V = Within A = No C	ent/Response Key n Normal Limits/Tolerated hange UTA = Unable to Assess	Date	3/65		The state of the s	Control of the Contro			The state of the s	
· = See S DC = Discor	Significant findings, or Progress note.	Time	10030			***************************************			ALCO AND	
Standard	Bold print under assessment = Basic Assessment. I Safety and additional standards based on patient no	Minimum a	ssessment	for all patie	nts is Neuro	ological, Car	rdiovascular	, Respirator	y, Comfort/0	Coping,
Neuro- Iogical	 Alert/oriented x3, attentive (age appropriate), ab of seizures, tremors, posturing. Responsive to ve facille stimuli, speech clear (age appropriate). 	sence rbal/light	1							
	 Obeys commands, Facial symmetry, equal movement/strength of extremities. No blurred/ double vision. Gag, swallow, cough & blink reflexes int 	act.		AND THE PROPERTY OF THE PROPER				AND THE PROPERTY OF THE PROPER		
Cardio-	✓ –HR, BP WNL for age. Rhythm regular.		V					J. St. 18 18 18	1,15,7,5	
vascular	✓ – Heart sounds (S1, S2) audible. No extra sounds, murmurs/rubs. Neck veins flat at 45°.	er inderendige er					-			
Resp- iratory	 Rate; rhythm; effort & chest movement WML for No cough, SOB, sputum. Absence of supplement 	age. al oxygen.	1/							
	∠ – BS clear, no stridor, tubes patent. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(14 - 27 - 27 - 27 - 27 - 27 - 27 - 27 - 2	$\mid V \mid$	237 25.050 7**		1 (a. 150 a. 150			4,2424,24,2	1 1 1 1 1
Comfort/ Coping	 Absence of physical discomfort/pain. Verbalize/der ability to cope with current stressors. 	110								3.3.4.4
	- Location: - Pain intensity scale 0-10 (10 = worst pain)		1/		-					
		***************************************	100					 	<u> </u>	ļ
	Paín goai (0-10 scale) Radiates to:		1 de			 				
	- Aggravating factors:		NP J							
	- Aggravating ractors: - Characteristics:	··········	**************************************							
	- Observations/behaviors:									
	 ✓ – Identify coping behaviors, skills, patterns. Support sy 	/stem						-		
Safety	 Routine care. Oriented to care delivery system, deside rails, bed/chair, telephone and call system. and visiting policy reviewed. Valuables secured. 	epariment, Smoking	/							
	Isolation/Precautions: TYPE									
integ- umentary	 Skin warm, dry, intact, color normal for race, ora membranes pink, moist 	ng water								
	✓ – No lesion, rash, abrasion, ulcer, bruising, petechiae, crepitus, fistula, skin tear or needle marks. Dressing dry, intact. Tubes patent	burns, clean.				The state of the s				
	✓ – Incision – no redness, ecchymosis, edema, unusual unapproximated edges, surrounding skin normal.				00 v v v v v v v v v v v v v v v v v v	AAA				
	✓ -VAD - No redness, drainage, edema. Dressing into Site: Type/gauge:					A A A A A A A A A A A A A A A A A A A	Fried Colore Congress	a da a a se vere!		1.41.
GI	✓ – No diarrhea, constipation, NV, blood in stuol/vornitus				PTASAYA					
	✓ – Abdomen soft/flat/nontender. BS present. passing fla Tubes patent.	tus.								
Nutrition	✓ - Appears well nourished and hydrated.						padki siyi dalibi Diga kalbayya k	r jediki siyasi Silesia karanga	e i de 1950. Egiste andreas es	
GU	 Voiding without pain, frequency, urgency. Contin 									
	 Tubes patent. Urine clear, yellow. No bladder tension. No genital edema/drainage/bleeding except menses. 		Tolling Tolling			Andrew Andrew				
Musculo-	✓ - Gross motor movement unrestricted/coordinated.			y, rankiyy						
skeletal	Unrestricted ROM; Fine motor movement unrestricte coordinated. Balance in sitting/standing. Absence of prosthetic/assistive device. Motor strength %. No sw inflammation of joints. Tone not flaccid, spastic or att Deformity if present not restrictive.	d and elling.								
Peripheral										
Vascular	✓ – CRT ≤ 3 sec. Radial/pedal pulses + 2/4. No calf tende bleeding.									
		initiale	413				i	ŧ	4	



OUTPATIENT ASSESSMENT RECORD

PARKS LARRY E

ODB: 03/26/57 47 Y SEX: M MR: 778667

MLSNA JACQUELINE S

FCCT = 71258136

St. Joseph Regional Medical Center
PMR Plan of Care (poc_fims)
FROM: 03/09/05 08:33 TO: 03/10/05 08:33
ROOM: 5208-A ADM: 03/09/05 08:00
AGE: 47Y SEX: M Dr.: MESNA, JACQUELINE
DOB: 03/26/1957 1D: 71258136 MR: 778667
REQUESTED:03/10/05 08:34 (CMK1)

Page: 1

POC Therapy	03/10	
PT Plan of Care	08:24	
Treatment plan	•	å
LTG start date	03/10/2005	
Long term goals		
LTG #1		&
LTG #2		&
LTG #3		&
LTG #4		8.
LTG #5		&
LTG #6		8
LTG #7		8
Tx goals discuss		
With patient	agree	

03/10/05 08:24 Treatment plan(CMK1): see BID for 3 days for crutch walking quad sets and SLR with orthostatic precautions

03/10/05 08:24 LTG #1(CMK1): I bed mobility

03/10/05 08:24 LTG #2(CMK1): mod I basic transfers

03/10/05 08:24 LTG #3(CMK1): mod i ambulation 100 feet

03/10/05 08:24 LTG #4(CMK1): mod l up/down 10 steps with rail and AD

03/10/05 08:24 LTG #5(CMK1): I HEP

03/10/05 08:24 LTG #6(CMK1): min assist car transfer

03/10/05 08:24 LTG #7(CMK1): pain 3 or less for above goals

CARE PROVIDERS CMK1

KLINGBEIL, CYNTHIA M(CMK1)PT

PROCEDURAL __

	PROCEDURAL	Date/\ Initi	
Topic	Content/Methods Information provided to patient unless otherwise indicated: Other	Verbalize Under- standing	Need to reinforce
Knowledge	Pre-procedure instructions: 3-9-65	3-8-5	
deficit related: Pre- Procedure	Pre-procedure instructions: ☐ Date of procedure: ☐ Arrival time _o(w) or	9e1145	
	Unless instructed by your MD) Diet Prior by burger Shower or bathe and shampoo hair prior to surgery Scrub Reviewed Prep (bowel) You will be asked to sign a consent – minors will need a parent/legal guardian to sign Printed Pre-op information given NA Blood transfusion brochure given instructed to leave band on NA Anesthesia call Anesthesia to see pre-op Should have post op assistance at home		
	Items to left at home: valuables, credit cards, los, critical cards left contact lens cards car		
and the same of th	Possible additional lab or testing day of procedure Instructed pt. to call MD regarding: medications questions regarding procedure Current symptoms of illness (cold sore throat, cough or fever) Other Additional instructions:		
戶 Pain Management	Pain Management Instructions: ☑ Pain Scale ☐ Pain Booklet ☐ Pain Medication ☐ Non pharmacologic comfort measures ☐ Other: ☐ Other:	3-3 25 M 2 114	
☐ Procedure	Procedural Instructions: ☐ Activities during procedure ☐ IV therapy ☐ Monitoring ☐ Usual recovery process-length of stay ☐ Diet ☐ Diet ☐ Leg exercises ☐ Oriented to environment ☐ Surgical Site Marking ☐ NA ☐ Pre-op Medication ☐ Anesthesia/Sedation ☐ NA ☐ Pain management ☐ Activity restrictions after procedure ☐ Deep breathing and coughing ☐ Dressings, drains, tubes	erinanas erinden mandalas erinden erin	
☐ Other	Other instructions:		

Covenant PHEALTHCARE
Special and the West and Francisco and Friday Strack
☐ St. Francis Hospital ☐ St. Michael Hospital ☐ Elmbrook Memorial Hospital

Ambulatory Teaching Flow Sheet Procedural

PHKKS LHKKY L
DDB 03/26/57 47Y SEX: M MR: 778667
MLSNA JACQUELINE S
ACCI.:
71258136

PAHRS, LARRY C St. Joseph Regional Medical Center Assessments (asmt_pont) FROM: 03/10/05 00:00 TO: 03/10/05 23:59 ROOM: 5208-A ADM: 03/09/05 08:00 AGE: 47Y SEX: M Dr.: MESNA, JACQUEUNE DOB: 03/96/1957 ID: 71256136 MR: 778667 REQUESTED:03/11/05 01:34

Page: 1

ssessments	03/10					08:24	08:46	09:46
omfort/Pain	00:55	01:45	03:00	05:58	05:59		00.40	T
Assessment	WNL except	WNL except	WNL	WNL except		WNL except		ļ
Bacan non				&		<u> </u>		4.,
. leg							7/10	1
Pain rating							moderate	1
Intensity				Ļ			aching	
Characteristics				1			dull	-
Grandottimo			ļ				incisional	
Location							resting	
Behaviors							[Tesung	<u> </u>
L knee						Taria I	I	1
Pain rating	10/10	7/10			·····	9/10 at rest		
Pt goal	3	3				3		
Intensity	severe	moderate		mild		severe		
Characteristics	stabbing	stabbing		sharp		aching		1
Characteristics	intermittent					burning	<u> </u>	-
Location	anterior	1		incisional			 	†
Behaviors	reluctnt to move	quietness		quietness		grimacing guarding		
D#140 A for a	resting	resting	******	resting		guarung holding]
		1	1	cold/ice applied		ambulate	cold/ice applied	1
Intervention	cold/ice applied	cold/ice applied		diversion		diversion	med given	
	med given	diversion				notified RN	relax tech	
	reposition						reposition	improved
Pt response						improved		I I I I I I I I I I I I I I I I I I I
Inst pain manage	done	done		done		done needs reinforcmt		
mst pan marage	needs reinforcmt	needs reinforcmt		needs reinforcmt		needs removem	<u> </u>	
Inst cold/ice	done							
	needs reinforcmt		<u> </u>					
03/10/05 03:00 Assess	ment(AM): Patient is s	leeping.		00.50	05:59	08:24	. 08:46	09:46
Anaig/Anesth Inf	00:55	01:45	63:00	05:58	05.59	00.27		
Morphine-PCA						1	2mg	T
Dase/Injection	2mg					_	10min	
Lockout	10min						TODATE	+
ECCNOU!	LIUOMI							
Damande	TOTAL			2				-
Demands	10/10/1			2 6				
Injections	10//411							
Injections Total shift dose				6				
Injections	done			6				
Injections Total shift dose Inst pain manage	done naeds reinforcmt			6				
Injections Total shift dose	done			6 12mg	20.50	, no. 14	08:46	09:46
Injections Total shift dose Inst pain manage Inst PCA use	done needs reinforcmt done	01:45	63:00	6 12mg 95:58	05:59	08:24	08:46 Whit except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel	done needs reinforcmt done needs reinforcmt	01:45	63:00	6 12mg	06:59	08:24	08:46 WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment	done needs reinforcmt done needs reinforcmt 00:55 WNL except	01:45	63:00	6 12mg 95:58	05.59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated	01.45	63:00	6 12mg 95:58	05:59	08:24		09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment	done needs reinforcmt done needs reinforcmt 00:55 WNL except	01/45	· G3:00	6 12mg 95:58	05:59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated voice	01:45	63:00	6 12mg 95:58	05.59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch	01:45	63:00	6 12mg 95:58	05.59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch	01:45	63:00	6 12mg 95:58	05.59	O8:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm	01:45	G3:00	6 12mg 95:58	05:59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm	01.45	63:00	6 12mg 95:58	05:59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm	01.45	63:00	6 12mg 95:58	05:59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm no resist/fair	01:45	63:00	6 12mg 95:58	05:59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm full resist/norm in resist/fair	01.45	63:00	6 12mg 95:58	06:59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg Move/Strgth/Prob L leg	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm full resist/norm no resist/fair	01:45	63:00	6 12mg 95:58	05:59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg Move/Strgth/Prob	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm full resist/norm no resist/fair limited ROM weak done	01:45	63:00	6 12mg 95:58	05.59	08:24	WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg Move/Strgth/Prob L leg	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm no resist/fair limited ROM weak done done			6 12mg			WNL except	09:46
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg Move/Strgth/Prob L leg Ice applied	done naeds reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm full resist/norm no resist/fair limited ROM weak done	01:45	03:00	6 12mg 95:58	05:59	08:24	wnL except voice stiff ROM	
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg Move/Strgth/Prob L leg Ice applied Extrem elevated Cardiac	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm no resist/fair limited ROM weak done done			6 12mg			wnL except voice stiff ROM 08:46	
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength R arm L arm R leg L leg Move/Strgth/Prob L leg Ice applied Extrem elevated Cardiac Assessment	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm no resist/fair limited ROM weak done done 00:55			6 12mg			wnL except voice stiff ROM 08:46 wnL	
Injections Total shift dose Inst pain manage Inst PCA use Neuro-Musculskel Assessment LOC Opens eyes to Extrem Strength Rarm Larm R leg L leg Move/Strgth/Prob L leg Ice applied Extrem elevated Cardiac	done needs reinforcmt done needs reinforcmt 00:55 WNL except sedated voice touch full resist/norm full resist/norm no resist/fair limited ROM weak done done 00:55 WNL except			6 12mg			wnL except voice stiff ROM 08:46	

KLINGBEIL, CYNTHIA M(CMK1)PT

PARKS, LARRY E PARKS, LARRY E
St. Joseph Regional Medical Center
Assessments (asmt_pant)
FROM: 03/10/05 00:00 TO: 03/10/05 23:59
ROOM: 5208-A ADM: 03/09/05 08:00
AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE
DOB: 03/26/1957 ID: 71258136 MR: 778667
REQUESTED:03/11/05 01:34

Assessments	03/10				- 10 -2			
Perphri Vascular	00:55	01:45	03:00	05:58	05:59	08:24	08:46	09:46
Assessment	WNL except	91.40	T	unchanged			WNL	
Pulse character	111111111111111111111111111111111111111		<u> </u>					
Radial/Pedal			1				strong palpable	***************************************
Bilateral radial	strong palpable							***************************************
Bilateral pedal	bounding							
CAT	WNL		1			_	WNL	
Problems	144147					<u> </u>		
	numbness		1	1				
L toe(s) Extrem elevated	done		-			1		
	00:55	01:45	03:00	05:58	05:59	08:24	08:46	09:46
Respiratory	WNL except	01.43	1	1 00.00	1	1	WNL except	
Assessment	ANIAT excebi		<u> </u>				THE CAGODI 1	
Breath sounds	Talanana I	····	1		<u> </u>	1	T	
All lobes	decreased						decreased	
Bibasiliar							Georgasea	
Assoc activity	at rest		<u> </u>					
O2 L	2L nasal cannula		 			<u> </u>	204027000	
HOB elevated					***************************************	1	30degrees done	
C and DB Inst C and DB	done					1	1	
ware was	needs reinforcmt					1		
Gastrointestinal	£0:55	01:45	03:00	05:58	05:59	08:24	08:45	09:46
Assessment	WNL except				}		WNL except	
Bowel sounds								
ali quads	hypoactive						hypoactive	
Abdomen								
ali quads	WNL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ĭ.			1		
Problems	no flatus							
Genitourinary	00:55	01:45	03:00	05:58	05:59	08:24	08:46	09:46
Assessment	WNL except		1				WNL	
Urine descript					· · · · · · · · · · · · · · · · · · ·			
Void	amber		T				WNL	
Patient mgmt GU			4					
Bedpan/Urinal	T T		T T		independent	I		
Skin	00:55	01:45	03:00	05:58	05:59	08:24	08:46	09:46
Assessment	WNL except		1	***************************************	1	Î	WNL except	
nvasive Lines	00:55	01:45	03:00	05:58	C5:59	08:24	08:46	09:46
L hand		01.30	(20.02					
	peripheral		1			I	peripheral	
Type of line	WNL					<u> </u>	WNL	
Site Assessment		01:45	03:00	O5:58	05:59	08:24	08:46	09:46
ncision	00:55	91.40	0.0.00		~~.~	20,67		
L leg				1	1		dry + intact	
Dressing(s)	- day () = 1 - 4			- 	+	 	Joy + mater	<u>,</u>
Cast	dry + intact	64.77	00.00	ne-eo	ΔΕ-ΕΩ	08:24	D0:46	09:46
Tubes/Drains	00:55	01:45	03:00	05:58	05:59	U6:24	08:46	U경,410
J-Vac #1						£		
Dressing(s)	dry + intact			dry + intact		<u> </u>		
Orng thru tube	smali bloody			small bloody				
Drg around tube	none			none		<u> </u>		A2 .5
lutrition	00:55	01:45	03:00	05:58	05:59	98:24	68:46	09:45
Assessment						<u> </u>	WNL	
afety/Risk	00:55	01:45	03:00	05:58	05:59	08:24	08:46	09:46
Braden Scale								
Sensory/Perceptn								
Activity								
Moisture								
Mobility			·····		- The state of the			
Nutrition								
ARE PROVIDERS	T AM			AM	SB		FM	
THE REPORT OF PERSONS ASSESSED.						K	** (CO CO A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

BROOKSHIRE, SANDRA(SB)PCA

MCMILLIAN, FELICIA(FM)RN

MUHAMMAD, ANEESAH(AM)RN

PARKS, LARRY E
St. Joseph Regional Medical Center
Assessments (asmt_print)
FROM: 03/10/05 00:00 TO: 03/10/05 23:59
ROOM: 5208-A ADM: 03/09/05 08:00
AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE
DOB: 03/26/1957 ID: 71258136 MR: 778667
REQUESTED:03/11/05 01:34

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Assessments	03/10							
Safety/Risk-Cont.	00:55	01:45	03:00	05.58	05:59	08:24	08:46	09:46
Friction/Shear	7							
Braden score								
Notification	00:55	01:45	03:00	05:58	05:59	08:24	08:46	09:46
Consulted w/RN								
Regarding						change in VS dizziness plan of care result of eval		
CARE PROVIDERS						CMK1		

KLINGBEIL, CYNTHIA M(CMK1)PT

Assessments	03/10			
Comfort/Paln	13:27	16:25	20:00	21:00
Assessment	4	WNL except		
L knee			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A
Pain rating		5/10		
Intensity		moderate		
Characteristics		throbbing		
		constant		
Behaviors		resting		
Intervention	-	cold/ice applied reposition		
Anaig/Anesth Inf	13:27	16:25	20:00	21:00
Morphine-PCA				
Dose/Injection		2mg		2mg
Lockout		10min		10min
Demands	6			21
Injections	7			12
Total shift dose	15.9mg			24mg
Inst PCA use	10.319	done		
mst PCA use	1	understands		
Neuro-Musculskel	13:27	16:25	20:00	21:00
Assessment		WNL except		
Opens eyes to		voice		
Opena e jeu io	-	touch		
Extrem Strength				
Rarm	1	full resist/norm		
Larm		full resist/norm		
Rieg		full resist/norm		
Lieg		no resist/weak		
Move/Strgth/Prob		***************************************	····	
	<u> </u>	tingling		
L toe(s)		localize to pain		
L knee		limited ROM		
ice applied		done		
Extrem elevated		done		
Cardiac	13:27	16:25	20:00	21:00
Assessment		WNL		
HF/BP		see vital signs		
Heart Sounds		WNL		
Perphri Vascular	13:27	16:25	20:00	21:00
Assessment	10.2.	WNL except		
Pulse character				
Bilateral radial		strong palpable		
		strong palpable		
Bilateral pedal		good on porposition		
Edema	1	Laan nittiaa		
Lankie	Charles and Charle	non pitting smail (+2)		
COT		WNL		
CRT		per order	***************************************	·
Plexipulse	10,00	16:25	20:00	21:00
Respiratory	13:27		20.00	21.00
Assessment	_L	WNL		
Breath sounds				
Bibasiliar		decreased		-
HOB elevated	Vi obvirus silata	25degrees		THE CONTRACT OF THE PARTY OF TH
C and D8	and the same of th	done done		THE STATE OF THE S
Incent spirom				
Inst C and DB		done understands		***
Inntingant cal	1	done		
Inst incent spir	Ì	demonstrates		s O Mathituses
		1		JJ

JONES, JEANNA(JJ)GN

MCMILLIAN, FELICIA(FM)RN

PARKS, LARRY E

St. Joseph Regional Medical Center Assessments (asmt_print) FROM: 03/10/05 00:00 TO: 03/10/05 23:59 ROOM: 5208-A ADM: 03/09/05 08:00 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE DOB: 03/26/1957 ID: 71258136 MR: 778667 REQUESTED:03/11/05 01:34

Page: 4

Assessments	03/10			
Gastrointestinal	13:27	16:25	20:00	21:00
Assessment		WNL		
Problems		no flatus		
Genitourinary	13:27	16:25	20:00	21:00
Urine descript				
Void		WNL		
Skin	13:27	16:25	20:00	21:00
Assessment		WNL except		
Invasive Lines	13:27	16:25	20:00	21:00
L hand				
Type of line		peripheral		
Site Assessment		WNL		
Incision	13:27	16:25	20:00	21:00
L knee				
Cast		dry + intact		
Nutrition	13:27	16:25	20:00	21:00
Assessment		WNL		
Coping	13:27	16:25	20:00	21:00
Assessment	1	WNL		
Safety/Risk	13:27	16:25	20:00	21:00
Fall risk screen				
Pharmaceutical			PCA/narc/opia(1)	
Total score			1	
Braden Scale				
Sansary/Perceptn	4-no impairment			
Activity	3-walks occas			
Moisture	3-occas moist			
Mobility	3-slight limited			
Nutrition	2-inadeq intake			
Friction/Shear	3-no problem			
Braden score	18			
CARE PROVIDERS	FM	لال	JJ	
POC Evaluation	03/10			
injury/Risk for	20:00			
Fall prevention				
No agit/restless	5-total adequate			
Asks/assistance	5-total adequate	_]		
Comp phys limits	3-mod adequate	_		
Use assty device	3-mod adequate			
Use eyegiasses	1-not adequate			
Use hearing aid	1-not adequate]		
CARE PROVIDERS	JJ			

MCMILLIAN, FELICIA(FM)RN

PARKS, LARRY E

St. Joseph Regional Medical Center Assessments (asmt_print) REQUESTED: 03/11/05 01:34

JONES, JEANNA(JJ)GN

St. Joseph Regional Medical Center Decumentation Modification Inactivation FROM: 03/10/05 00:00 TO: 03/10/05 23:59 ROOM: 5208-A ADM: 03/09/05 08:00 AGE: 47Y SEX; M Dr.: MESNA, JACQUELINE DOB: 03/25/1957 ID: 71258136 MR: 778667 REQUESTED:03/11/05 01:34

Page: 1

JJ JONES, JEANNA, GN

mamilia camine

Legend Charting Type of line R hand ' Chart Date: 03/10/05 22:18 Chart Inits.: JJ (O) Perform Date: 03/10/05 16:25 Value: Prphrl Inact Date: 03/10/05 22:21 Inact Inits.: JJ Site Assessment R hand (O) Perform Date: 03/10/05 16:25 Chart Date: 03/10/05 22:18 Chart Inits.: JJ Value: Wnl Inact Date: 03/10/05 22:21 Inact Inits:: JJ Care Providers:

PARKS, LARRY E
St. Joseph Regional Medical Center
Assessments (asmt_print)
FROM: 03/09/05 00:00 TO: 03/09/05 20:59
ROOM: 5208-A ADM: 03/09/05 08:00
AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE
DOB: 03/26/1957 ID: 71258136 MR: 778667
REQUESTED:03/10/05 01:34

Assessments	03/09							
Comfort/Pain	12:00	12:30	12:55	13:00	14:00	15:30	17:00	18:45
Assessment	WNL except	T		WNL except	I		WNL except	
POC DX	111100.000							· · · · · · · · · · · · · · · · · · ·
Actual		acute pain			T		***************************************	1
POC GOALS		Tasoro pass			<u></u>			
	1	satsfd pain mgmt			T	1	1	
Acute Pain		(3005) Quantinging				<u>, 1 </u>		
POC INTERVENTION	1	use of meds			Ĭ .		Ĭ	Ì
Acute/Chron pain	**************************************	repositioning distraction cold						
POC EVAL								
Acute pain		initiated						
L leg								
Pain rating	1			10/10 at rest	T		9/10	
Pt goal				3			<u> </u>	
Intensity				severe	l		severe	I
Characteristics		 			İ		burning	
Unarduteristics	***************************************						stabbing	§.
Behaviors				grimacing quietness			rejuctnt to move resting	
L knee						***************************************	- ·	
	10/10				1	11/10		
Pain rating		8			1	1		
Intensity			***************************************		1	severe		ŀ
Characteristics						8		
Location	1					anterior		
					<u> </u>	grimacing		
Behaviors		7,711				guarding holding irritability reluctnt to move		
Intervention				cold/ice applied emotional supp med given quiet environmnt			cold/ice applied med given quiet environmnt reposition	
Pt response	***				improved		`	
Inst pain manage			····	done needs reinforcmt	dane needs reinfarcm!			
		nee and left thigh pt slee						
		like leg is swelling in cas	3T.			****		
03/09/05 17:00 Characte								***************************************
03/09/05 17:00 Intervent	······································				4.00	AF 00		***
Analg/Anesth Inf	12:00	12:30	12:55	13:00	14:00	15:30	17:00	18:45
Morphine-PCA					T			1
Dose/Injection	1mg			2mg &			2mg	
Lockout	10min			10min	<u> </u>		10min	-
Dernands								96
Injections								18
Total shift dose								30.1mg
inst PCA use	done needs reinforcmt				done needs reinforcmt		done demonstrates	Parallel Control of the Control of t
3/09/05 13:00 Dose/Inje		i						
ieuro-Musculskei	12:00	12:30	12:55	13:00	14:00	15:30	17:00	18:45
Assessment	WNL				unchanged		WNL except	1
***************************************	1,110	 		sedated	1		sedated	-
LOC Opens eyes to	1	+		vaice		·····	voice	
				touch			touch	
CARE PROVIDERS	LAK2	LAK2		KE	KE	SJB1	JJ	لل

BAATZ, SANDRA J(SJB1)PT KOTTKE, LAURA A(LAK2)RN

ENLI, KRISTINE(KE)RN

JONES, JEANNA(JJ)GN

St. Joseph Regional Medical Center Assessments (asmt_print) FROM: 03/09/05 00:00 TO: 03/09/05 23:59 ROOM: 5208-A ADM: 03/09/05 08:00 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE DOB: 03/26/1957 ID: 71258136 MR: 778667 REQUESTED:03/10/05 01:34

Assessments	03/09		,,		. / ^*	15.90	17:00	18:45
Neuro-Musculskei-Cont.	12:00	12:30	12:55	13:00	14:00	15.30	17:00	18:45
Extrem Strength	4						14.0	
R arm							tull resist/norm	······································
L arm							full resist/norm	
R leg							full resist/norm	
L leg	ļ						no resist/weak	
Move/Strgth/Prob								
All extremities	WNL							
R finger(s)							tingling	
L toe(s)							tingling	
L leg							localize to pain limited ROM	·····
Cardiac	12:00	12:30	12:55	13:00	14:00	15:30	17:00	18:45
Assessment	WNL						WNL .	
HR/EP							see vital signs	
	WNL						WNL	
Heart Sounds Perphri Vascular	12:00	12:30	12:55	13:00	14:00	15:30	17:00	18:45
	WNL I						WNL	
Assessment	1							
Pulse character	I T						strong palpable	
Radial/Pedal	strong palpable							
L pedal	WNL Strong palpable						WNL -	
CRT	VTIVE						done .	
Extrem elevated Plexipulse	per order							
	per oraci						done	
Ice applied Respiratory	12:00	12:30	12:55	13:00	14:00	15:30	17:00	18:45
	WNL except						WNL except	
Assessment	MARK except		<u> </u>	1				
Breath sounds	1						decreased	
Bibasiliar	2L nasal cannula							
O2 L	ZC 18391 Galliana						25degrees	
HOB elevated C and DB							done	
Incent spirom							done	
Inst C and D8	done			[done understands	
	needs reinforcmt						done	
Inst incent spir							demonstrates	
	<u> </u>	40.00	12:55	13:00	14:00	15:30	17:00	18:45
<u>Gastrointestinal</u>	12:00	12:30	12.55	T			WNL except	······································
Assessment	WNL except		<u> </u>	<u> </u>				
Bowel sounds			Ī.				1	
ail quads	absent	· · · · · · · · · · · · · · · · · · ·	·	[hypoactive	
LUQ	ļļ.						hypoactive	
RUQ	<u> </u>						absent	
LLO							absent	
RLO			<u> </u>	<u> </u>			\$ (asi 33.111)	
Abdomen			1	Ĭ				
all quads	WNL						an finiture	
Problems	1		<u> </u>			45.00	no flatus 17:00	18:45
Genitourinary	12:00	12:30	12:55	13:00	14:00	15:30		10.40
Assessment				}			WNL	
Urine descript				Į			\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	
Void							WNL	
					V 1 65	, r.na	per urinal	18:45
Skin	12:00	12:30	12.55	13:00	14:00	15:30	17:00	UM.U3
Assessment	WNL except			<u> </u>			WNL except 1	+0.2F
Invasive Lines	12:00	12:30	12:55	13:00	14:00	15:30	17:00	18:45
L hand					graduur.			··········
Type of line	peripheral						peripheral	
Site Assessment	WNL						WNL	
さいさい きょうじょうけいしょ	1			· · · · · · · · · · · · · · · · · · ·	,		J	

JONES, JEANNA(JJ)GN

St. Joseph Regional Medical Center Assessments (asmt_print) FROM: 03/09/05 00:00 TO: 03/09/05 23:59 ROOM: 5208-A ADM: 03/09/05 08:00 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE DOB: 03/26/1957 ID: 71258136 MR: 778667 REQUESTED:03/10/05 01:34

Assessments 03/09 12:30 12:55 12:00 13:00 14:00 15:30 incision 17:00 18.45 Surgical site Cast dry + intact Lleg Cast dry + intact 03/09/05 12:00 Cast(LAK2); split Tubes/Drains 12:00 12:30 12:55 13:00 14:00 15:30 17:00 18.45 J-Vac#1 Dressing(s) dry + intact dry + intact Drng thru tube smail moderate bloody bloody 12:00 12:30 Nutrition 12:55 13:00 14:00 15:30 17:00 18:45 WNL Assessment WNL 12:00 12:30 12:55 13:00 14:00 Coping 15:30 17:00 18:45 Assessment WNL WNL 12:00 12:30 Continuity/Care 12:55 13:00 14:00 15:30 17:00 18:45 DC needs assessd yes Anticipated dest home alone 03/09/05 12:00 Anticipated dest(LAK2): has parents and fiancee who can help Safety/Risk 13:00 14:00 12:00 12:30 15:30 17:00 18:45 POC DX Actual risk for injury POC GOALS Safety/Risk minimize risk POC INTERVENTION Fall prevention asst w trsfr/amb med for pain POC EVALUATION Risk for injury Fall risk screen Altered mobility bedrest (1) Pharmaceutical PCA/narc/opia(1) Total score 2 Strict fall prec initiated Nutr Risk Factrs 0 points No risk Total score Opoints Braden Scale Sensory/Perceptn 4-no impairment Activity 1-bedfast Moisture 4-rare moist Mobility 4-no impairment Nutrition 3-adeq intake Friction/Shear 3-no problem Braden score 19 Notification 12:00 12:30 12:55 13:00 14:00 15:30 17.00 18:45 Notified (MD) ä Regarding pain Response POC updated 03/09/05 12:55 Notified (MD)(KE): Misna 03/09/05 12:55 Response(KE): pca dose increased CARE PROVIDERS LAK2 ΚE ENLI, KRISTINE(KE)RN JONES, JEANNA(JJ)GN KOTTKE, LAURA A(LAKZ) RN

PARKS, LARRY E St. Joseph Regional Medical Center Assessments (asmt_print) FROM: 03/09/05 00:00 TO: 03/09/05 23:59 ROOM: 5208-A ADM: 03/09/05 08:08 AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE DOB: 03/26/1957 ID: 71258136 MR: 778667 REQUESTED:03/10/05 01:34

Paga A

Assessments	03/09	
Analg/Anesth Inf	21:00	22:00
Morphine-PCA		
Demands		9
Injections		5
Total shift dose		10mg
Safety/Risk	21:00	22:00
Fall risk screen		<u> </u>
Pharmaceutical	PCA/narc/opia(1)	
Total score	1	
CARE PROVIDERS	J.J	JJ
POC Evaluation	03/09]
Injury/Risk for	21:00	
Fall prevention		
No agit/restless	5-total adequate	
Asks/assistance	4-substan adeq	
Comp phys limits	3-mod adequate]
Use asstv device	3-mod adequate	
Use eyeglasses	1-not adequate]
Use hearing aid	1-not adequate	1
CARE PROVIDERS	JJ	

JONES, JEANNA(JJ)GN

nasal cannula O2rest O2 at rest

Wal WNL

	HT/WT Table	
Admit Weight 03/09/05 167lb	Height 5ft7in	
Previous Weight	Current Weight 03/09/05 167/b	Pre-Op WT

PATIENT		03/09				•
FLOWSHEET		12:00	13:00	16:50	17:00	21:08
Temp Graph						
TEMP S	105	7			[.	}
	104					
	103					
	102					I .
	101					
	100	-				
	99			•		
	98					
					<u> </u>	<u></u>
VITAL SIGN GRA	PH ·		ş		<u>,</u>	,
SYSTOLIC #	200				la se se se	
•	180					
DIASTOLIC 🍑	160					part of
	140					
PULSE •	120					
	100					
	80					
	60					-
1101 100				L.,	I	
Vital Signs		96.6F	97.6F	97.5F		99.4F
		96.5r 84	97.6F 54	97.5r 87		70
PULSE		Wn!	54	31	Wnl	70
Heart Sounds RESPIRATIONS		12	16	20	AAIII	20
BP RESPIRATIONS		118/72	105/67	123/82		108/62
		97 O2rest	99 Ozrest	98 O2rest		100002
O2 SAT		2L No	22 021621	30 021851		
WEIGHT		2L NC 167lb				
HEIGHT		67in				
	c-	LAK2	KE	CG	JJ	CG
CARE PROVIDER	>	LANC	NE .	<u></u>		00

PARKS, LARRY E

PARKS, LARRY E
St. Joseph Regional Medical Center
Vital Signs Flowsheet (virals_det)
FROM: 03/05/05 22:00 TO: 03/09/05 21:59
ROOM: 52/08-A ADM: 03/09/05 08:00
AGE: 47Y SEX: M Dr.: MLSNA, JACQUELINE
DOB: 03/26/1957 ID: 71/258136 MR: 778567 REQUESTED:03/10/05 01:34

	HT/WT-Table	
Admit Weight 03/09/05 1671b	Height Stt7in	TORRING M. CARRIERO
Previous Weight	Current Weight 03/09/05 167lb	Pre-Op WT

PATIENT	03/09
FLOWSHEET	18:45
CUTPUT	
Voided Urine	360
Output Total	360
I&O SUMMARY	
Output Total	360
NET	-360
The second secon	1

CARE PROVIDERS

PARKS, LARRY E
St. Joseph Regional Medical Center
1 & O Detail report (fluids_det) TR O Detail report (miles_uear)
FROM: 03/05/05 22:00 TO: 03/09/05 21:59
FROM: 52/08-A ADM: 03/05/05 08:00
AGE: 47Y SEX: M Dr. MLSNA, JACQUELINE
DOB: 03/26/1957 ID: 71258136 MR: 778667
REQUESTED:03/10/05 01:34

Page: 1A

JONES, JEANNA(JJ)GN



AMERIBERON ENVIRONT-BRAITBLUSE in leveryhis Hoopius is specialized by the Whestor Historican Societs ☐ 5000 W. Chambers St. * Milwaukee, WI 53210-1688

INFORMED CONSENT FOR HIV TESTING AND DECINTO

PARKS LARRY E

008-03/25/57 47Y SEX: M MR: 778667 MLSNA JACQUELINE S

	nEdulio	ACCT= III	
WHITE - MEDICAL RECORDS YELLOW - OUTPATIENT LAB	DISCLOSURE	71258136	Section of the sectio
FORM 3437-9/98-R1		***	
Patient Name:		Physician Ordering HIV Test:	
	eph's Hospital, its agents, subcontractors a luman Immunodeficiency Virus (HIV), the viru		
	the procedures for obtaining a specimen has of complications, which include, but are not		
AIDS, I understand that a	oose of the test is to determine whether I have positive test result does not necessarily mentee that I do not have or will not develop AI	an that I have or may	
listed on the reverse side agent or subcontractor of	ection 252.15 of the Wisconsin Statutes, my of this form without my informed consent. I the Hospital providing health care services if any, to disclosure of my test results to any	further understand th to me will maintain a	at the Hospital and/or any record of this consent, my te
record, and I consent to d Hospital and/or agent or s	spital and/or any agent or subcontractor of t lisclosure of the test results to those individu subcontractor of the Hospital. This consent care services to me maintains a medical rec	ials allowed access to to disclosure is effecti	my medical record within the
has or may hereafter acque Hospital and/or any agent asymptomatic HIV infection responsible for paying my	nd/or agent or subcontractor of the Hospital uire relating to the performance of a test for he cor subcontractor of the Hospital has or may on or symptomatic infection, including AIDS, medical expenses. Such disclosure may be that I incur while I am a patient at the Hospit	HIV or an antibody to y hereafter acquire inc to any and all third po e made for the sole p	HIV or any information that the clicating a diagnosis of arry payors who may be
7. I hereby consent to the dis	sclosure of my HIV antibody/antigen test res ospital to the following persons or entitites, fo	sults by my physician, or the time periods sp	the Hospital and/or any age ecified below:
Or Subcontractor of the Fig			
	Whom Disclosure May be Made)	From:(Date	To:

Signature of Witness

3-8-05

Date Signed

AM/PM

Time Signed

 	RN		F
Lorfeld, Joyce	RN	Dece Lenfood El	V De
	!	0	
McCluskey, Mary	RN	MANO CHILL	111
McNeil, Kay	AT	Ohio with To Michael	CVUV
Meier, Nashelle	ST	Marke West	11111
Muth,Amy	ST	at make	Am
Nixon, Cynthia	RN	Tinthe / Line BN	ſ
Pader, Mary	ST	Mary Pales	MP
Patla, Heather	ST	White Water	LP
Powell, Christine	RN	Christonia Denerel	W.
Powell,Reginald	ST	Regional O Dy Housell	RP_
Pradjinski, Carol	RN	Hard Theadjearl Bu	VIS
Reichert, Marcie	RN	Machitt L	MIC
Rickaby, Elizabeth	RN	ERICKADI RV & Blecharte	-21
	- - :		
Salyers, Charlene	ST	Martine Jalyers	(1)
Scharf, Nicole	ST	Murch P Schar	NRS
Schneeberg, Jan	RN	M. West.	\triangle $)$
Schroeder, Nancy	RN	many scholder	MA
Schulze Karen	ST	K. Schulle	KS
Sembratowicz,Roman	SA	K deiftown of	RS
Shoman, Sandra	RN	Sangra Sheman	55
Walloch, Moira	RN	THEN MINDER LEW	POU
Somers, Inez	RN	Ine Somers RN	25
Stein, Naomi	RN	Namurael en	125
Stokes, Mekerra	ST	Makana Stoker	Ms
Strupp, Kathleen	RN	V	$\overline{\mathcal{C}}$
Ullenberg,Ellen	ST	Flu allution -	会议
Van Sluys, Edith	RN	EART INNSING BN	205
Vandenheuvel, Lisa	ST	Lin Van Den Heuvel ST	time-
Vitas, Kelly	ST	Kolly Woo	VV
Voskoboynik,Svetlana	RN	Svetlana Vaskobaynk	10/
Whitaker,Lisa	ST	Luca Whitakes,	W
Wilke, Judy	AT	Judy While	40
Williams, Christina	ST /	(Asiting) Allilliand ST)	1640
Yogerst, Barbara	RN	Santus & Thomas F	Ja
Mahn,Joan	RN	Ply E. Widen	Mizz
Vogt, Kathryn	RN	Rather Work	KU
Swan, Maribeth	RN (TO SHER THERE	M
Lutes, Patricia	RN	Antricia Luby	PL.
Wakefield, Rosalind.	RN	Knyd Waluful	PRU
TO ELECTRICAL SECTIONS AND CONTRACTOR AND	4		
			-

PRRS LARRY E DDB: 03/28/57 47 SEX: H NR: 778667 ML SNA JACQUELINE S

NAME	TITLE	SIGNATURE as you would sign it on record	
Acker, Wendy	AT	= Windy (loke)	(No)
Bach, Karen	RN	toler sen	上海心
Bergmann, Dawn	ST	Vouril Exemany	119
Greasby, Janice	ST	Minica neastage	
Birkenbach, Kristina	RN	Think I British 2n	thes
Borchardt, Denise	RN	Dust faithant en	103
Bruce, Marie	RN	marie Druce	RN
BAR I AND THE STATE OF THE STAT			
	RN		
	RN		<u>l</u>
Cottone, Angie	RN	Ann (settore	12_
Cousert, Skylar	ST	Shall Causert	50
Debbink, Danielle	RN	D'Odball	500
Decker, Sarah	ST	Sarah Decker	52
Demmer, Shannon	AT	XII MUNUMY DEMINER	Keac
Donahue, Sheryl	AT	Shril Monthal	15.0.
Doolin, David	AT	Hart A. Doolin	DAO
Doss.Victoria	ST	Telow 6 M	1/2
Douglas, Yolanda	ST	Uplanda Wougles	40
Drees, Judy	SA	Andet al Drus	JAQ_
Duros, George	SA	Keorge & unio	M.A.
Ehleiter, Janis	RN	Oth buten ka	418
Fangmann, Sheri	RN	the Jung Rd	5/F
Geigle-Mietla, Constance	RN	Constance Heigh-nitla	CAN
Gellert, Bonnie	RN	Brolled Ent.	184
Griep,Susan	RN	Susan Trees	-562
Groth, Patricia	ST	Patricia 21210H	1 PG
			<u> </u>
Hamilton, Deasha	ST	120 Silver	1774
Hebein, Michelle	RN	In theben	MH
Hein,Sharon	ST \	12 Mars New	15.4
Henderson, Jane	ST	Par Heneren	
Heppe, Rita	RN	Mira Herry	Rv
James, Twyla	RN	Junta Games EN	\
Jaskolski, Jeremy	AT (Carlyworld.	ر ۵, ۵
Junior Dana	ST	Johns Lunio	
Kartz, Diane	RN	Disame Halts	BHOK
Kassulke, Tom	AT (The Stands	R I
Kraus, Laura	ST	Jawa Brans	LK
Krueger, Lois	AT	Lois Krush	LA
Wesley, Kimberly	ST	Lim Was Olis	
Larson, Karin	ST	Louis Lawer	KL
Laur, Barbara	·RN	Darbara Laur	BL
Lewis, Calvin	ST	Cili Li	CAL-
Ima AA10 'Aas A111		the state of the s	61

COVENANT SIGNATURE PROFILE

Date	Initials	Print Full Name	Written Signature	Tiffe
	*as you would			
	use in charting (Write Legibly)		,ir	
j-7-05	Yah	Prienda Hadleuklaee	X HadluHilesce	L HUC
3-3-25	M	Breitry Devter	audy facter	94
3/8/15	nusc	Mary Sue Klotz	MUKEOTI	R
3-8-05		KARHON MILLARD	11 Millard	IUS
3/8/05	TTH	Jalie Heist	Heist	RN
3/9/05	fsb	Ignala Bannistes	JUB A	~
3/9/16	Ca	Caroline Albert		RJ.
3.9.05		Jegnna Jones -	Y Kanno skes	ON
3/10:05	am	Aneesah Muhammad	11 amehammas	en
3/10	FM	Felicia michiella		
3/10	(2)	19/19/5 WD819	- Alobora	070
3/100		Dan Dones	Mr.	Re
	<u> </u>			
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	and the state of t			
		Control of the Contro		
**************************************	***************************************			
	<u></u>			

FACILITY			
	" /	$\overline{}$	•
	oven	MI	
	U & OF O		

COVENANT SIGNATURE PROFILE

55531 10/02 R1

PARKS LARRY E

DOB: 03/26/57 47Y SEX: M MR: 778667

MLSNA JACQUELINE S

ACCT: 71258136

THIS IS NOT A PART OF PATIENT'S PERMANENT MEDICAL RECORD

FINANCIAL COUNSELING CHECKLIST:
PATIENT'S NAME PARK LARRY ACCOUNT NUMBER 71258134 INTERVIEW DATE 340-05
GAMP: APPEARS ELIGIBLE NOT ELIGIBLE OVER INCOME DECLINED INS NOT RESIDENT OTHER PENDING VERIFICATION COPY OF ID PROOF OF RESIDENCY PROOF OF INCOME
CLINIC MLK
ADDRESSPHONE
☐ PATIENT IS A VETERAN-REFER TO THE VA FOR FOLLOW-UP CARE
TITLE 19: APPLICATION COMPLETED REGULAR DISABILITY ALIEN EMERGENT-COVERS THIS STAY ONLY PRESUMPTIVE DISABILITY FORM TO BE COMPLETED BY DR
COMMUNITY CARE APPLICATION GIVEN COMMENTS Lamp Endo 3/10/05 - Did 3/10 fo 3/11/0 FINANCIAL COUNSELOR SHOWN 2009 X 12 + When

COVENANT SIGNATURE PROFILE

Date	Initials	Print Full Mama		Title
Date	*as you would	Print Full Name	Written Signature	
	use in charting			
	(Write Legibly)			
390	2K	Laun Kotth	Q Koth	1
3/9/05	78	KRISTINE ENLI	The side well	EN
3/6	The	FelicaNUMIN	ALA	12
3/11/00	1	Dan Jones	C Day	M
				~ .
				The state of the s
	***************************************			The same of the sa
				Washington and the second and the se
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				<u></u>
	All statements and the statements are statements are statements and the statements are statements are statements and the statements are statements are statements are statements and the statements are statements ar			
	a succession of the succession			

FACILITY		COVENANT		5

FACILITY HEALTHCARE

, 52%

COVENANT SIGNATURE PROFILE

DOB- 03/25/57 47Y SEX. M MR: 778667
MLSNA JACQUELINE S
71258136 O THKKY E

Significant findings = further description of an abnormal assessment, change in condition and action taken, difficulty tolerating interventions and/or activity, expected outcomes requiring a change in the Plan of Care, MD notification for a specific problem and outcome of call.

DATE	TIME	DISCIPLINE	SIGNIFICANT FINDINGS	INITIALS
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SIGNIFICANT **FINDINGS**

ACCT* 71750175

DOB 03/26/57 47Y SEX: M MR: 778667 MLSNA JACQUELINE S

- 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. I understand that I am responsible for any applicable co-payment, deductibles, co-insurance and/or non-covered costs and charges. 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 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. <u>Valuables</u>: 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.** <u>Photographing</u>: 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.** <u>Privacy Notice</u>: I acknowledge that I was provided with a copy of Covenant Healthcare's 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.

release of your health information and your right to access your health informatio

| 3-08-05|
| Signature of Patient/Authorized Representative | Date

| Relationship of Authorized Representative |
| If unable to sign document, state reason:

HEALTHCARE

A member of Covenant Healthcare, which is sponsored by the Whealon Franciscan and Felician Sisters

St. Francis Hospital St. Michael Hospital Elmbrook Memorial Hospital St. Joseph Regional Medical Center Inpatient and Outpatient Consent for Treatment & Financial Agreement

PHRKS LHKRY E DOB 03/28/57 47 Y SEX: M MR: 778667 MLSNA JACQUELINE S

71258136

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Covenant Healthcare

Inpatient and Outpatient Consent for Treatment & Financial Agreement

St. Michael Hospital

St. Francis Hospital

St. Joseph Regional Medical Center

and/or to dispose of any cells, tissues or parts that are removed.

Elmbrook Memorial Hospital

	Covenant Healthcare Hospitals have a number of ambulatory/outpatient sites that are covered by this Agreement.
	A. <u>Consent for Treatment</u> : 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

- 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 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.
- C. <u>Medicare Payments</u>: I acknowledge receipt of the "Important Message from Medicare," as applicable.

LOVEROUT

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4 -trumb of Sovenard Healthcare, which is sponsored Mealton Franciscan and Felician Sisters

ois Hospital rel Hospital Memorial Hospital Regional Medical Center Inpatient and Outpatient Consent for Treatment & Financial Agreement

PARKS LARRY E

008: 03/26/57 47Y SEX: M MR: 778667

MLSNA JACQUELINE S

ACCT*

71258136

ST. JOSEPH REGIONAL MEDICAL CENTER A MEMBER OF COVENANT HEALTHCARE

Account No: 71313273 MR#: 0778667

Sched Date: 05/25/05 01:30 PM

PATIENT INFORMATION NEAREST RELATIVE

PARKS LARRY E Name: SELLERS SHERESA 3757 N 3 ST Phone: 414 418-0186

MILWAUKEE WI 53212 Bus Phone:

Relat: OTHER RELATIONS

Phone: 414 264-3716 Notify: Y

DOB: 03/26/1957 Age: 48

Gender: M MS: LEGALLY SEPARAT ADDITIONAL CONTACT

SS#: 397-64-6801 Name:
Religion: BAPTIST Phone:
Employer: NONE Bus Phone:
Relat:

Phone #: Relat: Notify:

VISIT INFORMATION INTERPRETER NEEDED: NO

Language: ENGLISH

Admit Reason: F/U L KNEE CL

Comment: WYS

Visit Type: G PHYSICIAN INFO

Location: SJH ORTHOPEDIC CLINIC# Adm:

Last Inp Date: 03/09/05

Att: MLSNA JACQUELINE S

Last Outpt Date: 04/27/05 PCP: NONE

INSURANCE INFORMATION

PRIMARY: GA-MP MILWAUKEE CNTY

Plan: STANDARD
PO'BOX 8190

MADISON WI 53708

Phone #: 414 257-7200 Subr: PARKS LARRY E

Relat: PATIENT IS INSURED -

Policy#: 397646801 Group#: 99999

Group Name: MLK HERITAGE

GUARANTOR INFORMATION

Name: PARKS LARRY E 3757 N 3 ST

MILWAUKEE WI 53212-0000

Phone #: 414 264-3716

SS#: 397-64-6801

Employer: NONE

Phone #:

PRINTED COPY Date: 05/24/05 Time: 06:44 PM

HISTORY & PHYSICAL/PROCEDURE RECORD

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SEPH

REGIONAL MEDICAL CENTER

A Crémant PHOSPITAL

HISTORY & PHYSICAL/ PROCEDURE RECORD

PARKS LARRY E

DDB: 03/25/57 48 Y SEX: M MR: 778667

MLSNA JACQUELINE S

ACCT = 71313273



Elmbrook Memorial Hospital 19333 West North Avenue Brookfield, WI 53045 St. Francis Hospital 3237 16th Street Milwaukee, Wi 53215 St. Joseph Regional Medical Center 5000 West Chambers Milwaukee, WI 53210 St. Michael Hospital 2400 West Villard Milwaukee, WI 53209

OUTPATIENT NOTE

ORI	GINAL
CC.	

DATE OF SERVICE: 05/25/2005

Larry comes in followup of his tibial tubercle osteotomy about 2-1/2 months since the time of his surgery. He does not come with his brace today.

His physical examination shows he has very limited range of motion with no better than 50 degrees of flexion. He is able to straight leg raise. He has some mild tenderness over the tibial tubercle.

X-rays taken today demonstrate on the AP view patella appeared to be well aligned although on the sunrise view, he clearly has some subluxation of the patella. The tibial tubercle osteotomy is incompletely healed although was unchanged in position.

Larry needs physical therapy. He was given a prescription for this today. I told him he is likely to have further significant difficulty with the knee for which there will be very little appropriate treatment. He needs to work harder on his range of motion. I will see him again in three weeks.

JACQUELINE MLSNA, MD

JM/jah D.06/01/2005 07:20:26 T.06/02/2005 08:32:36 Doc ID #: 4214471 Voice ID #: 4064312

ST. JOSEPH REGIONAL MEDICAL CENTER

PROVIDER: JACQUELINE MLSNA, MD

VISIT TYPE: C

ROOM #: ORTC

NAME: PARKS, LARRY E

MRN: 778667

DOB: 03/26/1957

DATE: 05/25/2005 ACCT #: 71313273

AGE: 48Y



Elmbrook Memorial Hospital 19333 West North Avenue Brookfield, WI 53045 St. Francis Hospital 3237 16th Street Milwaukee, WI 53215 St. Joseph Regional Medical Center 5000 West Chambers Milwaukee, Wt 53210 St. Michael Hospital 2400 West Villard Milwaukee, WI 53209

RADIOLOGY

ORIGINAL

cc: JACQUELINE MLSNA, MD, Ordering Physician

ORDERING PHYSICIAN: Dr. Jacqueline Misna

OCCURRENCE NUMBER: 83010836

EXAM DATE: 05/25/2005

EXAM LOCATION: St. Joseph Regional Medical Center

EXAM: LEFT KNEE

CLINICAL HISTORY: Patellofemoral abnormality.

FINDINGS: Comparison is made to multiple recent studies, with the most recent exam obtained 04/27/2005.

There is stable appearance to the displacement osteotomy of the tibial tuberosity. The tuberosity fragment is again secured by a single cancellous screw. There is persistent lucency at the osteotomy site that is evident on the lateral radiograph. Soft tissue prominence of the patellar ligament persists. Advanced degenerative changes of the patellofemoral articulation are again evident. There is also modest degenerative narrowing of the medial and lateral compartments. There are two small corticated fragments again seen superficial to the patella.

This document was electronically	signed by KARI	KLUESSENDORF, I	MD on behalf	of MARK T.
LAWTON, MD on 05/26/2005 10:35	5:54.			

Radiologist:			
	MARK T.	LAWTON.	MD

MTL/jab D.05/25/2005 16:01:55 T.05/26/2005 08:14:52

Doc ID #: 4202667 Voice ID #: 4055130

ST. JOSEPH REGIONAL MEDICAL CENTER

NAME: PARKS, LARRY E

DOB: 03/26/1957

MRN: 778667

ACCT#: 71313273

VISIT TYPE: C

ROOM #: ORTC

RADIOLOGY

Covenant Healthcare

Inpatient and Outpatient Consent for Treatment & Financial Agreement

St. Michael Hospital

St. Francis Hospital

St. Joseph Regional Medical Center

and/or to dispose of any cells, tissues or parts that are removed.

Elmbrook Mémorial Hospital

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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 diagram of the country purposes

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Covenant PHEALTHCARE

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St. Francis Hospital St. Michael Hospital Elmbrook Memorial Hospital St. Joseph Regional Medical Center Inpatient and Outpatient Consent for Treatment & Financial Agreement PHRKS LARRY E

DOB 03/26/57 48 Y SEX: M MR: 778667

MLSNA JACQUELINE S

ACCT *:

71313273

- 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. I understand that I am responsible for any applicable co-payment, deductibles, co-insurance and/or non-covered costs and charges. 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 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.
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Slogature of Patlent/Authorized Representative

Relationship of Authorized Representative

If unable to sign document, state reason:

COVERANT

PHEALTHCARE

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St. Francis Hospital St. Michael Hospital Elmbrook Memorial Hospital St. Joseph Regional Medical Center Inpatient and Outpatient Consent for Treatment & Financial Agreement DOB: 03/26/57 48 Y SEX: M MR: 778667
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71313273

ST. JOSEPH REGIONAL MEDICAL CENTER A MEMBER OF COVENANT HEALTHCARE

Account No: 71294028 MR#: 0778667

Sched Date: 04/27/05 01:30 PM

PATIENT INFORMATION

MATION NEAREST RELATIVE
PARKS LARRY E Name: SELLERS SHERESA

37,57 N 3 ST Phone: 414 418-0186

MILWAUKEE WI 53212 Bus Phone:

Relat: OTHER RELATIONS

Phone: 414 264-3716 Notify: Y

DOB: 03/26/1957 Age: 48

Gender: M MS: LEGALLY SEPARAT ADDITIONAL CONTACT

SS#: 397-64-6801 Name:
Religion: BAPTIST Phone:
Employer: NONE Bus Phone:

Phone #: Relat: Occupation: Notify:

VISIT INFORMATION

INTERPRETER NEEDED: NO

Language: ENGLISH

Admit Reason: LT LEG FRACTURE CLINIC

Comment: BM

Visit Type: G PHYSICIAN INFO

Location: SJH ORTHOPEDIC CLINIC# Adm:

Last Inp Date: 03/09/05 Att: MLSNA JACQUELINE S

Last Outpt Date: 03/23/05 PCP: NONE

INSURANCE INFORMATION

PRIMARY: GA-MP MILWAUKEE CNTY

Plan: STANDARD

PO BOX 8190

MADISON WI 53708

Phone #: 414 257-7200

Subr: PARKS LARRY E

Relat: PATIENT IS INSURED -

Policy#: 397646801

Group#: 99999

Group Name: MLK HERITAGE

GUARANTOR INFORMATION

Name: PARKS LARRY E

3757 N 3 ST

MILWAUKEE WI 53212-0000

Phone #: 414 264-3716

SS#: 397-64-6801

Employer: NONE

Phone #:

PRINTED COPY Date: 04/26/05 Time: 07:45 PM



Elmbrook Memorial Hospital 19333 West North Avenue Brookfield, WI 53045

St. Francis Hospital 3237 16th Street Milwaukee, WI 53215 St. Joseph Regional Medical Collier 5000 West Chambers Milwaukee, WI 53210

St. Michael Hospital 2400 West Villard Milwaukee, Wi 53209

OUTPATIENT NOTE

ORIGINAL CC:

DATE OF SERVICE: 04/27/2005

Larry comes in followup of his tibial tubercle transfer for a recurrent patellar disk location. He has been a bit noncompliant. He is not performing his exercises as I recommended and was not seen for his last followup in a timely fashion.

PHYSICAL EXAMINATION: Shows he still has some tenderness of the osteotomy site. His wound is nicely healed. Swelling is well controlled. He has difficulty in performing straight leg raising maneuver but can do so. There is some marked quadriceps atrophy.

X-rays taken today show the patella appears to be well located. The tibial tubercle osteotomy is still easily seen and is incompletely healed. The hardware has been changed.

Larry needs to work on his strength. We discussed an exercise program for this today. He is given a brace to provide him with some support but will begin flexion to 60 degrees. I will see him again in 2 weeks and advance him at that time. The need for appropriate followup and following of instructions is discussed. He is given a prescription for Vicodin today.

JACQUELINE MLSNA, MD

JM/dg D.04/28/2005 15:55:23 T.04/28/2005 16:09:56 Doc ID #: 4149325 Voice ID #: 4007691

ST. JOSEPH REGIONAL MEDICAL CENTER

PROVIDER: JACQUELINE MLSNA, MD

VISIT TYPE: C

ROOM #: ORTC

NAME: PARKS, LARRY E

MRN: 778667

DOB: 03/26/1957

DATE: 04/27/2005

ACCT #: 71294028

AGE: 48Y



Elmbrook Memorial Hospital 19333 West North Avenue Brookfield, WI 53045 St. Francis Hospital 3237 16th Street Milwaukee, WI 53215 St. Joseph Regional Medical Center 5000 West Chambers Milwaukee, WI 53210 St. Michael Hospital 2400 West Villard Milwaukee, WI 53209

RADIOLOGY

ORIGINAL

cc: JACQUELINE MLSNA, MD, Ordering Physician

ORDERING PHYSICIAN: Dr. Jacqueline Misna

OCCURRENCE NUMBER: 82111457

EXAM DATE: 04/27/2005

EXAM LOCATION: St. Joseph Regional Medical Center

EXAM: LEFT KNEE 2 VIEWS

CLINICAL INFORMATION: Followup leg fracture.

FINDINGS: Severe degenerative changes involve the patellofemoral joint with large marginal osteophytes, joint space narrowing, as well as apparent erosion of the posterior aspect of the patella. Degenerative changes involve the lateral and medial compartments as well.

A moderate size joint effusion is again incidentally noted. The metallic screw traverses the tibial tuberosity.

The presumed calcified loose body overlying the intracondylar notch posterior is noted and unchanged.

This document was electronically signed by STEVEN M. GRYNIEWICZ, MD on 04/28/2005 08:08:46.

Radiologist:					_
C	STEVEN	M.	GRYNIEWICZ,	MD	

SG/ss D.04/27/2005 16:51:00 T.04/27/2005 19:32:24 Doc ID #: 4147291 Voice ID #: 4005668

ST. JOSEPH REGIONAL MEDICAL CENTER

NAME: PARKS, LARRY E

DOB: 03/26/1957

MRN: 778667 ACCT #: 71294028 VISIT TYPE: C ROOM #: ORTC

RADIOLOGY

HISTORY & PHYSICAL /PROCEDURE RECORD

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J. 2010 C. Sherramad Rg. - Kemaukas W. 11226

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PHRKS LHRRY E DOB 03/26/57 46 SEX M MR: 778667
MLSNA JACQUELINE S
ACCT*
71294028

- 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. I understand that I am responsible for any applicable co-payment, deductibles, co-insurance and/or non-covered costs and charges. 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 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. <u>Valuables</u>: 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.

		Lacknowledge that I was provided with a copy of Covenant Healthcare's Notice
G.	Privacy Notice:	I acknowledge that I was provided with a dopy of the properties regarding
- 4	Drivery Proctices	Please refer to the Notice of Privacy Practices for more information regularity
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rel	ease of your health	information and your right to access your health information.
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release of your health information and your right to accomp	ess your reduct intermedent
Signature of Palient/Authorized Representative	Date
Relationship of Authorized Representative	
If unable to sign document, state reason:	

A member of Covenant Healthcare, which is sponsored by the Whealon Franciscan and Fesician Systems

St. Francis Hospital St. Michael Hospital Elmbrook Memorial Hospital St. Joseph Regional Medical Center Inpatient and Outpatient Consent for Treatment & Financial Agreement

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ACCT*:
71294028

Covenant Healthcare

Inpatient and Outpatient Consent for Treatment & Financial Agreement

St. Michael Hospital

Elmbrook Mémorial Hospital	St. Francis Hospital
venant Healthcare Hospitals have a number of this Agreement.	ambulatory/outpatient sites that are covered

St. Joseph Regional Medical Center

- 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 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.
- C. Medicare Payments: I acknowledge receipt of the "Important Message from Medicare," as applicable.

St. Francis Hospital St. Michael Hospital

Elmbrook Memorial Hospital St. Joseph Regional Medical Center Consent for Treatment & Financial Agreement

46) SEX. M. MR: 778667 008-03/26/57 MLSNA JACQUELINE S

Inpatient and Outpatient

ST. JOSEPH REGIONAL MEDICAL CENTER A MEMBER OF COVENANT HEALTHCARE

MR#: 0778667 Account No: 71270704

Sched Date: 03/23/05 12:03 PM

NEAREST RELATIVE PATIENT INFORMATION

MATION
PARKS LARRY E Name: SELLERS SHERESA Phone: 414 418-0186

3757 N 3 ST Phone: MILWAUKEE WI 53212 Bus Phone:

Relat: OTHER RELATIONS

Notify: Y Phone: 414 264-3716

DOB: 03/26/1957 Age: 47
Gender: M MS: LEGALLY SEPARAT ADDITIONAL CONTACT

Name: SS#: 397-64-6801 Phone: Religion: BAPTIST Bus Phone: Employer: NONE Relat:

Phone #: Notify: Occupation:

INTERPRETER NEEDED: NO VISIT INFORMATION

Lanquage: ENGLISH

Admit Reason: LEFT KNEE POST OP

Comment: NK

PHYSICIAN INFO Visit Type: C

Location: SJH ORTHOPEDIC CLINIC# Adm:

Att: MLSNA JACQUELINE S Last Inp Date: 03/09/05

PCP: NONE Last Outpt Date: 03/14/05

INSURANCE INFORMATION

PRIMARY: SELF PAY

GUARANTOR INFORMATION

Name: PARKS LARRY E

3757 N 3 ST

MILWAUKEE WI 53212-0000

Phone #: 414 264-3716

SS#: 397-64-6801

Employer: NONE

Phone #:

Date: 03/23/05 Time: 12:04 PM PRINTED COPY

TILL

1.



Elmbrook Memorial Hospital 19333 West North Avenue Brookfield, WI 53045 St. Francis Hospital 3237 16th Street Milwaukee, WI 53215 St. Joseph Regional Medical Center 5000 West Chambers Milwaukee, WI 53210 St. Michael Hospital 2400 West Villard Milwaukee, WI 53209

OUTPATIENT NOTE

ORIGINAL	
CC:	

DATE OF SERVICE: 03/23/2005.

Larry comes in for follow up of his recurrent patellar dislocation with tibial tubercle transfer. He has been reasonably comfortable. He says his pain is quite a bit less.

PHYSICAL EXAMINATION: Shows his wound is healing well without evidence of infection. The staples are removed. Cylinder cast is applied today. Post casting expectations are discussed. We will see him again in 4 weeks for a cast removal and x-ray. He is given a renewal on his Vicodin, which he states he is only using at night.

JACQUELINE MLSNA, MD

JM/ea D.03/23/2005 23:10:23 T.03/25/2005 22:46:15 Doc ID #: 4083394 Voice ID #: 3944396

ST. JOSEPH REGIONAL MEDICAL CENTER

PROVIDER: JACQUELINE MLSNA, MD

VISIT TYPE: C ROOM #: ORTC NAME: PARKS, LARRY E

MRN: 778667 DOB: 03/26/1957 DATE: 03/23/2005 ACCT #: 71270704

AGE: 47Y

HISTORY & PHYSICAL/PROCEDURE RECORD

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JOSEPH JELSONAL MEDICAL CENTER Friman G & OSPITAL

a 5090 Mr Chambert St.- Williamket, Wr. 15310

HISTORY & PHYSICAL/ PROCEDURE RECORD

008-03/26/57 47 SEX M MR: 778657
MLSNA JACQUELINE S
ACCT*: 71270704