise                      Repetitions  
VOR acuity                      5x1'  
SL balance                      3x30"; flat surface  
Mini squats                      2x20  
Heel raises                      2x20  
Heel-toe walking                      4 laps  
Hurdle steps                      10 laps  
Therapeutic exercises:  Minutes  
Exercise                      Repetitions  
Nu-step                      10 minutes; Lv 2.0  
                        
                        
                        
Manual therapy:  Minutes  
STM to cervical paraspinals  
Suboccipital release  
Modalities:  Minutes

**ASSESSMENT:**

Patient tolerates treatment well addition of SL balance with ball toss. Patient wasn't ready for step ups today but is showing continued improvements with overall balance.

**PLAN:**

Continue plan of care with addition of step ups.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 03/28/2013 10:44:55.

TB/ Dd: 03/28/2013 10:44:52 Bd: 03/28/2013 10:26:45 Td: 03/28/2013 10:26:44

RE: Hazley, Stephanie  
Voice ID: 4504257  
Text ID: 4723197  
Clinic Number: 71

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**ATHLETICO**  
PHYSICAL THERAPY, OCCUPATIONAL THERAPY  
2615 North Downer Avenue, Milwaukee, W... 53211  
S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

04/02/2013

VISIT NUMBER: 7

PRECAUTIONS/CONTRAINDICATIONS: None

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT  LEFT

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

**SUBJECTIVE:**

Patient reports that she is feeling pretty good today and that she is feeling like her headache is decreasing daily. Patient reports that her back is bothering her a bit but that the stretches in her HEP are helping when it gets bad at night.

**OBJECTIVE:**

Neuromuscular reeducation:  Minutes

Exercise	Repetitions
----------	-------------

VOR acuity	5x1'
------------	------

SL balance ball toss	2x20 (B)
----------------------	----------

Mini squats	2x20
-------------	------

Heel raises	2x20
-------------	------

1/2 foam roll walk	10 laps
--------------------	---------

Hurdle steps	10 laps
--------------	---------

Therapeutic exercises:  Minutes

Exercise	Repetitions
----------	-------------

Nu-step	10 minutes; Lv 2.0
---------	--------------------

Step ups fwd	2x20 (B)
--------------	----------

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Manual therapy:  Minutes

STM to cervical paraspinals

Suboccipital release

Modalities:  Minutes

**ASSESSMENT:**

Patient tolerates treatment well with addition of step ups. Patient feels better at the end of the therapy session and is pleased with progress so far. Patient continues to have difficulty with overall balance and stability but is having 50% decrease in headaches overall.

**PLAN:**

Continue plan of care with addition of stationary lunges.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 04/02/2013 11:28:59.

TB/ Dd: 04/02/2013 11:28:58 Bd: 04/02/2013 07:48:04 Td: 04/02/2013 07:48:03

RE: Hazley, Stephanie D  
Voice ID: 4515998  
Text ID: 4734800  
Clinic Number: 71

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Page 1 of 1

**ATHLETICO**

PHYSICAL THERAPY, OCCUPATIONAL THERAPY

15 North Downer Avenue, Milwaukee, WI 53211  
S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

04/04/2013

VISIT NUMBER: 8

PRECAUTIONS/CONTRAINDICATIONS: None

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT  LEFT 

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

**SUBJECTIVE:**

Patient states that she has a 5/10 headache and it began last night. Patient states that she was sick and throwing up last night and that it increased her symptoms. Patient reports that she feels better at end of the session today and is trying her hardest to relax at home when symptoms worsen.

**OBJECTIVE:**Neuromuscular reeducation:  Minutes

Exercise                      Repetitions

VOR acuity                      5x1'

SL balance ball toss              2x20 (B)

Mini squats                      2x20

Heel raises                      2x20

1/2 foam roll walk              10 laps

Hurdle steps                      10 laps

Therapeutic exercises:  Minutes

Exercise                      Repetitions

Nu-step                      10 minutes; Lv 2.0

Step ups fwd                      2x20 (B)

  Manual therapy:  Minutes

STM to cervical paraspinals

Suboccipital release

Modalities:  Minutes**ASSESSMENT:**

Patient tolerates treatment well with addition of stationary lunges. Patient fatigues quickly but has minimal dizziness at end of exercises. Patient is pleased with progress so far and is glad that she is taking steps in the right direction to return to her pre-morbid functional level.

**PLAN:**

Continue plan of care with addition of treadmill work.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 04/04/2013 11:04:56.

TB/ Dd: 04/04/2013 11:04:55 Bd: 04/04/2013 09:14:52 Td: 04/04/2013 09:14:52

RE: Hazley, Stephanie D  
Voice ID: 4523342  
Text ID: 4742985  
Clinic Number: 71

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**ATHLETICO**

PHYSICAL THERAPY, OCCUPATIONAL THERAPY

2015 North Downer Avenue, Milwaukee, WI 53234

S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

04/09/2013

VISIT NUMBER: 9

PRECAUTIONS/CONTRAINDICATIONS: None

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT  LEFT

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

**SUBJECTIVE:**

Patient states that she is feeling a lot better and has gone a full day without a headache but never 2 consecutive days. Patient states that she has a follow up appointment with her physician tomorrow and she is hoping to be cleared for more activity.

**OBJECTIVE:**

Neuromuscular reeducation:  Minutes

Exercise                      Repetitions

VOR acuity                      5x1'

SL balance ball toss              2x20 (B)

Mini squats                      2x20

Heel raises                      2x20

1/2 foam roll walk              10 laps

Hurdle steps                      10 laps

Therapeutic exercises:  Minutes

Exercise                      Repetitions

Nu-step                      10 minutes; Lv 2.0

Step ups fwd                      2x20 (B); 6"

Manual therapy:  Minutes

STM to cervical paraspinals

Suboccipital release

Modalities:  Minutes

**ASSESSMENT:**

Patient tolerates treatment well with addition of walking on the treadmill. Patient does well with addition of reaching under a chair and tossing a ball in the bucket. Patient is pleased with her progress so far and glad she is making progress in therapy.

**PLAN:**

Continue plan of care with addition of step up with air ex pad.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 04/09/2013 11:42:35.

TB/ Dd: 04/09/2013 11:42:31 Bd: 04/09/2013 08:27:25 Td: 04/09/2013 08:27:25

RE: Hazley, Stephanie D

Voice ID: 4535558

Text ID: 4755434

Clinic Number: 71

Chart Copy

Page 1 of 1

**ATHLETICO**

PHYSICAL THERAPY . OCCUPATIONAL THERAPY

15 North Downer Avenue, Milwaukee, WI 53211

S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

04/11/2013

VISIT NUMBER: 10

PRECAUTIONS/CONTRAINDICATIONS: None

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT  LEFT 

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

**SUBJECTIVE:**

Patient reports that she is feeling better today and that she is feeling about 70% better overall since starting therapy. Patient states that she still had a headache this morning but that it has calmed down since her initial evaluation. Patient states that she saw her physician this week and that her blood pressure is still high and she needs to work on keeping it down.

**OBJECTIVE:**Neuromuscular reeducation:  Minutes

Exercise Repetitions

VOR acuity 5x1'

SL balance ball toss 2x20 (B)

Mini squats 2x20

Heel raises 2x20

1/2 foam roll walk 10 laps

Hurdle steps 10 laps

Therapeutic exercises:  Minutes

Exercise Repetitions

Nu-step 10 minutes; Lv 2.0

Step ups fwd 2x20 (B); 6"

Manual therapy:  Minutes

STM to cervical paraspinals

Suboccipital release

Modalities:  Minutes**ASSESSMENT:**

Patient tolerates treatment well with addition of addition of crunches. Patient is not quite ready for step ups with air ex secondary to limited strength with balance. Patient's balance has improved significantly overall but is still need more work with overall coordination.

**PLAN:**

Continue plan of care with increased resistance per patient symptoms.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 04/11/2013 10:46:14.

TB/ Dd: 04/11/2013 10:46:12 Bd: 04/11/2013 08:52:21 Td: 04/11/2013 08:52:21

RE: Hazley, Stephanie D

Voice ID: 4542943

Text ID: 4763583

Clinic Number: 71

Chart Copy

Page 1 of 1

**ATHLETICO**

PHYSICAL THERAPY . OCCUPATIONAL THERAPY

21  
5 North Downer Avenue, Milwaukee, WI 53211

S.O.A.P. Note

Patient Name: Hazley, Stephanie D

Patient's DOB: 12/27/1958

MRN: 325960

04/16/2013

VISIT NUMBER: 11

PRECAUTIONS/CONTRAINDICATIONS: None

DIAGNOSIS: Concussion, Dizziness, Headache

DIAGNOSIS CODE(s): 850.9, 780.4, 339.89

RIGHT [x] LEFT [x]

DATE OF INJURY/SURGERY: Early January

CHARGES: 3NM, 1TX, 1MT

IN: 10:30 a.m.

OUT: 11:45 a.m.

**SUBJECTIVE:**

Patient states that she is feeling better overall but still reports some difficulty with ADLs. Patient states that she is feeling much improved overall in strength and endurance but that she is still having problems with blood pressure that her primary care physician has addressed with medication.

**OBJECTIVE:**

Neuromuscular reeducation: [ ] Minutes

Exercise                      Repetitions

VOR acuity                    5x1'

SL balance ball toss        2x20 (B)

Mini squats                   2x20

Heel raises                   2x20

1/2 foam roll walk         10 laps

Hurdle steps                 10 laps

Therapeutic exercises: [ ] Minutes

Exercise                      Repetitions

Nu-step                        10 minutes; Lv 2.0

Step ups fwd                 2x20 (B); 6"

[ ]                                [ ]

[ ]                                [ ]

Manual therapy: [ ] Minutes

STM to cervical paraspinals

Suboccipital release

Modalities: [ ] Minutes

[ ]

**ASSESSMENT:**

Patient tolerates treatment well with increased resistance and addition of SLRDL. Patient feels better at end of therapy session and is pleased with overall progress so far.

**PLAN:**

Complete progress note at next therapy session.

Tom Brice, PT, DPT

This document was electronically signed by Tom Brice, PT, DPT on 04/16/2013 11:09:00.

TB/ Dd: 04/16/2013 11:08:58 Bd: 04/16/2013 10:13:30 Td: 04/16/2013 10:13:29

RE: Hazley, Stephanie D

Voice ID: 4556000

Text ID: 4777368

Clinic Number: 71

Chart Copy

Page 1 of 1

**ATHLETICO**

PHYSICAL THERAPY • OCCUPATIONAL THERAPY

2615 North Downer Avenue, Milwaukee, WI 53211  
Phone: 414-962-4400 Fax: 414-962-5674**Therapy Discharge Report**Patient Name: Hazley, Stephanie D  
Referring Physician: Thomas Brice

Patient's DOB: 12/27/1958

MRN: 325960

May 2, 2013

I would like to update you on the progress of your patient, Stephanie Hazley, who was seen at our Milwaukee East facility.

**Physician's Diagnosis: Concussion, Dizziness, Headache****Diagnosis Code(s): 850.9, 780.4, 339.89****Total Number Of Visits: 14****Total Number Of No-Shows: 0****Total Number Of Cancellations: 1**

**Subjective:** Patient states that she is feeling a lot better since starting therapy. Patient reports that she has been not feeling very well over the past week because of a recent spike in her blood pressure that lead her to the hospital. Patient states that she has been prescribed some new medication that has helped lower her blood pressure which has lead to a decrease in her consistent headache. Patient reports that she is pleased with the progress she has made in therapy and glad that she no longer has constant headaches. Patient states that she feels that she is not limited at all in most activities and that she can return to regular daily activities.  
FOTO: 97/100 (41 point improvement)

**Objective:****Inspection:** No observable deficits (slight difficulty with balance during final assessment)**Palpation:** No TTP**Range of Motion:** WNL**Strength:** WNL**Special Tests:** Negative**Functional Deficits:** []**Neurological Exam:** Headaches on occasion secondary to higher level activities (medication to control blood pressure)**Work Status:** Full duty**Reading/Computer Tolerance:** WNL**Sleep Disturbance:** WNL**Current Medications:** To control blood pressure

**Treatment:** Treatment today includes neuromuscular re-education for advanced work on visual focus and oculomotor endurance training, neuro re-ed for improved balance/coordination and proprioception, therapeutic exercise to improve cardiovascular tolerance for 20 minutes at 80% of max HR.

Time In: 9:30 a.m.

Time Out: 10:45 a.m.

**Assessment:** Patient has tolerated treatment well and shown great improvement since beginning therapy. Patient is now able to complete functional skill activities for greater than 20 minutes without increased headache and has improved ability to concentrate with VOR acuity exercises and no longer has any back or neck pain that limit her ability to perform daily tasks. Patient continues to struggle with occasional migraines and increased blood pressure but has recently been given medication to keep blood pressure at a normal measure. Patient is pleased with her progress she has made in therapy and glad that she is nearing her previous level of function. Patient has improved her FOTO score from a 56/100 to 97/100 and has shown great improvement in overall functional strength and well being.

Patient: Hazley, Stephanie D  
Voice ID: 4605291  
Text ID: 4829396

Chart Copy

Page 1

Milwaukee Health Services, Inc

Medical Records Department

MLK Heritage Health Clinic

Isaac Coggs Heritage Health

2555 N MLK Dr.

8200 W Silver Spring Dr.

Milwaukee, WI 53212

Milwaukee, WI 53218

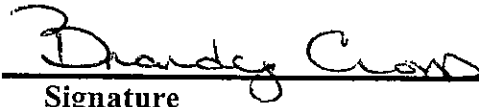
Phone (414)372-8080x1167

Phone (414)760-3900

Certification of Records

I, Brandy Cross, of Milwaukee Health Services, Inc.,  
hereby certify that the attached documents consisting of 22 pages are  
true and correct copies of medical reports and/or billing regarding,  
Stephanie Hazley D.O.B. 12/27/1958  
for the dates of service of 2/19/2013 thru 4/26/2013

Dated this 8 th day of May 2013



Signature

Brandy Cross

Print Name

Scanned by HAYES, MARTHA in facility MLK Heritage on 04/30/2013 09:25

Milwaukee Health Services Inc.  
TB (PPD) Skin Test

Last Name Harley First Name: Stephanie  
Date of Birth 12/27/1958 Medical Record # \_\_\_\_\_

Please review and answer the following questions:

- Have you ever been told that you were positive on a PPD skin test?  Yes  No
- Can you return to the clinic in 48 to 72 hours for interpretation?  Yes  No

(Failure to return to the clinic within 72 hours will result in voiding the first PPD test, and re-administration of a second test, with another 48-72 hour wait time.)

History of Positive TB skin test reactions:

- Have you ever had a previous reaction to a TB skin test?  Yes  No

Please check if you have experienced any of the following symptoms in the past year:

- Productive Cough (3 weeks or more)
- Persistent unexplained weight loss
- Persistent low grade fever
- Night sweats
- Loss of appetite
- Swollen glands (usually in the neck)
- Coughing up blood
- Shortness of breath
- Fatigue, weakness, and malaise
- Chest pain
- Chills
- Exposed to known cases of TB
- Hoarseness

If you should develop any of the above symptoms, you MUST report it to your health care provider as soon as possible. initial

Patient Signature: Stephanie Harley Date: 4.26.2013

<p>PLEASE DO NOT WRITE BELOW THIS BOX</p> <p>Milwaukee Health Services Inc.</p> <p><input type="checkbox"/> Pre-Employment</p> <p><input type="checkbox"/> Pre-Academic</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Symptoms</p> <p><input type="checkbox"/> Exposure _____ (Source)</p> <p><input type="checkbox"/> Recommend Quantiferon Gold TB</p>	<p>FOR OFFICE USE ONLY</p> <p>ADMINISTRATION OF PPD SKIN TEST</p> <p><u>Tubersol 0.1ml</u> <u>C37104AA</u> / <u>9-3-13</u>  <small>Manufacturer / Dose Lot # / Exp Date</small></p> <p>Administered on <u>4/26/13</u> At _____  <small>Date Time</small></p> <p>In <input checked="" type="checkbox"/> R <input type="checkbox"/> L Arm <u>Reginald D Adams</u>  <small>ADMINISTERED BY</small></p> <p>Interpretation: Induration <u>0</u> mm. Date <u>4/29/2013</u></p> <p>Read by <u>May Wiley RN</u> <u>0815</u></p>
---	---

TB Skin Test, Rev. 05/16/07



Scanned by HAYES, MARTHA in facility MLK Heritage on 04/30/2013 09:25

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education  
DCF-F (CFS-0054) (R. 02/2009)

STATE OF WISCONSIN

**STAFF HEALTH REPORT – CHILD CARE PROVIDER**

**Use of form:** This form is mandatory. When completed and on file, it meets the requirements of DCF 250.04(5)(e) and DCF 251.05(1)(L)1. of the Wisconsin Administrative Code. Failure to obtain a completed form for placement in the staff file may result in enforcement action. Personal information you provide may be used for secondary purposes (Privacy Law, s.15.04(1)(m), Wisconsin Statutes).

**Instructions:** The examining health professional will complete this form, sign Sections B and C and return the completed form to the child care provider for placement in the staff file.

**A. PROVIDER INFORMATION**

Name – Child Care Provider (Last, First, MI) <b>HAZLEY, STEPHANIE</b>	Position Title
--	----------------

**B. TUBERCULOSIS TEST – MANTOUX Tuberculin Skin Test OR QuantiFERON Blood Assay for M. Tuberculosis**

Date of Test (mm/dd/yyyy) <b>4/26/13</b>	Risk Classification <input type="checkbox"/> Low risk <input type="checkbox"/> Medium risk <input type="checkbox"/> Potential ongoing transmission	Millimeters of Induration <input type="checkbox"/> 5mm <input type="checkbox"/> 10 mm <input type="checkbox"/> 15mm
Results of Test <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	If positive, what were the results of the follow-up medical evaluation? <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Was a chest X-ray completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SIGNATURE – MD, PA or Health Check Provider	Name – Examining Health Professional (Type or Print)
Address – Health Professional Office (Street, City, State, Zip)	Date Signed (mm/dd/yyyy)

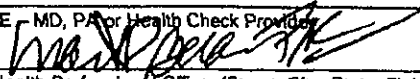
**C. PHYSICAL EXAM**

1. I certify, based upon my examination, that this person appears free of symptoms of illness or communicable disease that may be transmitted through normal contact.

2. I certify, based upon my examination, that this person appears to be physically able to work with children.

**NOTE:** This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

3. Comments:

SIGNATURE MD, PA or Health Check Provider 	Name – Examining Health Professional (Type or Print) <b>MARK BEHAR PA-C</b>	MARK BEHAR, PA-C MB0369606
Address – Health Professional Office (Street, City, State, Zip)	Examination Date (mm/dd/yyyy) <b>04-18-13</b>	

Scanned by WYTCH, ANDREA in facility MLK Heritage on 04/30/2013 08:20

NAME: STEPANIG HAZLEY  
 DOB: 12/27/58 264-4001 work  
 Chart:

549/10  
 119



**PROGRESS NOTE**

Date: 04-26-13  New Patient  Established Patient  Walk-in/UC

WT: 175 HT: 66 BP: 140/84 P: 68 R: 18 T: 98.3 PO<sub>2</sub>: 98 RBG

CC: HFN  
CHF  
Allergies  
post-concussion H/A

MA/Nurse Signature

LAST VISIT 4-24-13 HAD HFN urgency and sent via Ambulance to WF St Jos BD for acute mgmt. WAS given AZOR 10/40 qd to begin pt today's acute hospitalization. Also had been referred to Americore social worker Hannah for PT Assistance Program - NOTE - HAD previously said she was allergic to clonidine but had NO IEL effect from administration. This may have been an error in recall of allergies to meds. At today's visit, pt reports feeling much better - NO H/A, BP stabilized - Ready to complete child care HAP and PPD testing. Acd to RDC in 72 hours for reading.

Son in recent car-JACKING; shed a pret  reviewed  EtOH \_\_\_\_\_  
 PEN SEROQUEL  reviewed  Tobacco  ppd  IDU \_\_\_\_\_

<input checked="" type="checkbox"/> Gen: fever/chills, night sweats, wt loss/gain	<input checked="" type="checkbox"/> Gen <u>W/D/W/N</u>
<input checked="" type="checkbox"/> Eyes: blurry vision, pain	<input checked="" type="checkbox"/> Eyes: <u>Redden</u>
<input checked="" type="checkbox"/> ENT: coryza, stuffy nose, ↓hearing	<input checked="" type="checkbox"/> ENT:
<input checked="" type="checkbox"/> CV: c/p, palpitations	<input checked="" type="checkbox"/> CV: <u>R/R</u>
<input checked="" type="checkbox"/> Resp: SOB, cough, wheezing	<input checked="" type="checkbox"/> Resp: <u>R/R</u>
<input type="checkbox"/> GI: N/V, D/C, reflu, bleeding	<input type="checkbox"/> GI:
<input type="checkbox"/> GU: freq, d/c, nocturia	<input type="checkbox"/> GU:
<input type="checkbox"/> MS: pain, ↓ROM	<input type="checkbox"/> MS:
<input type="checkbox"/> Neuro: weak, paresthesia	<input checked="" type="checkbox"/> Neuro: <u>C 2-12</u>
<input checked="" type="checkbox"/> Skin/Breasts: rash, ulcers, mass	<input checked="" type="checkbox"/> Skin/Breasts
<input checked="" type="checkbox"/> Psych: <u>anxiety</u> , depression, voices	<input checked="" type="checkbox"/> Psych
<input type="checkbox"/> Endoc: hot/cold, hair loss	<input type="checkbox"/> Endoc:
<input type="checkbox"/> Hem/Lymph: bruising, ↑nodes	<input type="checkbox"/> Hem/Lymph:
<input checked="" type="checkbox"/> Allergic/Imm: seasonal	<input checked="" type="checkbox"/> Allergic/Imm:

Labs:  Reviewed test results 10/31/12 URIC ACID level 8.0!  Discussed with patient

Translator Present

HTN 401-9 AZOR 10/40 qd  
 Gout 274-9 Allopurinol 300 q HS  
 PPD test V 74-1 RTC in 72 H for Reading  
 child care HAP V 70-3  
 FAMILY DISRUPTION V 61-09  
INVOLVING SON

Self Care Plan Provided to Patient (Copy Scanned into EHR)  
 Counseling/Education:  Dietary  Tobacco Cessation  EtOH/Drug Cessation  Exercise  Other  
 Return to Clinic  Patient understands and agrees with discussed plan  Spent > 50% of min visit counseling

Provider Signature [Signature] 4-26-13

Scanned by HAYES, MARTHA in facility MLK Heritage on 04/26/2013 09:01

NAME: STEPHANIG HAZLEY  
 DOB: 12/27/58  
 Chart: 2644005 WK.

5496  
 AAP



PROGRESS NOTE

Date: 4-24-13  New Patient  Established Patient  Walk-In/UC

Wt: 176 Ht: 66 BP: 160/108 P: 68 R: 18 T: 98.2 PO2%: 98 RBG:  
 CC: HTN, H1A, watery diarrhea 2 da.  
 wishes to complete PHYSICAL/PPE for child care worker.  
 MA/Nurse Signature: child care worker.  
 Tarry eyed AT HAVING elevated B.P. was given Benicar 40mg but can't afford other meds, yet has not yet talked to social worker Hanna about Pt Assistance Program for meds.

PCN Serquel (other meds not confirmed)  Reviewed  Discussed with patient

<input type="checkbox"/>	<input type="checkbox"/>	Gen: fever/chills, night sweats, wt loss/gain	<input type="checkbox"/>	<input type="checkbox"/>	Gen:
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: blurry vision, pain	<input type="checkbox"/>	<input type="checkbox"/>	Eyes:
<input type="checkbox"/>	<input type="checkbox"/>	ENT: coryza, stuffy nose, ↓ hearing	<input type="checkbox"/>	<input type="checkbox"/>	ENT:
<input type="checkbox"/>	<input type="checkbox"/>	CV: c/p, palpitations	<input type="checkbox"/>	<input type="checkbox"/>	CV:
<input type="checkbox"/>	<input type="checkbox"/>	Resp: SOB, cough, wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Resp:
<input type="checkbox"/>	<input type="checkbox"/>	GI: N/V, D/C, reflux, bleeding	<input type="checkbox"/>	<input type="checkbox"/>	GI:
<input type="checkbox"/>	<input type="checkbox"/>	GU: freq, d/c, nocturia	<input type="checkbox"/>	<input type="checkbox"/>	GU:
<input type="checkbox"/>	<input type="checkbox"/>	MS: pain, ↓ ROM	<input type="checkbox"/>	<input type="checkbox"/>	MS:
<input type="checkbox"/>	<input type="checkbox"/>	Neuro: weak, paresthesia	<input type="checkbox"/>	<input type="checkbox"/>	Neuro:
<input type="checkbox"/>	<input type="checkbox"/>	Skin/Breasts: rash, ulcers, mass	<input type="checkbox"/>	<input type="checkbox"/>	Skin/Breasts:
<input type="checkbox"/>	<input type="checkbox"/>	Psych: anxiety, depression, voices	<input type="checkbox"/>	<input type="checkbox"/>	Psych:
<input type="checkbox"/>	<input type="checkbox"/>	Endoc: hot/cold, hair loss	<input type="checkbox"/>	<input type="checkbox"/>	Endoc:
<input type="checkbox"/>	<input type="checkbox"/>	Hem/Lymph: bruising, ↑ nodes	<input type="checkbox"/>	<input type="checkbox"/>	Hem/Lymph:
<input type="checkbox"/>	<input type="checkbox"/>	Allergic/Imm: seasonal	<input type="checkbox"/>	<input type="checkbox"/>	Allergic/Imm:

Labs:  Reviewed test results:  Discussed with patient

HTN URGENCY - Given Amlodipine 10mg stat. 4:45 pm. BP Rev 54/35 - 198/108  
 Clonidine 0.1mg Ambulance transport to WF St Jos ED.  
 Given Azor 10/40 qd (d/c Benicar 40)  
 Referred to HANNA in SW for Pt. Assistance Program for medications  
 #PREVIOUSLY SAID "ALLERGIC TO CLONIDINE" BUT CLONIDINE GIVEN WITHOUT ill effect  
 ADDENDUM: CALLED patient on 4-25-13. Released from St Jos  
 Counseling/Education:  Dietary  Tobacco Cessation  EtOH/Drug Cessation  Exercise  Other: BEN N/A. N/A. N/A. N/A. N/A.  
 Return to Clinic:  Patient understands and agrees with discussed plan.  Spent > 50% of min visit counseling 4-25-13

Provider Signature: [Signature] 4-24-13

Scanned by HAYES, MARTHA in facility MLK Heritage on 04/23/2013 09:31

NAME: STEPHANIE HAZLEY  
 DOB: 12/27/58  
 Chart:

549/0  
AA ♀



**PROGRESS NOTE**

Date: 04-18-13  New Patient  Established Patient  Walk-In/UC

Wt: 175 Ht: 66 BP: 160/102 P: 66 R: 16 T: 98.5 PO: 97 RRG: HTN  
 CC: childcare Physical & PPD Genit  
 MA/Nurse Signature: ADG Post Catussion Hlt  
Prior to 3-11-13  
Diastolic 5mg  
 LAST VISIT WITH DR. ADAMS ON 3/25/13 FOR HTN urgency BP 150. Was placed on Bystolic 5mg sample meds, but never returned for BP ReV. WAS GIVEN 5 week supply BUT NOT MEDICATED TODAY, less than 1 month from that visit. Belives that she "can feel when BP is elevated." without actually taking BP cuff.

PENICILLIN, CLONIDINE, AMLODIPINE  Reviewed  ESOH  
 Reviewed  Tobacco  PPD  IDU

<input checked="" type="checkbox"/> Gen: fever/chills, night sweats, wt loss/gain	<input type="checkbox"/> Gen:
<input checked="" type="checkbox"/> Eyes: blurry vision, pain	<input type="checkbox"/> Eyes:
<input type="checkbox"/> ENT: coryza, stuffy nose, ↓hearing	<input type="checkbox"/> ENT:
<input checked="" type="checkbox"/> CV: c/p, palpitations	<input checked="" type="checkbox"/> CV: <u>RRR</u>
<input checked="" type="checkbox"/> Resp: SOB, cough, wheezing	<input checked="" type="checkbox"/> Resp: <u>CTA</u>
<input type="checkbox"/> GI: N/V, D/C, reflux, bleeding	<input type="checkbox"/> GI:
<input type="checkbox"/> GU: freq, d/c, nocturia	<input type="checkbox"/> GU:
<input type="checkbox"/> MS: pain, ↓ROM	<input type="checkbox"/> MS:
<input type="checkbox"/> Neuro: weak, paresthesia	<input type="checkbox"/> Neuro:
<input checked="" type="checkbox"/> Skin/Breasts: rash, ulcers, mass	<input type="checkbox"/> Skin/Breasts:
<input type="checkbox"/> Psych: anxiety, depression, voices	<input checked="" type="checkbox"/> Psych: <u>IMPATIENT</u>
<input type="checkbox"/> Endoc: hot/cold, hair loss	<input type="checkbox"/> Endoc:
<input type="checkbox"/> Hem/Lymph: bruising, ↑nodes	<input type="checkbox"/> Hem/Lymph:
<input checked="" type="checkbox"/> Allergic/Imm: seasonal	<input type="checkbox"/> Allergic/Imm:

Labs:  Reviewed test results:  Discussed with patient

Translator Present:  
 PPD PLANNED for tomorrow, will RPT 72 hours for read.  
 CHILDCARE Provider, H&P V70.3 → cleared.  
 HTN, POOR control, off meds 401.9.  
 REQUESTS SAMPLE MEDS - Benicar 40mg 5 da #28 Guen  
 RPT 1-2 weeks ReV  
 Encouraged frequent BP checks at drug stores.

labs  
CB Cl  
CMP  
TSH/R  
Lipid

Self Care Plan Provided to Patient (Copy Scanned into EHR)  
 Counseling/Education:  Dietary  Tobacco Cessation  EtOH/Drug Cessation  Exercise  Other:  
 Return to Clinic: 1-2 weeks  Patient understands and agrees with discussed plan.  Spent > 50% of min visit counseling

Provider Signature: Mark Appel 4/18/13

Scanned by HAYES, MARTHA in facility MLK Heritage on 03/26/2013 12:45

NAME:	3/25 2013 PR34733 HAZLEY 414 251 4001 F
DOB:	STEPHANIE 4:30 N 17TH STREET 12/27 1958 MILWAUKEE WI 53233-0000
Chart:	75 ADAMS, DO, REGINALD



**PROGRESS NOTE**

Date:  New Patient  Established Patient  Walk-In/UC

Wt: 179 Hi: (BP 180/96) P: 97 R: 17 T: 97.9 pO<sub>2</sub>%: 100 RBC: \_\_\_\_\_  
 CC: Flu on cough

MA/Nurse Signature: [Signature]

pt. C/O worsening  
H.A.

Reviewed  ETOH \_\_\_\_\_  
 Reviewed  Tobacco \_\_\_\_\_ ppd  IDU \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	Gen: fever/chills, night sweats, wt loss/gain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gen:
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: blurry vision, pain	<input type="checkbox"/>	<input type="checkbox"/>	Eyes:
<input type="checkbox"/>	<input type="checkbox"/>	ENT: conjunctiva, stuffy nose, hearing	<input type="checkbox"/>	<input type="checkbox"/>	ENT:
<input type="checkbox"/>	<input type="checkbox"/>	CV: c/p, palpitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CV:
<input type="checkbox"/>	<input type="checkbox"/>	Resp: SOB, cough, wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resp:
<input type="checkbox"/>	<input type="checkbox"/>	GI: N/V, D/C, reflux, bleeding	<input type="checkbox"/>	<input type="checkbox"/>	GI:
<input type="checkbox"/>	<input type="checkbox"/>	GU: freq, d/c, nocturia	<input type="checkbox"/>	<input type="checkbox"/>	GU:
<input type="checkbox"/>	<input type="checkbox"/>	MS: pain, ROM	<input type="checkbox"/>	<input type="checkbox"/>	MS:
<input type="checkbox"/>	<input type="checkbox"/>	Neuro: weak, paresthesia	<input type="checkbox"/>	<input type="checkbox"/>	Neuro:
<input type="checkbox"/>	<input type="checkbox"/>	Skin/Breasts: rash, ulcers, mass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin/Breasts:
<input type="checkbox"/>	<input type="checkbox"/>	Psych: anxiety, depression, voices	<input type="checkbox"/>	<input type="checkbox"/>	Psych:
<input type="checkbox"/>	<input type="checkbox"/>	Endoc: hot/cold, hair loss	<input type="checkbox"/>	<input type="checkbox"/>	Endoc:
<input type="checkbox"/>	<input type="checkbox"/>	Hem/Lymph: bruising, nodes	<input type="checkbox"/>	<input type="checkbox"/>	Hem/Lymph:
<input type="checkbox"/>	<input type="checkbox"/>	Allergic/Imm: seasonal	<input type="checkbox"/>	<input type="checkbox"/>	Allergic/Imm:

Labs:  Reviewed test results  Discussed with patient

Translator Present: (1) HTN  
- Systolic 5y 9d #5/16  
- CPM  
(2) H.A.  
pt using NSAIDs → NSAIDs 9/ BP

Counseling/Education:  Dietary  Tobacco Cessation  ETOH/Drug Cessation  Exercise  Other: \_\_\_\_\_  
 Return to Clinic: [Signature]  Patient understands and agrees with discussed plan  Spent ≥ 50% of min visit counseling

Provider Signature: [Signature]

Scanned by HAYES, MARTHA in facility MLK Heritage on 03/19/2013 12:20

3/18 2013 PR84733  
**NAME:** HAZLEY STEPHANIE 414 264 4301 F  
**DOB:** 4190 N 17TH STREET 12/27 1959  
 MILWAUKEE WI 53202-0300  
 78 ADAMS, DO, REGINALD  
**Chart:**



**PROGRESS NOTE**

**Date:** 3/18/13  New Patient  Established Patient  Walk-in

**Wt:** 174 **Hi:** 166 **BP:** 130/82 **P:** 76 **R:** 16 **T:** 98.2 **PO2%:** 100 **RDG:**  
**CC:** pt here for f/u headache + nausea, also clo cough + green mucous x 1wk. med refill  
**MA/Nurse Signature:** V. Blaken (NA)  
 ① Pt. feels "great." Pt states she has been headache free x 2 days. Pt. is interested in going back to work.  
 ② Pt. clo new onset cough st post nasal drip

**Penicillin**  Reviewed  **ASAC** \_\_\_\_\_  
 Reviewed  **Tobacco** 2 **ppd** **OSPO** \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<b>Gen:</b> fever/chills, night sweats, wt loss/gain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Gen:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Eyes:</b> blurry vision, pain	<input type="checkbox"/>	<input type="checkbox"/>	<b>Eyes:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ENT:</b> cough, stuffy nose, hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>ENT:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>CV:</b> ep, palpitations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>CV:</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Resp:</b> SOB, cough, wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Resp:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>GI:</b> NV, DC, reflux, bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<b>GI:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>GU:</b> freq, d/c, nocturia	<input type="checkbox"/>	<input type="checkbox"/>	<b>GU:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>MS:</b> pain, ROM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>MS:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Neuro:</b> weak, paresthesia	<input type="checkbox"/>	<input type="checkbox"/>	<b>Neuro:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Skin/Breasts:</b> rash, ulcer, mass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Skin/Breasts:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Psych:</b> anxiety, depression, voices	<input type="checkbox"/>	<input type="checkbox"/>	<b>Psych:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Endoc:</b> hot/cold, hair loss	<input type="checkbox"/>	<input type="checkbox"/>	<b>Endoc:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Hem/Lymph:</b> bruising, nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Hem/Lymph:</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Allergic/Imm:</b> seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<b>Allergic/Imm:</b>

**Labs:**   Reviewed test results:  Discussed with patient

Translator Present:  
 ① SIP Concussion - Resolved - May RTW  
 ② EARLY Viral URZ monitor

**Counseling/Education:**  Dietary  Tobacco Cessation  ETOH/Drug Cessation  Exercise  Other  
**Return to Clinic:**  Patient understands and agrees with discussed plan  Spent ≥ 50% of min visit counseling

**Provider Signature:**

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**NAME:** 3/11 2013 PR84733  
 HAZLEY 414 264 4001 F  
**DOB:** STEPHANIE  
 6171 N 35TH STREET 12/25 1956  
 MILWAUKEE WI 53209-0000  
**Chart:** 78 ADAMS, DO, REGINALD



**PROGRESS NOTE**

Date: 3/11/13  New Patient  Established Patient  New Inpatient

Wt: 175.4 Ht: 5'10" BP: 128/84 P: 82 R: 18 T: 98.3 RR: 16  
 CC: Pt here for FU on headaches + nausea (due to recent concussion)  
 MA/Nurse Signature: [Signature]  
 Pt c/o continued persistent throbbing HA since ~~slip~~ slip and fall on snow/ice. H. c/o b/c temporal HA & occipital HA (to lesser extent) Pt. states HA last all day long. Pt. states HA is alleviated by tylenol & Aleve.

<input type="checkbox"/>	<input type="checkbox"/>	Gen: fever/chills, night sweats, wt loss/gain	<input type="checkbox"/>	<input type="checkbox"/>	Gen:
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: blurry vision, pain	<input type="checkbox"/>	<input type="checkbox"/>	Eyes:
<input type="checkbox"/>	<input type="checkbox"/>	ENT: coryza, stuffy nose, hearing	<input type="checkbox"/>	<input type="checkbox"/>	ENT:
<input type="checkbox"/>	<input type="checkbox"/>	CV: c/p, palpitations	<input type="checkbox"/>	<input type="checkbox"/>	CV:
<input type="checkbox"/>	<input type="checkbox"/>	Resp: SOB, cough, wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Resp:
<input type="checkbox"/>	<input type="checkbox"/>	GI: NV, DC, reflux, bleeding	<input type="checkbox"/>	<input type="checkbox"/>	GI:
<input type="checkbox"/>	<input type="checkbox"/>	GU: freq, d/s, nocturia	<input type="checkbox"/>	<input type="checkbox"/>	GU:
<input type="checkbox"/>	<input type="checkbox"/>	MS: pain, ROM	<input type="checkbox"/>	<input type="checkbox"/>	MS:
<input type="checkbox"/>	<input type="checkbox"/>	Neuro: weak, paresthesia	<input type="checkbox"/>	<input type="checkbox"/>	Neuro:
<input type="checkbox"/>	<input type="checkbox"/>	Skin/Breasts: rash, ulcers, mass	<input type="checkbox"/>	<input type="checkbox"/>	Skin/Breasts:
<input type="checkbox"/>	<input type="checkbox"/>	Psych: anxiety, depression, voices	<input type="checkbox"/>	<input type="checkbox"/>	Psych:
<input type="checkbox"/>	<input type="checkbox"/>	Endoc: hot/cold, hair loss	<input type="checkbox"/>	<input type="checkbox"/>	Endoc:
<input type="checkbox"/>	<input type="checkbox"/>	Hem/Lymph: bruising, nodes	<input type="checkbox"/>	<input type="checkbox"/>	Hem/Lymph:
<input type="checkbox"/>	<input type="checkbox"/>	Allergic/Imm: seasonal	<input type="checkbox"/>	<input type="checkbox"/>	Allergic/Imm:

Labs:  Reviewed test results;  Discussed with patient  
 Translator Present

① Concussion - HA  
 - Rest, Rest, Rest  
 - Eye strain  
 off work + more wk.

Counseling/Education:  Dietary  Tobacco Cessation  EtOH/Drug Cessation  Exercise  Other:  
 Return to Clinic: 3-18-13  Patient understands and agrees with discussed plan.  Spent > 50% of min visit counseling

Provider Signature: [Signature]

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NAME: Stephanie Harley *SH/ks*  
 DOB: 12/25/58  
 Chart: PR84733



3/4/13  New Patient  Established Patient  Walk-in/UC

MRN: 132180 P: 81 R: 11 T: 083 DOB: 98 RBG:

CC: St. lucian fall on recent fall; injuring her head and spine + C/O headaches and dizziness - and scalp tenderness

St. lucian fall - 3/19/13  
 2-17-13 Pt. walked on sidewalk just new concept health care on uncleaned/ ~~ice~~ unshovelled snow when she slipped & fell. Pt. was evaluated at Hosp. Fall & pxd c/ concussion. Pt. ~~was~~ still c/o dizziness, & HA.

Reviewed  Reviewed  Reviewed  
 C/OH: \_\_\_\_\_ C/Tobacco: \_\_\_\_\_ C/OU: \_\_\_\_\_

<input type="checkbox"/> Headache, dizziness, light headed, wt loss/gain	<input type="checkbox"/>	<input type="checkbox"/> Gen:
<input type="checkbox"/> Blurred vision, pain	<input type="checkbox"/>	<input type="checkbox"/> Eyes:
<input type="checkbox"/> ENT: ear, nose, stuffy nose, ↓ hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/> ENT:
<input type="checkbox"/> C/O: s/s palpitations	<input checked="" type="checkbox"/>	<input type="checkbox"/> CV:
<input type="checkbox"/> S/S: SOB, cough, wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/> Resp:
<input type="checkbox"/> GI: N/V, D/C, reflux, bleeding	<input type="checkbox"/>	<input type="checkbox"/> GI:
<input type="checkbox"/> GU: dys, d/s, nocturia	<input type="checkbox"/>	<input type="checkbox"/> GU:
<input type="checkbox"/> MSK: pain, ↓ ROM	<input checked="" type="checkbox"/>	<input type="checkbox"/> MS:
<input type="checkbox"/> Neuro: weak, paresthesia	<input type="checkbox"/>	<input type="checkbox"/> Neuro:
<input type="checkbox"/> Skin/Breasts: rash, ulcers, sores	<input type="checkbox"/>	<input type="checkbox"/> Skin/Breasts:
<input type="checkbox"/> Psych: anxiety, depression, stress	<input type="checkbox"/>	<input type="checkbox"/> Psych:
<input type="checkbox"/> Endoc: weight gain, hair loss	<input type="checkbox"/>	<input type="checkbox"/> Endoc:
<input type="checkbox"/> Hem/Lymph: bruising, ↑ nodes	<input type="checkbox"/>	<input type="checkbox"/> Hem/Lymph:
<input type="checkbox"/> Allergic/Imm: seasonal	<input type="checkbox"/>	<input type="checkbox"/> Allergic/Imm:

Lab:  Reviewed test results:  Discussed with patient

Translator Present:

① Concussion  
 c/m from E.D.  
 ② off work x 7 weeks.

Chief Care Plan Provided to Patient (Copy Scanned into EHR)  
 Counseling/Behavior:  Dietary  Tobacco Cessation  EtOH/Drug Cessation  Exercise  Other:  
 Return to Clinic: 1 week  Patient understands and agrees with discussed plan.  Spent ≥ 50% of min visit counseling

Provider Signature: [Signature]



HAZLEY, STEPHANIE DIANE - MR# 503292 - Acct# 73543095 - Arrival Date: 02/25/2013 15:02 CST; Chart Status: Interim  
Scanned by HAYES, MARTHA in facility MLK Heritage on 03/05/2013 13:35

Wheaton Franciscan-St. Joseph  
Campus  
5000 W. Chambers  
Milwaukee WI 53210  
414-447-2171

# Discharge Report



Wheaton  
Franciscan  
Healthcare

<b>Patient Name:</b>	<b>HAZLEY, STEPHANIE DIANE</b>	<b>Sex:</b>	<b>F</b>
<b>Birthdate:</b>	<b>12/27/1958</b>	<b>Age:</b>	<b>54</b>
<b>Acct No:</b>	<b>73543095</b>	<b>Medical Rec No:</b>	<b>503292</b>
<b>Arrival Date:</b>	<b>02/25/2013 15:02 CST</b>	<b>Visit Date:</b>	<b>02/25/2013 15:21 CST</b>
<b>Primary MD:</b>	<b>REGINALD ADAMS, DO 2555 N MLK DR , MILWAUKEE, WI 53212-0000 Phone: 414-372-8080</b>		

**Chart Status:** Interim

1) Postconcussion syndrome

- 1) Flexeril (cyclobenzaprine hcl) Oral 5 mg tablet 1 tablet(s) Orally Three times a day (15 tablet(s))
- 2) Vicodin (hydrocodone bit/acetaminophen) Oral 5-500 mg Tablet 1 tablet(s) Orally Four times a day PRN (20 tablet(s))
- 3) ZOFFRAN ODT (ondansetron) Oral 4 mg Tablet, Rapid Dissolve 1 tablet(s) Orally Every 8 hours PRN (10 tablet, rapid dissolve(s))

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Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/25/2013

Med Rec No: 503292

Acct No: 73543095

We have examined and treated you today on an emergency/urgent care basis only. If your symptoms or medical problem(s) fail to improve, call us at the number above, see your doctor, or return here. If you were prescribed sedatives or pain medications that may make you drowsy, do not drink alcohol, drive or operate machinery while you are taking those medications. If you were prescribed an over the counter medication, it is important to thoroughly read the information contained in the package before taking the medication.

Thank you for choosing our Emergency Department for your health care needs. Our goal is for each patient and family to have a positive experience. We strive for excellence and value your opinion of our services. You may receive a patient satisfaction survey in the mail. Please take a moment to provide us your feedback. If you would like to provide a compliment or have concerns about your experience, please call our Customer Service Line at 414-447-7433.

You were treated today by :

Lisa Hubbard NP

#### ADDITIONAL FOLLOWUP INSTRUCTIONS

Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse.

#### DISCHARGE INSTRUCTIONS

**Head Injuries, Adult, Easy- to- Read**  
Head Injuries, Adult

A common head injury is a concussion. A concussion is a state of changed mental ability. It usually occurs from a blow to the head. Only drink water or clear liquids for the rest of the day. Then you can go back to your regular diet. For 2 days, do not have or take:

Alcohol.

Sedatives.

Most problems occur within the first 24 hours.

#### YOU MAY HAVE PROBLEMS AT HOME WITH:

Memory.

Dizziness.

Headaches.

Double vision.

Hearing.

Depression.

Tiredness.

Weakness.

Concentration.

Scanned by HAYES, MARTHA in facility MLK Heritage on 03/05/2013 13:35

Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/25/2013

Med Rec No: 503292

Acct No: 73543095

### DISCHARGE INSTRUCTIONS

#### Head Injuries, Adult, Easy-to-Read

If you have these problems, do not be alarmed. A bruise on the brain takes a few days to heal. Usually, these problems go away without medical care. Call your doctor if problems last for more than one day. See your doctor sooner if problems get worse.

#### HOME CARE

During the next 24 hours stay with someone who can watch you.

This person should watch you for the problems above.

This person should wake you up every 2 to 3 hours to check on your condition. In case of an emergency, or if he or she cannot be awakened, call your local medical emergency services (911 in the U.S.).

Only take medicines as told by your doctor.

Side effects may happen for up to 7 to 10 days. Watch for new problems.

#### GET HELP RIGHT AWAY IF:

You are confused, dizzy, or unsteady.

You are sleepy.

You feel sick to your stomach (nauseous).

You are throwing up (vomiting).

You have trouble walking.

You have convulsions (fits or seizures).

You have very bad, lasting headaches that are not helped by medicine.

You have changes in the black center (pupil) of your eyes.

You have clear or bloody fluid coming from your nose or ears.

#### MAKE SURE YOU:

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 11/30/2009 Document Re-Released: 03/14/2011

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### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/25/2013
Med Rec No: 503292	Acct No: 73543095

### DISCHARGE INSTRUCTIONS

#### Post Concussion Syndrome, Adult Post Concussion Syndrome, Adult

You have had a previous head injury that may be causing some long lasting symptoms such as headache and dizziness. Most problems get better within one to two days after the injury. However, some problems may last for weeks or months. The following table lists some of the symptoms (problems) that may be bothersome for an unknown length of time after the injury.

#### THESE MINOR SYMPTOMS MAY BE EXPERIENCED AFTER DISCHARGE:

- Memory difficulties
- Dizziness
- Headaches
- Double vision
- Hearing difficulties
- Depression
- Tiredness
- Weakness
- Difficulty with concentration
- Vomiting

If you experience any of these symptoms you should not be alarmed. A bruise on the brain (concussion) requires time for recovery the same as a bruise elsewhere on your body. Symptoms such as these are common following a head injury. Usually these problems disappear without medical care.

However, if symptoms continue, or are getting worse rather than better, see your caregiver. Having an established, ongoing doctor-patient relationship with a primary caregiver will be helpful in managing this problem.

#### HOME CARE INSTRUCTIONS

Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

Sleeping with your head slightly elevated may help with headaches.

Although it is unlikely that serious side effects will occur, be aware of signs and symptoms that may call for your return to this location.

#### SEEK IMMEDIATE MEDICAL ATTENTION IF:

Confusion or drowsiness. Children, however, often become drowsy after any type of trauma (damage caused by an accident) or injury.

Inability to arouse the injured person.

Nausea (feeling sick to your stomach) or persistent, forceful vomiting (projectile in nature).

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5000 W. Chambers  
Milwaukee, WI 53210  
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### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/25/2013

Med Rec No: 503292

Acct No: 73543095

### DISCHARGE INSTRUCTIONS

#### Post Concussion Syndrome, Adult

**Vertigo.** This may be noted in the patient by rapid back and forth movement of their eyes. Convulsions or unconsciousness.

**Severe persistent headaches** not relieved by medication. Do not take aspirin as this slows blood-clotting. Take other pain medications only as directed.

Unable to use arms or legs appropriately.

Changes in pupil sizes.

Clear or bloody discharge from nose or ears.

Document Released: 06/09/2003 Document Re-Released: 10/15/2010  
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If you received x-rays, they do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-ray but may be revealed on the subsequent x-rays. Your x-ray has been read on a preliminary basis. Final reading will be made by the Radiologist. You or your referral physician will be notified of any additional findings through the Emergency department.

If cultures were done today results will not be available for 72 hours. We will call you if the culture is positive and additional treatment is required.

If you received and EKG it has been read on a preliminary basis by the physician on duty. A final reading will be made and you or your referral physician will be contacted if additional treatment is required.

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Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/19/2013
Med Rec No: 503292	Acct No: 73537984

We have examined and treated you today on an emergency/urgent care basis only. If your symptoms or medical problem(s) fail to improve, call us at the number above, see your doctor, or return here. If you were prescribed sedatives or pain medications that may make you drowsy, do not drink alcohol, drive or operate machinery while you are taking those medications. If you were prescribed an over the counter medication, it is important to thoroughly read the information contained in the package before taking the medication.

Thank you for choosing our Emergency Department for your health care needs. Our goal is for each patient and family to have a positive experience. We strive for excellence and value your opinion of our services. You may receive a patient satisfaction survey in the mail. Please take a moment to provide us your feedback. If you would like to provide a compliment or have concerns about your experience, please call our Customer Service Line at 414-447-7433.

---

You were treated today by :  
**Joshua Mueller PA-C**

#### CUSTOM INSTRUCTIONS

may take tylenol over the counter for pain  
ice the painful areas

return for severe headache, vomiting, or any new concerning symptoms.

#### ADDITIONAL FOLLOWUP INSTRUCTIONS

Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse.

#### DISCHARGE INSTRUCTIONS

**Cervical Sprain and Strain**  
Cervical and Neck Sprain and Strain  
(Neck Sprain and Strain)

A cervical sprain is an injury to the neck. The injury can include either over-stretching or even small tears in the ligaments that hold the bones of the neck in place. A strain affects muscles and tendons. Minor injuries usually only involve ligaments and muscles. Because the different parts of the neck are so close together, more severe injuries can involve both sprain and strain. These injuries can affect the muscles, ligaments, tendons, discs, and nerves in the neck.

#### SYMPTOMS

Pain, soreness, stiffness, or burning sensation in the front, back, or sides of the neck. This may develop immediately after injury. Onset of discomfort may also develop slowly and not begin for 24 hours or more.

Shoulder and/or upper back pain.

Limits to the normal movement of the neck.  
Headache.

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### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/19/2013

Med Rec No: 503292

Acct No: 73537984

### DISCHARGE INSTRUCTIONS

#### Cervical Sprain and Strain

Dizziness.

Weakness and/or abnormal sensation (such as numbness or tingling) of one or both arms and/or hands.

Muscle spasm.

Difficulty with swallowing or chewing.

Tenderness and swelling at the injury site.

#### CAUSES

An injury may be the result of a direct blow or from certain habits that can lead to the symptoms noted above.

Injury from:

Contact sports (such as football, rugby, wrestling, hockey, auto racing, gymnastics, diving, martial arts, and boxing).

Motor vehicle accidents.

Whiplash injuries (see image at right). These are common. They occur when the neck is forcefully whipped or forced backward and/or forward.

Falls.

Lifestyle or awkward postures:

Cradling a telephone between the ear and shoulder.

Sitting in a chair that offers no support.

Working at an ill-designed computer station.

Activities that require hours of repeated or long periods of looking up (stretching the neck backward) or looking down (bending the head/neck forward).

#### DIAGNOSIS

Most of the time, your caregiver can diagnose this problem with a careful history and examination. The history will include information about known problems (such as arthritis in the neck) or a previous neck injury. X-rays may be ordered to find out if there is a different problem. X-rays can also help to find problems with the bones of the neck not related to the injury or current symptoms.

#### TREATMENT

Several treatment options are available to help pain, spasm, and other symptoms. They include:

Cold helps relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every 2 to 3 hours after any activity that aggravates your symptoms. Use ice packs or an ice massage. Place a towel or cloth in between your skin and the ice pack.

Medication:

Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

Pain relievers or muscle relaxants may be prescribed. Use only as directed and only as much as you need.

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### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/19/2013
Med Rec No: 503292	Acct No: 73537984

### DISCHARGE INSTRUCTIONS

#### Cervical Sprain and Strain

Change in the activity that caused the problem. This might include using a headset with a telephone so that the phone is not propped between your ear and shoulder.

Neck collar. Your caregiver may recommend temporary use of a soft cervical collar.

Work station. Changes may be needed in your work place. A better sitting position and/or better posture during work may be part of your treatment.

Physical Therapy. Your caregiver may recommend physical therapy. This can include instructions in the use of stretching and strengthening exercises. Improvement in posture is important. Exercises and posture training can help stabilize the neck and strengthen muscles and keep symptoms from returning.

#### HOME CARE INSTRUCTIONS

Other than formal physical therapy, all treatments above can be done at home. Even when not at work, it is important to be conscious of your posture and of activities that can cause a return of symptoms.

Most cervical sprains and/or strains are better in 1-3 weeks. As you improve and increase activities, doing a warm up and stretching before the activity will help prevent recurrent problems.

#### SEEK MEDICAL CARE IF:

Pain is not effectively controlled with medication.

You feel unable to decrease pain medication over time as planned.

Activity level is not improving as planned and/or expected.

#### SEEK IMMEDIATE MEDICAL CARE IF:

While using medication, you develop any bleeding, stomach upset, or signs of an allergic reaction.

Symptoms get worse, become intolerable, and are not helped by medications.

New, unexplained symptoms develop.

You experience numbness, tingling, weakness, or paralysis of any part of your body.

#### MAKE SURE YOU:

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 10/14/2008 Document Re-Released: 03/16/2010

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Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/19/2013

Med Rec No: 503292

Acct No: 73537984

### DISCHARGE INSTRUCTIONS

**Head Injuries, Adult, Easy- to- Read**  
Head Injuries, Adult

A common head injury is a concussion. A concussion is a state of changed mental ability. It usually occurs from a blow to the head. Only drink water or clear liquids for the rest of the day. Then you can go back to your regular diet. For 2 days, do not have or take:

Alcohol.

Sedatives.

Most problems occur within the first 24 hours.

YOU MAY HAVE PROBLEMS AT HOME WITH:

Memory.

Dizziness.

Headaches.

Double vision.

Hearing.

Depression.

Tiredness.

Weakness.

Concentration.

If you have these problems, do not be alarmed. A bruise on the brain takes a few days to heal. Usually, these problems go away without medical care. Call your doctor if problems last for more than one day. See your doctor sooner if problems get worse.

### HOME CARE

During the next 24 hours stay with someone who can watch you.

This person should watch you for the problems above.

This person should wake you up every 2 to 3 hours to check on your condition. In case of an emergency, or if he or she cannot be awakened, call your local medical emergency services (911 in the U.S.).

Only take medicines as told by your doctor.

Side effects may happen for up to 7 to 10 days. Watch for new problems.

### GET HELP RIGHT AWAY IF:

You are confused, dizzy, or unsteady.

You are sleepy.

You feel sick to your stomach (nauseous).

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Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

### DISCHARGE INSTRUCTIONS

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/19/2013

Med Rec No: 503292

Acct No: 73537984

### DISCHARGE INSTRUCTIONS

#### Head Injuries, Adult, Easy-to-Read

You are throwing up (vomiting).

You have trouble walking.

You have convulsions (fits or seizures).

You have very bad, lasting headaches that are not helped by medicine.

You have changes in the black center (pupil) of your eyes.

You have clear or bloody fluid coming from your nose or ears.

#### MAKE SURE YOU:

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 11/30/2009 Document Re-Released: 03/14/2011

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If you received x-rays, they do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-ray but may be revealed on the subsequent x-rays. Your x-ray has been read on a preliminary basis. Final reading will be made by the Radiologist. You or your referral physician will be notified of any additional findings through the Emergency department.

If cultures were done today results will not be available for 72 hours. We will call you if the culture is positive and additional treatment is required.

If you received and EKG it has been read on a preliminary basis by the physician on duty. A final reading will be made and you or your referral physician will be contacted if additional treatment is required.

Scanned by HAYES, MARTHA in facility MLK Heritage on 03/05/2013 13:35 Arrival Date: 02/19/2013 12:39 CST; Chart Status: Interim

Wheaton Franciscan-St. Joseph  
Campus  
5000 W. Chambers  
Milwaukee WI 53210  
414-447-2171

# Discharge Report



Wheaton  
Franciscan  
Healthcare

<b>Patient Name:</b>	<b>HAZLEY, STEPHANIE DIANE</b>	<b>Sex:</b>	<b>F</b>
<b>Birthdate:</b>	<b>12/27/1958</b>	<b>Age:</b>	<b>54</b>
<b>Acct No:</b>	<b>73537984</b>	<b>Medical Rec No:</b>	<b>503292</b>
<b>Arrival Date:</b>	<b>02/19/2013 12:39 CST</b>	<b>Visit Date:</b>	<b>02/19/2013 12:51 CST</b>
<b>Primary MD:</b>	<b>REGINALD ADAMS, DO 2555 N MLK DR, MILWAUKEE, WI 53212-0000 Phone: 414-372-8080</b>		

**Chart Status:** Interim

- 1) Fall due to slipping on ice or snow
- 2) Head injury
- 3) Pain in cervical spine

ED-CT Head wo Contrast, ED Request Indication-Head trauma/injury
ED-CT Cervical Spine wo Contrast, ED Request Indication-Neck pain w trauma
ED-Spine Thoracic Dorsal Indication-Back trauma/injury
ED-Cervical Collar
#CT Head without Contrast
#CT Cervical Spine No Contrast

1) methocarbamol Oral 750 mg tablet 1 tablet(s) By Mouth Every 6 hours PRN (20 tablet(s))

Monday @ 12 NOON

**Wheaton Franciscan Laboratories**

Scanned by HAYES, MARTHA in facility MLK Heritage on 05/02/2013 10:17

St Joseph  
500 W. Chambers St.  
Milwaukee, WI 53210  
(414) 447-2329

**PATHOLOGISTS**  
J.F. Hryciak, M.D.    M.A. Schulte, M.D.    T.C. Nolasco, M.D.  
A.M. Dwyer, M.D.    S.W. Kelley, M.D.    A.M. Padurcan, M.D.  
D.A. Ferber, M.D.    K.K. Urani, M.D.    S.W. Rusch, M.D.

Legend: H-High  
L-Low  
LL-Low Critical  
HH-High Critical  
C-Result Correction  
\*Abnormal

ADMITTED: 04/24/2013

DISCHARGED: 04/24/2013

REPORT DATE: 04/25/2013

**Hemogram**

Reference Ranges	WBC 4.0-10.0	RBC 4.00-5.00	Hgb 12.0-16.0	Hct 36.0-48.0	MCV 80.0-99.0	MCH 28.0-34.0	MCHC 32.0-36.0	RDW 11.5-14.5	Platelet 150-400	MPV 7.0-11.0
	Thou/uL	Mill/uL	g/dL	%	fL	pg	g/dL	%	Thou/uL	fL
04/24/2013 20:55	<b>3.7 L</b>	4.78	14.1	42.6	89.1	29.6	33.2	14.2	197	9.2

**Differential**

Reference Ranges	Segs 42.0-70.0	Lymphs 20.0-45.0	Monos 4.0-11.0	Eos 0.0-5.0	Basos 0.0-2.0
	%	%	%	%	%
04/24/2013 20:55	50.1	39.3	8.5	1.4	0.7

Reference Ranges	AbsNeutr 1.7-7.0	AbsLymph 0.8-4.5	AbsMono 0.1-1.1	AbsEos 0.0-0.5	AbsBaso 0.0-0.2
	Thou/uL	Thou/uL	Thou/uL	Thou/uL	Thou/uL
04/24/2013 20:55	1.8	1.5	0.3	0.1	0.0

**Morphology**

04/24/2013 20:55 Morph See Note<sup>1</sup>

<sup>1</sup>Automated differential - smear not reviewed

**Metabolic Chemistries**

Reference Ranges	Sodium 136-145	K+ 3.5-5.1	Chloride 100-108	CO2 22.0-31.0	Glucose 74-99	BUN 8-20	Creat 0.60-1.10	Calcium 8.5-10.5
	mmol/L	mmol/L	mmol/L	mmol/L	mg/dL	mg/dL	mg/dL	mg/dL
04/24/2013 20:55	140	<b>3.3 L</b>	106	25.2	99	10	0.77	9.3

Reference Ranges	AGAP 5-14	B/C 10-20	GFR AA* 1.73sqm	GFRnonAA 1.73sqm
	mmol/L	Ratio	mL/min/1.73sqm	mL/min/1.73sqm
04/24/2013 20:55	12	13	>60	>60 <sup>2</sup>

<sup>2</sup>An Estimated GFR result less than or equal to 60 mL/min/1.73 sqm

ADAMS, REGINALD D, MD  
2555 N. MARTIN L KING DR  
Milwaukee, WI 53212

Name: HAZLEY, STEPHANIE DIANE  
MRN: J503292  
Acct#: J73593351  
DOB: 12/27/1958

**DISCHARGE REPORT**

**Wheaton Franciscan Laboratories**  
Scanned by HAYES, MARTHA in facility MLK Heritage on 05/02/2013 10:17

St. Joseph  
5000 W. Chambers St.  
Milwaukee, WI 53210  
(414) 447-2329

J.F. Hycink, M.D.  
A.M. Dayer, M.D.  
D.A. Farber, M.D.

**PATHOLOGISTS**

M.A. Schulte, M.D.  
S.W. Kelley, M.D.  
K.K. Uroni, M.D.

T.C. Nolasco, M.D.  
A.M. Padman, M.D.  
S.W. Rusch, M.D.

Legend: H=High  
L=Low  
LL=Low Critical  
HH=High Critical  
C=Result Correction  
\*\*=Abnormal

ADMITTED: 04/24/2013

DISCHARGED: 04/24/2013

REPORT DATE: 04/25/2013

is indicative of renal disease.

\*GFR<sub>AA</sub> = GFR if African American; GFR<sub>nonAA</sub> = GFR if non-African American

The Estimated GFR is derived from serum creatinine, age, gender, average body surface area and race (African American or non-African American) using the IDMS-traceable MDRD study equation (for creatinine methods calibrated to an IDMS reference method) as recommended by NKFEP (National Kidney Disease Education Program).

ADAMS, REGINALD D, MD  
2555 N. MARTIN L KING DR  
Milwaukee, WI 53212

Name: HAZLEY, STEPHANIE DIANE  
MRN: J503292  
Acct#: J73593351  
DOB: 12/27/1958

DISCHARGE REPORT



**Wheaton Franciscan**  
**St. Joseph Campus**

**WF - St. Joseph Campus**  
**5000 West Chambers Street**  
**Milwaukee, WI 53210**  
**Phone: (414) 447-3789**  
**Tax ID# 39-0816857**

Thursday, May 16, 2013

ZINO, GERMANOTTA, KNOLL AND CHRISTENSEN  
 1700 N FARWELL AVE  
 MILWAUKEE, WI 53202

**RELEASE OF INFORMATION CERTIFICATION LETTER**

**Re: Request for Information on:**

<b>Patient Name:</b>	<b>MRN:</b>
HAZLEY, STEPHANIE DIANE	503292

I, Jill Krueger, MS, RHIA, CCS, Record Custodian of WF – St. Joseph Campus HIM hereby certify that the documents annexed hereto constitutes an accurate, legible, and complete duplicate of the Wheaton Franciscan – St. Joseph Campus medical records regarding the above-named patient for the service date(s) requested. I am certifying the following:

**Number of Pages:** 37

**Dates of Service:** 2-19-13

This document is electronically signed by Jill Krueger, MS, RHIA, CCS on May 16, 2013

\_\_\_\_\_  
 Jill Krueger, MS, RHIA, CCS  
 Director - Health Information Management

\*Please Note that all certified records only go back 10 years.

HAZLEY, STEPHANIE D.		Opt Out:
WFH-SJ		
Discharge Medications		
From: 02/19/2013 12:39	To: 02/19/2013 16:10	
Rm-Bed:	Admit Dt: 02/19/2013 12:39	
Age: 54 yr	Gender: F	MD: St Joseph. Ems
DOB: 12/27/1958	Acct: 73537984	
MRN: 503292		
Requested: 02/20/2013 05:10	Page 1 of 2	

**Allergy History**

Allergen	Onset Date	Primary Reaction	Severity
EGG		SWELLING TONGUE	
NUTS		SWELLING TONGUE	
PENICILLINS		HIVES	
TOMATO		SWELLING TONGUE	
atorvastatin		Rash	
lisinopril		SWELLING THROAT	

**Scheduled Home Medications**

Medication	Instructions	Last Given	Next Dose Due
Advair Diskus Inhl (fluticasone-salmeterol Inhl)	2 puff Inhaled Once a day		
albuterol Inhl	2 puff Inhaled Once a day		
amlodipine 10 mg Tab (amlodipine 10 mg tablet)	10 mg Oral Dally		
Aspirin Chlld Oral (aspirin Oral)	81 mg Oral Once a day chewable dose		
clonidine 0.2 mg Tab (clonidine 0.2 mg tablet)	0.2 mg Oral 2 Times A Day		
clonidine Oral	25 mg By mouth Once a day		
ferrous sulfate Oral	325 mg By mouth Once a day		
Miralax Oral (polyethylene glycol 3350 Oral)	1 capful By mouth Once a day		
Norvasc Oral Tablet (amlodipine Oral)	10 mg Oral Once a day takes early in the morning		
ranitidine HCl Oral	1 Tablet By mouth Once a day		

HAZLEY, STEPHANIE D.		Opi Out:	
WFH-SJ			
Discharge Medications			
From: 02/19/2013 12:39		To: 02/19/2013 16:10	
Rm-Bed:		Admit Dt: 02/19/2013 12:39	
Age: 54 yr		Gender: F MD: St Joseph, Ems	
DOB: 12/27/1958		Acct: 73537984	
MRN: 503292			
Requested: 02/20/2013 05:10			Page 2 of 2

**Scheduled Home Medications**

Medication	Instructions	Last Given	Next Dose Due
trazodone Oral	100 mg By mouth Two times a day		

**As Needed Medications**

Medication	Instructions	Last Given	Next Dose Due
methocarbamol 750 mg tablet	1 tablet(s) Oral Every 6 hours as needed		

**THIS MEDICATION LIST CONTAINS:**

1. The HOME MEDICATIONS that your physician would like you TO CONTINUE TAKING
2. NEW PRESCRIPTIONS to be filled at your pharmacy and that you should START TAKING at HOME

CHECK WITH YOUR PHYSICIAN before taking ANY MEDICATIONS OR SUPPLEMENTS not on this list, OR BEFORE RESTARTING ANY OTHER MEDICATIONS that you have at home.

ALWAYS keep a current copy of your medication list with you. Maintain ONLY ONE medication list. UPDATE THE LIST when medications are stopped, dosages are changed, or new medications are added.

PLEASE TAKE THIS LIST WITH YOU TO ALL MEDICAL APPOINTMENTS.



Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

Final

### Emergency Department Chart

Patient Name: HAZLEY, STEPHANIE D.	Account Number: 73537984
Medical Rec. Number: 503292	Birthdate: 12/27/1958
Arrival Date: 02/19/2013 12:39	Primary MD: REGINALD ADAMS DO
Visit Date: 02/19/2013 12:51	Attending MD: Matthew Deluhery MD

### Vital Signs/Data

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
02/19/2013 16:15	MR96		57 /min	18 /min	129/71 mm Hg.	97% on Room air	0/10
02/19/2013 12:51	LW20	97.1 F Oral	60 /min	16 /min	132/77 mm Hg.	95% on Room air	

### Allergies

PENICILLINS, Primary Reaction - HIVES [Confirmed by Lana C Wittig RN on 02/19/2013 12:51:45 CST.] ( 04/22/2008 05:09)  
TOMATO, Primary Reaction - SWELLING TONGUE, Secondary Reaction - SWELLING THROAT ( 05/17/2009 12:31)  
EGG, Primary Reaction - SWELLING TONGUE, Secondary Reaction - SWELLING THROAT ( 05/18/2009 08:11)  
NUTS, Primary Reaction - SWELLING TONGUE, Secondary Reaction - SWELLING THROAT ( 09:25)  
lisinopril, Primary Reaction - SWELLING THROAT, Secondary Reaction - SWELLING TONGUE ( 01/04/2012 13:25)  
atorvastatin, Primary Reaction - Rash ( 13:26)

### Chief Complaint

Back pain (LW20 02/19/2013 12:51)  
Fall (JBTM 13:53)

### Pre-Hospital Treatment

Mode of arrival: Walked in. (LW20) 02/19/2013 12:51

### Triage

ESI - 4. Physician notified of patient's arrival per the Tracking Board. (LW20 02/19/2013 12:51)  
No language or communication barrier. (LW20 12:51)  
Patient has no mental status changes. (LW20 12:51)  
Onset of symptoms was 30 minutes ago. states slipped on ice. denies LOC. c/o low back pain (LW20 12:51)  
History comes from patient. (LW20 12:51)  
Patient denies use of alcohol. (LW20 12:51)  
Patient denies illicit drug use. (LW20 12:51)  
Patient has no advance directives. (LW20 12:51)  
Patient indicates no infectious disease risk factors. (LW20 12:51)  
Acute onset of back pain. (6MW 13:46)  
No radiation of pain. (6MW 13:46)  
Denies extremity weakness. (6MW 13:46)  
No bladder or bowel dysfunction. (6MW 13:46)  
Recent back strain/injury. (6MW 13:46)  
Prior hospitalizations for back pain. (6MW 13:46)  
Other history includes Pt reports that she has a slip and fall prior to arrival on ice. Pt reports that she fell back from standing and hit her head on the cement. Pt reports LOC and now has a HA and dizziness. C- collar applied. Pt tearful. (6MW 13:46)  
Urgent Care patient is triaged to the waiting room. (LW20 12:51)  
No nutritional concerns noted for patient. (LW20 12:51)

### Last Menstrual Period

Postmenopausal (LW20 02/19/2013 12:53)

Wheaton Franciscan-St. Joseph Campus  
 5000 W. Chambers  
 Milwaukee, WI 53210  
 414-447-2171

Final

**Emergency Department Chart**

Patient Name: HAZLEY, STEPHANIE D.	Account Number: 73537984
Medical Rec. Number: 503292	Birthdate: 12/27/1958
Arrival Date: 02/19/2013 12:39	Primary MD: REGINALD ADAMS DO
Visit Date: 02/19/2013 12:51	Attending MD: Matthew Deluhery MD

**Current Medications**

Norvasc Oral Dose: 10 mg Once a day Special Instructions: takes early in the morning (6MW 11/04/2008 12:02)  
 Aspirin Child Oral Dose: 81 mg Once a day Special Instructions: chewable dose ( 05/17/2009 12:31)  
 clonidine Oral By mouth Dose: 25 mg Once a day ( 01/04/2012 12:29)  
 ranitidine HCl Oral By mouth Dose: 1 Tablet Once a day ( 13:16)  
 ferrous sulfate Oral By mouth Dose: 325 mg Once a day ( 13:17)  
 Miralax Oral By mouth Dose: 1 capful Once a day ( 13:17)  
 albuterol Inhl Inhaled Dose: 2 puff Once a day ( 13:18)  
 Advair Diskus Inhl Inhaled Dose: 2 puff Once a day ( 13:18)  
 trazodone Oral By mouth Dose: 100 mg Two times a day ( 13:19)  
 amlodipine 10 mg Tab Oral Dose: 10 mg Daily (2DA1 04/19/2012 22:44)  
 clonidine 0.2 mg Tab Oral Dose: 0.2 mg 2 Times A Day (2DA1 22:44)  
 methocarbamol 750 mg tablet Oral Dose: 1 tablet(s) Every 6 hours PRN [Confirmed by Joshua T Mueller PA-C on 02/19/2013 16:07:16 CST.] (J8TM 02/19/2013 16:07)

**Nursing Assessment**

**GENERAL**

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (LW20) 02/19/2013 12:51 Uncomfortable. Normal strength and tones of extremities. Neurovascular intact. (6MW) 02/19/2013 13:46

**MENTAL STATUS**

Oriented X3 (Person, Place, Day). Cooperative. Tearful. Alert. Fully verbal. (6MW) 02/19/2013 13:46

**NEUROLOGIC**

Headache present. Pupils equal. Normal speech, no slurring. Face is Symmetrical. Hand grips strong and symmetric. (6MW) 02/19/2013 13:46

**SKIN**

There is pain and swelling noted over the posterior scalp. There is pain noted over the C spine and posterior neck. (6MW) 02/19/2013 13:46

**PULMONARY**

Respiratory exam is WDL. (6MW) 02/19/2013 13:46

**CARDIAC**

Cardiac exam is WDL. (6MW) 02/19/2013 13:46

**SOFT TISSUE**

Peripheral Neurovascular sensory exam is WDL. (6MW) 02/19/2013 13:46

Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

Final

### Emergency Department Chart

Patient Name: HAZLEY, STEPHANIE D.  
Medical Rec. Number: 503292  
Arrival Date: 02/19/2013 12:39  
Visit Date: 02/19/2013 12:51

Account Number: 73537984  
Birthdate: 12/27/1958  
Primary MD: REGINALD ADAMS DO  
Attending MD: Matthew Deluhery MD

### Clinical History of Present Illness

#### Summary

fall on ice - hit head, ? loc, has bad HA, cervicle spine spine and throacic spine pain. CTOH negative, ct cervical spine neg. Thoracic xray neg. (J8TM) 02/19/2013 16:03

Fall risk - history of falling; immediate or within 3 months. Fall risk - no secondary diagnosis. Fall risk - no ambulatory aid used; or patient on bed rest, uses wheel chair, or nurse assist. Fall risk - no IV or heparin lock. Fall risk - gait/transferring normal; or patient is on best rest or immobile. Fall risk level - no risk. Fall risk - patient is oriented to own ability. (LW20) 02/19/2013 12:53 Exam started at 13:42 CST Presenting problem started minutes ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. (J8TM) 02/19/2013 13:42 Slipped and fell on a slick icy surface. (J8TM) 02/19/2013 13:53 No visual complaints. Complains of a headache. No active bleeding. No soft tissue swelling. Complains of pain affecting the posterior scalp. (J8TM) 02/19/2013 13:54 This headache does not localize to a particular area but is rather general. Headache is rated as moderately severe. (J8TM) 02/19/2013 13:54 Denies neck stiffness. Denies radicular numbness or tingling. No history of weakness in upper extremities. No bladder or bowel symptoms. The cervical spine hurts. (J8TM) 02/19/2013 13:54 Mechanism of neck injury is unclear. (J8TM) 02/19/2013 13:54 Patient was dazed for at least several minutes after head injury but no history of loss of consciousness. Struck head and complains of headache but no loss of consciousness. No history suggestive of syncope. No history of acquired or congenital bleeding diathesis. (J8TM) 02/19/2013 16:03 No history of nausea or vomiting. Patient is amnesic concerning immediate events surrounding this injury. No evidence of immediate short term memory loss. Denies blurred vision. No subjective double vision. No unilateral sensory complaints. No complaints of unilateral weakness. No history of bladder incontinence. No bowel incontinence associated with injury. (J8TM) 02/19/2013 16:03

#### Past Medical and Surgical History

Hypertension; pinched nerve in neck; Patient has no emotional, spiritual, or cognitive needs noted. (LW20) 02/19/2013 12:51

#### Review of Systems

Except as noted all other ROS negative. (J8TM) 02/19/2013 13:42

#### Social History

Never a smoker. (LW20) 02/19/2013 12:51 Smoking status reviewed and confirmed with patient as documented. (J8TM) 02/19/2013 13:42

#### Family History

No relevant family history related to current problem. (J8TM) 02/19/2013 13:42

#### Physical Exam

##### GENERAL:

The patient is a middle aged adult female in no acute distress. No evidence of significant external trauma. Vital signs OK. (J8TM) 02/19/2013 13:55

##### ENT:

Teeth, mouth, and tongue normal. No laceration or bleeding. (J8TM) 02/19/2013 13:54

##### PULMONARY:

Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. (J8TM) 02/19/2013 13:55

##### ABDOMEN:

Soft abdomen. No external trauma. No local tenderness. (J8TM) 02/19/2013 13:55

Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

Final

**Emergency Department Chart**

Patient Name: HAZLEY, STEPHANIE D.	Account Number: 73537984
Medical Rec. Number: 503292	Birthdate: 12/27/1958
Arrival Date: 02/19/2013 12:39	Primary MD: REGINALD ADAMS DO
Visit Date: 02/19/2013 12:51	Attending MD: Matthew Deluhery MD

**Physical Exam**

**MUSCULOSKELETAL:**

The cervical spine is tender to palpation. (J8TM) 02/19/2013 13:54 Exam of the cervical spine shows mild to moderate tenderness over approximately the c4-6 cervical vertebrae. No paravertebral spasm of posterior C spine muscles. Neck exam shows no evidence of a 'trigger' point. There is no evidence of distal weakness. Motor exam is normal and totally consistent with the patient's general habitus. There are no specific sensory findings. (J8TM) 02/19/2013 13:54 Chest wall is non tender to palpation or compression. No evidence of external injury. (J8TM) 02/19/2013 13:55

**SOFT TISSUE:**

The rest of the soft tissue exam is normal. (J8TM) 02/19/2013 13:55

**Progress Notes**

Update note: Health coach met with pt and completed alcohol and drug screen. A/D screen lasted 5 minutes. SIP-AD score was zero. PI reports no alcohol or illicit drug use. Health coach provided mental health resources and will offer additional support as needed. (DLA3) 02/19/2013 13:53

**Primary Diagnosis**

Fall due to slipping on ice or snow (J8TM 02/19/2013 16:07)  
Head injury (J8TM 16:07)  
Pain in cervical spine (J8TM 16:07)

**Drug Orders**

**\*ED- ACETAMINOPHEN (TYLENOL) 975 MG PO**  
Entered By (J8TM PA- C 02/19/2013 15:00) Ordered By (J8TM PA- C 15:00) Completed By (SS25 RN 15:12) MD Sign (J8TM PA- C 15:00) Notes: Just gave analgesic and antipyretic medication. (SS25 15:12)

**Non- Drug Orders**

- ED- Cervical Collar**  
Entered By (J8TM PA- C 02/19/2013 13:42) Ordered By (J8TM PA- C 13:42) Completed By (6MW RN 13:46) MD Sign (J8TM PA- C 13:42)
- ED- CT Head wo Contrast, ED Request Indication- Head trauma/injury**  
Entered By (J8TM PA- C 02/19/2013 13:42) Ordered By (J8TM PA- C 13:42) Results Back (14:46) MD Sign (J8TM PA- C 13:42) Notes: Returns from ct. (SS25 14:09)
- ED- CT Cervical Spine wo Contrast, ED Request Indication- Neck pain w trauma**  
Entered By (J8TM PA- C 02/19/2013 13:42) Ordered By (J8TM PA- C 13:42) Results Back (14:46) MD Sign (J8TM PA- C 13:42) Notes: Returns from ct. (SS25 14:09)
- ED- Spine Thoracic Dorsal Indication- Back trauma/injury**  
Entered By (J8TM PA- C 02/19/2013 13:42) Ordered By (J8TM PA- C 13:42) Results Back (14:09) MD Sign (J8TM PA- C 13:42) Notes: Returns from ct. (SS25 14:09)
- #CT Head without Contrast**  
Entered By (02/19/2013 13:44) Ordered By (J8TM PA- C 13:44) Results Back (14:46) MD Sign (J8TM PA- C 13:44)  
Comments: PT IN C COLLAR
- #CT Cervical Spine No Contrast**  
Entered By (02/19/2013 13:44) Ordered By (J8TM PA- C 13:44) Results Back (14:46) MD Sign (J8TM PA- C 13:44)  
Comments: PT IN C COLLAR

Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

Final

### Emergency Department Chart

Patient Name: HAZLEY, STEPHANIE D.  
Medical Rec. Number: 503292  
Arrival Date: 02/19/2013 12:39  
Visit Date: 02/19/2013 12:51

Account Number: 73537984  
Birthdate: 12/27/1958  
Primary MD: REGINALD ADAMS DO  
Attending MD: Matthew Deluhery MD

### Disposition

Decision to discharge the patient. Condition at disposition - good. Electronically signed by Joshua T Mueller PA-C. The designated co-signing physician is Matthew Deluhery MD. (J8TM) 02/19/2013 16:08 I have reviewed the chart of STEPHANIE DIANE HAZLEY and as the supervising staff physician concur on the final disposition - Matthew R Deluhery MD (MRD4) 02/19/2013 16:53 Patient removed from tracking board and discharged from the department by Mayra Roscoe RN. (MR96) 02/19/2013 16:15 Disposition status is discharge. (MR96) 02/19/2013 16:18 Destination - Home. Departure Method - by self. Patient/caregiver received a copy of the discharge instructions document, including instructions; plan for follow-up care, if indicated; and changed and/or new medications, if applicable. Patient/caregiver received a copy of the transition record document, including diagnosis or chief complaint and major procedures and tests, if performed during this visit. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. Verbalizes understanding of medications. (MR96) 02/19/2013 16:18 A disposition has been done for HAZLEY, STEPHANIE DIANE. The dispositioning nurse is Mayra Roscoe RN (electronic signature). (MR96) 02/19/2013 16:18 Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse. (J8TM) 02/19/2013 16:08

### Discharge Prescriptions

methocarbamol Oral tablet 750 mg 1 tablet(s) By Mouth Every 6 hours PRN , 20 tablet(s) , No Refills (J8TM 02/19/2013 16:07)  
Printed (J8TM 02/19/2013 16:07)

### Additional Instructions

02/19/2013 16:08:14 CST 01\$EDT.JoshuaMueller may take tylenol over the counter for pain  
ice the painful areas

return for severe headache, vomiting, or any new concerning symptoms. (J8TM) 02/19/2013 16:08

### Staff Legend

2DA1	Denise Abernethy MD
6MW	Megan Wall RN
DLA3	Diana Altstadt LCSW
J8TM	Joshua Mueller PA-C
LW20	Lana Wittig RN
MR96	Mayra Roscoe RN
MRD4	Matthew Deluhery MD
SS25	Sandra Semrad RN

Wheaton Franciscan-St. Joseph Campus  
5000 W. Chambers  
Milwaukee, WI 53210  
414-447-2171

**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/19/2013

Med Rec No: 503292

Acct No: 73537984

We have examined and treated you today on an emergency/urgent care basis only. If your symptoms or medical problem(s) fail to improve, call us at the number above, see your doctor, or return here. If you were prescribed sedatives or pain medications that may make you drowsy, do not drink alcohol, drive or operate machinery while you are taking those medications. If you were prescribed an over the counter medication, it is important to thoroughly read the information contained in the package before taking the medication.

Thank you for choosing our Emergency Department for your health care needs. Our goal is for each patient and family to have a positive experience. We strive for excellence and value your opinion of our services. You may receive a patient satisfaction survey in the mail. Please take a moment to provide us your feedback. If you would like to provide a compliment or have concerns about your experience, please call our Customer Service Line at 414-447-7433.

---

You were treated today by :

Joshua Mueller PA- C

**CUSTOM INSTRUCTIONS**

may take tylenol over the counter for pain  
ice the painful areas

return for severe headache, vomiting, or any new concerning symptoms.

**ADDITIONAL FOLLOWUP INSTRUCTIONS**

Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse.

**DISCHARGE INSTRUCTIONS****Cervical Sprain and Strain**

Cervical and Neck Sprain and Strain  
(Neck Sprain and Strain)

A cervical sprain is an injury to the neck. The injury can include either over-stretching or even small tears in the ligaments that hold the bones of the neck in place. A strain affects muscles and tendons. Minor injuries usually only involve ligaments and muscles. Because the different parts of the neck are so close together, more severe injuries can involve both sprain and strain. These injuries can affect the muscles, ligaments, tendons, discs, and nerves in the neck.

**SYMPTOMS**

Pain, soreness, stiffness, or burning sensation in the front, back, or sides of the neck. This may develop immediately after injury. Onset of discomfort may also develop slowly and not begin for 24 hours or more.

Shoulder and/or upper back pain.

Limits to the normal movement of the neck.

Headache.

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**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/19/2013

Med Rec No: 503292

Acct No: 73537984

**DISCHARGE INSTRUCTIONS****Cervical Sprain and Strain**

Dizziness.

Weakness and/or abnormal sensation (such as numbness or tingling) of one or both arms and/or hands.

Muscle spasm.

Difficulty with swallowing or chewing.

Tenderness and swelling at the injury site.

**CAUSES**

An injury may be the result of a direct blow or from certain habits that can lead to the symptoms noted above.

Injury from:

Contact sports (such as football, rugby, wrestling, hockey, auto racing, gymnastics, diving, martial arts, and boxing).

Motor vehicle accidents.

Whiplash injuries (see image at right). These are common. They occur when the neck is forcefully whipped or forced backward and/or forward.

Falls.

Lifestyle or awkward postures:

Cradling a telephone between the ear and shoulder.

Sitting in a chair that offers no support.

Working at an ill-designed computer station.

Activities that require hours of repeated or long periods of looking up (stretching the neck backward) or looking down (bending the head/neck forward).

**DIAGNOSIS**

Most of the time, your caregiver can diagnose this problem with a careful history and examination. The history will include information about known problems (such as arthritis in the neck) or a previous neck injury. X-rays may be ordered to find out if there is a different problem. X-rays can also help to find problems with the bones of the neck not related to the injury or current symptoms.

**TREATMENT**

Several treatment options are available to help pain, spasm, and other symptoms. They include:

Cold helps relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every 2 to 3 hours after any activity that aggravates your symptoms. Use ice packs or an ice massage. Place a towel or cloth in between your skin and the ice pack.

Medication:

Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

Pain relievers or muscle relaxants may be prescribed. Use only as directed and only as much as you need.

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**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/19/2013
Med Rec No: 503292	Acct No: 73537984

**DISCHARGE INSTRUCTIONS**

**Cervical Sprain and Strain**

Change in the activity that caused the problem. This might include using a headset with a telephone so that the phone is not propped between your ear and shoulder.

Neck collar. Your caregiver may recommend temporary use of a soft cervical collar.

Work station. Changes may be needed in your work place. A better sitting position and/or better posture during work may be part of your treatment.

Physical Therapy. Your caregiver may recommend physical therapy. This can include instructions in the use of stretching and strengthening exercises. Improvement in posture is important. Exercises and posture training can help stabilize the neck and strengthen muscles and keep symptoms from returning.

**HOME CARE INSTRUCTIONS**

Other than formal physical therapy, all treatments above can be done at home. Even when not at work, it is important to be conscious of your posture and of activities that can cause a return of symptoms.

Most cervical sprains and/or strains are better in 1-3 weeks. As you improve and increase activities, doing a warm up and stretching before the activity will help prevent recurrent problems.

**SEEK MEDICAL CARE IF:**

Pain is not effectively controlled with medication.

You feel unable to decrease pain medication over time as planned.

Activity level is not improving as planned and/or expected.

**SEEK IMMEDIATE MEDICAL CARE IF:**

While using medication, you develop any bleeding, stomach upset, or signs of an allergic reaction.

Symptoms get worse, become intolerable, and are not helped by medications.

New, unexplained symptoms develop.

You experience numbness, tingling, weakness, or paralysis of any part of your body.

**MAKE SURE YOU:**

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 10/14/2008 Document Re-Released: 03/16/2010  
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5000 W. Chambers  
Milwaukee, WI 53210  
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**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/19/2013

Med Rec No: 503292

Acct No: 73537984

**DISCHARGE INSTRUCTIONS****Head Injuries, Adult, Easy- to- Read****Head Injuries, Adult**

A common head injury is a concussion. A concussion is a state of changed mental ability. It usually occurs from a blow to the head. Only drink water or clear liquids for the rest of the day. Then you can go back to your regular diet. For 2 days, do not have or take:

Alcohol.

Sedatives.

Most problems occur within the first 24 hours.

**YOU MAY HAVE PROBLEMS AT HOME WITH:**

Memory.

Dizziness.

Headaches.

Double vision.

Hearing.

Depression.

Tiredness.

Weakness.

Concentration.

If you have these problems, do not be alarmed. A bruise on the brain takes a few days to heal. Usually, these problems go away without medical care. Call your doctor if problems last for more than one day. See your doctor sooner if problems get worse.

**HOME CARE**

During the next 24 hours stay with someone who can watch you.

This person should watch you for the problems above.

This person should wake you up every 2 to 3 hours to check on your condition. In case of an emergency, or if he or she cannot be awakened, call your local medical emergency services (911 in the U.S.).

Only take medicines as told by your doctor.

Side effects may happen for up to 7 to 10 days. Watch for new problems.

**GET HELP RIGHT AWAY IF:**

You are confused, dizzy, or unsteady.

You are sleepy.

You feel sick to your stomach (nauseous).

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414-447-2171

**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/19/2013
Med Rec No: 503292	Acct No: 73537984

**DISCHARGE INSTRUCTIONS**

**Head Injuries, Adult, Easy- to- Read**

- You are throwing up (vomiting).
- You have trouble walking.
- You have convulsions (fits or seizures).
- You have very bad, lasting headaches that are not helped by medicine.
- You have changes in the black center (pupil) of your eyes.
- You have clear or bloody fluid coming from your nose or ears.

**MAKE SURE YOU:**

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 11/30/2009 Document Re-Released: 03/14/2011  
ExitCare® Patient Information ©2011 ExitCare, LLC.

If you received x-rays, they do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-ray but may be revealed on the subsequent x-rays. Your x-ray has been read on a preliminary basis. Final reading will be made by the Radiologist. You or your referral physician will be notified of any additional findings through the Emergency department.

If cultures were done today results will not be available for 72 hours. We will call you if the culture is positive and additional treatment is required.

If you received and EKG it has been read on a preliminary basis by the physician on duty. A final reading will be made and you or your referral physician will be contacted if additional treatment is required.

**Wheaton Franciscan- St. Joseph Campus**

5000 W. Chambers  
 414-447-2171  
 Milwaukee, WI 53210

**EMERGENCY DEPARTMENT**

**Discharge Acknowledgement Statement**

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/19/2013
Med Rec No: 503292	Acct No: 73537984

I have been seen in the Emergency Department today and have been given discharge instructions. I understand the instructions and I am able to restate and / or demonstrate the instruction given to me. All of my questions have been answered to my satisfaction. I know where to go for follow-up care and how to make an appointment. I understand that if my condition worsens I should seek care immediately.  
**I UNDERSTAND THAT A COPY OF MY EMERGENCY DEPARTMENT RECORD MAY BE SENT TO MY PRIMARY CARE PHYSICIAN.**

St. Joseph Chambers Campus Patients Only

I understand that I have been evaluated and treated as:

St. Joseph Emergency patient       St. Joseph Urgent Care patient

Discharge Time: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:  Self:  Other: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Wheaton Franciscan-St. Joseph  
Campus  
5000 W. Chambers  
Milwaukee WI 53210  
414-447-2171

# Discharge Report



<b>Patient Name:</b>	HAZLEY, STEPHANIE DIANE	<b>Sex:</b>	F
<b>Birthdate:</b>	12/27/1958	<b>Age:</b>	54
<b>Acct No:</b>	73537984	<b>Medical Rec No:</b>	503292
<b>Arrival Date:</b>	02/19/2013 12:39 CST	<b>Visit Date:</b>	02/19/2013 12:51 CST
<b>Primary MD:</b>	REGINALD ADAMS, DO 2555 N MLK DR, MILWAUKEE, WI 53212-0000 Phone: 414-372-8080	<b>Treating Provider:</b>	Joshua T Mueller PA-C
		<b>Attending MD:</b>	Matthew R Deluhery MD

**Chart Status:** Final

### Diagnosis

- 1) Fall due to slipping on ice or snow
- 2) Head injury
- 3) Pain in cervical spine

### Tests

#### Non-MedOrder

- ED-CT Head wo Contrast, ED Request Indication-Head trauma/injury
- ED-CT Cervical Spine wo Contrast, ED Request Indication-Neck pain w trauma
- ED-Spine Thoracic Dorsal Indication-Back trauma/injury
- ED-Cervical Collar
- #CT Head without Contrast
- #CT Cervical Spine No Contrast

### New Medications (PRN means take as needed; the pharmacy will provide instructions for these medications.)

- 1) methocarbamol Oral 750 mg tablet 1 tablet(s) By Mouth Every 6 hours PRN (20 tablet(s))

WF - St. Joseph Campus Acct# 73537984 MRN: 503292  
Patient: HAZLEY, STEPHANIE DOB: 12/27/1958 Dictator: JEFFREY HARTWICK  
(RADIOLOGIST)  
Report: CT Doc Id: 9101025 Voice Id: 9658627

CC:  
JOSHUA T MUELLER, PA-C, Ordering Physician

EXAM LOCATION: ST. JOSEPH

ORDERING PROVIDER: Joshua Mueller, PA-C  
OCCURRENCE NUMBER: 246892388

EXAM DATE: 02/19/2013

EXAM: CT SCAN OF THE BRAIN WITHOUT CONTRAST

HISTORY: Patient fell on the ice and hit head.

FINDINGS: Calvarial vault is intact, no fracture is seen. The paranasal sinuses are normal.

There is no mass, mass effect, or midline shift involving the brain parenchyma. There is no posterior fossa mass or mass effect. There are no abnormal extraaxial masses or abnormal fluid collections. There is no evidence of intracranial hemorrhage. There are no geographic areas of brain swelling or low attenuation to suggest an acute or evolving infarct.

The appearance of the brain is stable compared to prior exam. The visualized paranasal sinuses are normal.

IMPRESSION: Normal noncontrast CT scan of the brain. The exam is unchanged from prior study.

This document was electronically signed by JEFFREY M. HARTWICK, MD on 02/20/2013 15:56:05.

Radiologist:

JEFFREY M. HARTWICK, MD

JMH/jsk D. 02/19/2013 14:52:58 T. 02/19/2013 19:02:28  
Doc ID #: 9101025 Voice ID #: 9658627

WF - St. Joseph Campus Acct# 73537984 MRN: 503292  
Patient: HAZLEY, STEPHANIE DOB: 12/27/1958 Dictator: JEFFREY HARTWICK  
(RADIOLOGIST)  
Report: CT Doc Id: 9101086 Voice Id: 9658641

CC:  
JOSHUA T MUELLER, PA-C, Ordering Physician

EXAM LOCATION: ST. JOSEPH

ORDERING PROVIDER: Joshua Mueller, PA-C  
OCCURRENCE NUMBER: 246892390

EXAM DATE: 02/19/2013

EXAM: CT SCAN OF THE CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Patient fell on the ice and has head pain and neck pain.

FINDINGS: The apices of the lungs are clear. There are disk degenerative changes seen with disk space narrowing and osteophyte development at the C5-6 level as well as C4-5 and to a lesser extent C6-7 levels. The C5-6 level shows narrowing and anterior and posterior osteophytes. There are small posterior osteophytes at C4-5 with anterior osteophytes at C 4-5 and C6-7. There is no subluxation. Minor facet degenerative changes are present at the C3-4, C4-5, C5-6 level on the level and C3-4, C4-5, C5-6 levels on the right.

Axial images compared show minor disk osteophyte development at the C3-4 level without nerve root impingement or spinal stenosis. C4-5 level shows some posterior disk osteophyte development with a minor spinal stenosis. The AP diameter of the spinal canal measures 9 mm. The lateral osteophytes create minimal narrowing of the exit foramina. This accentuated by the slight hypertropic osteophytes of the facets. There is adequate room for the nerve roots to exit.

The C5-6 level again shows posterior disk osteophyte development. This is primarily central and with less extension laterally. The nerve roots exit the foramina without impingement. There is a minor spinal stenosis created at this level with an AP diameter measuring approximately 8 mm.

The C6-7 level shows some minimal degenerative change and disk osteophyte development without focal herniation or root impingement or spinal stenosis.

C7-T1 level is also unremarkable.

Prevertebral soft tissues are unremarkable.

IMPRESSION: Disk degenerative changes with some disk osteophyte development as described and minor spinal stenotic changes at the C4-5 and mild-to-moderate spinal stenotic changes at the C5-6 levels by disk osteophyte development, as described above.

This document was electronically signed by JEFFREY M. HARTWICK, MD on 02/20/2013 15:56:29.

Radiologist:

HAZLEY, STEPHANIE DIANE

73537984

503292

JEFFREY M. HARTWICK, MD

JMH/dh D. 02/19/2013 14:57:44 T. 02/19/2013 19:23:00  
Doc ID #: 9101086 Voice ID #: 9658641

WF - St. Joseph Campus Acct# 73537984 MRN: 503292  
Patient: HAZLEY,STEPHANIE DOB: 12/27/1958 Dictator: JEFFREY HARTWICK  
(RADIOLOGIST)  
Report: RADIOLOGY Doc Id: 9101124 Voice Id: 9658787

CC:  
JOSHUA T MUELLER, PA-C, Ordering Physician

EXAM LOCATION: ST. JOSEPH

ORDERING PROVIDER: Joshua Mueller, PA-C  
OCCURRENCE NUMBER: 246892178

EXAM DATE: 02/19/2013

EXAM: THREE VIEWS OF THE THORACIC SPINE

REASON FOR EXAM: This is a 54-year-old female who presents with mid neck and upper back pain after a fall.

COMPARISON: CT of the cervical spine 02/19/2013.

FINDINGS: There is no acute fracture or malalignment identified. Visualized portions of the lungs are clear.

IMPRESSION: No acute fracture or malalignment.

This document was electronically signed by JEFFREY M. HARTWICK, MD on 02/20/2013 15:56:38.

Radiologist:

JEFFREY M. HARTWICK, MD

SF/JMH/jmk D. 02/19/2013 15:23:13 T. 02/19/2013 19:40:43  
Doc ID #: 9101124 Voice ID #: 9658787



Exam Notes GEORGE,LISA Feb 19, 2013 21:28:43

1

**HAZLEY, STEPHANIE DIANE ED SPINE THORACIC Feb 19, 2013  
13:56:33**


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Creator: FROST,SAMUEL  
Date: Feb 19, 2013 14:15:31  
Subject: Preliminary No Acute Fx Res

PRELIMINARY FINDINGS.

NO ACUTE FX OR MALALIGNMENT.

PLEASE REFER TO FINAL RADIOLOGY REPORT.

HAZLEY STEPHANIE DIANE  
DOB: 12/27/58 54 Y SEX: F MR: 503292  
ST JOSEPH EMS  
ACCT#: 73537984 

Exam Notes GEORGE,LISA Feb 19, 2013 21:28:57

1


**HAZLEY, STEPHANIE DIANE CT HEAD WITHOUT CONTRAST Feb 19,  
2013 14:24:40**

Creator: HARTWICK,JEFFREY M  
Date: Feb 19, 2013 14:54:50  
Subject: Preliminary No Acute Change

PRELIMINARY FINDINGS.

NO ACUTE CHANGE. no bleed or mass.

PLEASE REFER TO FINAL RADIOLOGY REPORT.

HAZLEY STEPHANIE DIANE  
DOB: 12/27/58 54 Y SEX: F MR: 503292  
ST JOSEPH EMS  
ACCT#: 73537984 

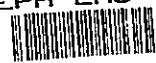
Exam Notes GEORGE,LISA Feb 19, 2013 21:29:15

1

**HAZLEY, STEPHANIE DIANE CT CERVICAL SPINE WO CONTRAST  
Feb 19, 2013 14:22:23**

Creator: HARTWICK,JEFFREY M  
Date: Feb 19, 2013 15:57:44  
Subject: Preliminary Report

PRELIMINARY FINDINGS. PLEASE REFER TO FINAL RADIOLOGY REPORT.  
deg changes. no fx or sublux.

HAZLEY STEPHANIE DIANE  
DOB: 12/27/58 54Y SEX: F MR: 503292  
ST JOSEPH EMS  
ACCT#: 73537984 

WFH - St Joseph

02/20/2013 05:10

Page 1 of 6

Patient History (cfdc\_pthx)

From 02/19/2013 12:39 To 02/19/2013 16:15

Allergy Summary

Allergen	Reaction	Status
EGG	Primary: SWELLING TONGUE Alternate: SWELLING THROAT	Active
NUTS	Primary: SWELLING TONGUE Alternate: SWELLING THROAT	Active
PENICILLINS	Primary: HIVES	Active
TOMATO	Primary: SWELLING TONGUE Alternate: SWELLING THROAT	Active
atorvastatin	Primary: Rash	Active
lisinopril	Primary: SWELLING THROAT Alternate: SWELLING TONGUE	Active

Medication Summary

Medication	Dose	Route	Freq / Rate	PRN	Status	Type
Advair Diskus Inhl (fluticasone-salmeterol Inhl)	2puff	Inhaled	Once a day	No	Active	Unknown
Aspirin Child Oral (aspirin Oral)	81mg	Oral	Once a day	No	Active	Unknown
Special Instructions: chewable dose						
Miralax Oral (polyethylene glycol 3350 Oral)	1capful	By mouth	Once a day	No	Active	Unknown
Norvasc Oral (amlodipine Oral)	10mg	Oral	Once a day	No	Active	Unknown
Special Instructions: takes early in the morning						
albuterol Inhl (albuterol Inhl)	2puff	Inhaled	Once a day	No	Active	Unknown
amlodipine 10 mg Tab (amlodipine 10 mg tablet)	10mg	Oral		No	Active	Unknown
clonidine 0.2 mg Tab (clonidine 0.2 mg tablet)	.2mg	Oral		No	Active	Unknown
clonidine Oral (clonidine Oral)	25mg	By mouth	Once a day	No	Active	Unknown
ferrous sulfate Oral (ferrous sulfate Oral)	325mg	By mouth	Once a day	No	Active	Unknown
methocarbamol 750 mg tablet (methocarbamol 750 mg tablet)	1	Oral	Every 6 hours	Yes	Active	Unknown
ranitidine HCl Oral (ranitidine HCl Oral)	1	By mouth	Once a day	No	Active	Unknown
trazodone Oral (trazodone Oral)	100mg	By mouth	Two times a day	No	Active	Unknown

NO DATA FOUND FOR MODULE: 3. hhs\_admhcr

Allergy Detail

Allergen	Reaction	Severity	Sensitivity Type
----------	----------	----------	------------------

Name: HAZLEY, STEPHANIE D.

Age: 54 yr

Acct: 73537984

Opt Out:

Gender: F

MRN: 503292

Physician: St Joseph, Ems

Rm-Bed:

Admit Dt:02/19/2013 12:39 DOB:12/27/1958

WFH - St Joseph

02/20/2013 05:10

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Patient History (cfdc\_pthx)  
 From 02/19/2013 12:39 To 02/19/2013 16:15

Allergy Detail (continued)

Allergen	Reaction	Severity	Sensitivity Type
<b>Active</b>			
<b>EGG</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 05/18/2009 08:11 Boyd, Carlene , US Confirmed: Verified:	Primary: SWELLING TONGUE Alternate: SWELLING THROAT		
<b>TOMATO</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 05/17/2009 12:31 Smith, Susan K., RN Confirmed: Verified:	Primary: SWELLING TONGUE Alternate: SWELLING THROAT		
<b>atorvastatin</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 01/04/2012 13:26 Jaeger, Mary Jane , RN Confirmed: Verified:	Primary: Rash		
<b>lisinopril</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 01/04/2012 13:25 Jaeger, Mary Jane , RN Confirmed: Verified:	Primary: SWELLING THROAT Alternate: SWELLING TONGUE		
<b>NUTS</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 05/18/2009 09:25 Farrington, Shannon , SA Confirmed: Verified:	Primary: SWELLING TONGUE Alternate: SWELLING THROAT		

Name: HAZLEY, STEPHANIE D.  
 Opt Out:  
 Physician: St Joseph, Ems

Age: 54 yr  
 Gender: F  
 Rm-Bed:

Acct: 73537984  
 MRN: 503292  
 Admit Dt: 02/19/2013 12:39  
 DOB: 12/27/1958

WFH - St Joseph

02/20/2013 05:10

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Patient History (cfdc\_pthx)  
 From 02/19/2013 12:39 To 02/19/2013 16:15

**Allergy Detail (continued)**

Allergen	Reaction	Severity	Sensitivity Type
<b>Active</b>			
<b>PENICILLINS</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 04/22/2008 05:09 Cc System, Id Confirmed: 02/19/2013 12:51 Wittig, Lana C., RN Verified: 11/21/2004 00:00 Staffid, U23040	Primary: HIVES		

**Medication Detail**

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>Advair Diskus Inhl (fluticasone- salmeterol Inhl)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:18 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	2puff	Inhaled	Once a day		
<b>Aspirin Child Oral (aspirin Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: chewable dose Comments: Entered: 05/17/2009 12:31 Smith, Susan K., RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	81mg	Oral	Once a day		
<b>Miralax Oral (polyethylene glycol 3350 Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:17 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	1capful	By mouth	Once a day		

Name: HAZLEY, STEPHANIE D.

Age: 54 yr

Acct: 73537984

Opt Out:

Gender: F

MRN: 503292

Physician: St Joseph, Ems

Rm-Bed:

Admit Dt: 02/19/2013 12:39

DOB: 12/27/1958

WFH - St Joseph

02/20/2013 05:10  
Page 4 of 6

Patient History (cfdc\_pthx)  
From 02/19/2013 12:39 To 02/19/2013 16:15

Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>Norvasc Oral (amlodipine Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: takes early in the morning Comments: Entered: 11/04/2008 12:02 Wall, Megan , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	10mg	Oral	Once a day	Tablet	
<b>albuterol Inhl (albuterol Inhl)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:18 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	2puff	Inhaled	Once a day		
<b>amlodipine 10 mg Tab (amlodipine 10 mg tablet)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 04/19/2012 22:44 Abernethy, Denise , MD Confirmed: Modified: 07/06/2012 11:04 Hhs, Mckesson	10mg	Oral		Tablet	10 mg
<b>clonidine 0.2 mg Tab (clonidine 0.2 mg tablet)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 04/19/2012 22:44 Abernethy, Denise , MD Confirmed: Modified: 07/06/2012 11:04 Hhs, Mckesson	.2mg	Oral		Tablet	0.2 mg

Name: HAZLEY, STEPHANIE D.  
Opt Out:  
Physician: St Joseph, Ems

Age: 54 yr  
Gender: F  
Rm-Bed:

Acct: 73537984  
MRN: 503292  
Admit Dt: 02/19/2013 12:39 DOB: 12/27/1958

WFH - St Joseph

02/20/2013 05:10

Page 5 of 6

Patient History (cfdc\_pthx)

From 02/19/2013 12:39 To 02/19/2013 16:15

Medication Detail (continued)

Description	Dose	Route	Freq Rate	Form	Strength
<b>Active - Unknown</b>					
<b>clonidine Oral (clonidine Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 12:29 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	25mg	By mouth	Once a day		
<b>ferrous sulfate Oral (ferrous sulfate Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:17 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	325mg	By mouth	Once a day		
<b>methocarbamol 750 mg tablet (methocarbamol 750 mg tablet)</b> PRN: Yes AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 02/19/2013 16:07 Mueller, Joshua T., PA-C Confirmed: 02/19/2013 16:07 Mueller, Joshua T., PA-C Modified: 02/19/2013 16:07 Mueller, Joshua T., PA-C	1	Oral	Every 6 hours	Tablet	750 mg
<b>ranitidine HCl Oral (ranitidine HCl Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:16 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	1	By mouth	Once a day		

Name: HAZLEY, STEPHANIE D.

Age: 54 yr

Acct: 73537984

Opt Out:

Gender: F

MRN: 503292

Physician: St Joseph, Ems

Rm-Bed:

Admit Dt: 02/19/2013 12:39

DOB: 12/27/1958



WFH - St Joseph

02/20/2013 05:10  
Page 6 of 6

Patient History (cfdc\_ptlx)  
From 02/19/2013 12:39 To 02/19/2013 16:15

Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>trazodone Oral (trazodone Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:19 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	100mg	By mouth	Two times a day		

---

Name: HAZLEY, STEPHANIE D. Age: 54 yr Acct: 73537984  
 Opt Out: Gender: F MRN: 503292  
 Physician: St Joseph, Ems Rm-Bed: Admit Dt: 02/19/2013 12:39 DOB: 12/27/1958

HAZLEY, STEPHANIE D  
 WFH - St Joseph  
 HED Detail Report (cfhed\_detail)  
 FROM: 02/19/13 12:39 TO: 02/19/13 18:15  
 ROOM: \*\* ADM: 02/19/13 12:39  
 AGE: 54Y SEX: F - ST JOSEPH, EMS  
 DOB: 12/27/1958 ID: 73537984 MR: 503292  
 REQUESTED: 02/20/13 05:10  
 OPT OUT:  
 Page: 1A

PATIENT FLOWSHEET		02/19	
		12:51	18:15
<b>Temp Graph:</b>			
TEMP ■	105		
	104		
	103		
	102		
	101		
	100		
	99		
	98		
<b>VITAL SIGN GRAPH:</b>			
SYSTOLIC ■	200		
DIASTOLIC ◆	180		
	160		
	140		
PULSE ●	120		
	100		
	80		
	60		
<b>Vital Signs</b>			
TEMP	97.1 F		
PULSE	60 bpm	57 bpm	
RESP RATE	18 per minute	18 per minute	
BP	132/77 mmHg	129/71 mmHg	
O2 SAT	95% Room air	97% Room air	
CARE PROVIDERS	LW20	MR96	

WITTIG, LANA C(LW20)RN

ROSCOE, MAYRA(MR96)RN

HAZLEY, STEPHANIE D MR: 503292 ID: 73537984 DOB: 12/27/1958 - HED Detail Report (cfhed\_detail)  
 ROOM: \*\*

Page: 1A

PERM

Wheaton Franciscan- St. Joseph Campus

5000 W. Chambers  
414-447-2171  
Milwaukee, WI 53210

EMERGENCY DEPARTMENT  
Discharge Acknowledgement Statement

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/19/2013
Med Rec No: 503292	Acct No: 73537984

I have been seen in the Emergency Department today and have been given discharge instructions. I understand the instructions and I am able to restate and/or demonstrate the instruction given to me. All of my questions have been answered to my satisfaction. I know where to go for follow-up care and how to make an appointment. I understand that if my condition worsens I should seek care immediately.  
I UNDERSTAND THAT A COPY OF MY EMERGENCY DEPARTMENT RECORD MAY BE SENT TO MY PRIMARY CARE PHYSICIAN.

St. Joseph Chambers Campus Patients Only  
I understand that I have been evaluated and treated as:

St. Joseph Emergency patient       St. Joseph Urgent Care patient

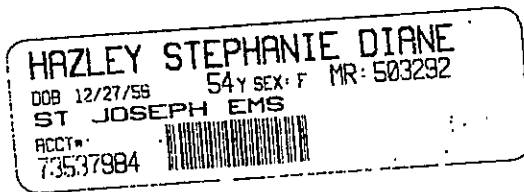
Discharge Time: 1610

Signed: Stephanie D. Wislawa Date: 2-19-13

Relationship:  Self:     Other:

Witness: [Signature] Date: 2-19-13

OAO  
129/11  
57



Date: February 19, 2013	Dispatch #: 1302964	Response #: 2013-02-29-0180	Page: 1 of 5
Patient Name: Stephanie Hazley	SSN: 399-72-5300	Issued On: 02/19/2013	
PCR #: 7fd8dd1977f4460b093c3c90af4478b	Response Status: Complete		15:14:44


**Patient Information**

Name: Stephanie D Hazley		Provider Impression: Pain, other acute, Other See Notes	
Title:			
SSN: 399-72-5300	Phone:		
Address: 6171 N 35th St Milwaukee, Wisconsin 53209		Chief Complaint: Back pain	
Gender: Female	Weight: Pounds	Date of Birth: 12/27/1958	Age: 54 Years
Rec. Med. Rec #:			Secondary Complaint:
		Family Physician:	

**Call Information**

PCR Author: Sura, William	Pickup Location: Home/Residence
Provider: Meda Care Ambulance	Department:
Unit #: 206	Address 1: 4117 N Green Bay Ave
Onset Time:	Address 2:
Pat. Disposition:	City, ST, Zip: Milwaukee, Wisconsin 53209
Disp. Urgency:	Latitude: Longitude:
Mode to Scene: No Lights or Sirens	Drop Off Location: St Joseph's Hospital
Mode from Scene: No Lights or Sirens	Department:
Transport Agency:	Destination Determination: Patient/family choice
Transporting Unit: 206	Loaded Mileage: 3.9 Total Mileage: 0.0
Ord./Ref. Doctor:	Starting: 0.0 Pickup Patient: 853.0
Dispatch Reason: Dyspnea Shortness of Breath	Ending: 0.0 Drop Off Patient: 856.9
Pat. Pos. During Tran: Semi-Fowlers	How Pat. Moved to Ambulance: Assisted/Walk
Pat. Condition at Destination: Unchanged	How Pat. Moved from Ambulance: Stretcher
Mutual Aid:	

**Pertinent Findings**

PL Vehicle:	Cause of Injury:	HAZLEY STEPHANIE DIANE	
Pt. Position:	Mechanism of Injury:	DOB: 12/27/58	54 Y SEX: F MR: 5037.92
Pregnancy Indicated: Not Known	Airbag Deployment:	DELUHERY MATTHEW R	
Safety Equipment Used:		PCR#:	
Alcohol/Drug Use Indicators: Not Known		73537984	
Special Scene Factors: None			
Primary Signs and Symptoms: Pain Severe			
Other Signs and Symptoms: Other See Notes			

**Cardiac Arrest**

Time CPR Discontinued:	Arrest Witnessed By:
Reason CPR Discontinued:	Provided By:
Est. Time of Arrest Prior to EMS Arrival:	Cardiac Etiology:
Return of Spontaneous Circulation:	

**Narrative:**

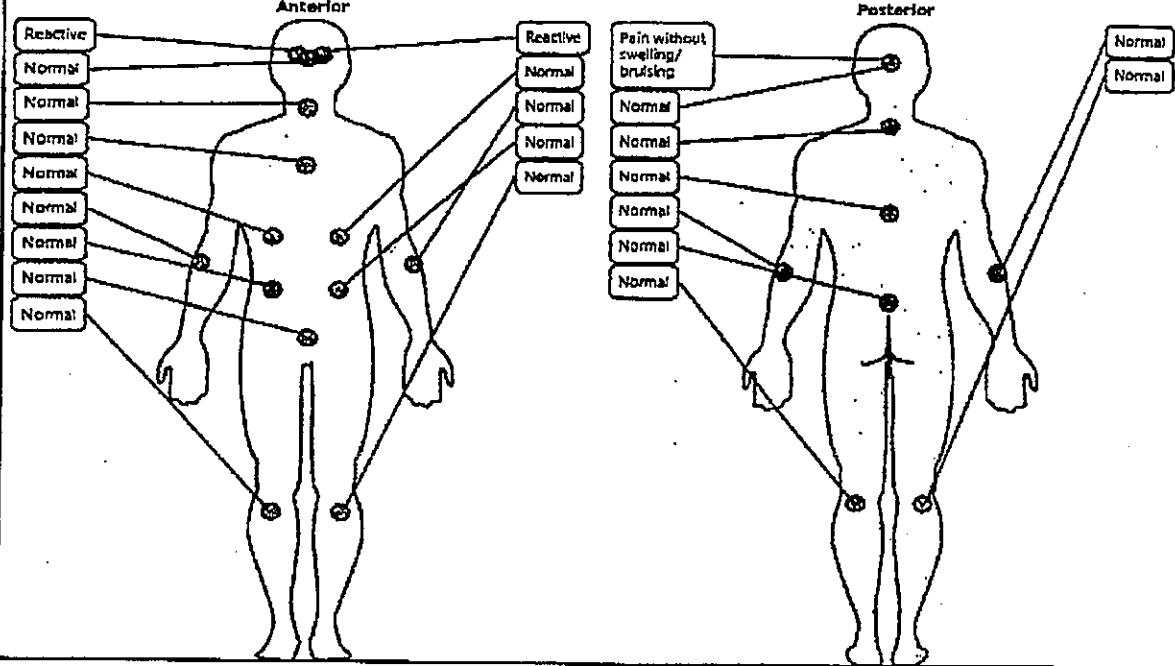
206 dispatched E2 to the above location for trouble breathing after a fall. Upon arrival, MFD Engine 36, MFD MED 5 and MPD Unit 5120 were on scene. MCA finds a 54 y. o. female sitting in MFD MED 5. Pt was A/O x4. Pt Airway was patent. Breathing was normal and not labored. Circulation was present as skin was warm and dry. MFD stated the pt slipped and fell on ice and fell on her back. Pt confirmed what MFD told us. Pt stated she has back pain. Pt described the pain as a pushing pain. Pt rated the pain 10/10. Pt has a secondary complaint of pain on the back of her head. Pt stated the pain is like a bad headache and rated the pain 10/10. Both complaints had an onset of approximately 30 minutes prior to our arrival. Pt stated she hic her head and she saw stars, but she denies LOC. Pt ample as above. Pt vitals were BP 160/70 Pulse: 100 Respirations 22. Vitals were obtained by MFD. Pt assessment reveals: (+) head: severe pain, no DCAP-BTLS present, (-) neck, (-) chest, (+) abdomen, (+) back: pain across top of back, pain upon palpation, (-) pelvis, (-) left arm, (+) right arm, (-) left leg, (-) right leg. MCA noticed the pt was visibly upset and showed some pain. MCA followed adult assessment and cold pack protocols. As stated above, pt was sitting in MFD MED 5. Pt vitals were obtained. Pt was able to climb out of MED 5, walk to the back of 206, climb in the back and sit on the cot without incident. Pt was secured x5. Pt demographics were obtained. Pt was given a cold pack for the back of her head and pt stated her head did not feel better with the cold pack. Pt was monitored enroute to St. Joseph's Hospital and pt status remained unchanged and no incident occurred. Pt was unloaded from the back of the ambulance without incident. Pt was able to transfer self from the cot to a wheelchair without incident. Pt was wheeled to Triage. Pt was able to sign for herself. Care was transferred to RN Christine.

Date: February 19, 2013	Dispatch #: 1302964	Response #: 2013-02-29-0180	Page: 2 of 5
Patient Name: Stephanie Hazley		SSN: 399-72-5300	Issued On: 02/19/2013
PCR #: 7fdd8dd19774460b093c3c90af4478b		Response Status: Complete	15:14:44

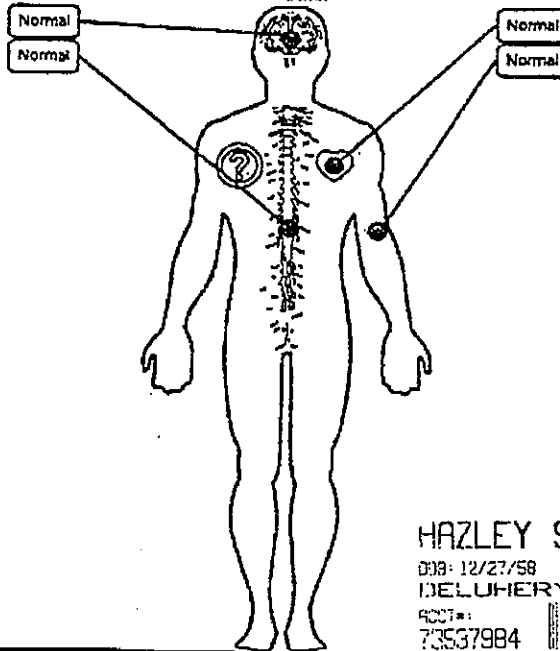
Anatomical View

Crew Member: Sura, William

Creation Date: 02/19/2013 - 12:13:00



Other



HAZLEY STEPHANIE DIANE

DOB: 12/27/58 54Y SEX: F MR 503292

DELIVERY MATTHEW R

PCR#: 73537984



Date: February 19, 2013	Dispatch #: 1302964	Response #: 2013-02-29-0180	Page: 3 of 5
Patient Name: Stephanie Hazley	SSN: 399-72-5300	Issued On: 02/19/2013	
PCR #: 7fdd8dd197f74460b093c3c90af4478b	Response Status: Complete	15:14:44	

**Past Medical History**

Current Medications		
Comment: Clonidine		
Medication Description	Dose/Unit	Administration Route
Amlodipine / Norvasc		Oral
Envir./Food Allergies: NO KNOWN ALLERGIES		
Medications Allergies: PENICILLIN		


Comment:	
Past Medical History:	
Medical / Surgical:	Hypertension/High Blood Pressu
Obtained From:	Patient
Comment:	

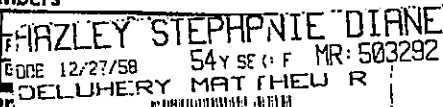
**Scene and Transport Delays**

Type of Dispatch Delay:	None
Type of Response Delay:	None
Type of Scene Delay:	None
Type of Transport Delay:	None
Type of Turn Around Delay:	None

**Event Chronology**

HAZLEY STEPHANIE DIANE  
 BOB: 12/27/58 54Y SEX: F MR: 503292  
 DELIVERY MATTHEW R  
 ERECT-  
 73537984



Date: February 19, 2013		Dispatch #: 1302964	Response #: 2013-02-29-0180	Page: 4 of 5
Patient Name: Stephanie Hazley		SSN: 399-72-5300	Issued On: 02/19/2013	
PCR #: 7fdd8dd19774460b093c3c90af4478b		Response Status: Complete		15:14:44
Time:	11:50:00, Tuesday, February 19, 2013 - Event: PSAP (Public Safety Answering Point) Time			
Time:	11:57:00, Tuesday, February 19, 2013 - Event: Call Time			
Time:	11:58:00, Tuesday, February 19, 2013 - Event: Dispatched Time			
Time:	12:00:00, Tuesday, February 19, 2013 - Event: Enroute Time			
Time:	12:12:00, Tuesday, February 19, 2013 - Event: AT Scene Time			
Time:	12:13:00, Tuesday, February 19, 2013 - Event: Exam Assessment			
Attendant:	Sura, William			
Time:	12:13:00, Tuesday, February 19, 2013 - Event: Exam Assessment			
Attendant:	Sura, William	Neuro. Assessment:	Normal	
GU Assessment:	Normal	Eyes - Right:	Reactive	
Eyes - Left:	Reactive	Neck:	Normal	
Head/Face:	Normal	Head/Face:	Normal	
Chest/Lungs:	Normal	Ext. Right Upper:	Normal	
Ext. Right Upper:	Normal	Ext. Right Lower:	Normal	
Ext. Right Lower:	Normal	Ext. Left Upper:	Normal	
Ext. Left Upper:	Normal	Ext. Left Lower:	Normal	
Ext. Left Lower:	Normal	Abdomen Right Upper:	Normal	
Abdomen Right Lower:	Normal	Abdomen Left Upper:	Normal	
Abdomen Left Lower:	Normal	Mental Status:	Normal	
Heart:	Normal	Skin:	Normal	
Back Lumbar/Sacral:	Normal	Back Cervical:	Normal	
Back Thoracic:	Normal			
Time:	12:13:00, Tuesday, February 19, 2013 - Event: Procedure Performed			
Attendant 1:	Sura, William	Attendant 2:	Waite, Joseph	
Procedure:	Assessment-Adult	Number of Attempts:	1	
Successful:	Yes	Response:	Unchanged	
Quantity:	None	Size of Equipment:	Unchanged	
Complications:	None	Authorization:	Protocol (Standing Order)	
Physician:	None	Obtained Prior to this Unit's EMS Care:	No	
Performed By:	EMS Provider			
Time:	12:13:00, Tuesday, February 19, 2013 - Event: AT Patient Time			
Time:	12:14:00, Tuesday, February 19, 2013 - Event: Vital Sign Assessment			
Attendant:	Sura, William	Obtained Prior to this Unit's EMS Care:	Yes	
BP Method:	Manual Cuff	SBP/DBP:	160/70	
Sao2:		CO2 Level:		
AVPU:	Not Known	Oriented:	100	
Pain Scale:		Pulse:	Radial	
Pulse Quality:	Not Known	Pulse Location:	22	
Electronic Monitor Rate:		Resp.:		
Resp. Quality:	Not Known	Glucose:		
Temp:	"F	EKG Rhythm:	Not Available	
GCS - Eye:		For All Age Groups: 4 = Opens Eyes spontaneously		
GCS - Verbal:		Patients >5 years: 5 = Oriented and appropriate speech		
GCS - Motor:		Patients >5 years: 6 = Obeys commands with appropriate motor responses		
GCS - Total:		15		
GCS - Qualifier:				
RTS:	12			
Time:	12:19:00, Tuesday, February 19, 2013 - Event: Leave Scene Time			
Time:	12:20:00, Tuesday, February 19, 2013 - Event: Procedure Performed			
Attendant 1:	Sura, William	Attendant 2:	Waite, Joseph	
Procedure:	Cold Pack	Number of Attempts:	1	
Successful:	Yes	Response:	Unchanged	
Quantity:		Size of Equipment:	Unchanged	
Complications:	None	Authorization:	Protocol (Standing Order)	
Physician:	None	Obtained Prior to this Unit's EMS Care:	No	
Performed By:	EMS Provider			
Time:	12:28:00, Tuesday, February 19, 2013 - Event: AT Destination Time			
Time:	13:01:00, Tuesday, February 19, 2013 - Event: Unit Back Home Time			
Time:	13:01:00, Tuesday, February 19, 2013 - Event: In Service Time			
<b>Crew Members</b>				
Crew Member	Full Name			
Sura	Sura, William			
Waite	Waite, Joseph			
Signature				
				
HAZLEY STEPHANIE DIANE EMBR 12/27/58 54 Y SE ( F MR: 503292 DELIVERY MATTHEW R 73537984				

HAZLEY, STEPHANIE DIANE

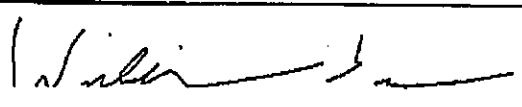
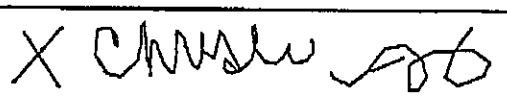
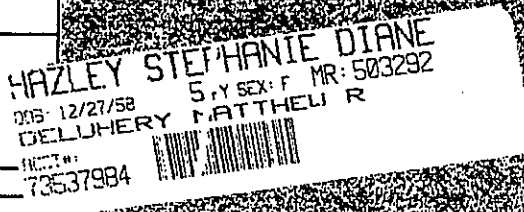
73537984

503292

2013-02-20 11:55 Meda-Care Ambulance

4143271049 >> 744364

P 27/36

Date: February 19, 2013 Dispatch #: 1302964		Response #: 2013-02-29-0180		Page: 5 of 5	
Patient Name: Stephanie Hazley		SSN: 399-72-5300		Issued On: 02/19/2013	
PCR #: 7fd8dd197f74460b093c3c9da74478b		Response Status: Complete		15:14:44	
PCR Crew Signatures - Sign. Date: 02/19/2013			Medical Direction Authorized By - Sign. Date:		
I attest, by signing below, that the information contained herein is an accurate and detailed account of all observations, treatments, and patient responses to such treatment as outlined.			My signature affirms that I am signing for the medical care orders I have directly given regarding this patient.		
Caregiver:			Referring Physician:		
Title:			Title:		
PCR Crew Signatures - Sign. Date: 02/19/2013			Transfer Care to - Sign. Date: 02/19/2013		
I attest, by signing below, that the information contained herein is an accurate and detailed account of all observations, treatments, and patient responses to such treatment as outlined.			I certify that the named patient was received by our facility on the date and time set forth on this report.		
					
Caregiver: Sura, William			Receiving Facility Medical Professional: Christine		
Title: Primary Patient Caregiver			Title: RN		
PCR Crew Signatures - Sign. Date: 02/19/2013					
I attest, by signing below, that the information contained herein is an accurate and detailed account of all observations, treatments, and patient responses to such treatment as outlined.					
					
Driver: Walte, Joseph					
Title: Driver					



ST. JOSEPH REGIONAL MEDICAL CENTER  
A MEMBER OF WHEATON FRANCISCAN HEALTHCARE

Account No: 73537984 MR#: 0503292  
Sched Date: 02/19/13 12:39 PM

PATIENT INFORMATION

Title: HAZLEY STEPHANIE DIA  
4190 N 17 ST  
MILWAUKEE WI 53209

CONTACT PERSON 1  
Name: MANNS DAMON  
Phone: 414 215-1862  
Bus Phone:  
Relat: CHILD  
Notify: Y

Phone: 414 264-4001 OTH#  
DOB: 12/27/1958 Age: 54  
Gender: F MS: SINGLE  
Race: BLACK/AFRI Ethnic: NON-HISP  
Religion: CATHOLIC  
Employer:  
Phone #:  
Occupation:

CONTACT PERSON 2  
Name:  
Phone:  
Bus Phone:  
Relat:  
Notify:

VISIT INFORMATION

Admit Reason: BACK PAIN  
Comment: NF EVM POS \$0

INTERPRETER NEEDED: NO  
Preferred Language: ENGLISH

Visit Type: E  
Location: SJ URGENT CARE  
Last Inp Date: 05/17/09  
Last Outpt Date: 07/10/12

PHYSICIAN INFO  
Adm:  
Att: DELUHERY MATTHEW R  
PCP: ADAMS REGINALD D

INSURANCE INFORMATION

PRIMARY: UHC T19  
PLAN: STANDARD  
FC: T19 MANAGED CAR  
PO BOX 5280  
KINGSTON NY 12402  
Phone #: 866 331-2243  
Subr: HAZLEY STEPHANIE DIA  
Insured DOB: 12/27/1958  
Policy#: 8419145785  
Group#:  
Group Name:  
Relat: PATIENT IS INSURED -

GUARANTOR INFORMATION

Name: HAZLEY STEPHANIE DIANE  
4190 N 17 ST  
MILWAUKEE WI 53209-0000  
Phone #: 414 264-4001  
Employer:  
Phone #:  
SOURCE OF ID: PATIENT INTERVIEW

PRINTED COPY

Date: 02/19/13

Time: 04:26 PM



INPATIENT AND OUTPATIENT CONSENT FOR TREATMENT & FINANCIAL AGREEMENT

Wheaton Franciscan Healthcare:  St. Francis  Franklin
Wheaton Franciscan:  Elmbrook Memorial Campus  St. Joseph Campus
 The Wisconsin Heart Hospital Campus

Wheaton Franciscan Healthcare Hospitals have a number of ambulatory/outpatient sites that are covered by this Agreement.

A. Consent for Treatment: I am entering the above named facility (the "Facility") for the purpose of medical and/or surgical treatment or diagnosis. I consent to my physician, other attending, consulting and/or referring physicians and their assistants and designees, and other Facility personnel, to provide me with such medical, surgical, diagnostic or other treatment services judged necessary and/or appropriate by my physician. This consent includes my consent for hospital services, diagnostic procedures and all medical treatment rendered under the instructions of my physician(s) including x-ray and laboratory procedures and other tests, treatments or medication, monitoring, and all other procedures or treatments that do not require my specific informed consent. I understand that in the course of diagnosis and treatment, cells, tissues and/or parts may be removed from my body. I authorize Facility personnel to preserve or use such cells, tissues or parts for teaching purposes and/or to dispose of any cells, tissues or parts that are removed.

B. General Acknowledgments: I understand that the practice of medicine and surgery is not an exact science. I understand that medical and surgical treatment and diagnosis may involve risks of injury, and even death. No guarantees have been made to me with respect to the results of my examinations or treatments in the Facility. I understand that many of the physicians on the Facility's staff are not employees or agents of the Facility but, rather, are independent contractors who have been granted the privilege of using this Facility for the care and treatment of their patients. I understand that the Facility is not liable for any actions or omission of, or the instructions given by, such independent contractors who treat me while I am in the Facility. I understand and agree that I may be observed and/or receive care from medical, nursing, and other health care students in training at the Facility. I understand that it is my responsibility to follow instructions about and make arrangements for follow-up care. I understand and agree that my health information may be re-disclosed in accordance with applicable state and federal laws. I understand that I may review and obtain a copy my medical record, at my own expense, and that this review shall take place in the Facility, during regular business hours. I authorize this health care provider to disclose any and all of my health care records to me, as allowed by law, on my verbal request during the duration of my treatment relationship with this health care provider for my own purposes, including, but not limited to, obtaining further medical care, insurance payments, disability determinations or legal investigations.

C. Home Health, Hospice, Durable Medical Equipment and Nursing Home Care: Even at the time of admission, it is important to start planning for post-discharge care. I understand that I have the right to select my provider or supplier for post-discharge care and equipment. I am aware that the Facility will generally recommend Wheaton Franciscan Healthcare affiliated organizations unless I select a different provider or supplier for my home health, hospice, durable medical equipment, nursing home care or other services, as needed. I acknowledge that I was provided a list of other available providers and suppliers, and that I may request another copy of the list at any time.



Inpatient and Outpatient
Consent for Treatment &
Financial Agreement
page 1 of 2 (D)

1820 02/2012 R18

HAZLEY STEPHANIE DIANE
DOB: 12/27/58 54Y SEX: F MR: 503292
ST JOSEPH EMS
ADCT#:
73537984

**D. Assignment and Agreement to Pay:** I understand that I am responsible for payment for the services that I receive and guarantee payment for these services. I hereby assign to Facility and the physicians and professionals associated with the Facility, for application to my bill for services, all of my rights and claims for reimbursement under any federal or state healthcare plan (including but not limited to Medicare or Medicaid), insurance policy, any managed care arrangement or any other similar third party payor arrangement that covers health care costs and for which payment may be available to cover the cost of the services provided to me. In the event an insurer, health plan, Medicare, Medicaid or any other third party payer denies partial or total payment, I authorize the Facility to appeal the denial to such payer on my behalf. I further authorize the Facility to request a review of any denial to an independent or external review organization if such review is available through my health plan or applicable laws. I understand that I am responsible for any applicable co-payment, deductibles, co-insurance and/or non-covered costs and charges. I understand that not all insurance companies pay the usual and customary fees of the Facility, the physicians and/or the professionals associated with the Facility. Therefore, when permitted by law, any outstanding balance will be my responsibility. I understand and agree that I am responsible for the cost of collection and/or reasonable attorney fees related to my account. I understand that my health information will be released to my insurers, payers, or others for billing and related purposes. This may include re-disclosure of information obtained from other health care providers and required for payment purposes. I also understand that I may receive separate bills from independent physicians involved in my care including radiologists, anesthesiologists, pathologists, emergency room physicians and other independent physicians. These physicians may or may not participate in all insurance networks.

1

**E. Valuables:** Keeping valuables (such as cash, jewelry, documents) in the Facility is strongly discouraged. I understand that the Facility has a place where my valuables may be stored. If I choose to keep valuables in the Facility, I do so at my own risk and I understand and agree that Facility is not liable for loss or damage to any valuables that I do not turn over for storage.

**F. Photographing:** I understand and agree that the Facility may take photographic, electronic and/or video images of me in cases when it is required to assist with my treatment or for my safety. If my care involves the delivery of a baby, I give consent for my baby to be photographed for security and/or personal use.

**G. Privacy Notice and Patient Rights:** I acknowledge that I was provided with a copy of the Notice of Privacy Practices. Please refer to the Notice of Privacy Practices for more information regarding release of your health information and your right to access your health information. I acknowledge that I was provided with or offered a copy of the Patient Rights and Responsibilities. I hereby authorize the organization to release information to other health care providers and school health offices through the Wisconsin Immunization Registry to facilitate completion of vaccine schedules.

**H. Document Authenticity:** I acknowledge that any changes or alterations to language contained in this document may prevent my services from occurring as this document is a non-negotiable condition of admission.

Stephanie D. Hazley  
Signature of Patient/Authorized Representative

02-19-13  
Date

\_\_\_\_\_  
Time

Relationship of Authorized Representative

If unable to sign document, state reason: \_\_\_\_\_



Inpatient and Outpatient  
Consent for Treatment &  
Financial Agreement  
page 2 of 2

1820 02/2012 R18

HAZLEY STEPHANIE DIANE  
DOB: 12/27/58 54Y SEX F MR: 503292  
ST JOSEPH EMS  
ACCT#: 73537984



**Wheaton Franciscan  
St. Joseph Campus**

**WF - St. Joseph Campus  
5000 West Chambers Street  
Milwaukee, WI 53210  
Phone: (414) 447-3789  
Tax ID# 39-0816857**

Tuesday, July 23, 2013

ZIINO, GERMANOTTA, KNOLL AND CHRISTENSEN  
1700 N FARWELL AVE  
MILWAUKEE, WI 53202-1899

**RELEASE OF INFORMATION CERTIFICATION LETTER**

**Re: Request for Information on:**

<b>Patient Name:</b>	<b>MRN:</b>
HAZLEY, STEPHANIE DIANE	503292

I, Jill Krueger, MS, RHIA, CCS, Record Custodian of WF – St. Joseph Campus HIM hereby certify that the documents annexed hereto constitutes an accurate, legible, and complete duplicate of the Wheaton Franciscan – St. Joseph Campus medical records regarding the above named patient for the service date(s) requested. I am certifying the following:

**Number of Pages:** 23  
**Dates of Service:** 2-25-13

This document is electronically signed by Jill Krueger, MS, RHIA, CCS on July 23, 2013

Jill Krueger, MS, RHIA, CCS  
Director - Health Information Management

\*Please Note that all certified records only go back 10 years.

HAZLEY, STEPHANIE D.	Opt Out:
WFH-SJ	
Discharge Medications	
From: 02/25/2013 15:02	To: 02/25/2013 18:21
Rm-Bed:	Admit Dt: 02/25/2013 15:02
Age: 54 yr	Gender: F MD: St Joseph. Ems
DOB: 12/27/1958	Acct: 73543095
MRN: 503292	
Requested: 02/26/2013 07:21	Page 1 of 2

**Allergy History**

Allergen	Onset Date	Primary Reaction	Severity
EGG		SWELLING TONGUE	
NUTS		SWELLING TONGUE	
PENICILLINS		HIVES	
TOMATO		SWELLING TONGUE	
atorvastatin		Rash	
lisinopril		SWELLING THROAT	

**Scheduled Home Medications**

Medication	Instructions	Last Given	Next Dose Due
Advair Diskus Inhl (fluticasone-salmeterol Inhl)	2 puff Inhaled Once a day		
albuterol Inhl	2 puff Inhaled Once a day		
amlodipine 10 mg Tab (amlodipine 10 mg tablet)	10 mg Oral Daily		
Aspirin Child Oral (aspirin Oral)	81 mg Oral Once a day chewable dose		
clonidine 0.2 mg Tab (clonidine 0.2 mg tablet)	0.2 mg Oral 2 Times A Day		
clonidine Oral	25 mg By mouth Once a day		
ferrous sulfate Oral	325 mg By mouth Once a day		
Flexeril 5 mg tablet (cyclobenzaprine 5 mg tablet)	1 tablet(s) Oral Three times a day May take 1 or 2 tabs every 8 hours PRN		
Miralax Oral (polyethylene glycol 3350 Oral)	1 capful By mouth Once a day		
Norvasc Oral Tablet (amlodipine Oral)	10 mg Oral Once a day takes early in the morning		

HAZLEY, STEPHANIE D.  
Rm-Bed:

Acct: 73543095  
MRN: 503292

DOB: 12/27/1958  
Discharge Medications

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Permanent

<b>HAZLEY, STEPHANIE D.</b>		Opt Out:
WFH-SJ		
Discharge Medications		
From: 02/25/2013 15:02	To: 02/25/2013 18:21	
Rm-Bed:	Admit Dt: 02/25/2013 15:02	
Age: 54 yr	Gender: F	MD: St Joseph, Ems
DOB: 12/27/1958	Acct: 73543095	
MRN: 503292		
Requested: 02/26/2013 07:21		

**Scheduled Home Medications**

Medication	Instructions	Last Given	Next Dose Due
ranitidine HCl Oral	1 Tablet By mouth Once a day		
trazodone Oral	100 mg By mouth Two times a day		

**As Needed Medications**

Medication	Instructions	Last Given	Next Dose Due
methocarbamol 750 mg tablet	1 tablet(s) Oral Every 6 hours as needed		
Vicodin 5 mg- 500 mg tablet (hydrocodone-acetaminophen 5 mg-500 mg tablet)	1 tablet(s) Oral Four times a day as needed		
ZOFRAN ODT 4 mg disintegrating tablet (ondansetron 4 mg disintegrating tablet)	1 tablet(s) Oral Every 8 hours as needed Allow tablet to dissolve on tongue		

**THIS MEDICATION LIST CONTAINS:**

1. The HOME MEDICATIONS that your physician would like you TO CONTINUE TAKING
2. NEW PRESCRIPTIONS to be filled at your pharmacy and that you should START TAKING at HOME

CHECK WITH YOUR PHYSICIAN before taking ANY MEDICATIONS OR SUPPLEMENTS not on this list, OR BEFORE RESTARTING ANY OTHER MEDICATIONS that you have at home.

ALWAYS keep a current copy of your medication list with you. Maintain ONLY ONE medication list. UPDATE THE LIST when medications are stopped, dosages are changed, or new medications are added.

PLEASE TAKE THIS LIST WITH YOU TO ALL MEDICAL APPOINTMENTS.

HAZLEY, STEPHANIE D.  
Rm-Bed:

Acct: 73543095  
MRN: 503292

DOB: 12/27/1958  
Discharge Medications

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Permanent

Wheaton Franciscan-St. Joseph Campus  
 5000 W. Chambers  
 Milwaukee, WI 53210  
 414-447-2171

Final

**Emergency Department Chart**

Patient Name: HAZLEY, STEPHANIE D.	Account Number: 73543095
Medical Rec. Number: 503292	Birthdate: 12/27/1958
Arrival Date: 02/25/2013 15:02	Primary MD: REGINALD ADAMS DO
Visit Date: 02/25/2013 15:21	Attending MD:Nishant Pillai DO

**Vital Signs/Data**

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
02/25/2013 18:20	9LW		72 /min	18 /min	118/70 mm Hg.	100% on Room air	4/10
02/25/2013 15:21	MCM2	97 F Oral	58 /min	16 /min	117/69 mm Hg.	97% on Room air	10/10

**Allergies**

**PENICILLINS, Primary Reaction - HIVES [Confirmed by Marilyn CannonMiller RN on 02/25/2013 15:25:18 CST.] ( 04/22/2008 05:09)**  
**TOMATO, Primary Reaction - SWELLING TONGUE, Secondary Reaction - SWELLING THROAT [Confirmed by Marilyn CannonMiller RN on 02/25/2013 15:25:16 CST.] ( 05/17/2009 12:31)**  
**EGG, Primary Reaction - SWELLING TONGUE, Secondary Reaction - SWELLING THROAT [Confirmed by Marilyn CannonMiller RN on 02/25/2013 15:25:12 CST.] ( 05/18/2009 08:11)**  
**NUTS, Primary Reaction - SWELLING TONGUE, Secondary Reaction - SWELLING THROAT [Confirmed by Marilyn CannonMiller RN on 02/25/2013 15:25:14 CST.] ( 09:25)**  
**lisinopril, Primary Reaction - SWELLING THROAT, Secondary Reaction - SWELLING TONGUE [Confirmed by Marilyn CannonMiller RN on 02/25/2013 15:25:21 CST.] ( 01/04/2012 13:25)**  
**atorvastatin, Primary Reaction - Rash [Confirmed by Marilyn CannonMiller RN on 02/25/2013 15:25:26 CST.] ( 13:26)**

**Chief Complaint**

Head injury (MCM2 02/25/2013 15:21)

**Pre-Hospital Treatment**

Mode of arrival: Walked in. (MCM2) 02/25/2013 15:21

**Triage**

ESI - 4. Physician notified of patient's arrival per the Tracking Board. (MCM2 02/25/2013 15:21)  
 No language or communication barrier. (MCM2 15:21)  
 Patient has no mental status changes. (MCM2 15:21)  
 Onset of symptoms was about 7 days ago. (MCM2 15:21)  
 History comes from patient. (MCM2 15:21)  
 Patient states that she fell last week and hit her head on the concrete. Patient does report short LOC. Patient was seen here and a CT was done. Patient states that she does not feel right and that she is very dizzy. (MCM2 15:21)  
 Patient denies use of alcohol. (MCM2 15:21)  
 Patient denies illicit drug use. (MCM2 15:21)  
 Patient is single. (MCM2 15:21)  
 Patient's support mechanism includes family. (MCM2 15:21)  
 Patient lives alone. (MCM2 15:21)  
 Patient has no advance directives. (MCM2 15:21)  
 Patient indicates no infectious disease risk factors. (MCM2 15:21)  
 Mechanism of injury is known. (9LW 16:41)  
 History obtained from patient. (9LW 16:41)  
 Has a headache. (9LW 16:41)  
 Complains of dizziness. (9LW 16:41)  
 No visual disturbances. (9LW 16:41)  
 Patient fell. (9LW 16:41)  
 Had brief 'seconds' LOC. (9LW 16:41)  
 No confusion or disorientation post injury. (9LW 16:41)  
 Complains of nausea without vomiting. (9LW 16:41)  
 No nutritional concerns noted for patient. (MCM2 15:21)

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Final

**Emergency Department Chart**

Patient Name: HAZLEY, STEPHANIE D.	Account Number: 73543095
Medical Rec. Number: 503292	Birthdate: 12/27/1958
Arrival Date: 02/25/2013 15:02	Primary MD: REGINALD ADAMS DO
Visit Date: 02/25/2013 15:21	Attending MD:Nishant Pillai DO

**Current Medications**

Norvasc Oral Dose: 10 mg Once a day Special Instructions: takes early in the morning (6MW 11/04/2008 12:02)  
 Aspirin Child Oral Dose: 81 mg Once a day Special Instructions: chewable dose ( 05/17/2009 12:31)  
 clonidine Oral By mouth Dose: 25 mg Once a day ( 01/04/2012 12:29)  
 ranitidine HCl Oral By mouth Dose: 1 Tablet Once a day ( 13:16)  
 ferrous sulfate Oral By mouth Dose: 325 mg Once a day ( 13:17)  
 Miralax Oral By mouth Dose: 1 capful Once a day ( 13:17)  
 albuterol Inhl Inhaled Dose: 2 puff Once a day ( 13:18)  
 Advair Diskus Inhl Inhaled Dose: 2 puff Once a day ( 13:18)  
 trazodone Oral By mouth Dose: 100 mg Two times a day ( 13:19)  
 amlodipine 10 mg Tab Oral Dose: 10 mg Daily (2DA1 04/19/2012 22:44)  
 clonidine 0.2 mg Tab Oral Dose: 0.2 mg 2 Times A Day (2DA1 22:44)  
 methocarbamol 750 mg tablet Oral Dose: 1 tablet(s) Every 6 hours PRN (J8TM 02/19/2013 16:07)  
 Vicodin 5 mg-500 mg tablet Oral 5-500 mg Dose: 1 tablet(s) Four times a day PRN [Confirmed by Lisa L Hubbard NP on 02/25/2013 17:33:16 CST.] (LLH 02/25/2013 17:33)  
 ZOFFRAN ODT 4 mg disintegrating tablet Oral Dose: 1 tablet(s) Every 8 hours PRN Special Instructions: Allow tablet to dissolve on tongue [Confirmed by Lisa L Hubbard NP on 02/25/2013 17:33:16 CST.] (LLH 17:33)  
 Flexeril 5 mg tablet Oral Dose: 1 tablet(s) Three times a day Special Instructions: May take 1 or 2 tabs every 8 hours PRN [Confirmed by Lisa L Hubbard NP on 02/25/2013 17:33:17 CST.] (LLH 17:33)

**Nursing Assessment**

**GENERAL**

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (MCM2) 02/25/2013 15:21 No blood or drainage from ears. No evidence of Battle's sign. No raccoon's eyes. Well developed, well nourished. In no acute distress. (9LW) 02/25/2013 16:41

**MENTAL STATUS**

Alert, oriented and fully verbal. (9LW) 02/25/2013 16:43

**NEUROLOGIC**

Neurologic exam is WDL. (9LW) 02/25/2013 16:43

**PULMONARY**

Respiratory exam is WDL. (9LW) 02/25/2013 16:43

**CARDIAC**

Cardiac exam is WDL. (9LW) 02/25/2013 16:43

**Clinician History of Present Illness**

**Summary**

54 y/o AAF who sustained a fall 6 days ago on the ice. Pt was seen and treated here on 2/19/2013. All CTs negative. Pt has been experiencing nausea and vomiting, dizziness and daily headaches. Post concussive syndrome high on DDX. Will provide symptom treatment and pt has follow up with Dr. Adams (PMD) tomorrow. (LLH) 02/25/2013 17:19

Fall risk - history of falling; immediate or within 3 months. Fall risk - secondary diagnosis present. Fall risk - no ambulatory aid used; or patient on bed rest, uses wheel chair, or nurse assist. Fall risk - no IV or heparin lock. Fall risk - gait/transferring normal; or patient is on best rest or immobile. Fall risk - patient is oriented to own ability. Fall risk level - low risk. (MCM2) 02/25/2013 15:23 Exam started at 17:19 CST The onset of the presenting problem started 6 day(s) ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. Injured in a fall. Slipped and fell on a slick icy surface. Had a brief less than 1 minute LOC. No history suggestive of syncope. Struck head and complains of headache but no loss of consciousness. No history of acquired or congenital bleeding diathesis. Not amnesic concerning immediate events surrounding injury. No evidence of immediate short term memory loss. Denies blurred vision. No subjective double vision. No unilateral sensory complaints. No complaints of unilateral weakness. No history of bladder incontinence. No bowel incontinence associated with injury. Complains of nausea with 1 or 2 episodes of vomiting. Nondescript vomitus without blood. No ill contacts with similar GI symptoms. (LLH) 02/25/2013 17:19 This is not a job related problem. Injury can be coded as occurring in a transportation environs. (LLH) 02/25/2013 17:19



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Final

**Emergency Department Chart**

Patient Name: HAZLEY, STEPHANIE D.	Account Number: 73543095
Medical Rec. Number: 503292	Birthdate: 12/27/1958
Arrival Date: 02/25/2013 15:02	Primary MD: REGINALD ADAMS DO
Visit Date: 02/25/2013 15:21	Attending MD:Nishant Pillai DO

**Past Medical and Surgical History**

Hypertension; Patient has no emotional, spiritual, or cognitive needs noted. (MCM2) 02/25/2013 15:21

**Review of Systems**

Except as noted all other ROS negative. (LLH) 02/25/2013 17:19

**Social History**

Never a smoker. (MCM2) 02/25/2013 15:21

**Physical Exam**

**GENERAL:**

The patient is a middle aged adult female in no acute distress. No evidence of significant external trauma. Vital signs OK. Vital signs reviewed. Alert. Patient is in mild distress at the beginning of the exam. Patient does not appear acutely ill. Patient appears to be stated age. Skin is warm and dry with good color. Overall well developed, well nourished individual. Alert and appropriate during exam. Well hydrated with moist mucous membranes. No evidence of chronic debility. (LLH) 02/25/2013 17:19

**ENT:**

Pharynx normal. ENT inspection normal. No evidence of venous jugular distension. The neck is supple, with no evidence of meningismus. No cervical adenopathy is noted. (LLH) 02/25/2013 17:19

**EYE EXAM:**

Pupils are reactive to light. (LLH) 02/25/2013 17:19

**PULMONARY:**

Unlabored respiration - No respiratory distress. No evidence of local chest wall tenderness or external injury. Currently in no acute respiratory distress. Normal, non labored respirations. The breath sounds are normal, with good equal air movement. (LLH) 02/25/2013 17:19

**CIRCULATORY:**

Regular rate and rhythm. No murmur. No rub. No gallop. Peripheral pulses are strong and equal. (LLH) 02/25/2013 17:19

**ABDOMEN:**

Soft abdomen. No external trauma. No local tenderness. The abdomen is soft and nontender to palpation. No organomegaly. Bowel sounds are normal. (LLH) 02/25/2013 17:19

**NEUROLOGIC:**

Symmetric reflexes normal strength and tone. Alert, oriented to person, place, and time. Cranial nerves II through XII are intact. No motor deficit. No sensory deficit. (LLH) 02/25/2013 17:19

**SKIN:**

Local ecchymotic contusion noted over the posterior occipital scalp. There is mild traumatic soft tissue swelling over the posterior occipital scalp. The scalp in the region of the posterior occipital scalp is moderately tender to palpation. Scalp is intact without lacerations or abrasions. The area of the posterior occipital scalp is contused. Skin color is normal. No rash. Warm. Dry to touch. (LLH) 02/25/2013 17:19

**Primary Diagnosis**

Postconcussion syndrome (LLH 02/25/2013 17:34)

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**Emergency Department Chart**

Patient Name: HAZLEY, STEPHANIE D.	Account Number: 73543095
Medical Rec. Number: 503292	Birthdate: 12/27/1958
Arrival Date: 02/25/2013 15:02	Primary MD: REGINALD ADAMS DO
Visit Date: 02/25/2013 15:21	Attending MD: Nishant Pillai DO

**Drug Orders****\*ED- ONDANSETRON ORAL DISINTEGRATING (ZOFTRAN) 4 MG PO**

Entered By (LLH NP 02/25/2013 17:16) Ordered By (LLH NP 17:16) Completed By (9LW RN 17:19) MD Sign (LLH NP 17:16)

**\*ED- HYDROCODONE ACETAMINOPHEN 5/325 [ Vicodin Norco ] 2 TAB PO**

Entered By (LLH NP 02/25/2013 17:16) Ordered By (LLH NP 17:16) Completed By (9LW RN 17:45) MD Sign (LLH NP 17:16) Notes: Just given \*ED- HYDROCODONE ACETAMINOPHEN 5/325 [ Vicodin Norco ]. Awake and alert. (9LW 17:45)

**Disposition**

Decision to discharge the patient. Condition at disposition - good. Electronically signed by Lisa L Hubbard NP. The designated co-signing physician is Nishant Pillai DO. (LLH) 02/25/2013 17:34 I have reviewed the chart of STEPHANIE DIANE HAZLEY and as the supervising staff physician concur on the final disposition - Nishant A Pillai DO (NAPP) 02/26/2013 00:00 Discharge vital signs documented: BP: 118/70 at 18:20 CST, P: 72 at 18:20 CST, Resp: 18/min at 18:20 CST, Pulse OX: 100% on Room air at 18:20 CST. (9LW) 02/25/2013 18:20 A discharge pain score was documented: Pain 4/10 at 18:20 CST. (9LW) 02/25/2013 18:20 Disposition status is discharge. (9LW) 02/25/2013 18:20 Patient removed from tracking board and discharged from the department by Lindsay Karnitz RN. (9LW) 02/25/2013 18:21 Destination - Home. Departure Method - by self. Patient/caregiver received a copy of the discharge instructions document, including instructions; plan for follow-up care, if indicated; and changed and/or new medications, if applicable. Patient/caregiver received a copy of the transition record document, including diagnosis or chief complaint and major procedures and tests, if performed during this visit. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. Verbalizes understanding of medications. (9LW) 02/25/2013 18:21 A disposition has been done for HAZLEY, STEPHANIE DIANE. The dispositioning nurse is Lindsay Karnitz RN (electronic signature). (9LW) 02/25/2013 18:21 Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse. (LLH) 02/25/2013 17:34

**Discharge Prescriptions**

Flexeril (cyclobenzaprine hcl) Oral tablet 5 mg 1 tablet(s) Orally Three times a day  
Special Instructions: May take 1 or 2 tabs every 8 hours PRN (LLH 02/25/2013 17:33) Printed (LLH 02/25/2013 17:33)  
Vicodin (hydrocodone bit/acetaminophen) Oral Tablet 5-500 mg 1 tablet(s) Orally Four times a day PRN , 20 tablet(s) , No Refills (LLH 17:33) Printed (LLH 02/25/2013 17:33)  
ZOFTRAN ODT (ondansetron) Oral Tablet, Rapid Dissolve 4 mg 1 tablet(s) Orally Every 8 hours PRN  
Special Instructions: Allow tablet to dissolve on tongue (LLH 17:33) Printed (LLH 02/25/2013 17:33)

**Staff Legend**

2DA1	Denise Abernethy MD
6MW	Megan Wall RN
9LW	Lindsay Karnitz RN
J8TM	Joshua Mueller PA-C
LLH	Lisa Hubbard NP
MCM2	Marilyn Cannon Miller RN
NAPP	Nishant Pillai DO

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414-447-2171

**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/25/2013

Med Rec No: 503292

Acct No: 73543095

We have examined and treated you today on an emergency/urgent care basis only. If your symptoms or medical problem(s) fail to improve, call us at the number above, see your doctor, or return here. If you were prescribed sedatives or pain medications that may make you drowsy, do not drink alcohol, drive or operate machinery while you are taking those medications. If you were prescribed an over the counter medication, it is important to thoroughly read the information contained in the package before taking the medication.

Thank you for choosing our Emergency Department for your health care needs. Our goal is for each patient and family to have a positive experience. We strive for excellence and value your opinion of our services. You may receive a patient satisfaction survey in the mail. Please take a moment to provide us your feedback. If you would like to provide a compliment or have concerns about your experience, please call our Customer Service Line at 414-447-7433.

---

You were treated today by :

Lisa Hubbard NP

**ADDITIONAL FOLLOWUP INSTRUCTIONS**

Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse.

**DISCHARGE INSTRUCTIONS****Head Injuries, Adult, Easy-to-Read****Head Injuries, Adult**

A common head injury is a concussion. A concussion is a state of changed mental ability. It usually occurs from a blow to the head. Only drink water or clear liquids for the rest of the day.

Then you can go back to your regular diet. For 2 days, do not have or take:

Alcohol.

Sedatives.

Most problems occur within the first 24 hours.

**YOU MAY HAVE PROBLEMS AT HOME WITH:**

Memory.

Dizziness.

Headaches.

Double vision.

Hearing.

Depression.

Tiredness.

Weakness.

Concentration.

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**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/25/2013
Med Rec No: 503292	Acct No: 73543095

**DISCHARGE INSTRUCTIONS**

**Head Injuries, Adult, Easy-to-Read**

If you have these problems, do not be alarmed. A bruise on the brain takes a few days to heal. Usually, these problems go away without medical care. Call your doctor if problems last for more than one day. See your doctor sooner if problems get worse.

**HOME CARE**

During the next 24 hours stay with someone who can watch you.

This person should watch you for the problems above.

This person should wake you up every 2 to 3 hours to check on your condition. In case of an emergency, or if he or she cannot be awakened, call your local medical emergency services (911 in the U.S.).

Only take medicines as told by your doctor.

Side effects may happen for up to 7 to 10 days. Watch for new problems.

**GET HELP RIGHT AWAY IF:**

You are confused, dizzy, or unsteady.

You are sleepy.

You feel sick to your stomach (nauseous).

You are throwing up (vomiting).

You have trouble walking.

You have convulsions (fits or seizures).

You have very bad, lasting headaches that are not helped by medicine.

You have changes in the black center (pupil) of your eyes.

You have clear or bloody fluid coming from your nose or ears.

**MAKE SURE YOU:**

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 11/30/2009 Document Re-Released: 03/14/2011  
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**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/25/2013

Med Rec No: 503292

Acct No: 73543095

**DISCHARGE INSTRUCTIONS****Post Concussion Syndrome, Adult**  
Post Concussion Syndrome, Adult

You have had a previous head injury that may be causing some long lasting symptoms such as headache and dizziness. Most problems get better within one to two days after the injury. However, some problems may last for weeks or months. The following table lists some of the symptoms (problems) that may be bothersome for an unknown length of time after the injury.

**THESE MINOR SYMPTOMS MAY BE EXPERIENCED AFTER DISCHARGE:**

Memory difficulties  
Dizziness  
Headaches  
Double vision  
Hearing difficulties  
Depression  
Tiredness  
Weakness  
Difficulty with concentration  
Vomiting

If you experience any of these symptoms you should not be alarmed. A bruise on the brain (concussion) requires time for recovery the same as a bruise elsewhere on your body. Symptoms such as these are common following a head injury. Usually these problems disappear without medical care.

However, if symptoms continue, or are getting worse rather than better, see your caregiver. Having an established, ongoing doctor-patient relationship with a primary caregiver will be helpful in managing this problem.

**HOME CARE INSTRUCTIONS**

Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

Sleeping with your head slightly elevated may help with headaches.

Although it is unlikely that serious side effects will occur, be aware of signs and symptoms that may call for your return to this location.

**SEEK IMMEDIATE MEDICAL ATTENTION IF:**

Confusion or drowsiness. Children, however, often become drowsy after any type of trauma (damage caused by an accident) or injury.

Inability to arouse the injured person.

Nausea (feeling sick to your stomach) or persistent, forceful vomiting (projectile in nature).

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414-447-2171

**DISCHARGE INSTRUCTIONS**

Patient Name: HAZLEY, STEPHANIE D.	Visit Date: 02/25/2013
Med Rec No: 503292	Acct No: 73543095

**DISCHARGE INSTRUCTIONS****Post Concussion Syndrome, Adult**

Vertigo. This may be noted in the patient by rapid back and forth movement of their eyes.

Convulsions or unconsciousness.

Severe persistent headaches not relieved by medication. Do not take aspirin as this slows blood clotting. Take other pain medications only as directed.

Unable to use arms or legs appropriately.

Changes in pupil sizes.

Clear or bloody discharge from nose or ears.

Document Released: 06/09/2003 Document Re-Released: 10/15/2010

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If you received x-rays, they do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-ray but may be revealed on the subsequent x-rays. Your x-ray has been read on a preliminary basis. Final reading will be made by the Radiologist. You or your referral physician will be notified of any additional findings through the Emergency department.

If cultures were done today results will not be available for 72 hours. We will call you if the culture is positive and additional treatment is required.

If you received and EKG it has been read on a preliminary basis by the physician on duty. A final reading will be made and you or your referral physician will be contacted if additional treatment is required.

**Wheaton Franciscan- St. Joseph Campus**

5000 W. Chambers  
414-447-2171  
Milwaukee, WI 53210

**EMERGENCY DEPARTMENT****Discharge Acknowledgement Statement**

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/25/2013

Med Rec No: 503292

Acct No: 73543095

I have been seen in the Emergency Department today and have been given discharge instructions. I understand the instructions and I am able to restate and / or demonstrate the instruction given to me. All of my questions have been answered to my satisfaction. I know where to go for follow-up care and how to make an appointment. I understand that if my condition worsens I should seek care immediately.  
I UNDERSTAND THAT A COPY OF MY EMERGENCY DEPARTMENT RECORD MAY BE SENT TO MY PRIMARY CARE PHYSICIAN.

**St. Joseph Chambers Campus Patients Only**

I understand that I have been evaluated and treated as:

 St. Joseph Emergency patient St. Joseph Urgent Care patient

Discharge Time: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:  Self:  Other: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Wheaton Franciscan-St. Joseph  
Campus  
5000 W. Chambers  
Milwaukee WI 53210  
414-447-2171

# Discharge Report



<b>Patient Name:</b>	<b>HAZLEY, STEPHANIE DIANE</b>	<b>Sex:</b>	F
<b>Birthdate:</b>	12/27/1958	<b>Age:</b>	54
<b>Acct No:</b>	73543095	<b>Medical Rec No:</b>	503292
<b>Arrival Date:</b>	02/25/2013 15:02 CST	<b>Visit Date:</b>	02/25/2013 15:21 CST
<b>Primary MD:</b>	REGINALD ADAMS, DO 2555 N MLK DR, MILWAUKEE, WI 53212-0000 Phone: 414-372-8080	<b>Treating Provider:</b>	Lisa L Hubbard NP
		<b>Attending MD:</b>	Nishant A Pillai DO
<b>Chart Status:</b>	Final		

## Diagnosis

1) Postconcussion syndrome

## New Medications (PRN means take as needed; the pharmacy will provide instructions for these medications.)

- 1) Flexeril (cyclobenzaprine hcl) Oral 5 mg tablet 1 tablet(s) Orally Three times a day (15 tablet(s))
- 2) Vicodin (hydrocodone bit/acetaminophen) Oral 5-500 mg Tablet 1 tablet(s) Orally Four times a day PRN (20 tablet(s))
- 3) ZOFTRAN ODT (ondansetron) Oral 4 mg Tablet, Rapid Dissolve 1 tablet(s) Orally Every 8 hours PRN (10 tablet, rapid dissolve(s))



WFH - St Joseph

02/26/2013 07:21

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Patient History (cfdc\_pthx)  
 From 02/25/2013 15:02 To 02/25/2013 18:21

## Allergy Summary

Allergen	Reaction	Status
EGG	Primary: SWELLING TONGUE Alternate: SWELLING THROAT	Active
NUTS	Primary: SWELLING TONGUE Alternate: SWELLING THROAT	Active
PENICILLINS	Primary: HIVES	Active
TOMATO	Primary: SWELLING TONGUE Alternate: SWELLING THROAT	Active
atorvastatin	Primary: Rash	Active
lisinopril	Primary: SWELLING THROAT Alternate: SWELLING TONGUE	Active

## Medication Summary

Medication	Dose	Route	Freq / Rate	PRN	Status	Type
Advair Diskus Inhal (fluticasone-salmeterol Inhal)	2puff	Inhaled	Once a day	No	Active	Unknown
Aspirin Child Oral (aspirin Oral)	81mg	Oral	Once a day	No	Active	Unknown
Special Instructions: chewable dose						
Flexeril 5 mg tablet (cyclobenzaprine 5 mg tablet)	1	Oral	Three times a day	No	Active	Unknown
Special Instructions: May take 1 or 2 tabs every 8 hours PRN						
Miralax Oral (polyethylene glycol 3350 Oral)	1capful	By mouth	Once a day	No	Active	Unknown
Norvasc Oral (amlodipine Oral)	10mg	Oral	Once a day	No	Active	Unknown
Special Instructions: takes early in the morning						
Vicodin 5 mg- 500 mg tablet (hydrocodone-acetaminophen 5 mg-500 mg tablet)	1	Oral	Four times a day	Yes	Active	Unknown
ZOFRAN ODT 4 mg disintegrating tablet (ondansetron 4 mg disintegrating tablet)	1	Oral	Every 8 hours	Yes	Active	Unknown
Special Instructions: Allow tablet to dissolve on tongue						
albuterol Inhal (albuterol Inhal)	2puff	Inhaled	Once a day	No	Active	Unknown
amlodipine 10 mg Tab (amlodipine 10 mg tablet)	10mg	Oral		No	Active	Unknown
clonidine 0.2 mg Tab (clonidine 0.2 mg tablet)	.2mg	Oral		No	Active	Unknown
clonidine Oral (clonidine Oral)	25mg	By mouth	Once a day	No	Active	Unknown
ferrous sulfate Oral (ferrous sulfate Oral)	325mg	By mouth	Once a day	No	Active	Unknown
methocarbamol 750 mg tablet (methocarbamol 750 mg tablet)	1	Oral	Every 6 hours	Yes	Active	Unknown
ranitidine HCl Oral (ranitidine HCl Oral)	1	By mouth	Once a day	No	Active	Unknown
trazodone Oral (trazodone Oral)	100mg	By mouth	Two times a day	No	Active	Unknown

NO DATA FOUND FOR MODULE: 3. hhs\_admhcr

Name: HAZLEY, STEPHANIE D.  
 Opt Out:  
 Physician: St Joseph, Ems

Age: 54 yr  
 Gender: F  
 Rm-Bed:

Acct: 73543095  
 MRN: 503292  
 Admit Dt: 02/25/2013 15:02 DOB: 12/27/1958

WFH - St Joseph

02/26/2013 07:21

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Patient History (cfdc\_pthx)  
 From 02/25/2013 15:02 To 02/25/2013 18:21

Allergy Detail

Allergen	Reaction	Severity	Sensitivity Type
<b>Active</b>			
<b>EGG</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 05/18/2009 08:11 Boyd, Carlene , US Confirmed: 02/25/2013 15:25 Cannonmiller, Marilyn , RN Verified:	Primary: SWELLING TONGUE Alternate: SWELLING THROAT		
<b>TOMATO</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 05/17/2009 12:31 Smith, Susan K., RN Confirmed: 02/25/2013 15:25 Cannonmiller, Marilyn , RN Verified:	Primary: SWELLING TONGUE Alternate: SWELLING THROAT		
<b>atorvastatin</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 01/04/2012 13:26 Jaeger, Mary Jane , RN Confirmed: 02/25/2013 15:25 Cannonmiller, Marilyn , RN Verified:	Primary: Rash		
<b>lisinopril</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 01/04/2012 13:25 Jaeger, Mary Jane , RN Confirmed: 02/25/2013 15:25 Cannonmiller, Marilyn , RN Verified:	Primary: SWELLING THROAT Alternate: SWELLING TONGUE		
<b>NUTS</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 05/18/2009 09:25 Farrington, Shannon , SA Confirmed: 02/25/2013 15:25 Cannonmiller, Marilyn , RN Verified:	Primary: SWELLING TONGUE Alternate: SWELLING THROAT		

Name: HAZLEY, STEPHANIE D.  
 Opt Out:  
 Physician: St Joseph, Ems

Age: 54 yr  
 Gender: F  
 Rm-Bed:

Acct: 73543095  
 MRN: 503292  
 Admit Dt: 02/25/2013 15:02 DOB: 12/27/1958

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Patient History (cfdc\_pthx)  
 From 02/25/2013 15:02 To 02/25/2013 18:21

Allergy Detail (continued)

Allergen	Reaction	Severity	Sensitivity Type
<b>Active</b>			
<b>PENICILLINS</b> Onset Date: Reported By: Rel. to Patient: Comments: Entered: 04/22/2008 05:09 Cc System, Id Confirmed: 02/25/2013 15:25 Cannonmiller, Marilyn , RN Verified: 11/21/2004 00:00 Staffid, U29040	Primary: HIVES		

Medication Detail

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>Advair Diskus Inhl (fluticasone- salmeterol Inhl)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:18 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	2puff	Inhaled	Once a day		
<b>Aspirin Child Oral (aspirin Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: chewable dose Comments: Entered: 05/17/2009 12:31 Smith, Susan K., RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	81mg	Oral	Once a day		
<b>Flexeril 5 mg tablet (cyclobenzaprine 5 mg tablet)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: May take 1 or 2 tabs every 8 hours PRN Comments: Entered: 02/25/2013 17:33 Hubbard, Lisa L., NP Confirmed: 02/25/2013 17:33 Hubbard, Lisa L., NP Modified: 02/25/2013 17:33 Hubbard, Lisa L., NP	1	Oral	Three times a day	Tablet	5 mg

Name: HAZLEY, STEPHANIE D.	Age: 54 yr	Acct: 73543095
Opt Out:	Gender: F	MRN: 503292
Physician: St Joseph, Ems	Rm-Bed:	Admit Dt: 02/25/2013 15:02 DOB: 12/27/1958

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Patient History (cfdc\_pthx)  
From 02/25/2013 15:02 To 02/25/2013 18:21

Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>Miralax Oral (polyethylene glycol 3350 Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:17 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	1capful	By mouth	Once a day		
<b>Norvasc Oral (amlodipine Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: takes early in the morning Comments: Entered: 11/04/2008 12:02 Wall, Megan , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	10mg	Oral	Once a day	Tablet	
<b>Vicodin 5 mg- 500 mg tablet (hydrocodone- acetaminophen 5 mg- 500 mg tablet)</b> PRN: Yes AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 02/25/2013 17:33 Hubbard, Lisa L., NP Confirmed: 02/25/2013 17:33 Hubbard, Lisa L., NP Modified: 02/25/2013 17:33 Hubbard, Lisa L., NP	1	Oral	Four times a day	Tablet	5-500 mg
<b>ZOFRAN ODT 4 mg disintegrating tablet (ondansetron 4 mg disintegrating tablet)</b> PRN: Yes AKA: Indication: Type: Info Source: Spec Instr: Allow tablet to dissolve on tongue Comments: Entered: 02/25/2013 17:33 Hubbard, Lisa L., NP Confirmed: 02/25/2013 17:33 Hubbard, Lisa L., NP Modified: 02/25/2013 17:33 Hubbard, Lisa L., NP	1	Oral	Every 8 hours	tablet,disintegrating	4 mg

Name: HAZLEY, STEPHANIE D.  
Opt Out:  
Physician: St Joseph, Ems

Age: 54 yr  
Gender: F  
Rm-Bed:

Acct: 73543095  
MRN: 503292  
Admit Dt: 02/25/2013 15:02 DOB: 12/27/1958

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02/26/2013 07:21  
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Patient History (cfdc\_ptx)  
From 02/25/2013 15:02 To 02/25/2013 18:21

Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>albuterol Inhl (albuterol Inhl)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:18 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	2puff	Inhaled	Once a day		
<b>amlodipine 10 mg Tab (amlodipine 10 mg tablet)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 04/19/2012 22:44 Abernethy, Denise , MD Confirmed: Modified: 07/06/2012 11:04 Hhs, Mckesson	10mg	Oral		Tablet	10 mg
<b>clonidine 0.2 mg Tab (clonidine 0.2 mg tablet)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 04/19/2012 22:44 Abernethy, Denise , MD Confirmed: Modified: 07/06/2012 11:04 Hhs, Mckesson	.2mg	Oral		Tablet	0.2 mg
<b>clonidine Oral (clonidine Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 12:29 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	25mg	By mouth	Once a day		

Name: HAZLEY, STEPHANIE D.	Age: 54 yr	Acct: 73543095
Opt Out:	Gender: F	MRN: 503292
Physician: St Joseph, Ems	Rm-Bed:	Admit Dt: 02/25/2013 15:02 DOB: 12/27/1958

WFH - St Joseph

02/26/2013 07:21  
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Patient History (cfdc\_pthx)  
From 02/25/2013 15:02 To 02/25/2013 18:21

Medication Detail (continued)

Description	Dose	Route	Freq/Rate	Form	Strength
<b>Active - Unknown</b>					
<b>ferrous sulfate Oral (ferrous sulfate Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:17 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	325mg	By mouth	Once a day		
<b>methocarbamol 750 mg tablet (methocarbamol 750 mg tablet)</b> PRN: Yes AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 02/19/2013 16:07 Mueller, Joshua T., PA-C Confirmed: Modified: 02/25/2013 15:03 Hhs, Mckesson	1	Oral	Every 6 hours	Tablet	750 mg
<b>ranitidine HCl Oral (ranitidine HCl Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:16 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	1	By mouth	Once a day		
<b>trazodone Oral (trazodone Oral)</b> PRN: No AKA: Indication: Type: Info Source: Spec Instr: Comments: Entered: 01/04/2012 13:19 Jaeger, Mary Jane , RN Confirmed: Modified: 01/11/2012 17:01 Hhs, Mckesson	100mg	By mouth	Two times a day		

Name: HAZLEY, STEPHANIE D.  
Opt Out:  
Physician: St Joseph, Ems

Age: 54 yr  
Gender: F  
Rm-Bed:

Acct: 73543095  
MRN: 503292  
Admit Dt: 02/25/2013 15:02 DOB: 12/27/1958

HAZLEY, STEPHANIE D  
 WFH - St Joseph  
 HED Detail Report (cfhed\_detail)  
 FROM: 02/25/13 15:02 TO: 02/25/13 18:21  
 ROOM: \*\* ADM: 02/25/13 15:02  
 AGE: 54Y SEX: F : ST JOSEPH, EMS  
 DOB: 12/27/1958 ID: 73543095 MR: 503292  
 REQUESTED: 02/26/13 07:21  
 OPT OUT:  
 Page: 1A

PATIENT FLOWSHEET		02/25	
		15:21	18:20
<b>Temp Graph:</b>			
TEMP ■	105		
	104		
	103		
	102		
	101		
	100		
	99		
	98		
<b>VITAL SIGN GRAPH:</b>			
SYSTOLIC ■	200		
DIASTOLIC ◆	190		
	180		
	140		
PULSE ●	120		
	100		
	80		
	60		
<b>Vital Signs:</b>			
TEMP	97 F		
PULSE	58 bpm	72 bpm	
RESP RATE	18 per minute	18 per minute	
BP	117/69 mmHg	118/70 mmHg	
O2 SAT	97% Room air	100% Room air	
CARE PROVIDERS	MCM2	BLW	

CANNONMILLER, MARILYN (MCM2) RN      KARNITZ, LINDSAY (BLW) RN

HAZLEY, STEPHANIE D MR: 503292 ID: 73543095 DOB: 12/27/1958 - HED Detail Report (cfhed\_detail)  
 ROOM: \*\*

PERM

Wheaton Franciscan- St. Joseph Campus

5000 W. Chambers

414-447-2171

Milwaukee, WI 53210

EMERGENCY DEPARTMENT

Discharge Acknowledgement Statement

Patient Name: HAZLEY, STEPHANIE D.

Visit Date: 02/25/2013

Med Rec No: 503292

Acct No: 73543095

I have been seen in the Emergency Department today and have been given discharge instructions. I understand the instructions and I am able to restate and / or demonstrate the instruction given to me. All of my questions have been answered to my satisfaction. I know where to go for follow-up care and how to make an appointment. I understand that if my condition worsens I should seek care immediately.

I UNDERSTAND THAT A COPY OF MY EMERGENCY DEPARTMENT RECORD MAY BE SENT TO MY PRIMARY CARE PHYSICIAN.

St. Joseph Chambers Campus Patients Only

I understand that I have been evaluated and treated as:

St. Joseph Emergency patient

St. Joseph Urgent Care patient

Discharge Time: 1821

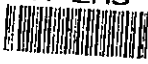
Signed: Stephanie D. Hazley Date: 2-25-13

Relationship:  Self:  Other:

Witness: A. KANNON RN Date: 2-25-13

Pilla, N

HAZLEY STEPHANIE DIANE  
DOB: 12/27/58 54 Y SEX: F MR: 503292  
ST JOSEPH EMS  
ACCT#: 73543095





ST. JOSEPH REGIONAL MEDICAL CENTER  
A MEMBER OF WHEATON FRANCISCAN HEALTHCARE

Account No: 73543095 MR#: 0503292  
Sched Date: 02/25/13 03:02 PM

PATIENT INFORMATION

Title: HAZLEY STEPHANIE DIA  
4190 N 17 ST  
MILWAUKEE WI 53209

CONTACT PERSON 1  
Name: MANNS DAMON  
Phone: 414 215-1862  
Bus Phone:  
Relat: CHILD  
Notify: Y

Phone: 414 264-4001 OTH#  
DOB: 12/27/1958 Age: 54  
Gender: F MS: SINGLE  
Race: BLACK/AFRI Ethnic: NON-HISP  
Religion: CATHOLIC  
Employer: LAQUIDA LEVY  
Phone #:  
Occupation:

CONTACT PERSON 2  
Name:  
Phone:  
Bus Phone:  
Relat:  
Notify:

VISIT INFORMATION

Admit Reason: HA  
Comment: CS POS \$0

INTERPRETER NEEDED: NO  
Preferred Language: ENGLISH

Visit Type: E  
Location: SJ URGENT CARE  
Last Inp Date: 05/17/09  
Last Outpt Date: 07/10/12

PHYSICIAN INFO  
Adm:  
Att: PILLAI NISHANT A  
PCP: ADAMS REGINALD D

INSURANCE INFORMATION

PRIMARY: UHC T19 CORE  
PLAN: STANDARD  
FC: T19 MANAGED CAR  
PO BOX 5280  
KINGSTON NY 12402  
Phone #: 866 331-2243  
Subr: HAZLEY STEPHANIE DIA  
Insured DOB: 12/27/1958  
Policy#: 8419145785  
Group#:  
Group Name:  
Relat: PATIENT IS INSURED -

GUARANTOR INFORMATION

Name: HAZLEY STEPHANIE DIANE  
4190 N 17 ST  
MILWAUKEE WI 53209-0000  
Phone #: 414 264-4001  
Employer: LAQUIDA LEVY  
Phone #:  
SOURCE OF ID: BEDSIDE INTERVIEW

PRINTED COPY

Date: 02/25/13

Time: 08:04 PM



INPATIENT AND OUTPATIENT CONSENT FOR TREATMENT & FINANCIAL AGREEMENT

Wheaton Franciscan Healthcare:  St. Francis  Franklin  
 Wheaton Franciscan:  Elmbrook Memorial Campus  St. Joseph Campus  
 The Wisconsin Heart Hospital Campus

Wheaton Franciscan Healthcare Hospitals have a number of ambulatory/outpatient sites that are covered by this Agreement.

**A. Consent for Treatment:** I am entering the above named facility (the "Facility") for the purpose of medical and/or surgical treatment or diagnosis. I consent to my physician, other attending, consulting and/or referring physicians and their assistants and designees, and other Facility personnel, to provide me with such medical, surgical, diagnostic or other treatment services judged necessary and/or appropriate by my physician. This consent includes my consent for hospital services, diagnostic procedures and all medical treatment rendered under the instructions of my physician(s) including x-ray and laboratory procedures and other tests, treatments or medication, monitoring, and all other procedures or treatments that do not require my specific informed consent. I understand that in the course of diagnosis and treatment, cells, tissues and/or parts may be removed from my body. I authorize Facility personnel to preserve or use such cells, tissues or parts for teaching purposes and/or to dispose of any cells, tissues or parts that are removed.

**B. General Acknowledgments:** I understand that the practice of medicine and surgery is not an exact science. I understand that medical and surgical treatment and diagnosis may involve risks of injury, and even death. No guarantees have been made to me with respect to the results of my examinations or treatments in the Facility. I understand that many of the physicians on the Facility's staff are not employees or agents of the Facility but, rather, are independent contractors who have been granted the privilege of using this Facility for the care and treatment of their patients. I understand that the Facility is not liable for any actions or omission of, or the instructions given by, such independent contractors who treat me while I am in the Facility. I understand and agree that I may be observed and/or receive care from medical, nursing, and other health care students in training at the Facility. I understand that it is my responsibility to follow instructions about and make arrangements for follow-up care. I understand and agree that my health information may be re-disclosed in accordance with applicable state and federal laws. I understand that I may review and obtain a copy my medical record, at my own expense, and that this review shall take place in the Facility, during regular business hours. I authorize this health care provider to disclose any and all of my health care records to me, as allowed by law, on my verbal request during the duration of my treatment relationship with this health care provider for my own purposes, including, but not limited to, obtaining further medical care, insurance payments, disability determinations or legal investigations.

**C. Home Health, Hospice, Durable Medical Equipment and Nursing Home Care:** Even at the time of admission, it is important to start planning for post-discharge care. I understand that I have the right to select my provider or supplier for post-discharge care and equipment. I am aware that the Facility will generally recommend Wheaton Franciscan Healthcare affiliated organizations unless I select a different provider or supplier for my home health, hospice, durable medical equipment, nursing home care or other services, as needed. I acknowledge that I was provided a list of other available providers and suppliers, and that I may request another copy of the list at any time.



Inpatient and Outpatient  
 Consent for Treatment &  
 Financial Agreement  
 page 1 of 2 (D)

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HAZLEY STEPHANIE DIANE		
DOB: 12/27/58	54 Y SEX: F	MR: 503292
ST JOSEPH EMS		
ACCT#:	73543095	

**D. Assignment and Agreement to Pay:** I understand that I am responsible for payment for the services that I receive and guarantee payment for these services. I hereby assign to Facility and the physicians and professionals associated with the Facility, for application to my bill for services, all of my rights and claims for reimbursement under any federal or state healthcare plan (including but not limited to Medicare or Medicaid), insurance policy, any managed care arrangement or any other similar third party payor arrangement that covers health care costs and for which payment may be available to cover the cost of the services provided to me. In the event an insurer, health plan, Medicare, Medicaid or any other third party payer denies partial or total payment, I authorize the Facility to appeal the denial to such payer on my behalf. I further authorize the Facility to request a review of any denial to an independent or external review organization if such review is available through my health plan or applicable laws. I understand that I am responsible for any applicable co-payment; deductibles, co-insurance and/or non-covered costs and charges. I understand that not all insurance companies pay the usual and customary fees of the Facility, the physicians and/or the professionals associated with the Facility. Therefore, when permitted by law, any outstanding balance will be my responsibility. I understand and agree that I am responsible for the cost of collection and/or reasonable attorney fees related to my account. I understand that my health information will be released to my insurers, payers, or others for billing and related purposes. This may include re-disclosure of information obtained from other health care providers and required for payment purposes. I also understand that I may receive separate bills from independent physicians involved in my care including radiologists, anesthesiologists, pathologists, emergency room physicians and other independent physicians. These physicians may or may not participate in all insurance networks.

**E. Valuables:** Keeping valuables (such as cash, jewelry, documents) in the Facility is strongly discouraged. I understand that the Facility has a place where my valuables may be stored. If I choose to keep valuables in the Facility, I do so at my own risk and I understand and agree that Facility is not liable for loss or damage to any valuables that I do not turn over for storage.

**F. Photographing:** I understand and agree that the Facility may take photographic, electronic and/or video images of me in cases when it is required to assist with my treatment or for my safety. If my care involves the delivery of a baby, I give consent for my baby to be photographed for security and/or personal use.

**G. Privacy Notice and Patient Rights:** I acknowledge that I was provided with a copy of the Notice of Privacy Practices. Please refer to the Notice of Privacy Practices for more information regarding release of your health information and your right to access your health information. I acknowledge that I was provided with or offered a copy of the Patient Rights and Responsibilities. I hereby authorize the organization to release information to other health care providers and school health offices through the Wisconsin Immunization Registry to facilitate completion of vaccine schedules.

**H. Document Authenticity:** I acknowledge that any changes or alterations to language contained in this document may prevent my services from occurring as this document is a non-negotiable condition of admission.

Stephanie D. Hazley      2-25-13      11:50  
Signature of Patient/Authorized Representative      Date      Time

Relationship of Authorized Representative

If unable to sign document, state reason: \_\_\_\_\_



Inpatient and Outpatient  
Consent for Treatment &  
Financial Agreement  
page 2 of 2

1820 02/2012 R18

HAZLEY STEPHANIE DIANE  
DOB: 12/27/58 54 Y SEX: F MR: 503292  
ST JOSEPH EMS  
ACCT#: 73543095