



Adoption For My Child

Providing adoption profiles on demand for available situations throughout the US

www.adoptionformychild.com

info@adoptionformychild.com

[\(305\) 509 9792](tel:(305)5099792)

"Hillary" - (Urgent!)

www.adoptionformychild.com/available-situations/Hillary/

Date Posted:

02/12/2020

Application Deadline:

02/16/2020 - 11:59 pm

Open To:

All States **EXCEPT** New York

Mother's Location:

Louisiana

Due Date:

May 5, 2020

Level of Openness:

Open - Emails/Texts

Child's Ethnicity:

Caucasian

Child's Gender:

Girl

Requested Family Criteria:

Drug Exposure:

-

Additional Information:

26 yr old Mother of 3 (boys 3 & 2 and 1 yr old girl). She is 4'8" tall and 105 pounds. Brown hair, and blue eyes. Currently has Medicaid. Detailed information about her case is below.

Her older 2 sons medical records are also included. Please read carefully.

Adoption Cost & Fee Breakdown

- **Application Fees:** \$750.00
- **Birth Family Counseling:** \$1,000.00
- **Birth Mother Expenses:** \$7,500.00
- **Legal Fees:** \$8,000.00
- **Travel Expenses:** \$1,500.00
- **Agency Fee:** \$18,500.00
- **Case Management:** \$3,000.00
- **Ancillary:** \$500.00
- **Consent Coordination:** \$1,500.00

See more details break
down on next page

TOTAL ESTIMATED COST OF THE ADOPTION: \$42,250.00

(Basic Members - Please at \$3,000 to total cost above for AFMC Networking Fee)

REFUNDED IF ADOPTION FAILS: \$10,500.00

DUE UPFRONT IF/WHEN YOU ARE CHOSEN

- PAID TO THE ADOPTION ENTITY: \$16,750.00*
- AFMC NETWORKING FEE (BASIC MEMBERS ONLY): \$3,000**
- AFMC PROFILE SUBMISSION FEE (BASIC MEMBERS ONLY): \$25

***Funds are due within 48 hours of being selected by the expectant mother.** Under NO circumstances should you submit your profile or request to be considered **UNLESS** you have the ability to immediate access to the liquid funding necessary to pay the upfront fees listed above. Please be realistic in regards to your ability to pay the total estimated cost of the adoption by the time the expectant mother delivers her child. If you do not have the total amount required for this adoption available, AFMC recommends that you get PRE-APPROVED for an adoption loan BEFORE you submit for this or any other situation that exceeds your current budget to make sure the adoption will not fall through due to an inability to pay.

****Upgrade your membership to Elite or Ultimate level before submitting your request to avoid paying this fee)**

2/5/2020

Birth Mother:	Hillary
State:	LOUISIANA
Due Date:	5/11/2020
Race of Baby:	Cauc
Gender:	Girl
Description of BM:	26 yr old Mother of 3 (boys 3 & 2 and 1 yr old girl). She is 4'8" tall and 105 pounds (before pregnancy). Brown hair, and blue eyes. Currently has Medicaid.
Medical:	Per medical records, BM has substance abuse disorder. BM has history of using cocaine and heroin. She is now in a court ordered, fulltime drug rehabilitation program for at least a month.
Birth Father	Husband – supports adoption

FEES (n/r = non-refundable)

Application Fee (due at match)	\$750 n/r	
Agency Fee (portion due at match)	\$2,500 n/r	
Case Management Fee (due at match)	\$3,000 n/r	
Birth Mother Counseling (due at match)	\$1,000 retainer	DUE AT MATCH
Ancillary Fee (due at match)	\$500 retainer	
Birth Mother Living Asst. (due at match)	\$7,500 unused portion is refundable	
Attorney Retainer (portion due at match)	\$1,500 retainer	
Agency Legal (due at placement)	\$500	
Consent Coordination (due at placement)	\$1,500	DUE AT PLACEMENT
ICPC (due at placement)	\$1,500	
Balance of Attorney (due at placement)	\$6,000	
Agency Fee (due at placement)	\$16,000	

HOW TO BE CONSIDERED BY THE EXPECTANT MOTHER

REQUIRED

- A completed **US Domestic Private** home study
- A PDF profile no more than 12 pages (including cover page) about your family with no contact information listed inside.***
(IMPORTANT: a link to an online profile WILL NOT be accepted)
- **An active membership** with AFMC
(membership options start at \$0 per month)
- Complete AFMC's "New Member Questionnaire"
(provided after you register for a membership)
- Read and sign AFMC's Service Agreement
(provided after "New Member Questionnaire" is completed)

OPTIONAL

- Letter to Expectant Mother
(providing one is highly encouraged, but not required)
- Family Interview Video
Contact AFMC for more details

NOTE: All documents must be formally approved by AFMC before you can request to have your profile sent to the expectant mother.)

*** If you do not have a PDF profile, please contact Kylie Zavadil (kylie@adoptionformychild.com) to discuss your options for having one created. If you need help removing the contact information from your existing PDF profile, AFMC can remove it for you for a one-time fee of \$25.

Apply for this Situation

<https://www.adoptionformychild.com/available/Hillary/#request/>

Contact Us

Email: info@adoptionformychild.com
Phone: [\(801\)559-7444](tel:(801)559-7444)

Amy Senior: amy@adoptionformychild.com
Kylie Zavadil: kylie@adoptionformychild.com

BIOLOGICAL MOTHER

PROFILE PAGE:

WHAT IS YOUR FULL NAME (FIRST, MIDDLE, LAST): Hillary

ANY PREVIOUS LAST NAMES: [REDACTED]

YOUR AGE: 26

WHEN ARE YOU DUE: May 11, 2020

WHAT IS THE RACE OF YOUR BABY/CHILD: White

DO YOU KNOW THE GENDER OF YOUR BABY/CHILD: Yes, girl

BIRTH FATHER FULL NAME (FIRST, MIDDLE, LAST): Wendell [REDACTED]

HIS AGE: 25

WHAT IS THE BIRTH FATHER'S RACE: White

WHAT STATE WAS YOUR BABY CONCEIVED? Louisiana

DO YOU KNOW WHAT TYPE OF ADOPTION YOU WOULD LIKE (OPEN, SEMI-OPEN, CLOSED, UNSURE):
Semi open or closed

IS YOUR FAMILY AWARE OF YOUR PREGNANCY? Yes

ARE THEY AWARE OF YOUR ADOPTION PLAN? Yes

IF YES, ARE THEY SUPPORTIVE OF YOUR ADOPTION PLAN? Yes

[REDACTED]

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Date: 12/6/2019

Name: Hillary [REDACTED]

Address: [REDACTED]

City/State/Zip: [REDACTED]

How long have you lived here? 2 years

Do you live alone? No

[REDACTED]
Email Address:

How often do you check your email? Every day

[REDACTED]
Maiden or Previous Name(s) if applicable:

Are you Married? Yes

If so, is your husband the birth father? Yes [REDACTED]

If no, who is the birth father?

Have you ever been divorced? No

If yes, what is the date of your divorce?

Social Security Number:

Birth Date: 1994

[REDACTED]
Race: White

[REDACTED]

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Do you have private health insurance? No

If yes, Name on policy:

Name of insurance company:

Group Number:

ID Number:

Do you have Medicaid? Yea

If yes, Medicaid number: [REDACTED]

Is it active? Yes

Name of Case Worker:

Phone number: [REDACTED]

Do you have Medicare?

If yes, Medicare number:

Is it active?

Do you receive Social Security? No

If yes, why?

Religion? Baptist

Where you ever in the Military? No

If yes, what branch?

Education (High School/College/Etc.): High school

Last grade completed: 12

Occupation: Stay at home mom

Currently employed?

How do you financial support yourself? My husband



BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Physical Information About You:

Height: 4'8"

Pre-Pregnancy Weight: 105

Hair Color: Brown

Eye Color: Blue

Complexion: Pale

General Build/Body Type: Average

Are you right or left handed? Right

Do you wear glasses? Yes

Hobbies/Talents:

I don't really have any

Future Plans:

To be able to go get a job

PERSONALITY (DESCRIBE YOU)

I have a big personality very bubbly

What happens when you become angry? I cry

What do you like about yourself? My smile

What would you like to change about yourself?

My Confidence level



BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Family History:

Where were you born? GA

Citizenship? Yes

How many brothers and/or sisters do you have? One brother

What is your parents' relationship with each other? Married

Family Heritage (example: English, African, French, German, Italian, etc.) American

Mother's side: American

Father's side: American

Brief history of your childhood & growing up:

I had a disability so I had to go to therapy a lot and my parents gave me all the support possible

Native American Indian? No

Important: if yes, please complete the following:

Name of person registered:

Birth date:

Tribe name:

Tribe location:

If you or a member of your family are registered with a Native American Indian Tribe, it is important that we have the above information ahead of time in order to help your adoption go smoothly.



BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Medical History:

What is your general health? Good

Any allergies? No

Have you ever had any serious illnesses or accidents? If yes, please describe.
No

Have you ever been seen by a mental health or behavioral health therapist, psychologist?
No

If yes, what emotional or psychological problems have you had?

Type of treatment?

When (dates)?

Any medication(s) prescribed during treatment?

Any diagnosis?

Situational or hereditary?

Did you have psychiatric hospitalization?

If yes, dates?



BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Your Pregnancy

DUE DATE: May 11,2020

When did you learn of your pregnancy? August 26,2019

When did you begin prenatal care? September 1,2019

Have you had any of the following:

- any problems during pregnancy? No
- any accidents or abuse during your pregnancy? No
- any x-rays, radiation, etc. during your pregnancy? No
- German Measles, Venereal Diseases, Virus or other infections during your pregnancy?
No

If yes to any of the above, please describe below:



BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

About Your Children:

If you have other children, list them below. Include any children previously placed for adoption. If any child is deceased, please provide cause of death.

Child #1 (name, gender, age, any health concerns)

Kevin [REDACTED] male 3 yrs Growth [REDACTED] delay

Child #2 (name, gender, age, any health concerns)

Jonathan [REDACTED] male 2yrs growth [REDACTED] delay

Child #3 (name, gender, age, any health concerns)

Jolynn [REDACTED] female 1yrs none

I acknowledge that the information on this *BIOLOGICAL MOTHER MEDICAL & SOCIAL HISTORY* form is accurate to the best of my knowledge.

Name Hillary [REDACTED]

Signature



Date 12 / 06 / 2019

BIOLOGICAL MOTHER

MEDICAL & SOCIAL HISTORY

Contact with Adoptive Family & Child to be Adopted:

Check all that apply. Do not feel that you need to make any decisions about the type of contact you want right now. Choosing “undecided” is okay. There may also be other options for you besides what is listed here. Your adoption coordinator will be able to assess your needs as she gets to know you and can help you make these decisions.

BEFORE BIRTH:

Emails ☒

Call/Text ☒

Meeting face-to-face ☒

AFTER BIRTH:

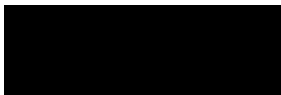
Emails ☒

Calls/Text ☒

Face-to-face visits ☐

Letters/Pictures ☐

If you would like an open adoption, please describe what type of openness you would like. If you are unsure at this time, you can discuss this with your adoption coordinator for some guidance.



FACSIMILE TRANSMISSION COVER PAGE

To: [REDACTED]	From: Amber L.
Fax Number: [REDACTED]	Telephone: [REDACTED]
Phone Number: [REDACTED]	Date: 12-30-19
Pages: 18 including cover sheet.	Re: medical records

PLEASE SIGN AND RETURN AS PROOF OF RECEIPT OF MEDICAL RECORDS.

Medical records for: Kevin [REDACTED] 12-18-15

Received by: _____
(please print)

Signature: _____ Date: _____

THANK YOU! ☺

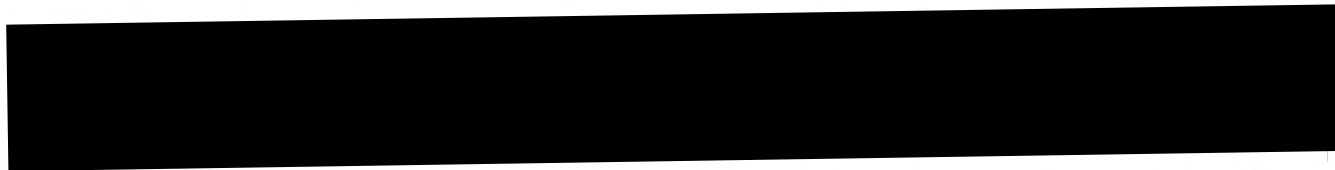
[REDACTED]

This communication is intended for the use of the person or entity to who it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that

[REDACTED]

RECEIVED 12/30/2019 01:00PM 10479724006
DEC/30/2019/MON 11:59 AM

P. 002



12/30/2019 12:11PM 13178734926

RELEASE OF MEDICAL INFORMATION

FORM 5A

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION - MOTHER'S INFORMATION
PUSUANT TO HIPAA

TO: DOCTOR/CLINIC/HOSPITAL: [REDACTED]

PATIENT NAME: Kevin [REDACTED]

DATES OF TREATMENT: FR 12/18/15 TO 01/31/2020

DATE OF BIRTH: 12/18/2015

SOCIAL SECURITY #: [REDACTED]

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE ABOVE-NAMED HEALTH CARE PROVIDER, ALL PHYSICIANS, HOSPITALS, AND OTHER HEALTH CARE PROFESSIONALS WHO PROVIDE CARE OR CONSULT IN THE CARE OF ME (COLLECTIVELY REFERRED TO AS "HEALTH CARE PROVIDERS") TO DISCLOSE TO THE FOLLOWING INDIVIDUALS AND ENTITIES ("RECIPIENTS"), AND RECIPIENTS, TO THEREAFTER DISCLOSE MY HEALTH INFORMATION AS FOLLOWS: ANY AND ALL MEDICAL, GENERAL, PSYCHOLOGICAL, PSYCHIATRIC, MEMBERSHIP, AND/OR HEALTH INFORMATION PERTAINING TO ME THAT IS NOW OR IN THE FUTURE THE POSSESSION OF OR UNDER CONTROL OF THE HEALTH CARE PROVIDERS INCLUDING SPECIFICALLY BUT NOT LIMITED TO, THE RESULTS OF ANY AND/OR ALL AUTOIMMUNE DEFICIENCY (HIV/AIDS) TESTING, DRUG, ALCOHOL, SEXUALLY TRANSMITTED DISEASE, HEPATITIS (A, B, OR C), AND HERPES TEST. I UNDERSTAND THAT THIS INFORMATION MAY INCLUDE OR RELATE TO SEXUALLY TRANSMITTED DISEASES, HUMAN IMMUNODEFICIENCY VIRUS (HIV INFECTION ACQUIRED IMMUNE DEFICIENCY SYNDROME OR AIDS COMPLEX), AND OTHER COMMUNICABLE DISEASES. IT MAY ALSO INCLUDE INFORMATION ABOUT BEHAVIORAL OR MENTAL HEALTH SERVICES, AND REFERRAL OR TREATMENT FOR ALCOHOL AND DRUG ABUSE (AS PERMITTED BY 42 CFR PART 2). RECIPIENTS MAY DISCLOSE THIS INFORMATION TO THE FOLLOWING PERSON(S) OR ORGANIZATION(S):

	YES	NO
ATTORNEY(S) FOR ADOPTIVE PARENTS	X	
AGENCY FOR ADOPTIVE PARENTS	X	
INTERSTATE COMPACT ON THE PLACEMENT OF CHILD(REN)	X	
COUNTY OR STATE PUBLIC AGENCIES	X	
NATIVE AMERICAN NATIONS OR TRIBES/ALASKA NATIVE VILLAGES	X	
OTHER PERSON(S) OR ENTITIES DEEMED NECESSARY BY RECIPIENTS TO FACILITATE THE ADOPTION OF MY CHILD(REN)	X	
PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS CONSULTED BY ANY OF THESE PEOPLE(S) AND ENTITIES	X	
ADOPTIVE PARENT(S)	X	
COURT IN CONNECTION WITH ADOPTION	X	

*** THIS DISCLOSURE AND USE IS FOR THE FOLLOWING PURPOSES: ADOPTION, CUSTODY, GUARDIANSHIP, PARENTAL RIGHTS MATTERS, INDIANA CHILD WELFARE ACT INQUIRIES, AND ICWA AND ICPC CLEARANCES. I UNDERSTAND THAT I HAVE A RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I WISH TO REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO THE HEALTH INFORMATION MANAGEMENT DEPARTMENT OF THE HEALTH CARE PROVIDERS. UNLESS OTHERWISE REVOKED, THIS AUTHORIZATION WILL EXPIRE EIGHTEEN MONTHS FROM THE SIGNATURE DATE. I UNDERSTAND THAT AUTHORIZING THE DISCLOSURE OF THIS HEALTH INFORMATION IS VOLUNTARY. I ALSO UNDERSTAND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION AND THAT MY REFUSAL TO SIGN WILL NOT AFFECT MY ABILITY TO OBTAIN TREATMENT, PAYMENT FOR SERVICES, OR ELIGIBILITY FOR BENEFITS.

BY SIGNING THIS AUTHORIZATION, I UNDERSTAND THAT ANY DISCLOSURE OF INFORMATION CARRIES WITH THE POTENTIAL FOR AN UNAUTHORIZED REDISCLOSURE AND THE INFORMATION MAY NOT BE PROTECTED BY FEDERAL PRIVACY RULES. I FURTHER UNDERSTAND I MAY REQUEST A COPY OF THIS SIGNED AUTHORIZATION. A PHOTOCOPY SHALL BE DEEMED AS VALID AS THE ORIGINAL FOR [REDACTED]

SIGNATURE OF PARENT/PATIENT: [REDACTED]

DATE: 12 / 22 / 2019

RECEIVED 12/30/2019 01:09PM 13178734926
DEC/30/2019/MON 11:59 AM

P. 004

12/30/2019 12:11PM 13178734926

RELEASE OF MEDICAL INFORMATION

I hereby request and authorize:

REQUESTING MEDICAL RECORDS FROM:

Doctor Name/Address/Phone:

Hospital Name/Address/Phone:

Requesting Medical Records from the following dates: 12/18/2015 to 01/31/2020

Patient Name: Kevin

EHS only

Date of Birth: 12/18/2015

Social Security #:

Due Date of this Pregnancy:

☒ All medical information/reports

☒ HIV test results

☒ X-ray reports

☒ Physical examination reports

☒ Psychological testing

☒ Other (specify): Billing, patient/client accounts, any and all other reports/records

☒ Immunization records

☒ Prenatal records

☒ Alcohol and drug screening

☒ Medical data for WIC Certification

☒ Laboratory reports

For the purpose of: Adoption

All information I hereby authorize to be obtained from this agency will be held in strictly confidential and cannot be released by the recipient without my express written consent. I understand that this authorization will remain in effect for 1 (one) year.

I understand that the information used or disclosed may be subject to disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations. I understand that my confidential information may be released to the adoptive family in a non-identifying manner. I understand that I may withdraw this consent at any time as long as the request is made in writing to the above listed medical provider in reliance on it before my revocation.

Signature of Client or Legal Representative

12 / 22 / 2019

Date

RECEIVED 12/30/2019 01:09PM 13178734926
DEC/30/2019/MON 11:59 AM [REDACTED]

P. 006

[REDACTED]

Chart Audit

KEVIN

Monday, December 30, 2019 11:47 AM

Demographics

Name: KEVIN
 Sex: M
 Age: 4 Yrs
 Primary Ins. Name: AMERIGROUP
 Primary Ins. Policy Number: XHB722686587

Chart Number(s): N/A
 DOB: 12/18/2015
 Address:

Allergies and Adverse Reactions

Identified	Type	Description	Allergic Reactions	Adverse Reactions	Severity	Comments
Unknown	Drug/Drug Category	amoxicillin		Rash		

Medications

Prescribed Medications					
Description	Dx Code	SIG	Prescriber	Order Date	Original Order
Current Medications					
Description	Dx Code	SIG	Prescriber	Order Date	Original Order
Past Medications					
Description	Dx Code	SIG	Prescriber	Last Order Date	Renewed-D/C
Original Order					

Progress Notes

Encounter Date	Examiner	Role	Chief Complaint
08/22/2018 02:24 PM	WALTER, JACQUELINE		2y well
Medication Note			
Kevin Sex: M, DOB: 12/18/2015, Encounter Date and Time: 8/22/2018 02:24PM, Examiner: Jacqueline Walter, APRN			

Chief complaint
 The Chief Complaint is: 2y well.

History of present illness
 Kevin is an 2 year 8 month old male. Source of patient information was mother.
 History of developmental delay and microcephaly. Noted at about 7-8m. Began PT & OT at 9m and ST at 18m. At 6m he couldn't roll over, sit up, or pull to a stand. He didn't start to roll over until 9m. He cannot currently walk or stand without support. He can now sit up unsupported and crawl. In the morning he is more unstable and has difficulty with muscular movement upon waking. Once he has been awake for a while, he begins to have more control.

Evaluated by neurology Dr. Willis, but only saw Dr. Willis once.

Has been seen by Dr. Karlin 2x.

Has seen genetics, but they did not do a broad spectrum genetic work up. Only assessed for a few things including fragile X syndrome, which came back negative. Mother is a carrier of fragile X syndrome.

Note in the medical records that Kevin was referred to ophthalmology, but parent has not made this appt.

Also noted from medical records that previous PCP sent for xray of BL hips. Negative xrays.

Younger brother has similar symptoms, but he seems to be developing at a faster rate than Kevin as his deficits were noted earlier and he began therapies earlier.

Mother and maternal uncle have a muscle movement disorder. Mother describes it as seizures and tourette's mixed. There are certain triggers. Mother's condition worsens with pregnancy and emotional stress or stress on the body such as exhaustion.

- Abnormal toilet training * Weaned to cup at age 15 months

- Diet provides insufficient food variety slightly picky * 18 ounces of milk per day * No excessive snacking * Not with juices * An abnormal sleep pattern doesn't sleep well

* Ages and Stages questionnaire

* Normal appetite

Current medication

Medication List Reconciled

* No Known Current Medications

Past medical/surgical history

Reported:

Past medical history Microcephaly. Hypotonia. Gross developmental delays.

Environmental Exposure: No secondhand tobacco smoke in home.

Personal history

Home Environment: 1 brother(s) residing in household and 1 sister(s) residing in household.

Family history

Mother has a history of being fragile X carrier. Mother and uncle have a history of movement disorder that is triggered by stress

Asthma uncle

Hypertension uncles

Depression grandparents and uncle

Paternal grandfather's:

Hypertension

Paternal grandmother's:

Hypertension
Maternal grandmother's:
Hypertension
Fraternal:
Congenital malformations Hypotonia & developmental delays.

Physical findings

Vital Signs:

Vital Signs/Measurements Value Date

Oral temperature 97.7 F 8/22/2018

RR 28 bpm 8/22/2018

PR 124 bpm 8/22/2018

Weight 29.25 lbs 8/22/2018

Body mass Index BMI Percentile: 41 15.9 kg/m2 8/22/2018

Height 36 in 8/22/2018

Head circumference 46.4 cm 8/22/2018

General Appearance:

* Alert. * Well hydrated. * Active.

Head:

Injuries: * No evidence of a head injury.

Appearance: * Head normocephalic.

Neck:

Appearance: * Neck was not swollen.

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Extraocular Movements: * A cover-uncover test was performed. * Normal.

Pupils: * Normal.

External: * No hyperemia of the conjunctiva. * No discharge from the conjunctiva.

Retina: * Red retinal reflex was elicited.

Ears:

General/bilateral:

Outer Ear: * Auricle normal.

External Auditory Canal: * External auditory meatus normal.

Tympanic Membrane: * Normal.

Nose:

General/bilateral:

Discharge: * No nasal discharge seen.

External Deformities: * No external nose deformities.

Oral Cavity:

* Normal.

Teeth: * Dental no abnormalities.

Pharynx:

* Normal.

Oropharynx: * Tonsils showed no abnormalities. * Tonsils showed no exudate.

Mucosal: * Pharynx did not have a white patch.

Lymph Nodes:

* Normal.

Lungs:

* Respiration rhythm and depth was normal. * Clear to auscultation.

Cardiovascular:

Heart Rate And Rhythm: * Normal.

Heart Sounds: * Normal.

Murmurs: * No murmurs were heard.

Arterial Pulses: * Equal bilaterally and normal.

Venous Filling Time: * Normal - (Capillary refill).

Abdomen:

Visual Inspection: * Abdomen was not distended.

Auscultation: * Bowel sounds were normal.

Palpation: * Abdomen was soft. * Abdominal non-tender. * No mass was palpated in the abdomen.

Liver: * Normal to palpation.

Spleen: * Normal to palpation.

Genitalia:

Penis: * Normal.

Scrotum: * Normal.

Testes: * No cryptorchism was observed.

Musculoskeletal System:

General/bilateral: * Musculoskeletal system: BL calf muscles appear atrophied compared with other body muscles. Poor tone.

Neurological:

* System: normal.

Motor: * Muscle tone was abnormal. * Spasticity was noted affecting all four limbs. * A weak grasp was noted. * A weak grasp was noted bilaterally. * Hypotonia of the lower extremities. * Central hypotonia was noted. * Strength was reduced.

Reflexes: * Deep tendon reflexes were normal.

Skin:

* General appearance was normal. * Showed no erythema. * Not dry. * No exfoliation was seen.

Growth And Development:

* Does not put on clothing. * Does not stack five or more blocks. * Does not use two-three word sentences. * Does not walk up and down stairs. * Does not

imitate a vertical line. * Does not balance on one foot for one second. * Normal.

Standard Measurements:

Standard Measurements: Value Date

Body surface area .8 8/22/2018

Tests

Results for: LEAD

Ordered/ Test Name	Ind Results	Units	Range
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8/22/2018 LEAD			
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***** END OF RESULTS *****

Results for: HEMOGLOBIN

Ordered/ Test Name Performed	Ind Results	Units	Range
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8/22/2018 HEMOGLOBIN

8/22/2018 Hemoglobin	N 11.6	g%	10 - 15
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***** END OF RESULTS *****

Results for: DEVELOPMENTAL TEST, LIM

Ordered/ Test Name Performed	Ind Results	Units	Range
---------------------------------	-------------	-------	-------

8/22/2018 DEVELOPMENTAL TEST, LIM

8/23/2018

Result Comments: gross developmental delay. Currently in early steps. Referred to autism center for evaluation.

***** END OF RESULTS *****

Assessment

- Visit for: 2-3 year visit
- Delayed milestones
- Congenital hypotonia
- Developmental expressive language disorder

Allergies and Adverse Reactions

Allergies Reviewed:

Amoxicillin Adverse Reaction(s): Rash Identified: Unknown.

Counseling/Education

- Anticipatory guidance: Oral health, brushing, fluoride, dental visits
- Anticipatory guidance: Toilet training
- Anticipatory guidance: Sleep routine, bedtime
- Anticipatory guidance: Close supervision
- Discussed safety practices - car, falls, environment, drowning, guns, poison
- Parent education about growth and development. Growth Chart Reviewed. Height: 39% Weight: 36% BMI 41% HC 3%
- Parent education - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, and high calorie foods. Wheat vs. white.
- Portion control
- Parent education - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, and high calorie foods. Wheat vs. white.
- Portion control

Plan

- Hemoglobin level
- Serum lead level
- Limited developmental testing with interpretation and report [(Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service)]
- Follow-up for re-examination - PRN
- 1. Explained that it seems previous PCP did a significant work up and referred to appropriate specialists. Advised that Kevin continue to follow up with neurology, genetics, and Dr. Karlin. I gave parent contact information for Dr. Superneau with OLQOL for a 2nd opinion regarding possible genetic condition. Mother and grandmother express irritation with Ochsner genetics, that Kevin had an upcoming appt, that was clinic called and rescheduled for January. Mother is also disgruntled that a full genetic work up was not performed after the first evaluation. I explained that parent can call Dr. Superneau's office to see if she can get a sooner appt for both of her sons, but it is likely that the wait time for getting in with genetics at either clinic is the same. Agree with parent that further genetic evaluation is warranted to help Kevin receive/ continue with appropriate therapies. Advised that with Kevin's current deficits, I expect that he will always have gross developmental delays.

2. Referred to Children's Autism Center for evaluation.

3. Old medical records reviewed. Note that pt was referred to ophthalmology. Parent denies that she has made an appt with ophthalmology. Referred to Ochsner peds ophthalmology, Dr. Eustis.

Practice Management

Preventive medicine new patient evaluation childhood 1-4.

Signoff Information

Electronically Signed By: JACQUELINE WALTER, APRN on 08/28/2018 at 02:52 PM * SIGNOFF REVERSED BY JACQUELINE WALTER, APRN on 08/28/2018 at 03:03 PM.

Electronically Signed By: JACQUELINE WALTER, APRN on 08/28/2018 at 03:12 PM * SIGNOFF REVERSED BY JACQUELINE WALTER, APRN on 08/28/2018 at 03:30 PM.

Electronically Signed By: JACQUELINE WALTER, APRN on 08/28/2018 at 03:35 PM.

Problems

Current Problems

ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION: Z00.12

First identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc
8/22/2018			Walter, Jacqueline	Z00.129	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITHOUT ABNORMAL FINDINGS

Lack of expected normal physiological development in childhood and adults: R62

First identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc
8/22/2018			Walter, Jacqueline	R62.0	DELAYED MILESTONE IN CHILDHOOD

Disorders of muscle tone of newborn: P94

First identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc
8/22/2018			Walter, Jacqueline	P94.2	CONGENITAL HYPOTONIA

First Identified: 8/22/2018

Updated 8/22/2018 Condition

Other

Examiner
 Walter, Jacqueline

Billing Code
 F80.1

Billing Desc.
 EXPRESSIVE LANGUAGE DISORDER

Path/Labs

Date Ordered	Date Performed	CPT Code	Dx Code	Description
08/22/2018	08/22/2018	85018	R62, Z00.12, F80, P94	HEMOGLOBIN

Component	Value	Unit	Range	Indicator
Hemoglobin	11.6	g%	10 - 15	N

Ordering clinician: Walter, Jacqueline
 08/22/2018

Component	Value	Unit	Range	Indicator
Lead	<3/low			

Ordering clinician: Walter, Jacqueline

Radiology Tests

Date Ordered	Date Performed	CPT Code	Dx Code	Description
--------------	----------------	----------	---------	-------------

Procedures

Date Ordered	Date Performed	CPT Code	Dx Code	Description
08/22/2018	08/23/2018	96110	R62, Z00.12, F80, P94	DEVELOPMENTAL TEST, LIM

Result Comments: gross developmental delay. Currently in early steps. Referred to autism center for evaluation.

Order Comments: [(Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or

Other Service)]

Attachments:

2y asq - PROCEDURE

Ordering clinician: Walter, Jacqueline

2y asq - PROCEDURE(08/23/2018 10:03 AM) [Page 1 of 1]

[REDACTED]



24 Month ASQ-3 Information Summary

23 months 0 days through
 25 months 15 days

Child's name: Keslin Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.12														
Motor Skills	38.02														
Problem Solving	35.16														
Personal/Social	29.78														
Emotional	31.54														

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses indicate follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|--|-----|----|--|-----|----|
| 1. Hugs well?
Comments: | YES | NO | 2. Concerns about eating?
Comments: | YES | NO |
| 2. Talks like other toddlers his age?
Comments: | YES | NO | 3. Any medical problems?
Comments: | YES | NO |
| 3. Understand most of what you child says?
Comments: | YES | NO | 4. Concerns about behavior?
Comments: | YES | NO |
| 4. Walks, runs, and climbs like other toddlers?
Comments: | YES | NO | 5. Other concerns?
Comments: | YES | NO |
| 5. Family history of hearing impairment?
Comments: | YES | NO | | | |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.
 If the child's total score is in the **bold** area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the **bold** area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the **bold** area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- ___ Provide activities and resources in _____ months.
 ___ Share results with primary health care provider.
 ___ Refer for (circle, if that apply) hearing, vision, and/or behavioral screenings.
 ___ Refer to primary health care provider or other community agency (specify reason): _____
 ___ Refer to early intervention/early childhood social education.
 ___ No further action taken at this time.
 ___ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Motor Skills						
Problem Solving						
Personal/Social						
Emotional						

P:01240K00

Approved Signatures: _____ Date: _____
 _____ Date: _____

2y asq - PROCEDURE(08/23/2018 10:03 AM) [Page 1 of 1]

ASQ Answer Sheet

Name of Center	Observation Date
Name of Child	ASQ Level
Person Completing Screening	Relationship to Child
Others That Helped Complete This Screening	

SCREENING RESULTS

Circle responses below and add comments when applicable.

COMMUNICATION			
Question	Yes	Sometimes	No
1.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

GROSS MOTOR			
Question	Yes	Sometimes	No
1.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

FINE MOTOR			
Question	Yes	Sometimes	No
1.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

PROBLEM SOLVING			
Question	Yes	Sometimes	No
1.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

PERSONAL-SOCIAL			
Question	Yes	Sometimes	No
1.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

OVERALL			
Question	Yes	Sometimes	No
1.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS:

Twenty

Consults/Transitions of Care

Date Ordered	Date Performed	Dx Code	Description	Results/Comments	Type	Attachments
--------------	----------------	---------	-------------	------------------	------	-------------

Immunization History

CPT Code	Dx Code	Vaccine	Given Date	Age	Component	Manufacturer	Lot No.
----------	---------	---------	------------	-----	-----------	--------------	---------

Vital Signs

Date	Time	Temp(F)	Pulse	RR	O2 Sat	BP	Height/ Length(in)	Weight(lb)	Head Circ (in)	BMI	O2 device	Flow Rate (L/min)	FI O2(%)
08/22/2018	3:09 PM	97.70	124	28		/	36	29.25	18.25	15.90			%

Correspondence

Date	Title
------	-------

Misc Index

CONSULTS/REFERRALS

8/23/2018 10:28:04 AM

GENETICS REFERRAL

CORRESPONDENCE

8/30/2018 8:51:28 AM

LOLO GENETICS APPOINTMENT SCHEDULED

GENETICS REFERRAL(08/23/2018 10:28 AM) [Page 1 of 1]

NAME Kevin DOB 12/18/15
ADDRESS _____ DATE 8/23/18
RX ILLEGAL IF NOT SAFETY BLUE BACKGROUND

Rx Please
eval 3+X

Dx: R62.0, P94.2, F80.1

Refill _____ times

Dispense as Written ☐

* "Brand Medically Necessary" must be handwritten by the prescriber for Medicaid/Medicare patients or product selection will be allowed.

OLOL GENETICS APPOINTMENT SCHEDULED(08/30/2018 08:51 AM) [Page 1 of 1]

Notification of Scheduled Appointment

Date: 8/30/2018

Thank you for your recent request for me to see Name: Kavin & Jonathan

DOB: 12/18/2016 & 1/3/2017

MRNI 2314434 & 2314358

We have received all appropriate information, and the patient has been scheduled accordingly.

Appointment Date: February 12, 2019 Appointment Time: 1:00pm

If you have any question or concerns, please do not hesitate to call our office @ 225-765-8988.

WE VALUE YOUR REFERRALS.....THANK YOU!

RECEIVED 12/30/2019 01:09PM 13178734926
DEC/30/2019/MON 12:01 PM

P. 017

Growth Charts

Selected Growth Charts

Weight for Stature

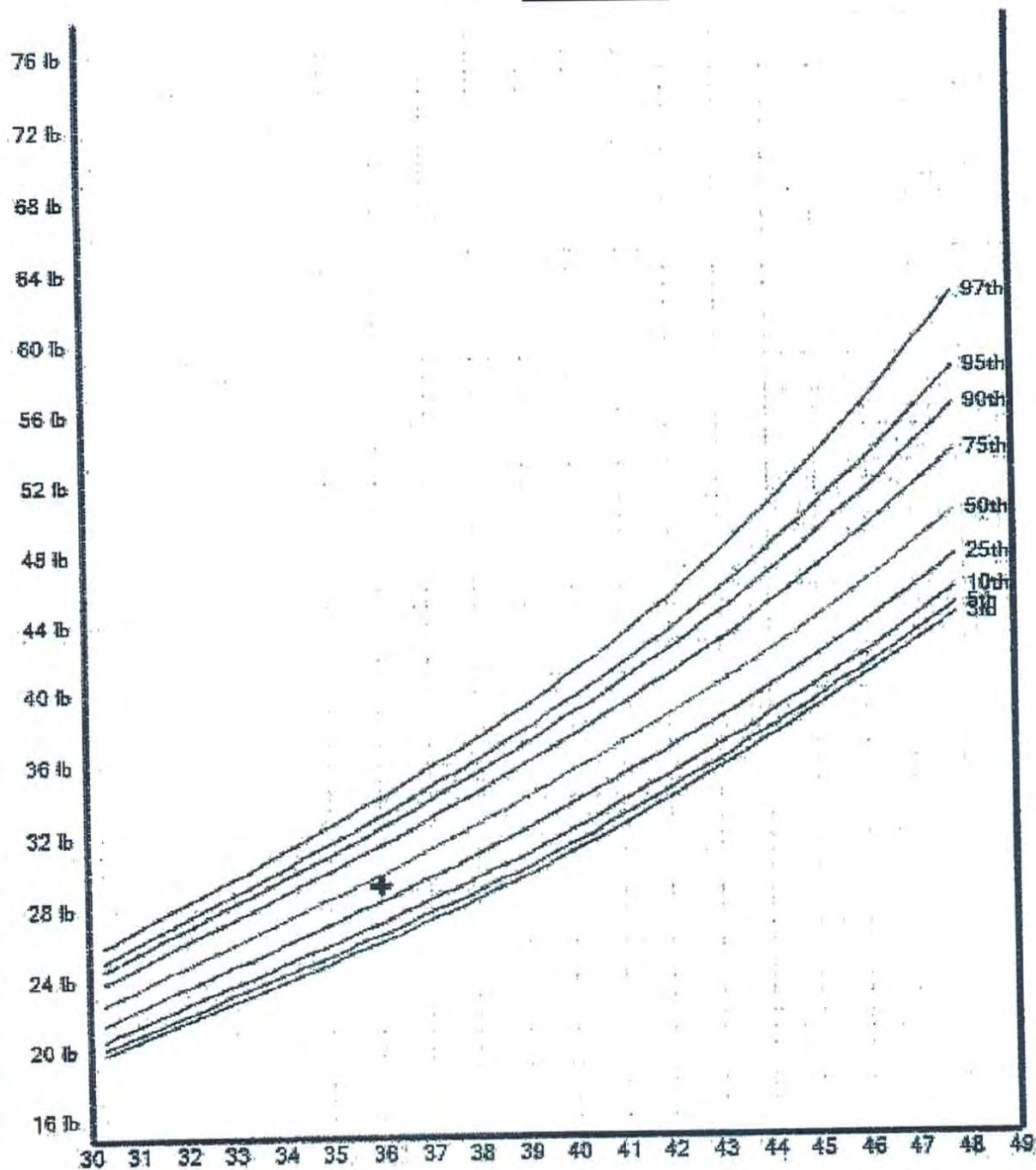
Body Mass Index for Age

Stature for Age

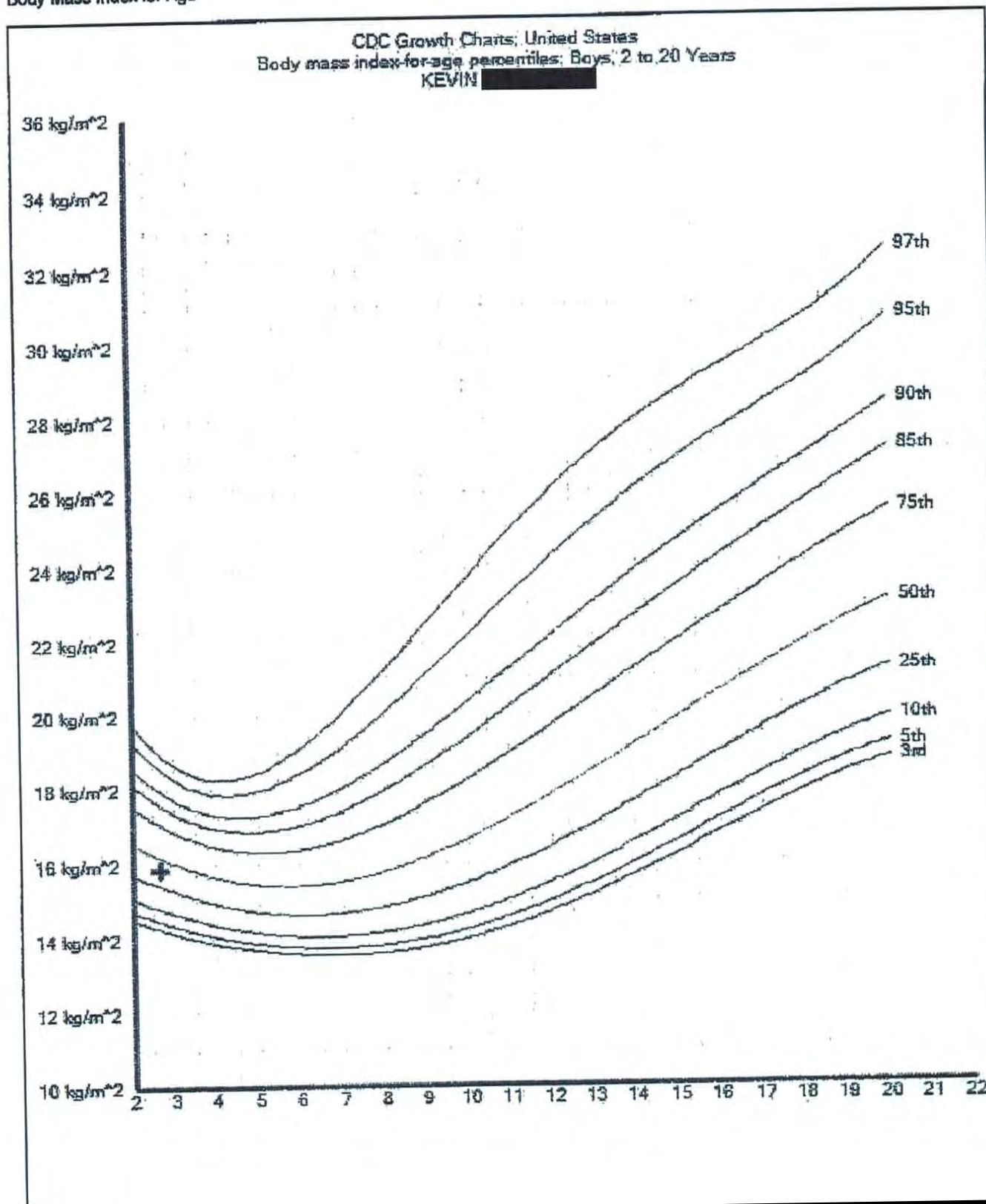
Weight for Age

Weight for Stature

CDC Growth Charts: United States
Weight-for-stature percentiles: Boys
KEVIN

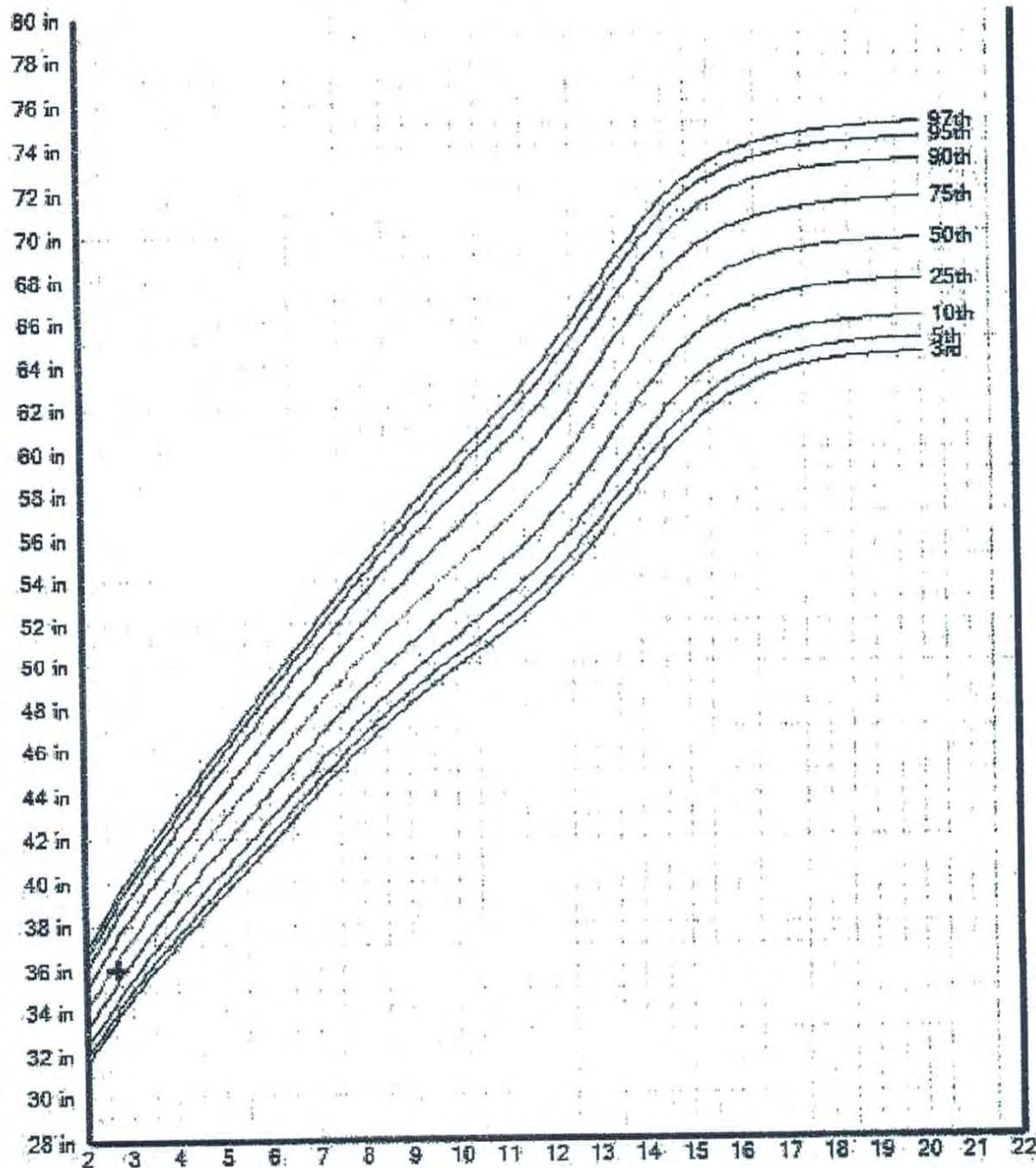


Body Mass Index for Age



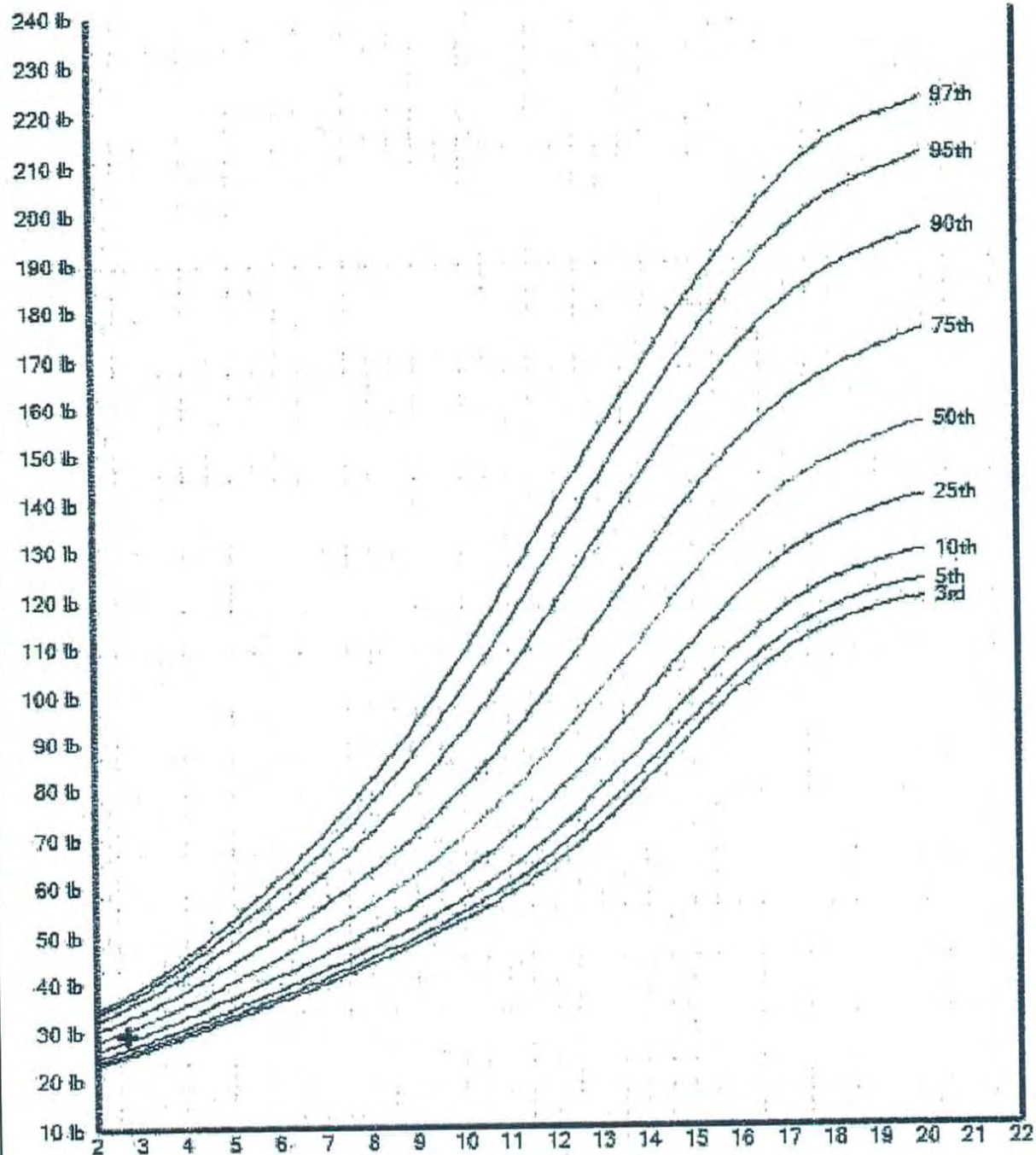
Stature for Age

CDC Growth Charts: United States
Stature-for-age percentiles: Boys, 2 to 20 Years
KEVIN



Weight for Age

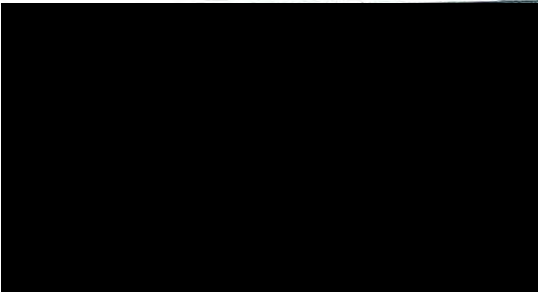


CDC Growth Charts: United States
Weight-for-age percentiles: Boys, 2 to 20 Years
KEVIN



RECEIVED 12/30/2019 01:09PM 13178734926
DEC/30/2019/MON 12:02 PM

P. 022

FACSIMILE TRANSMISSION COVER PAGE

	
	
	Date: 12.30.19
	Re: medical records

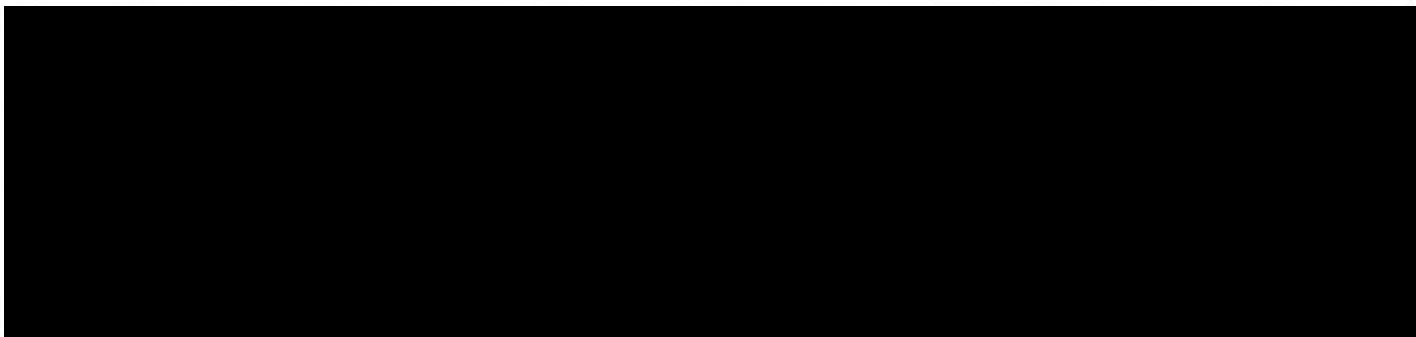
PLEASE SIGN AND RETURN AS PROOF OF RECEIPT OF MEDICAL RECORDS.

Medical records for: Jonathan  1.3.17

Received by: _____
(please print)

Signature: _____ Date: _____

THANK YOU! ☺



RECEIVED 12/30/2019 01:14PM 13178734926
DEC/30/2019/MON 12:04 PM

P. 002/042

12/30/2019 12:11PM 13178734926

PAGE 02/09

RELEASE OF MEDICAL INFORMATION

I hereby request and authorize:

REQUESTING MEDICAL RECORDS FROM:

Doctor Name/Address/Phone:

Hospital Name/Address/Phone: Lakeview regional medical hospital 95

Requesting Medical Records from the following dates: 01/03/2017 to 01/31/2020

Patient Name: Jonathan

ETS only

Date of Birth: 01/03/2017

Social Security #:

Due Date of this Pregnancy:

☒ All medical information/reports

☒ HIV test results

☒ X-ray reports

☒ Physical examination reports

☒ Psychological testing

☒ Other (specify): Billing, patient/client accounts, any and all other reports/records

☒ Immunization records

☒ Prenatal records

☒ Alcohol and drug screening

☒ Medical data for WIC Certification

☒ Laboratory reports

For the purpose of: Adoption

All information I hereby authorize to be obtained from this agency will be held in strictly confidential and cannot be released by the recipient without my express written consent. I understand that this authorization will remain in effect for 1 (one) year.

I understand that the information used or disclosed may be subject to disclosure by the person(s) or class of person(s) receiving it and no longer protected by the federal privacy regulations. I understand that my confidential information may be released to the adoptive family in a non-identifying manner. I understand that I may withdraw this consent at any time as long as the request is made in writing to the above listed medical provider in reliance on it before my revocation.

Signature of Client or Legal Representative

12 / 22 / 2019

Date

RECEIVED 12/30/2019 01:14PM 13178734926
DEC/30/2019/MON 12:04 PM

P. 004/042

12/30/2019 12:11PM 13178734926

PAGE 04/09

RELEASE OF MEDICAL INFORMATION

FORM 5A

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION - MOTHER'S INFORMATION
PUSUANT TO HIPA A

TO: DOCTOR/CLINIC/HOSPITAL: [REDACTED]

PATIENT NAME: Jonathan [REDACTED] DATES OF TREATMENT: FR 01/03/17 TO 01/31/2020
DATE OF BIRTH: [REDACTED] SOCIAL SECURITY #: [REDACTED]

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE ABOVE-NAMED HEALTH CARE PROVIDER, ALL PHYSICIANS, HOSPITALS, AND OTHER HEALTH CARE PROFESSIONALS WHO PROVIDE CARE OR CONSULT IN THE CARE OF, ME (COLLECTIVELY REFERRED TO AS "HEALTH CARE PROVIDERS") TO DISCLOSE TO THE FOLLOWING INDIVIDUALS AND ENTITIES ("RECIPIENTS"), AND RECIPIENTS, TO THEREAFTER DISCLOSE MY HEALTH INFORMATION AS FOLLOWS: ANY AND ALL MEDICAL, GENERAL, PSYCHOLOGICAL, PSYCHIATRIC, MEMBERSHIP, AND/OR HEALTH INFORMATION PERTAINING TO ME THAT IS NOW OR IN THE FUTURE THE POSSESSION OF OR UNDER CONTROL OF THE HEALTH CARE PROVIDERS INCLUDING SPECIFICALLY BUT NOT LIMITED TO, THE RESULTS OF ANY AND/OR ALL AUTOIMMUNE DEFICIENCY (HIV/AIDS) TESTING, DRUG, ALCOHOL, SEXUALLY TRANSMITTED DISEASE, HEPATITIS (A, B, OR C), AND HERPES TEST. I UNDERSTAND THAT THIS INFORMATION MAY INCLUDE OR RELATE TO SEXUALLY TRANSMITTED DISEASES, HUMAN IMMUNODEFICIENCY VIRUS (HIV INFECTION ACQUIRED IMMUNE DEFICIENCY SYNDROME OR AIDS COMPLEX), AND OTHER COMMUNICABLE DISEASES. IT MAY ALSO INCLUDE INFORMATION ABOUT BEHAVIORAL OR MENTAL HEALTH SERVICES, AND REFERRAL OR TREATMENT FOR ALCOHOL AND DRUG ABUSE (AS PERMITTED BY 42 CRF PART 2). RECIPIENTS MAY DISCLOSE THIS INFORMATION TO THE FOLLOWING PERSON(S) OR ORGANIZATION(S):

	YES	NO
ATTORNEY(S) FOR ADOPTIVE PARENTS	X	
AGENCY FOR ADOPTIVE PARENTS	X	
INTERSTATE COMPACT ON THE PLACEMENT OF CHILD (REN)	X	
COUNTY OR STATE PUBLIC AGENCIES	X	
NATIVE AMERICAN NATIONS OR TRIBES / ALASKA NATIVE VILLAGES	X	
OTHER PERSON(S) OR ENTITIES DEEMED NECESSARY BY RECIPIENTS TO FACILITATE THE ADOPTION OF MY CHILD(REN)	X	
PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS CONSULTED BY ANY OF THESE PEOPLE(S) AND ENTITIES	X	
ADOPTIVE PARENT(S)	X	
COURT IN CONNECTION WITH ADOPTION	X	

*** THIS DISCLOSURE AND USE IS FOR THE FOLLOWING PURPOSES: ADOPTION, CUSTODY, GUARDIANSHIP, PARENTAL RIGHTS MATTERS, INDIANA CHILD WELFARE ACT INQUIRIES, AND ICWA AND ICPC CLEARANCES. I UNDERSTAND THAT I HAVE A RIGHT TO REVOKE THIS AUTHORIZATION AT ANY TIME. I UNDERSTAND THAT IF I WISH TO REVOKE THIS AUTHORIZATION, I MUST DO SO IN WRITING AND PRESENT MY WRITTEN REVOCATION TO THE HEALTH INFORMATION MANAGEMENT DEPARTMENT OF THE HEALTH CARE PROVIDERS. UNLESS OTHERWISE REVOKED, THIS AUTHORIZATION WILL EXPIRE EIGHTEEN MONTHS FROM THE SIGNATURE DATE. I UNDERSTAND THAT AUTHORIZING THE DISCLOSURE OF THIS HEALTH INFORMATION IS VOLUNTARY. I ALSO UNDERSTAND THAT I MAY REFUSE TO SIGN THIS AUTHORIZATION AND THAT MY REFUSAL TO SIGN WILL NOT AFFECT MY ABILITY TO OBTAIN TREATMENT, PAYMENT FOR SERVICES, OR ELIGIBILITY FOR BENEFITS.

BY SIGNING THIS AUTHORIZATION, I UNDERSTAND THAT ANY DISCLOSURE OF INFORMATION CARRIES WITH THE POTENTIAL FOR AN UNAUTHORIZED REDISCLOSURE AND THE INFORMATION MAY NOT BE PROTECTED BY FEDERAL PRIVACY RULES. I FURTHER UNDERSTAND I MAY REQUEST A COPY OF THIS SIGNED AUTHORIZATION. A PHOTOCOPY SHALL BE DEEMED AS VALID AS THE ORIGINAL FOR ALL PURPOSES.

SIGNATURE OF PARENT/PATIENT: [REDACTED]

DATE: 12 / 22 / 2019

RECEIVED 12/30/2019 01:14PM 13178734926
DEC/30/2019/MON 12:04 PM

P. 006/042

Chart Audit

JONATHAN

Monday, December 30, 2019 11:40 AM

Progress Notes

Encounter Date

08/22/2018 02:23 PM

Medicine Note

Jonathan Sex: M. Encounter Date and Time: 8/22/2018 02:23PM,

Role

Chief Complaint

18m well

Chief complaint

The Chief Complaint is: 18m well.

History of present illness

Jonathan is a 1 year 7 month old male. Source of patient information was mother. History of developmental delay. Gross developmental delays. Currently in early steps. ST/OT/PT. Jonathan's brother has similar delays and hypotonia, but his older's brother's condition is more severe. Noted earlier in Jonathan than in his older sibling.

Jonathan has not seen any specialists. He is only in early steps. PT first noticed Jonathan's developmental delays at 4m of age. He has a history of torticollis. Early steps PT began working with him at 6m. ST began working with him at 15m d/t sibling history.

Jonathan cannot currently walk or stand without support. He is able to sit up unsupported, crawl, and pull to a stand. Mother and grandmother notice that both he and brother have more difficulty with muscular coordination in the morning. Once he is awake for a little while, he gains more control.

Mother has a history of being a fragile X carrier. Mother and maternal uncle have a movement disorder. She described it as a mix between tourette's syndrome and seizures. There are certain triggers. Mother's condition worsens with pregnancy and emotional stress or stress on the body, such as exhaustion.

Brother has been evaluated by neurology, Dr. Karlin, and genetics. Focused genetic work up performed on older sibling. Fragile X syndrome negative. BL hip xray for dysplasia was negative.

* Switched from formula to whole cow's milk * Weaned to cup at age 12 months
* 18 ounces of milk per day * Diet provides sufficient food variety * No excessive snacking * Not with juices * A normal sleep pattern
* Ages and Stages questionnaire abnormal MCHAT

* Normal appetite

Current medication

Medication List Reconciled

Past medical/surgical history

Reported:

Past medical history Hypotonia. Gross & fine motor delays. Speech delay.

Environmental Exposure: No secondhand tobacco smoke in home.

Personal history

Home Environment: 1 brother(s) residing in household and 1 sister(s) residing in household.
Immunizations off schedule -.

Family history

Mother has a history of being a fragile X carrier

Asthma uncle

Hyperlipidemia uncles

Depression uncle and grandparents

Paternal grandfather's:

Hypertension

Paternal grandmother's:

Hypertension

Maternal grandfather's:

Hypertension

Maternal grandmother's:

Hypertension

Fraternal:

Congenital malformations Hypotonia, microcephaly, & gross developmental delays.

Physical findings

Vital Signs:

Vital Signs/Measurements Value Date

Oral temperature 97.7 F 8/22/2018

RR 28 bpm 8/22/2018

PR 128 bpm 8/22/2018

Weight 22 lbs 8/22/2018

Body mass index BMI Percentile: Off Chart 15.6 kg/m2 8/22/2018

Body length 31.5 in 8/22/2018

Head circumference 45.7 cm 8/22/2018

General Appearance:

* Alert * Well hydrated. * Active.

Head:

Injuries: * No evidence of a head injury.

Appearance: * Head normocephalic.

Neck:

Appearance: * Neck was not swollen.

Suppleness: * Neck demonstrated no decrease in suppleness.

Eyes:

General/bilateral:

Extracocular Movements: * A cover-uncover test was performed. * Normal.

Pupils: * Normal.
 External: * No hyperemia of the conjunctiva. * No discharge from the conjunctiva.
 Retina: * Red retinal reflex was elicited.
 Ears:
 General/bilateral:
 Outer Ear: * Auricle normal.
 External Auditory Canal: * External auditory meatus normal.
 Tympanic Membrane: * Normal.
 Nose:
 General/bilateral:
 Discharge: * No nasal discharge seen.
 External Deformities: * No external nose deformities.
 Oral Cavity:
 * Normal.
 Teeth: * Dental no abnormalities.
 Pharynx:
 * Normal.
 Oropharynx: * Tonsils showed no abnormalities. * Tonsils showed no exudate.
 Mucosal: * Pharynx did not have a white patch.
 Lymph Nodes:
 * Normal.
 Lungs:
 * Respiration rhythm and depth was normal. * Clear to auscultation.
 Cardiovascular:
 Heart Rate And Rhythm: * Normal.
 Heart Sounds: * Normal.
 Murmurs: * No murmurs were heard.
 Arterial Pulses: * Equal bilaterally and normal.
 Venous Filling Time: * Normal - (Capillary refill).
 Abdomen:
 Visual Inspection: * Abdomen was not distended.
 Auscultation: * Bowel sounds were normal.
 Palpation: * Abdomen was soft. * Abdominal non-tender. * No mass was palpated in the abdomen.
 Liver: * Normal to palpation.
 Spleen: * Normal to palpation.
 Genitalia:
 Penis: * Normal.
 Scrotum: * Normal.
 Testes: * No cryptorchism was observed.
 Musculoskeletal System:
 General/bilateral: * Musculoskeletal system; hypotonia of BL calves. Calf muscles appear atrophied compared with other muscular development. Jonathan falls frequently when pulling to a stand. He crawls spastically.
 Neurological:
 * System:
 Motor: * Muscle tone was abnormal. * Spasticity was noted of both legs. * Hypotonia of the lower extremities. * Central hypotonia was noted. * Strength was reduced. * No weak grasp was noted bilaterally.
 Reflexes: * Deep tendon reflexes were normal.
 Skin:
 * General appearance was normal. * Showed no erythema. * Not dry. * No exfoliation was seen.
 Growth And Development:
 * Does not use a spoon. * Does not stack 3-4 blocks. * Vocabulary of fewer than 7-20 words He says eat. Trying to teach him sign language as well. He signs 'thirsty', 'more', and he says 'nah ah' for no and he says yeah. * Does not walk up steps. * Does not remove clothes. * Does not combine two different words.
 * Does not kick a ball forward.
 Standard Measurements:
 Standard Measurements: Value Date
 Body surface area .5 8/22/2018

Tests

Results for: LEAD

Ordered/ Test Name Performed	Ind Results	Units	Range
8/22/2018 LEAD			
8/22/2018			
Lead	<3/low		
***** END OF RESULTS *****			
Results for: HEMOGLOBIN			

Ordered/ Test Name Performed	Ind Results	Units	Range
8/22/2018 HEMOGLOBIN			
8/22/2018			
Hemoglobin	L 9.8	g%	10 - 15

Result Comments: Mildly low. Will start ferrous sulfate supplement and follow up level in 8 weeks.
 ***** END OF RESULTS *****

Results for: DEVELOPMENTAL TEST, LIM

Ordered/ Test Name Performed	Ind Results	Units	Range
8/22/2018 DEVELOPMENTAL TEST, LIM			
8/23/2018			

Result Comments: Abnormal MCHAT - Score of 7 - Referred to autism center for evaluation.
 ***** END OF RESULTS *****

Assessment

* Visit for: 18-month visit

- Delayed milestones
- Congenital hypotonia
- Developmental expressive language disorder
- Anemia
- Developmental coordination disorder

Allergies and Adverse Reactions
 No Known Allergies.
 Allergies Reviewed.

Vaccinations

- Review immunization schedule. Provided CDC handouts to parent. Addressed parent's concerns/questions. Individual vaccine components discussed
- Received dose of DTaP vaccine
- Received dose of haemophilus influenzae B vaccine, PRP-OMP conjugate (3 dose schedule), for intramuscular use
- Received dose of pneumococcal conjugate vaccine, 13-valent, IM use

Counseling/Education

- Anticipatory guidance: Oral health, brushing, fluoride, dental visits
- Anticipatory guidance: Begin toilet training
- Discussed safety practices - car, falls, environment, drowning, guns, poison
- Parent education about growth and development. Growth Chart Reviewed. Height: 15% Weight: 3% HC 4%
- Parent education - RE: NUTRITION. Discussed nutrition and aerobic exercise, avoid simple sugars, soft drinks, and high calorie foods. Wheat vs. white. Portion control

Plan

- Hemoglobin level
 - Serum lead level
 - Limited developmental testing with interpretation and report ((Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service))
 - Immunization administration age 18 or younger, one vaccine
 - Immunization administration age 18 or younger, each additional vaccine
 - ferrous sulfate 220 mg (44 mg iron)/5 mL solution. 2 mL by Oral route 2 times per day. Dispense: 120 mL. Refill: 1
 - Analgesics like Tylenol or Ibuprofen may be taken for fever or comfort
 - Follow-up for re-examination - PRN
 - Follow-up for re-examination @24 months
 - Return to the clinic if condition worsens or new symptoms arise
1. Will send for X-ray of BL hips to r/o hip dysplasia.
 2. Would like for Jonathan to follow up with the same specialists as his older sibling. Referred to Ochsner neurology. If mother was not satisfied with evaluation of brother's neurology evaluation, ok to seek 2nd opinion. Referred to Dr. Africk or McGuire. Referred to genetics. May return to Ochsner or seek 2nd opinion from Dr. Superneau. Referred to Dr. Eustis ophthalmology.
 3. Continue therapies with Early Steps
 4. Referred to Children's autism center for autism evaluation.

Practice Management

Preventive medicine new patient evaluation childhood 1-4.

Signoff Information

Electronically Signed By: JACQUELINE WALTER, APRN on 08/28/2018 at 03:29 PM.

Problems

Current Problems

ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION: Z00.12

First Identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc.
8/22/2018			Walter, Jacqueline	Z00.121	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAM W ABNORMAL FINDINGS

Lack of expected normal physiological development in childhood and adults: R62

First Identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc.
8/22/2018			Walter, Jacqueline	R62.0	DELAYED MILESTONE IN CHILDHOOD

Disorders of muscle tone of newborn: P94

First Identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc.
8/22/2018			Walter, Jacqueline	P94.2	CONGENITAL HYPOTONIA

Specific developmental disorders of speech and language: F80

First Identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc.
8/22/2018			Walter, Jacqueline	F80.1	EXPRESSIVE LANGUAGE DISORDER

OTHER ANEMIAS: D64

First Identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc.
8/22/2018			Walter, Jacqueline	D64.9	ANEMIA, UNSPECIFIED

Specific developmental disorder of motor function: F82

First Identified: 8/22/2018

Updated	Condition	Other	Examiner	Billing Code	Billing Desc.
8/22/2018			Walter, Jacqueline	F82	Specific developmental disorder of motor function

Path/Labs

Date Ordered	Date Performed	CPT Code	Dx Code	Description
08/22/2018	08/22/2018	83555	R62, D64, F82, Z00.12, F80, P94	LEAD
Component	Value	Unit	Range	Indicator
Lead	<3/low			

08/22/2018 08/22/2018 85018 R62, D64, F82, Z00.12, F80, P94 HEMOGLOBIN
Component Value Unit Range Indicator
Hemoglobin 9.8 g% 10 - 15 L

Procedures

Date Ordered	Date Performed	CPT Code	Dx Code	Description
08/22/2018	08/23/2018	96110	R62, D64, F82, Z00.12, F80, P94	DEVELOPMENTAL TEST, LIM

Result Comments: Abnormal MCHAT - Score of 7 - Referred to autism center for evaluation.
Order Comments: [(Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service)]
Attachments: 18m asg - PROCEDURE

18m asq - PROCEDURE(08/23/2018 10:05 AM) [Page 1 of 1]

Name - J. [REDACTED]

DOB - 1-3-17

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question. Thank you very much.

1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?) ☒ Yes ☐ No
2. Have you ever wondered if your child might be deaf? ☐ Yes ☒ No
3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) ☐ Yes ☒ No
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) ☒ Yes ☐ No
5. Does your child make unusual finger movements near his or her eyes?
(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) ☐ Yes ☒ No
6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE, pointing to a snack or toy that is out of reach) ☒ Yes ☐ No
7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) ☒ Yes ☐ No
8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) ☒ Yes ☐ No
9. Does your child show you things by bringing them to you or holding them up for you to see - not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) ☒ Yes ☐ No
10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) ☒ Yes ☐ No
11. When you smile at your child, does he or she smile back at you? ☒ Yes ☐ No
12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?) ☒ Yes ☐ No
13. Does your child walk? ☐ Yes ☒ No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? ☐ Yes ☒ No
15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) ☐ Yes ☒ No
16. If you turn your head to look at something, does your child look around to see what you are looking at? ☐ Yes ☒ No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?) ☐ Yes ☒ No
18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) ☒ Yes ☐ No
19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) ☒ Yes ☐ No
20. Does your child like movement activities?
(FOR EXAMPLE, being swung or bounced on your knee) ☒ Yes ☐ No

7

Immunization History

CPT Code	Dx Code	Vaccine	Given Date	Age	Component	Manufacturer	Lot No.
90460	R62, D64, F82, Z00.12, F80, P94	IM ADMIN 1ST/ONLY COMPONENT	08/22/2018	19 Months			
Ordering Clinician: 90461	R62, D64, F82, Z00.12, F80, P94	IM ADMIN EACH ADDL COMPONENT	08/22/2018	19 Months			
Ordering Clinician: 90647	R62, D64, F82, Z00.12, F80, P94	HIB VACCINE, PRP-OMP, IM	08/22/2018	19 Months		Merck and Co	VFCR001 085
Ordering Clinician: 90670	R62, D64, F82, Z00.12, F80, P94	PNEUMOCOCCAL VACC, 13 VAL IM	08/22/2018	19 Months		PFIZER, INC	VFCT044 24
Ordering Clinician: 90700	R62, D64, F82, Z00.12, F80, P94	DTAP VACCINE, < 7 YRS, IM	08/22/2018	19 Months		GlaxoSmithKline	VFCHY2 G7

Vital Signs

Date	Time	Temp(F)	Pulse	RR	O2 Sat	BP	Height/Length(in)	Weight(lb)	Head Circ (in)	BMI	O2 device	Flow Rate (L/min)	FiO2(%)
08/22/2018	3:08 PM	97.70	128	28	/	/	31.50	22	18	15.60			

Misc Index

OLD MEDICAL RECORDS

8/14/2018 1:23:11 PM

MEDICAL RECORDS

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 1 of 29]

Jul 13 2018 10:48:11 AM HP Fax

page 1

Appt scheduled
8/14 w/ Dr.

Authorization for Release of Medical Record Information

PLEASE USE BLACK INK

If any section of this form is incomplete, form may be invalid.

Patient Name: Jessica

Date of Birth: [REDACTED]

Address: [REDACTED]

City/State/Zip: mandeville, LA 70468

Phone number: [REDACTED]

I hereby authorize:

The release of information TO:

The release of information FROM:

RELEASE TO:

Name: [REDACTED]

Address: [REDACTED]

City/State/Zip: [REDACTED]

Phone #: [REDACTED]

Fax #: [REDACTED]

The information is needed for the following reason:

- ☒ Transferring to another pediatric practice
- ☐ Transferring to an adult practice
- ☐ Personal use
- ☐ Attorney use
- ☐ Visit to a Specialist
- ☐ Other: [REDACTED]

Type of information being released:

- ☐ Growth chart
- ☐ Immunization record
- ☐ Progress notes
- ☐ Labs/radiology
- ☐ Entire chart
- ☐ Other: [REDACTED]

I understand that I may revoke this consent at any time, except where information has already been released. This authorization is valid for a one (1) year period from the date it is signed.

By: [Signature]
Parent or legal guardian (if minor patient)

Current date: 7-17-18

Witness: [REDACTED]

Date: 7-13-18

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 2 of 29]

Reason for Visit

Well Child, 8 days old
 Weight Check
 Bill Check
 Feeding questions
 mom asks "What is his amount for feeding?"

Diagnoses

Diagnosis	Codes	Comments
Encounter for routine well baby examination - Primary	ICD-10-CM: Z00.129	
Jaundice	ICD-9-CM: V20.2	
	ICD-10-CM: R17	
Slow feeding in newborn	ICD-9-CM: 782.4	
	ICD-10-CM: P92.2	
	ICD-9-CM: 779.31	

Problem List as of 1/9/2017

None

Date Reviewed: 1/9/2017

Allergies as of 7/17/2018

No Known Allergies

Never Reviewed

Immunizations as of 1/9/2017

No immunizations on file.

All Results

Resulted: 01/10/17 1328, Result status: In process

Bilirubin, total [252028202]

Resulting lab: OCHSNER MEDICAL CENTER - NEW ORLEANS

Specimen Information

Type	Source	Collected On
Blood	Blood	01/09/17 1328

Resulted: 01/10/17 1328, Result status: In process

Bilirubin, direct [252028203]

Resulting lab: OCHSNER MEDICAL CENTER - NEW ORLEANS

Specimen Information

Type	Source	Collected On
Blood	Blood	01/09/17 1328

Resulted: 01/10/17 1414, Result status: Final result

Miscellaneous Bandout Test [252028204]

Resulting lab: OCHSNER MEDICAL CENTER - NEW ORLEANS

Components

Component	Value	Reference Range	Flag	Lab
Miscellaneous Test Name	T BIL AND D	—	—	OCLB
Specimen Type	BIL	—	—	OCLB
Test Result	BLOOD	—	—	OCLB
	See report under Media	—	—	OCLB
Reference Range	Tab	—	—	OCLB
Comment:	CANCELED	—	—	OCLB

Generated on 7/17/18 10:49 AM

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 3 of 29]

All Results (continued)
Miscellaneous Sendout Test (252028204) (continued) Resulted: 01/10/17 1414, Result status: Final result

Testing performed by:
Lakeview Regional Medical Laboratory
95 Judge Tanner Blvd.
Covington, La. 70433

Result canceled by the ancillary

Reference Lab

Comment: Result canceled by the ancillary

CANCELED —

OCLB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
347 - OCLB	OCHSNER MEDICAL CENTER - NEW ORLEANS	Gregory Sossaman, MD	1516 Jefferson Hwy New Orleans LA 70121	04/21/15 1523 - Present

Progress Notes

Progress Notes by Pamela E. Richard, MD at 1/9/2017 3:20 PM

Author: Pamela E. Richard, MD
Filed: 1/9/2017 4:37 PM
Status: Signed

Service: (none)
Encounter Date: 1/9/2017
Editor: Pamela E. Richard, MD (Physician)

Author Type: Physician
Creation Time: 1/9/2017 3:53 PM

Here for newborn well check with parent mom

36 week 4 days.
NSVD. No infections with pregnancy.
Mom says negative (coombs test) test to see if needed a med.
Started on photo treatment In hospital was bili was 11. It decreased to 10.
Discharged Sat and bili was 11
He is much less yellow per mom who has been putting him indirect sunlight and feeding frequently.
Taking 45 ml po q 3 hr breast milk
He does latch/cant suck well so mom is pumping.
In NICU he was bottle fed.

Birth weight 7 pounds 1 oz.
Discharge weight 6 pounds 10 oz
Now 6 pounds 5.7 oz

The have a 1 year old sibling at home.

ALLERGY:Reviewed
MED'S:Reviewed
IMM:Hep B given at birth
HEAR SCREEN:Pass
PKU:Done after 24 hours
DIET:Breast.
BH:reviewed

Generated on 7/17/18 10:49 AM

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 4 of 29]

Visit Summary

Reason for Visit
Weight Check

Diagnoses

Jaundice - Primary
Newborn weight check

Codes
ICD-10-CM: R17
ICD-9-CM: 782.4
ICD-10-CM: Z00.111
ICD-9-CM: V20.32

Comments

Date Reviewed: 1/10/2017

Problem List as of 1/10/2017
None

Allergies as of 7/17/2018
No Known Allergies

Never Reviewed

Immunizations as of 1/10/2017
No Immunizations on file.

Progress Notes

Progress Notes by Pamela E. Richard, MD at 1/10/2017 3:40 PM

Author: Pamela E. Richard, MD
Filed: 1/10/2017 3:46 PM
Status: Signed

Service: (none)
Encounter Date: 1/10/2017
Editor: Pamela E. Richard, MD (Physician)

Author Type: Physician
Creation Time: 1/10/2017 3:40 PM

Patient presents for visit accompanied by parent mom
CC: weight check
HPI: Patient is here for weight check. Weight the same but feeding well. He is "eating it up"!! Loved taking more milk. Mom says takes up to 90 ml and no spit up.
The nicu told mom to give 45ml each feed q 3-4 hr and he needs more and obviously can take more.
Good po and elimination. Denies fever. No cough, congestion, or runny nose. Denies ear pain, or sore throat. No vomiting, or diarrhea.
Bili was 11 in safe range and he is less yellow today.
ALLERGY: Reviewed
MEDICATIONS: Reviewed
IMMUNIZATIONS: reviewed
PMH: reviewed
ROS:
CONSTITUTIONAL: alert, interactive
EYES: no eye discharge
ENT: see HPI
RESP: nl breathing, no wheezing or shortness of breath
GI: see HPI
SKIN: no rash
PHYS. EXAM: vital signs have been reviewed
GEN: well nourished, well developed. Pain 0/10
SKIN: normal skin turgor, no lesions
EYES: PERRLA, nl conjunctiva

Generated on 7/17/18 10:49 AM

Page 5

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 5 of 29]

Progress Notes (continued)
Progress Notes by Pamela E. Richard, MD at 1/10/2017 3:40 PM (continued)

EARS:nl pinnae, TM's intact, right TM nl, left TM nl
NASAL:mucosa pink, no congestion, no discharge, oropharynx-mucus membranes moist, no pharyngeal erythema

NECK:supple, no masses

RESP:nl resp. effort, clear to auscultation

HEART:RRR no murmur

ABD: positive BS, soft NT/ND

MS:nl tone and motor movement of extremities

LYMPH:no cervical nodes

PSYCH:in no acute distress, appropriate and interactive

IMP:weight stabilized Jaundice improving

PLAN:Medication see orders

Continue frequent feeds Breast milk pumped. But we can increase thre amount even more as tolerated

Observe

Education diagnoses, and treatment. Supportive care education.

Observe

Return if symptoms persist, worsen, or if new signs and symptoms devalop. Call with concerns. Follow up at well check and pm.

Electronically signed by Pamela E. Richard, MD on 1/10/2017 3:46 PM

H&P Notes

No notes of this type exist for this encounter.

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 6 of 29]

Visit Summary

Reason for Visit

Well Child
 Other Misc
 8 wk
 concern for colic and acid reflux

Diagnoses

Encounter for routine child health examination without abnormal findings
 - Primary
 ICD-10-CM: Z00.129
 ICD-9-CM: V20.2

Problem List as of 2/23/2017

None

Date Reviewed: 2/23/2017

Allergies as of 7/17/2018

No Known Allergies

Immunizations as of 2/23/2017

Name	Date	Dose	VIS Date	Route	Never Reviewed
DTaP / Hib / IPV	2/23/2017	Deferred (Other)			
Hepatitis B, Pediatric/Adolescent	2/23/2017	Deferred (Other)			
Pneumococcal Conjugate - 13	2/23/2017	Deferred (Other)			
Valent	2/23/2017	Deferred (Other)			
Rotavirus Pentavalent	2/23/2017	Deferred (Other)			

Medications

Outpatient Medications at Start of Encounter as of 2/23/2017

Disp	Refills	Start	End
lactulose (CHRONULAC) 10 gram/15 mL solution (Taking) Sig: 3 ml QD-BID prn constipation	90 mL	0	2/8/2017 3/10/2017

Medications the Patient Reported Taking

Disp	Refills	Start	End
lactulose (CHRONULAC) 10 gram/15 mL solution (Taking/Expired) Sig: 3 ml QD-BID prn constipation	90 mL	0	2/8/2017 3/10/2017

Progress Notes

Progress Notes by [REDACTED] MD at 2/23/2017 3:20 PM

Author: [REDACTED]
 Filed: 2/23/2017 4:13 PM
 Status: Signed

Author Type: Physician
 Creation Time: 2/23/2017 3:22 PM

Here for 2 mo well check w/ parents
 Actually 7 weeks of age
 Mom reports some constipation (chronulac)
 Gassy with juices

Generated on 7/17/18 10:49 AM

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 7 of 29]

Progress Notes (continued)

Progress Notes by Jill A. Fitzpatrick, MD at 2/23/2017 3:20 PM (continued)

Was having hard stools
Now getting chronulac every other day - now having 1 stool every 1-2 days

ALL:Reviewed &/or Reconciled.

MEDS: chronulac

PMH:Healthy infant

FH:Reviewed

SH:Lives w/ family

DIET: Formula Parent's Choice Gentle, takes 3-4 oz every 2-3 hours, sleeping at night only a few hours at a time

DEVELOPMENT:Smiles responsively, regards face, follows past midline, tends to voice, coos, head up 45 degrees, bears wt on legs. grasps & releases. See PDQII

ROS

GEN: Sleeps well, active when awake, not irritable

SKIN:No rash, lesions

HEENT:No eye, ear or nasal d/c. looks at mother while feeding, startles to noise, sucks & swallows well, NL

ROM of neck

CHEST:NL breathing, no cough or SOB

CV:no fatigue, or cyanosis

ABD:nl BMs, no vomiting

GU:nl urination, no blood

MS:Equal movements, no swelling or pain

NEURO:No lethargy or irritability, no spells or abnormal movements

PHYSICAL:NL VS (see nurses note), See Growth Chart

GEN: WD, active, alert, smiles, no distress. Pain 0/10

SKIN:No rash/lesions or bruises, no edema or pallor, pink & well perfused

HEAD:NCAT, AF open & flat

EYES:Fixes & follows, EOMI, PERRL, conjunctiva clear, nl red reflex

EARS:Attends to voice, clear canals, nl pinnae & TMs

NOSE:Nares patent, no discharge, straight septum

MOUTH:No mass, MMM, NL gums & palate

NECK:NL ROM, no mass

CHEST:NL chest wall & resp effort, no stridor, clear BBS

CV:RRR, no murmur, NL S1S2, no CCE, nl femoral pulses

ABD:nl BS, ND, soft; no HSM, mass or hernia

GU: no adhesions or discharge, no mass or hernia

MS:No deformity or swelling, nl ROM, neg Ortolani & Barlow, NL spine

NEURO:NL tone & strength, no abn movement

LN:No enlarged cervical or inguinal nodes

IMP: Jonathan was seen today for well child and other misc.

Diagnoses and all orders for this visit:

Encounter for routine child health examination without abnormal findings

- DTaP HIB IPV combined vaccine IM (PENTACEL)

Generated on 7/17/18 10:49 AM

Page 11

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 8 of 29]

Jonathan

Progress Notes (continued)

Progress Notes by [REDACTED] at 2/23/2017 3:20 PM (continued)

- Hepatitis B vaccine pediatric / adolescent 3-dose IM
- Pneumococcal conjugate vaccine 13-valent less than 5yo IM
- Rotavirus vaccine pentavalent 3 dose oral

PLAN: Imm. counseling done. Individual vaccine components reviewed. Pantacel, PCV, RV, HepB will come back at 8 weeks of age

PKU requested, PDQ WNL, Subjec.vision:PASS Subjec.hearing:PASS

Educ. growth, development, & feeds. Safety(back sleep,handwash,tobacco,car, don't overbundle,smoke detec.,bath) Educ. fever/Tylenol. Interpretive conf. conducted.Addressed concerns.

Reflux precautions: elevate head of bed, small frequent feeds, ok to thicken feeds with rice cereal, frequent burps, keep upright 30 minutes after feeds

F/U @ 4 mo.& pm

Electronically signed by Jill A. Fitzpatrick, MD on 2/23/2017 4:13 PM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

02/23/2017 1811 - [REDACTED]

Disposition: Return in 2 months (on 4/23/2017).

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 9 of 29]

Admission Information - Patient Record Only

Arrival Date/Time:	Admit Date/Time:	03/24/2017 0829	IP Adm. Date/Time:
Admission Type: Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:
Means of Arrival:	Primary Service:	OCHSNER	Secondary Service:
Transfer Source:	Service Area:	SERVICE AREA	Unit:
Admit Provider:	Attending Provider:	Jill A. Fitzpatrick, MD	Referring Provider:

Discharge Information - Patient Record Only

Discharge Date/Time:	Discharge Disposition:	Discharge Destination:	Discharge Provider:	Unit:
03/24/2017 2359	Home Or Self Care	None	None	NS Lakeview - X-Ray

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
R50.9 [Principal]	Fever, unspecified				

Reviewed: 3/23/2017 by Anthony Eugene Modavid, MD

Hospital Problem List as of 3/24/2017

None

Reviewed: 3/23/2017 by Anthony Eugene Modavid, MD

Non-Hospital Problem List as of 3/24/2017

None

Radiology Results

X-Ray Chest PA And Lateral [265906110]

Resulted: 03/24/17 1036, Result status: Final result

Resulted by: [REDACTED]
 Accession number: 26712815
 Narrative:
 AP and lateral chest without comparison

Performed: 03/24/17 1008 - 03/24/17 1018
 Resulting lab: OCHS TALK TECHNOLOGY

Findings: The cardiodynamic silhouette is within normal limits. The lungs demonstrate no consolidation or pleural effusion. The bones are intact. Large air bubble noted within the stomach.
 Impression:
 No acute cardiopulmonary process.

Electronically signed by: [REDACTED]
 Date: 03/24/17
 Time: 10:36

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Date Range
15 - TALKTECH	OCHS TALK TECHNOLOGY	n/a	n/a	04/15/15 1657 - Present

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 10 of 29]

Visit Summary

Reason for Visit

Follow-up

ER; Dx-bronchiolitis

Diagnoses

Bronchiolitis - Primary

ICD-10-CM: J21.9
 ICD-9-CM: 466.19

Comments

Problem List as of 3/29/2017

None

Date Reviewed: 3/29/2017

Allergies as of 7/17/2018

No Known Allergies

Immunizations as of 3/29/2017

Never Reviewed

Name	Date	Dose	NIS Date	Route
DTaP / Hib / IPV	3/7/2017	0.5 mL	10/22/2014	Intramuscular
Site: Left vastus lateralis				
Given By: Jeffrey A Gaddy				
DTaP / Hib / IPV	2/23/2017 Deferred (Other)	-	-	-
Hepatitis B, Pediatric/Adolescent	3/7/2017	0.5 mL	7/20/2016	Intramuscular
Site: Left vastus lateralis				
Given By: Jeffrey A Gaddy				
Hepatitis B, Pediatric/Adolescent	2/23/2017 Deferred (Other)	-	-	-
Hepatitis B, Pediatric/Adolescent	1/3/2017	-	-	-
Pneumococcal Conjugate - 13	3/7/2017	0.5 mL	11/5/2015	Intramuscular
Valent				
Site: Right vastus lateralis				
Given By: Jeffrey A Gaddy				
Pneumococcal Conjugate - 13	2/23/2017 Deferred (Other)	-	-	-
Valent				
Rotavirus Pentavalent	3/7/2017	2 mL	4/15/2015	Oral
Site: Oral				
Given By: Jeffrey A Gaddy				
Comment: instructed to wait 15 min				
Rotavirus Pentavalent	2/23/2017 Deferred (Other)	-	-	-

Medications

Outpatient Medications at Start of Encounter as of 3/28/2017

Drug	Dose	Refills	Start	End
fluconazole (DIFLUCAN) 10 mg/mL suspension (Taking)	20 mL	0	3/23/2017	7/6/2017
Sig: 3ml today, then 1.5ml daily x 10 days				5/1/2017
lactulose (CHRONULAC) 10 gram/15 mL solution (Taking)				
Sig - Route: Take by mouth 3 (three) times daily. - Oral				
Class: Historical Med				

Medications the Patient Reported Taking

Generated on 7/17/18 10:49 AM

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 11 of 29]

Medications (Continued)

Medications the Patient Reported Taking (continued)

	Dose	Refills	Start	End
albuterol (ACCUNE) 0.63 mg/3 mL Nebu (Taking/Discontinued) Sig: Take 0.63 mg by nebulization every 6 (six) hours as needed. Rescue Class: Historical Med Route: Nebulization Reason for Discontinue: Patient no longer taking				7/6/2017
fluconazole (DIFLUCAN) 10 mg/mL suspension 20 mL (Taking/Discontinued) Sig: 3ml today then 1.5ml daily x 10 days Reason for Discontinue: Patient no longer taking	20 mL	0	3/23/2017	7/6/2017
lactulose (CHRONULAC) 10 gram/15 mL solution (Taking/Discontinued) Sig: Take by mouth 3 (three) times daily. Class: Historical Med Route: Oral Reason for Discontinue: Reorder				5/1/2017

Ordered Medications

	Dose	Refills	Start	End
albuterol (ACCUNE) 0.63 mg/3 mL Nebu Sig - Route: Take 3 mLs (0.63 mg total) by nebulization every 4 to 6 hours as needed (wheezing or sob). Rescue - Nebulization	50 vial	0	3/29/2017	3/29/2018

Ordered Facility-Administered Medications

	Dose	Freq	Start	End
albuterol nebulizer solution 0.6292 mg Sig - Route: Take 1.51 mLs (0.6292 mg total) by nebulization one time. - Nebulization	0.6292 mg	Clinic/HOD 1 time	3/29/2017	3/29/2017
prednisolONE 15 mg/5 mL (3 mg/mL) solution 9.96 mg Sig - Route: Take 3.32 mLs (9.96 mg total) by mouth one time. - Oral	2 mg/kg x 4.98 kg	Clinic/HOD 1 time	3/29/2017	3/29/2017

Progress Notes

Progress Notes by Kathryn R. Oubre, MD at 3/29/2017 4:48 PM

Filed: 3/29/2017 5:27 PM
Status: Signed

Author Type: Physician
Creation Time: 3/29/2017 5:20 PM

Patient presents for visit with parent.

CC:cough

HPI: Reports went to Lakeview ER last night, dx with bronchiolitis. No fever in 1 week. Neg rsv and flu; neg CXR. Gave Rx of albuterol but no treatment was given and no nebulizer machine. Feeding less than usual but taking in about 1 oz/hr of either formula or pedialyte

MEDICATIONS reviewed

ALLERGY reviewed

IMMUNIZATIONS: reviewed

PMH: reviewed

ROS:

CONSTITUTIONAL: Alert, interactive

EYES: No eye discharge

ENT: See HPI

Generated on 7/17/18 10:49 AM

Page 29

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 12 of 29]

Jonathan

Progress Notes (continued)

Progress Notes by 3/29/2017 4:40 PM (continued)

RESP: Reports cough
SKIN: No rash
PHYS. EXAM: Vital Signs reviewed
GEN: Well nourished, well developed. Pain 0/10
SKIN: Normal skin turgor, no lesions
EYES: normal sclera
EARS: NL pinnae, TM's intact, right TM nl, left TM nl
NASAL: Mucosa pink, has congestion, has discharge, oropharynx-mucus membranes moist, no pharyngeal erythema
NECK: Supple, no masses
RESP: NL resp. effort, excellent aeration, diffuse scattered expiratory wheezes and crackles B
HEART: RRR no murmur
MS: NL tone and motor movement of extremities
LYMPH: No cervical nodes
PSYCH: No acute distress, appropriate and interactive
Orders: Albuterol 0.63 mg neb treatment given in clinic
Counseled parents on how to use nebulizer at home
Omapred 2 mg/kg po x 1 given in clinic
IMP bronchiolitis
PLAN: Medications: see orders Albuterol (rescue medication) every 4 hours as needed for wheezing
Acetaminophen for fever as directed (CALL if fever more than 72 hrs).
Observe Education patient should look good (interact/console/light not bother eyes/neck not stiff) when fever is broken if gets fever.
Education cool mist humidifier, elevate head of bed, bulb and saline suction, adequate fluid intake.
No cough/cold meds, usually viral cause; back sleep, don't overbundle.
Call if labored breathing, poor color, respiratory difficulties, not improving
Recheck in 3-5 days with appointment or sooner if new signs or symptoms develop or poor improvement
Also follow up at well checks

Electronically signed by on 3/29/2017 5:27 PM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

03/29/2017 1723

Disposition: Return if symptoms worsen or fail to improve.

Visit Summary

Reason for Visit

Well Child
Check Circumcision Site
6 month

Diagnoses

	Codes	Comments
Encounter for routine child health examination without abnormal findings	ICD-10-CM: Z00.129	
Primary	ICD-9-CM: V20.2	
Developmental delay	ICD-10-CM: R62.50	
	ICD-9-CM: 783.40	
Microcephaly	ICD-10-CM: Q02	
	ICD-9-CM: 742.1	
Head tilt	ICD-10-CM: M43.6	
	ICD-9-CM: 723.5	
Penile adhesions	ICD-10-CM: N47.5	
	ICD-9-CM: 605	
Behind on Immunizations	ICD-10-CM: Z28.3	
	ICD-9-CM: V16.83	

Problem List as of 7/6/2017

	Codes	Priority	Class	Noted Resolved
Head tilt	ICD-10-CM: M43.6			7/6/2017 - Present
	ICD-9-CM: 723.5			7/6/2017 - Present
Microcephaly	ICD-10-CM: Q02			7/6/2017 - Present
	ICD-9-CM: 742.1			7/6/2017 - Present
Developmental delay	ICD-10-CM: R62.50			7/6/2017 - Present
	ICD-9-CM: 783.40			7/6/2017 - Present
Penile adhesions	ICD-10-CM: N47.5			7/6/2017 - Present
	ICD-9-CM: 605			7/6/2017 - Present

Allergies as of 7/17/2018

No Known Allergies

Immunizations as of 7/6/2017

Name	Date	Dose	Via	Date	Route	Never Reviewed
DTaP / Hib / IPV	7/6/2017	0.5 mL		10/22/2014	Intramuscular	
Site: Left vastus lateralis						
Given By: Tiffany T. Eastland, LPN						
DTaP / Hib / IPV	3/7/2017	0.5 mL		10/22/2014	Intramuscular	
Site: Left vastus lateralis						
Given By: Jeffrey A. Gaddy						
DTaP / Hib / IPV	2/23/2017 Deferred (Other)					
Hepatitis B, Pediatric/Adolescent	7/6/2017	0.5 mL		7/20/2016	Intramuscular	
Site: Left vastus lateralis						
Given By: Tiffany T. Eastland, LPN						
Comment: pt. advised to wait 15 mins						
Hepatitis B, Pediatric/Adolescent	3/7/2017	0.5 mL		7/20/2016	Intramuscular	
Site: Left vastus lateralis						
Given By: Jeffrey A. Gaddy						
Hepatitis B, Pediatric/Adolescent	2/23/2017 Deferred (Other)					
Hepatitis B, Pediatric/Adolescent	1/3/2017					

Generated on 7/17/18 10:49 AM

MEDICAL RECORDS(08/14/2018 01:23 PM) (Page 14 of 29)

Visit Summary (continued)

Immunizations as of 7/6/2017 (continued)				Never Reviewed
Name	Date	Dose	Vis Date	Route
Pneumococcal Conjugate - 13	7/6/2017	0.5 mL	11/6/2015	Intramuscular
Valent				
Site: Right vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
Comment: pt advised to wait 15 mins				
Pneumococcal Conjugate - 13	3/7/2017	0.5 mL	11/5/2015	Intramuscular
Valent				
Site: Right vastus lateralis				
Given By: Jeffrey A Gaddy				
Pneumococcal Conjugate - 13	3/23/2017 Deferred	-	-	-
Valent	(Other)			
Rotavirus Pentavalent	7/6/2017	2 mL	4/15/2015	Oral
Site: Oral				
Given By: Tiffany T. Eastland, LPN				
Rotavirus Pentavalent	3/7/2017	2 mL	4/15/2015	Oral
Site: Oral				
Given By: Jeffrey A Gaddy				
Comment: Instructed to wait 15 min				
Rotavirus Pentavalent	3/23/2017 Deferred	-	-	-
(Other)				

Medications

Outpatient Medications at Start of Encounter as of 7/6/2017				
Medication	Dose	Refills	Start	End
albuterol (ACCUNEB) 0.63 mg/3 mL Nebu	50 vial	0	3/29/2017	3/28/2018
Sig - Route: Take 3 mLs (0.63 mg total) by nebulization every 4 to 6 hours as needed (wheezing or SOB). Rescue - Nebulization				7/6/2017
albuterol (ACCUNEB) 0.63 mg/3 mL Nebu				
Sig - Route: Take 0.63 mg by nebulization every 6 (six) hours as needed. Rescue - Nebulization				
Class: Histoprol Med				
fluconazole (DIFLUCAN) 10 mg/mL suspension	20 mL	0	3/23/2017	7/6/2017
Sig: 3ml today then 1.6ml daily x 10 days				
lactulose (CHRONULAC) 10 gram/15 mL solution	236 mL	1	5/1/2017	7/6/2017
Sig - Route: Take 2 mLs (1.3333 g total) by mouth 3 (three) times daily. - Oral				

Progress Notes

<p>Pro: [REDACTED]</p> <p>Filed: 7/8/2017 9:48 AM</p> <p>Status: Signed</p> <p>Here for 6 month well check with parents and brother</p> <p>They would like his circumcision site checked</p> <p>Seen by early steps and qualified for PT for now</p> <p>Does not have full control of head but getting better, just starting rolling over tummy to back</p> <p>Will bear weight when being held</p> <p>Neck tilts towards left and was told has torticollis - missed 4 month well check up</p> <p>Mom and maternal uncle with hx of developmental delay gross motor and speech skills</p> <p>Uncle could not sit up at 18 months old</p> <p>Brother with developmental delay - here for 18 month well check as well and sits up but has low tone and</p>	<p>Author Type: Physician</p> <p>Creation Time: 7/8/2017 2:43 PM</p>
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MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 15 of 29]

Progress Notes (continued)

Progress Notes by Jill A. [REDACTED] at 7/6/2017 3:20 PM (continued)

truncal control

ALL: none
MEDS: none
IMM: Not up to date missed 4 month well check up, no reaction
PMH: no hospitalization or surgery
SH: lives with family, no daycare
FH: reviewed, no changes
LEAD RISK: Negative
DIET: formula, baby foods
DEV: reaches, rakes, looks for & holds toys, single syllables, rolls over, sits w/o support, no head lag. See PDQII

ROS

GEN: Interactive, calm, Sleep WNL
SKIN: No rash or lesions
HEENT: Sees & hears, no eye, ear, nose drainage or bleed, no lazy eye, swallows well, nl neck ROM
CHEST: Normal breathing
CV: No fatigue, cyanosis
ABD: nl BMs, no vomiting
GU: nl urination, no blood
MS: Equal movements, no swelling
NEURO: No spells, weakness, abnml movements

PHYSICAL: NL VS (see RN note), Refer to Growth Chart

GEN: Active, alert, responsive, smiles.
SKIN: No edema or rash, pink, good perfusion & turgor
HEAD: NCAT, AFO/SF
EYE: EOMI, PERRL, fixes well, nl red reflex, clear conjunctiva
EARS: Turns to voice, clear canals, nl pinnae & TMs
NOSE: NL septum, patent, no d/c
NECK: nl ROM, no mass
CHEST: NL effort, no deformity, clear BBS
CV: RRR no murmur, nl S1S2, no CCE
ABD: NL BS, ND, NT, no HSM, mass or hernia
GU: no adhesions or d/c, no hernia
MS: Equal movements, no deformity or swelling, nl ROM, nl spine
NEURO: NL tone & strength
LN: No enlarged cervical, or inguinal nodes

IMP: Jonathan was seen today for well child and check circumcision site.

Diagnoses and all orders for this visit:

Encounter for routine child health examination without abnormal findings

- DTaP HiB IPV combined vaccine IM (PENTACEL)
- Hepatitis B vaccine pediatric / adolescent 3-dose IM
- Pneumococcal conjugate vaccine 13-valent less than 5yo IM

Generated on 7/17/18 10:49 AM

Page 33

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 16 of 29]

Progress Notes (continued)

Progress Notes by Jill A. Fitzpatrick, MD at 7/8/2017 3:20 PM (continued)

- Rotavirus vaccine pentavalent 3 dose oral

PLAN: IMM educ. Individual vaccines reviewed:

Subjec. Vision & Hearing: PASS. PDQ WNL

GUIDANCE: Advance purees, little juice ok; safety (small objects, poisons, choking, sun, no tobacco, car seat)

Educ. dental/Florida, Teething, Growth & Dev., & sleep.

Interpretive Conf. conducted.

F/U @ 9 months & prn

Developmental delay

- Ambulatory referral to Pediatric Neurology
- Ambulatory Referral to Genetics

Microcephaly

- Ambulatory referral to Pediatric Neurology
- Ambulatory Referral to Genetics

Head tilt

- X-Ray Cervical Spine AP And Lateral; negative
- Continue PT through early steps

Penile adhesions

Easily released in clinic

Behind on immunizations

Will need rotavirus vaccine before 32 weeks of life and a month from now

Mom will make a nurse visit

Electronically signed by [REDACTED] MD on 7/8/2017 9:46 AM

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

07/06/2017 1454

Disposition: Return in 3 months (on 10/6/2017).

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 17 of 29]

Admission Information - Patient Record Only

Arrival Date/Time:	Admission Type:	Admit Date/Time:	07/06/2017 1531	IP Adm. Date/Time:	
	Elective	Point of Origin:	Physician Or Clinic Referral	Admit Category:	
Means of Arrival:		Primary Service:		Secondary Service:	
Transfer Source:		Service Area:		Unit:	
Admit Provider:		Attending Provider:		Referring Provider:	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
07/08/2017 2359	Home Or Self Care	None	None	NS Lakeview - X-Ray

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affecto DRG
M43.6	Torticollis				
[Principal]					

Hospital Problem List as of 7/6/2017

None

Reviewed: 7/8/2017 by Jill Fitzpatrick, MD

Non-Hospital Problem List as of 7/6/2017

Head tilt

Microcephaly

Developmental delay

Penile adhesions

Codes	Last Modified
ICD-10-CM: M43.6	7/6/2017
ICD-9-CM: 723.6	
ICD-10-CM: Q02	7/6/2017
ICD-9-CM: 742.1	
ICD-10-CM: R62.50	7/6/2017
ICD-9-CM: 783.49	
ICD-10-CM: N47.5	7/8/2017
ICD-9-CM: 605	

Radiology Results

X-Ray Cervical Spine AP And Lateral [28511333]

Resulted by: Richard Mankinen
 Accession number: 27119087
 Narrative:
 AP, lateral, and odontoid views of cervical spine

Resulted: 07/08/17 1800, Result status: Final result
 Performed: 07/06/17 1531 - 07/06/17 1547
 Resulting lab: OCHS TALK TECHNOLOGY

No comparison

There is no fracture or malalignment. No vertebral anomalies. Disc heights are well-maintained. There is mild prominence of the pre-vertebral soft tissues of doubtful clinical significance in the absence of recent trauma or clinical concern for soft tissue infection of the neck.

Electronically signed by: Richard Mankinen MD
 Date: 07/06/17
 Time: 16:00

Testing Performed By

Generated on 7/17/18 10:49 AM

Page 35

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 18 of 29]

Visit Summary

Reason for Visit

Immunizations catch up
 Discuss when patient gets upset has moment when gets upset while eating that he will stop breathing, face was pale and eyes closed

Diagnoses

	Codes	Comments
Breathholding - Primary	ICD-10-CM: R06.89	
	ICD-9-CM: 786.8	
Need for vaccination	ICD-10-CM: Z23	
	ICD-9-CM: V06.9	

Problem List as of 8/14/2017

	Codes	Priority	Class	Date Reviewed: 7/6/2017	Notes: Resolved
Head tilt	ICD-10-CM: M43.6			7/6/2017 - Present	
Microcephaly	ICD-9-CM: 723.5			7/6/2017 - Present	
	ICD-10-CM: Q02			7/6/2017 - Present	
Developmental delay	ICD-9-CM: 742.1			7/6/2017 - Present	
	ICD-10-CM: R62.50			7/6/2017 - Present	
Penile adhesions	ICD-9-CM: 783.40			7/6/2017 - Present	
	ICD-10-CM: N47.6			7/6/2017 - Present	
	ICD-9-CM: 605			7/6/2017 - Present	

Allergies as of 7/17/2018

No Known Allergies

Immunizations as of 8/14/2017

Name	Date	Dose	Vis Date	Route	Never Reviewed
DTaP / Hib / IPV	8/14/2017	0.5 mL	10/22/2014	Intramuscular	
Site: Right vastus lateralis					
Given By: Lakesha C. Brazel, LPN					
Comment: Instructed to wait 15 min					
DTaP / Hib / IPV	7/6/2017	0.5 mL	10/22/2014	Intramuscular	
Site: Left vastus lateralis					
Given By: Tiffany T. Eastland, LPN					
DTaP / Hib / IPV	3/7/2017	0.5 mL	10/22/2014	Intramuscular	
Site: Left vastus lateralis					
Given By: Jeffrey A Gaddy					
DTaP / Hib / IPV	2/23/2017 Deferred (Other)				
Hepatitis B, Pediatric/Adolescent	7/6/2017	0.5 mL	7/20/2016	Intramuscular	
Site: Left vastus lateralis					
Given By: Tiffany T. Eastland, LPN					
Comment: pt advised to wait 15 mins					
Hepatitis B, Pediatric/Adolescent	3/7/2017	0.5 mL	7/20/2016	Intramuscular	
Site: Left vastus lateralis					
Given By: Jeffrey A Gaddy					
Hepatitis B, Pediatric/Adolescent	2/23/2017 Deferred (Other)				
Hepatitis B, Pediatric/Adolescent	1/3/2017	0.5 mL	11/5/2015	Intramuscular	
Pneumococcal Conjugate - 13	8/14/2017	0.6 mL			
Valent					
Site: Left vastus lateralis					

Generated on 7/17/18 10:49 AM

Page 38

Visit Summary (Continued)

Immunizations as of 8/14/2017 (continued)				Never Reviewed	
Name	Date	Dose	Vis Date	Route	
Given By: Lakesha C. Brazzel, LPN Pneumococcal Conjugate - 13 Valent	7/6/2017	0.5 mL	11/5/2015	Intramuscular	
Site: Right vastus lateralis Given By: Tiffany T. Eastland, LPN Comment: pt advised to wait 15 min					
Pneumococcal Conjugate - 13 Valent	3/7/2017	0.5 mL	11/5/2015	Intramuscular	
Site: Right vastus lateralis Given By: Jeffrey A. Gaddy					
Pneumococcal Conjugate - 13 Valent	2/22/2017 Deferred (Other)	—	—	—	
Rotavirus Pentavalent Site: Oral	8/14/2017	2 mL	4/15/2015	Oral	
Given By: Lakesha C. Brazzel, LPN Rotavirus Pentavalent Site: Oral	7/6/2017	2 mL	4/15/2015	Oral	
Given By: Tiffany T. Eastland, LPN Rotavirus Pentavalent Site: Oral	3/7/2017	2 mL	4/15/2015	Oral	
Given By: Jeffrey A. Gaddy Comment: instructed to wait 15 min					
Rotavirus Pentavalent	2/22/2017 Deferred (Other)	—	—	—	

Medications

Outpatient Medications at Start of Encounter as of 8/14/2017

	Disp	Refills	Start	End
albuterol (ACCUNE) 0.63 mg/3 mL Nebu (Taking) Sig: Route: Take 3 mLs (0.63 mg total) by nebulization every 4 to 6 hours as needed (wheezing or sob). Rescue - Nebulization	50 vial	0	3/29/2017	3/29/2018

Medications the Patient Reported Taking

	Disp	Refills	Start	End
albuterol (ACCUNE) 0.63 mg/3 mL Nebu (Taking) Sig: Take 3 mLs (0.63 mg total) by nebulization every 4 to 6 hours as needed (wheezing or sob). Rescue Route: Nebulization	50 vial	0	3/29/2017	3/29/2018

Progress Notes

Progress Notes by Jill A. Fitzpatrick, MD at 8/14/2017 12:20 PM

Author: Jill A. Fitzpatrick, MD
 Filed: 8/16/2017 5:30 PM
 Status: Signed

Service: (none)
 Encounter Date: 8/14/2017
 Editor: Jill A. Fitzpatrick, MD (Physician)

Author Type: Physician
 Creation Time: 8/14/2017 12:43 PM

Patient presents for visit accompanied by parents

CC: stopped breathing

HPI: Jonathan is a 7 month old. Parents report that on two occasions after screaming about food choice that he held his breath and then turned blue and went limp.

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 20 of 29]

Progress Notes (continued)

Progress Notes by Jill A. Fitzpatrick, MD at 8/14/2017 12:20 PM (continued)

Mom blew in his face and within few seconds he was back to normal. Never had any shaking or eye deviation
No mental status change. Denies fever. No cough, congestion, or runny nose. Denies ear pain, or sore throat. No vomiting, or diarrhea.

ALL:Reviewed and or Reconciled.
MEDS:Reviewed and or Reconciled.
IMM:UTD
PMH:problem list reviewed

ROS:
CONSTITUTIONAL:alert, interactive
EYES:no eye discharge
ENT:no URI sx
RESP:nl breathing, no wheezing or shortness of breath
GI: no vomiting or diarrhea
SKIN:no rash

PHYS. EXAM:vital signs have been reviewed(see nurses notes)
GEN:well nourished, well developed.
SKIN:normal skin turgor, no lesions
EYES:PERRLA, nl conjunctiva
EARS:nl pinnae, TM's intact, right TM nl, left TM nl
NASAL:mucosa pink, no congestion, no discharge
MOUTH: mucus membranes moist, no pharyngeal erythema
NECK:supple, no masses
RESP:nl resp. effort, clear to auscultation
HEART:RRR, nl s1s2, no murmur or edema
ABD: positive BS, soft, NT,ND,no HSM
MS:nl tone and motor movement of extremities
LYMPH:no cervical nodes
PSYCH:in no acute distress, appropriate and interactive

IMP: Jonathan was seen today for immunizations and discuss when patient gets upset.

Diagnoses and all orders for this visit:

Breathholding

Discussed this does not appear to be a seizure but classic breathholding
I have already recommended evaluation by neurology for developmental delay
Mom will discuss at that visit
If mental status changes or seizure like activity needs eval right away
Parents voiced understanding

Need for vaccination

- (In Office Administered) DTaP / Hib / IPV Combined Vaccine (IM)

Generated on 7/17/18 10:49 AM

Page 40

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 21 of 29]

[REDACTED]

Progress Notes (continued)

Progress Notes by [REDACTED] at 8/14/2017 12:20 PM (continued)

- (In Office Administered) Pneumococcal Conjugate Vaccine (13 Valent) (IM)
- (In Office Administered) Rotavirus Vaccine Pentavalent (3 Dose) (Oral)

[REDACTED]

H&P Notes

No notes of this type exist for this encounter.

[REDACTED]

Visit Summary

Reason for Visit

Well Child

12 month

Diagnoses

Encounter for routine child health examination without abnormal findings

ICD-10-CM: Z00.128

- Primary

ICD-9-CM: V20.2

Developmental delay

ICD-10-CM: R62.50

Screening for heavy metal poisoning

ICD-9-CM: 789.40

ICD-10-CM: Z13.86

Anemia, unspecified type

ICD-9-CM: V82.5

ICD-10-CM: D64.9

ICD-8-CM: 285.9

Problem List as of 1/26/2018

Date Reviewed: 1/28/2018

	Codes	Priority	Class	Noted/Resolved
Head tilt	ICD-10-CM: M43.6			7/6/2017 - Present
	ICD-9-CM: 723.5			7/6/2017 - Present
Microcephaly	ICD-10-CM: Q02			7/6/2017 - Present
	ICD-9-CM: 742.1			7/6/2017 - Present
Developmental delay	ICD-10-CM: R62.50			7/6/2017 - Present
	ICD-9-CM: 789.40			7/6/2017 - Present
Penile adhesion	ICD-10-CM: N47.5			7/6/2017 - Present
	ICD-9-CM: 605			

Allergies as of 1/17/2018

No Known Allergies

Immunizations as of 1/26/2018

Never Reviewed

Name	Date	Dose	VIS Date	Route
DTaP / Hib / IPV	8/14/2017	0.5 mL	10/22/2014	Intramuscular
Site: Right vastus lateralis				
Given By: Lakeisha C. Brazier, LPN				
Comment: Instructed to wait 15 min				
DTaP / Hib / IPV	7/6/2017	0.5 mL	10/22/2014	Intramuscular
Site: Left vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
DTaP / Hib / IPV	3/7/2017	0.5 mL	10/22/2014	Intramuscular
Site: Left vastus lateralis				
Given By: Jeffrey A. Gaddy				
DTaP / Hib / IPV	2/23/2017 Deferred (Other)			
Hepatitis A, Pediatric/Adolescent, 2	1/26/2018	0.5 mL	7/20/2018	Intramuscular
Dose				
Site: Right vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
Hepatitis B, Pediatric/Adolescent	7/6/2017	0.5 mL	7/20/2018	Intramuscular
Site: Left vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
Comment: pt advised to wait 15 min				
Hepatitis B, Pediatric/Adolescent	3/7/2017	0.5 mL	7/20/2018	Intramuscular
Site: Left vastus lateralis				
Given By: Jeffrey A. Gaddy				

Generated on 7/17/18 10:49 AM

Page 46

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 23 of 29]

Immunizations as of 1/26/2018 (continued)					Never Reviewed
Name	Date	Dose	Vis Date	Route	
Hepatitis B, Pediatric/Adolescent	2/23/2017	Deferred			
Hepatitis B, Pediatric/Adolescent	(Other)				
Influenza - Quadrivalent - PF (6-36 months)	1/3/2017		8/7/2015	Intramuscular	
Site: Left vastus lateralis					
Given By: Tiffany T. Eastland, LPN	1/26/2018	0.5 mL	4/20/2012	Subcutaneous	
MMR					
Site: Right vastus lateralis					
Given By: Tiffany T. Eastland, LPN		0.5 mL	11/5/2015	Intramuscular	
Pneumococcal Conjugate - 13	8/14/2017				
Valent					
Site: Left vastus lateralis					
Given By: Lakesha C. Brazier, LPN		0.5 mL	11/5/2015	Intramuscular	
Pneumococcal Conjugate - 13	7/6/2017				
Valent					
Site: Right vastus lateralis					
Given By: Tiffany T. Eastland, LPN		0.5 mL	11/5/2015	Intramuscular	
Comment: pt advised to wait 15 min	3/7/2017				
Pneumococcal Conjugate - 13					
Valent					
Site: Right vastus lateralis					
Given By: Jeffrey A. Gaddy	2/23/2017	Deferred			
Pneumococcal Conjugate - 13	(Other)		4/15/2015	Oral	
Valent	8/14/2017	2 mL			
Rotavirus Pentavalent					
Site: Oral					
Given By: Lakesha C. Brazier, LPN	7/6/2017	2 mL	4/15/2015	Oral	
Rotavirus Pentavalent					
Site: Oral					
Given By: Tiffany T. Eastland, LPN	3/7/2017	2 mL	4/15/2015	Oral	
Rotavirus Pentavalent					
Site: Oral					
Given By: Jeffrey A. Gaddy					
Comment: instructed to wait 15 min					
Rotavirus Pentavalent	2/23/2017	Deferred			
(Other)					
Varicella	1/26/2018	0.5 mL	3/13/2006	Subcutaneous	
Site: Right vastus lateralis					
Given By: Tiffany T. Eastland, LPN					

Medications				
Outpatient Medications at Start of Encounter as of 1/26/2018				
Disp	Refill	Start	End	
ibuprofen (ADVIL, MOTRIN) 100 mg/5 mL suspension (Taking)				
Sig - Route: Take by mouth every 6 (six) hours as needed for Temperature greater than . - Oral				
Class: Historical Med	50 vial	3/29/2017	3/29/2018	
albuterol (ACCUNEB) 0.63 mg/3 mL Nebu				
Sig - Route: Take 3 mL (0.63 mg total) by nebulization every 4 to 8 hours as needed (wheezing or SOB). Rescue - Nebulization			1/26/2018	
acetaminophen (TYLENOL) 160 mg/5 mL (5 mL)				
Susp				
Sig - Route: Take by mouth. - Oral				
Class: Historical Med				

Generated on 7/17/18 10:49 AM

Page 47

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 24 of 29]

Medications (continued)

Outpatient Medications at Start of Encounter as of 1/26/2018 (continued)

Medications the Patient Reported Taking

Drug	Refill	Start	End
ibuprofen (ADVIL, MOTRIN) 100 mg/5 mL suspension (Taking)			
Sig: Take by mouth every 6 (six) hours as needed for Temperature greater than.			
Class: Historical Med			
Route: Oral			

All Results

POCT Hemoglobin [285111347] (Abnormal)

Resulted: 01/26/18 0903, Result status: Final result

Resulted by: NR,MA

Specimen Information		Collected On
Type	Source	
---	Blood	01/26/18 0903

Components		Value	Reference Range	Flag	Lab
Component					
Hemoglobin		9.7	10.5 - 13.5 g/dL	A	---

Lead, blood MEDICAID [285111348] (Normal)

Resulted: 02/09/18 0824, Result status: Final result

Resulted by: NR,MA

Resulting lab: EXTERNAL

Specimen Information		Collected On
Type	Source	
Blood	Blood	02/09/18

Components		Value	Reference Range	Flag	Lab
Component					
Lead		<1.0	---	---	EXT

Testing Performed By

Lab/Abbreviation	Name	Director	Address	Valid Date Range
25 - EXT	EXTERNAL	Unknown	Unknown	10/17/11 1613 - 03/06/16 2119

Progress Notes

Progress Notes by Jill A. [REDACTED] at 1/25/2018 8:40 AM

Author: [REDACTED] Service: (none) Author Type: Physician
 Filed: 1/31/2018 1:37 PM Creation Time: 1/28/2018 8:43 AM
 Status: Signed

Here for 12 m/o well check with parents. Doing well
 in early steps for developmental delay
 Has been in PT for a few months, just started speech
 He has not seen neurology or genetics yet
 Brother is in early steps as well and followed by genetics and neurology for significant dev delay. Recent

Generated on 7/17/18 10:49 AM

Page 48

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 25 of 29]

Progress Notes (continued)

MRI of brother was normal
There is a family hx of dev delay as well

ALL:reviewed and or reconciled.
MEDS: reviewed and or reconciled.
IMM:UTD,no adverse reaction
PMH:generally healthy, problem list reviewed
FH:reviewed, no changes
SH:lives with family
LEAD & TB RISK:negative
DIET:cereal, fruits, vegetables
DEVELOPMENT: does not point, he does waves, pincer grasp, claps, specific dada "bye bye", jargon, does not sit unsupported, rolls, army crawls

ROS:
GEN:Happy, sleeps all night, calm
SKIN:No rash/lesions
EYE:No lazy eye, sees well, no drainage, redness
EARS:Hears well, no pain or drainage
NOSE:Breathes well, no drainage
NECK:NI movement, no mass
MOUTH:Chews and swallows well
CHEST:NI breathing, no cough
CV:No cyanosis, or fatigue
ABD:NI BMs, no vomiting
GU:NI urination, no blood
MS:NI movements, no pain or swelling
NEURO:No spells, abnormal movements or weakness

PHYSICAL:nl VS(see RN note) See Growth Chart
GEN:Alert, interactive, cooperative.
SKIN: No rash, lesions, pallor, bruising or edema
HEAD:NCAT, AF closed
EYES:EOMI, PERRLA, follows, no strabismus, normal red reflex, clear conjunctivae
EARS:Attends to voice, clear canals, normal pinnae & TMs
NOSE:Patent, straight septum, no discharge.
MOUTH:Normal gums & teeth, no lesions
NECK:Normal ROM, no mass
CHEST:Normal chest wall and effort, clear BBS
CV:RRR, no murmur, normal S1S2, no CCE
ABD:Normal BS, soft, ND, NT; no HSM, mass
GU:++ penile adhesions or d/c, no hernia, bilateral testes down
MS:nl ROM, no deformity or swelling, normal spine, low tone, can't sit without full support
NEURO:nl tone, strength
LN:No enlarged cervical or inguinal nodes

IMP Jonathan was seen today for well child.

Generated on 7/17/18 10:49 AM

Page 49

Progress Notes by [REDACTED] MD at 1/25/2018 8:40 AM (continued)

Diagnoses and all orders for this visit:

Encounter for routine child health examination without abnormal findings

Hepatitis A vaccine pediatric / adolescent 2 dose IM
MMR vaccine subcutaneous
Varicella vaccine subcutaneous
Flu Vaccine - Quadrivalent (PF) (6-35 months)
POCT Hemoglobin
Lead, blood MEDICAID

PLAN: Immunization counseling done. Individual vaccine components reviewed.
Subjec.Vision:PASS. Subjec.Hear:PASS. PDQII WNL.
Diet:whole milk less than 16oz. Iron rich foods, advance solids.Wean bottle, pacifier.
Educ:(behavior,sleep,dental care). Safety educ.Interpretive conf. conducted.
F/U @ 15 mo & prn
Penile adhesions, start pulling back foreskin every diaper change and when in bath

Developmental delay

Ambulatory consult to Pediatric Neurology
Ambulatory Referral to Genetics
Continue early steps
Screening for heavy metal poisoning
Lead, blood MEDICAID

Electronically signed by Jill A. Fitzpatrick, MD on 1/31/2018 1:37 PM

H&P Notes

No notes of this type exist for this encounter.

Visit Summary				
Diagnoses				
Encounter for routine child health examination without abnormal findings	ICD-10-CM: Z00.129	Codes		
Anemia, unspecified type	ICD-9-CM: V20.2	Comments		
	ICD-10-CM: D64.9			
	ICD-9-CM: 285.9			
Problem List as of 1/26/2018				
Date Reviewed: 1/26/2018				
Problem	Codes	Priority	Class	Noted / Resolved
Head tilt	ICD-10-CM: M43.6			7/6/2017 - Present
Microcephaly	ICD-9-CM: 723.5			7/6/2017 - Present
Developmental delay	ICD-10-CM: Q02			7/6/2017 - Present
	ICD-9-CM: 742.1			7/6/2017 - Present
	ICD-10-CM: R82.50			7/6/2017 - Present
	ICD-9-CM: 783.40			7/6/2017 - Present
Penile adhesions	ICD-10-CM: N47.6			7/6/2017 - Present
	ICD-9-CM: 605			7/6/2017 - Present
Allergies as of 7/17/2018				
No Known Allergies				
Immunizations as of 1/26/2018				
Name	Date	Dose	Vis Date	Route
DTaP / Hib / IPV	8/14/2011	0.5 mL	10/22/2014	Intramuscular
Site: Right vastus lateralis				
Given By: Lakesha C. Brazel, LPN				
Comment: Instructed to wait 15 min				
DTaP / Hib / IPV	7/8/2017	0.5 mL	10/22/2014	Intramuscular
Site: Left vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
DTaP / Hib / IPV	3/7/2017	0.5 mL	10/22/2014	Intramuscular
Site: Left vastus lateralis				
Given By: Jeffrey A Gaddy				
DTaP / Hib / IPV	2/23/2017 Deferred (Other)	-	-	-
Hepatitis A, Pediatric/Adolescent, 2 Dose	1/26/2018	0.5 mL	7/20/2016	Intramuscular
Site: Right vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
Hepatitis B, Pediatric/Adolescent	7/6/2017	0.5 mL	7/20/2016	Intramuscular
Site: Left vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
Comment: as advised to wait 15 min				
Hepatitis B, Pediatric/Adolescent	3/7/2017	0.5 mL	7/20/2016	Intramuscular
Site: Left vastus lateralis				
Given By: Jeffrey A Gaddy				
Hepatitis B, Pediatric/Adolescent	2/23/2017 Deferred (Other)	-	-	-
Hepatitis B, Pediatric/Adolescent	1/26/2018	0.25 mL	8/7/2015	Intramuscular
Influenza - Quadrivalent - PF (6-35 months)				
Site: Left vastus lateralis				
Given By: Tiffany T. Eastland, LPN				
MMR	1/26/2018	0.5 mL	4/20/2012	Subcutaneous

Generated on 7/17/18 10:48 AM

Page 55

Generated on 7/17/18 10:48 AM

Page 31

Immunizations as of 1/26/2018 (continued) Never Reviewed

Site: Right vastus lateralis Given By: Tiffany T. Eastland, LPN				
Pneumococcal Conjugate - 13	8/14/2017	0.5 mL	11/5/2015	Intramuscular
Valent				
Site: Left vastus lateralis Given By: Lakesha C. Brazier, LPN				
Pneumococcal Conjugate - 13	7/8/2017	0.5 mL	11/5/2015	Intramuscular
Valent				
Site: Right vastus lateralis Given By: Tiffany T. Eastland, LPN				
Comment: pt advised to wait 15 mins				
Pneumococcal Conjugate - 13	3/7/2017	0.5 mL	11/5/2015	Intramuscular
Valent				
Site: Right vastus lateralis Given By: Jeffrey A. Gaddy				
Pneumococcal Conjugate - 13	2/23/2017 Deferred	-		
Valent	(Other)			
Rotavirus Pentavalent	8/14/2017	2 mL	4/15/2015	Oral
Site: Oral				
Given By: Lakesha C. Brazier, LPN				
Rotavirus Pentavalent	7/8/2017	2 mL	4/15/2015	Oral
Site: Oral				
Given By: Tiffany T. Eastland, LPN				
Rotavirus Pentavalent	3/7/2017	2 mL	4/15/2015	Oral
Site: Oral				
Given By: Jeffrey A. Gaddy				
Comment: Instructed to wait 15 min				
Rotavirus Pentavalent	2/23/2017 Deferred	-		
Valent	(Other)			
Varicella	1/28/2018	0.5 mL	3/13/2008	Subcutaneous
Site: Right vastus lateralis Given By: Tiffany T. Eastland, LPN				

Medications

Outpatient Medications at Start of Encounter as of 1/28/2018

albuterol (ACGUN 5) 0.03 mg/3 mL Ne ^u	50 vial	0	8/20	3/29/2018
Sig - Route: Take 3 mLs (0.03 mg total) by nebulization every 4 to 8 hours as needed (wheezing or SOB). Rescue - Nebulization				
ibuprofen (ADVIL, MOTRIN) 100 mg/5 mL suspension				
Sig - Route: Take by mouth every 6 (six) hours as needed for Temperature greater than - Oral				
Class: Historical Med				
acetaminophen (TYLENOL) 160 mg/5 mL (3 mL)				1/28/2018
Susp (Discontinued)				
Sig - Route: Take by mouth, - Oral				
Class: Historical Med				
Reason for Discontinue: Patient no longer taking				

All Results

CBC auto differential (285111360) (Abnormal) Resulted: 01/28/18 1403, Result status: Final result

Resulting lab: OCHSNER HEALTH CENTER - COVINGTON

Specimen Information

Generated on 7/17/18 10:48 AM

MEDICAL RECORDS(08/14/2018 01:23 PM) [Page 29 of 29]

All Results (continued)

CBC auto differential [285111350] (Abnormal) (continued)

Resulted: 01/26/18 1403, Result status: Final result

Type	Source	Collected On		
Blood	Blood	01/26/18 0921		
Components				
Component	Value	Reference Range	Flag	Lab
WBC	11.32	8.00 - 17.60 K/uL	—	COLB
RBC	4.35	3.70 - 5.30 M/uL	—	COLB
Hemoglobin	11.9	10.5 - 13.5 g/dL	—	COLB
Hematocrit	33.5	33.0 - 39.0 %	—	COLB
MCV	77	70 - 86 fL	—	COLB
MCH	27.4	23.0 - 31.0 pg	—	COLB
MCHC	35.4	30.0 - 36.0 g/dL	—	COLB
RDW	14.4	11.5 - 14.5 %	—	COLB
Platelets	492	150 - 350 K/uL	H	COLB
MPV	10.3	9.2 - 12.9 fL	—	COLB
Lymph #	CANCELED	3.0 - 10.5 K/uL	—	COLB
Comment: Result canceled by the ancillary				
Mono #	CANCELED	0.2 - 1.2 K/uL	—	COLB
Comment: Result canceled by the ancillary				
Eos #	CANCELED	0.0 - 0.8 K/uL	—	COLB
Comment: Result canceled by the ancillary				
Baso #	CANCELED	0.01 - 0.06 K/uL	—	COLB
Comment: Result canceled by the ancillary				
Gran%	19.0	17.0 - 48.0 %	—	COLB
Lymph%	75.0	50.0 - 60.0 %	H	COLB
Mono%	3.0	3.8 - 13.4 %	L	COLB
Eosinophil%	2.0	0.0 - 4.1 %	—	COLB
Basophil%	0.0	0.0 - 0.6 %	—	COLB
Sands	1.0	%	—	COLB
Platelet Estimate	Appears normal	—	—	COLB
Differential Method	Manual	—	—	COLB
Comment: Corrected result; previously reported as Automated on 01/26/2018 at 14:02.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
370 - COLB	OCHSNER HEALTH CENTER - COVINGTON	Francis R. Rodwig, Jr MD, MBA, MPH	1000 Ochsner Blvd. Covington LA 70433	04/15/15 1345 - Present

Notes

H&P Notes

No notes of this type exist for this encounter.

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