

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 6/22/15 TIME: 1515 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Parag Hines DOB: _____ AGE: _____

PRESENT COMPLAINT: Last Sunday picked blueberries. Noticed something on forehead + face. Since then it's all over chest and now starting on arms. Mainly on sweat areas initially.

MEDICATIONS: Benadryl cream & meds LMP: Augst.

Temp	Pulse	Resp	B/P	HT	WT	Allergies
	<u>60</u>		<u>124/82</u>			<u>Penicillin Sulfur</u>

INITIAL VISIT		RETURN VISIT
Skin	<u>Some weeping, + itching. On sides it's more like streaks.</u>	
Sinuses		
Ears	<u>Swim: W. day disturbed</u>	
Eyes	<u>Swim: W. day disturbed</u>	
Nose	<u>Swim, swim, swim: 100%</u>	
Throat	<u>Swim on power attention</u>	
Neck/Back	<u>Swim on power attention</u>	
Heart	<u>Swim on power attention</u>	
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Allergic reaction</u>		

PLAN: 1) Benadryl 12mg today CALL BACK: 6-23-15 T.C.
2) Benadryl cream; topical Benadryl. States reaction improving. Strongly
Benadryl. Benadryl

PRACTITIONER SIGNATURE: Cartwright, C.R.N. STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8/27/10 TIME: 8:25 PT. HISTORY REVIEWED / UPDATED: 1:40 p.m.

PATIENT NAME: Paige Hines DOB: _____ AGE: _____

PRESENT COMPLAINT: Was drilling yesterday and punctured 3rd digit on (L) hand. Pt washed wound w/ alcohol, turpentine and bandaged. States it was still bleeding last P.M.. States she has numbness around

MEDICATIONS:						LMP:
Temp	Pulse	Resp	B/P	HT	WT	Allergies
						PCN, sulfa

INITIAL VISIT		RETURN VISIT
Skin	<u>and of her finger.</u>	<u>8/30/10 @ 8:40 Pt in for B12 shot. Removed bandage once over weekend but steri strips remained intact. No S/S of infection other than some clear drainage. Will have CRNP assess when available. Due to numbness.</u>
Sinuses		
Ears	<u>Bandage removed and site began to bleed</u>	
Eyes	<u>profusely. Rinsed w/ H₂O₂ & sterile NaCl. No</u>	
Nose	<u>S/S of infection noted. Steri strip placed on site</u>	
Throat	<u>and reinforced. Telfm w/ 2x2 bandage applied.</u>	
Neck/ Back	<u>(Pt was encouraged to go to Primed or ER</u>	
Heart	<u>but she refused). Pt instructed to keep</u>	
Lungs	<u>bandage on today but if site was still</u>	
Abdomen	<u>bleeding tonight she would have to be</u>	
GU/GI	<u>seen at another facility (Primed or ER).</u>	
Extremities	<u>Pt given TDaP. and provided w/ the bandage materials. AM</u>	

DIAGNOSIS:	TESTS	RESULTS

PLAN: _____

CALL BACK: _____

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: lgan

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUBURN MONTGOMERY

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

DENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, N.P.
Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paige Hines Date 2-2-10

Address _____

R

Greyhound dog

Disp: 30

sig: + [signature]

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

AUBURN MONTGOMERY

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paige Hines Date 2-2-10

Address _____

R

Zitronox 700mg

Disp: 1

sig: + [signature]

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2-2-10 TIME: 9:30 AM PT. HISTORY REVIEWED / UPDATED 1

PATIENT NAME: Raige Hines DOB: _____ AGE: _____

PRESENT COMPLAINT: 90 H/A yesterday took morphine x 2
did not relieve pain. Now pain
in neck! always need surgery

MEDICATIONS: Vit. SIP gastric bypass diet. LMP: _____

Temp	Pulse	Res	BP	HR	WT	Alk
97.2			110/4			PCN, surgery

INITIAL VISIT	
Skin	RETURN VISIT
Sinuses	(+) pressure
Ears	7 ptd, 7 redness
Eyes	LRB
Nose	congested
Throat	28 red
Neck/Back	7 tenderness
Heart	S3 S2 S1
Lungs	clear
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>2. Migraine</u>		
<u>3. Cervicalgia</u>		
<u>4. Cervicogenic headache</u>		

PLAN:

- 1) Zitromax 2000
- 2) gabapentin 2000
1 p.o. qd
- 3) Refer to neurologist
Caritas for consult

PRACTITIONER SIGNATURE: Stewart

CALL BACK:

2/8/10 - spoke to pt. States she has emphysema but has headaches think it may be migraines. Will call clinic if not improving

STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Myrtle E. Goore, M.D.

Family Medicine

&

Advanced Physicians Weight Management

7209 Copperfield Drive

Montgomery, AL 36117

Telephone (334) 244-1161 Fax (334) 244-8772

FAX COVER SHEETDate: 9/10/09Number of Pages: 2 (including this cover sheet)To: Dr Carol StewartFax #: 244-3396 Phone #: _____

From: _____

Comments: Pt Paige Hines**CONFIDENTIALITY NOTICE:**

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Your Partner In
Surgical Care

Andrew M. DeWitt, M.D., F.A.C.S.

Board Certified • General Surgery
Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: _____ Date: _____

Weight: _____ Blood Pressure: _____ BMI: _____

Change In Weight Since Last Visit: _____

Diagnosis: _____

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☐ Other (specify) _____

Compliant with Diet Plan? YES / NO

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☐ Walking/Running _____ x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform – Comments: _____

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Provider Signature: _____ Date: _____

Andrew M. DeWitt, M.D., F.A.C.S.



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Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: _____

Date: _____

Weight: _____

Blood Pressure: _____

BMI: _____

Change In Weight Since Last Visit: _____

Diagnosis: _____

Diet Plan:
Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L.A. Weight Loss

☐ Jenny Craig

☐ Eat Right

☐ Other (specify) _____

Compliant with Diet Plan? YES / NO

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☐ Walking/Running _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Aerobics _____ x's wk

☐ Inability To Perform - Comments: _____

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult _____ Date: _____

☐ Group Counseling _____ Date: _____

☐ Individual Counseling _____ Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Provider Signature: _____

Date: _____



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Change In Weight Since Last Visit: _____

Diagnosis: _____

Diet Plan:

Include Notes From Diet Plan with PCP notes

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☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☐ Other (specify) _____

Compliant with Diet Plan? YES / NO

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☐ Walking/Running _____ x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform - Comments: _____

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Provider Signature: _____ Date: _____



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Medical Weight Loss Progress Note

Name: _____ Date: _____

Weight: _____ Blood Pressure: _____ BMI: _____

Change In Weight Since Last Visit: _____

Diagnosis: _____

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☐ Other (specify) _____

Compliant with Diet Plan? YES / NO

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☐ Walking/Running _____ x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform – Comments: _____

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Provider Signature: _____ Date: _____



AUBURN
MONTGOMERY

Auburn Montgomery Nursing Care Center
F A C S I M I L E

TO:

Lori

FROM:

Student Health

COMPANY:

Dr. Dewitt

DATE:

9/23/09 / 9/28/09 @ 2:50

FAX NUMBER:

205-502-3985

TOTAL NO. PAGES, INCLUDING COVER:

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

Paige Hines

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thank you



Andrew M. DeWitt, M.D., F.A.C.S.

Board Certified + General Surgery

Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: Paige Hines Date: 3-25-09

Weight: 309.5 Blood Pressure: 118/74 BMI: 48.5

Change In Weight Since Last Visit: _____

Diagnosis: gastric bypass

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☒ Other (specify) limited calories (counting calories)
limiting intake

Compliant with Diet Plan? YES ☒ NO

Weight loss medications: none

Total Daily Caloric Intake: 1200

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☒ Walking/Running 3 x's wk

☐ Aerobics _____ x's wk

☒ Exercise Videos 3 x's wk

☐ Inability To Perform - Comments: _____

(leslie sansone-walk away the lbs.)

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Initial assessment.

Provider Signature: Carol Stewart, NP Date: 3-25-09



Your Partner In
Surgical Care

Andrew M. DeWitt, M.D., F.A.C.S.

Board Certified • General Surgery

Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: Paige Hines Date: 4/27/09

Weight: 308 Blood Pressure: 118/62 BMI: 48.2

Change In Weight Since Last Visit: ↓ 1.5 pounds

Diagnosis: Gastric bypass

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☐ Other (specify) Calorie Counting

Compliant with Diet Plan? YES / NO - Trying, but has a difficult schedule.

Weight loss medications: _____

Total Daily Caloric Intake: 1200

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☒ Walking/Running 3 x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform - Comments: Also, coaching soft ball.

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☒ Group Counseling Date: 5/09 will be going in May with father for ind. participating in gastric by-pass.

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress) or lack of progress

Provider Signature: [Signature] Date: 4-27-09



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Board Certified - General Surgery

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Medical Weight Loss Progress Note

Name: Paige Hines Date: 5/26/09

Weight: 303.5 Blood Pressure: 106/74 BMI: 47.5

Change In Weight Since Last Visit: ↓ 4.5 lbs.

Diagnosis: Gastric bypass

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☐ Other (specify) 1200 calories. Went to meeting & father for

Compliant with Diet Plan? YES NO

post-gastric bypass patients.
Found to be beneficial.

Weight loss medications: Is considering on-line

Total Daily Caloric Intake: weight watchers program.

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☒ Walking/Running 3 x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform - Comments: _____

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Continuing to slowly lose weight and to make an effort to try new
approaches to weight loss. Looks for new recipes and ways to fit
exercise into her busy schedule.

Provider Signature: Lance Stewart, NP Date: 5-26-09



Your Partner In
Surgical Care

Andrew M. DeWitt, M.D., F.A.C.S.

Board Certified • General Surgery
Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: Paige Hines Date: 6/30/09

Weight: 301.5 Blood Pressure: 102/78 BMI: 47.2

Change In Weight Since Last Visit: ↓ 2 lb

Diagnosis: Gastric bypass

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☐ Other (specify) 1200 calories Went to meeting w father

Compliant with Diet Plan? YES / NO

for post-gastric bypass pts.
signed up for wt watchers on-line
newsletter.

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☒ Walking/Running _____ x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform - Comments: _____

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

Has had new stressors in life (partner has to have immediate
surgery and pt is primary caretaker). Continuing to lose wt.

Provider Signature: Andrew M. DeWitt Date: 6-30-09



Your Partner In
Surgical Care

Andrew M. DeWitt, M.D., F.A.C.S.

Board Certified • General Surgery

Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: Paige Hines Date: 7/28/09

Weight: 308.25 Blood Pressure: 104/84 BMI: _____

Change In Weight Since Last Visit: ↑ 6.75

Diagnosis: Gastric Bypass

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☒ Other (specify) 1200 calories

Compliant with Diet Plan? YES / NO

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☒ Walking/Running 3 x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform – Comments: _____

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress)

PT had to take off of work for 2 weeks to care for husband after recent surgery. Has little support at home. Under ↑ stress.

Provider Signature: Andrew M. DeWitt, M.D. Date: 7-28-09



Your Partner In
Surgical Care

Andrew M. DeWitt, M.D., F.A.C.S.

Board Certified • General Surgery

Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: Paige Hines Date: 8/31/09

Weight: 308 Blood Pressure: 114/76 BMI: 48.2

Change In Weight Since Last Visit: ↓ .25 lb

Diagnosis: Gastric Bypass

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☒ Other (specify) 1200 calorie diet Has tried to cut "sweets" from diet but found

Compliant with Diet Plan? YES / NO

she eats more by eliminating them completely. Better solution was to buy flavors and varieties that were less appealing. Will try fruits and

Weight loss medications:

vegetables as a mid-morning and mid-afternoon snack.

Total Daily Caloric Intake:

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☐ Walking/Running _____ x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform – Comments:

Recommended Modifications: Has not been motivated during past month due to ↑ stressors at home.

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications:

Comments: (progress or lack of progress)
stress of home life has continued and pt has been less motivated.

Provider Signature: Andrew M. DeWitt, MD Date: 9-1-09



Your Partner In
Surgical Care

Andrew M. DeWitt, M.D., F.A.C.S.

Board Certified • General Surgery

Minimally Invasive Surgery and Laparoscopic Surgery for Obesity

Medical Weight Loss Progress Note

Name: Paige Hines Date: 9/23/09

Weight: 310.5 Blood Pressure: 126/84 BMI: 48.6

Change In Weight Since Last Visit: ↑ 2.5 lb

Diagnosis: Gastric Bypass

Diet Plan:

Include Notes From Diet Plan with PCP notes

☐ Weight Watchers

☐ L A Weight Loss

☐ Jenny Craig

☐ Eat Right

☒ Other (specify) 1200 calorie diet It has attempted but has found that since school has started she is taking children from one activity to another and is frequently eating out. Eating too many fried foods.

Compliant with Diet Plan? YES ☒ NO

Weight loss medications: _____

Total Daily Caloric Intake: _____

Physical Activity/Exercise Plan:

☐ Gym _____ x's wk

☒ Walking/Running 3 x's wk

☐ Aerobics _____ x's wk

☐ Exercise Videos _____ x's wk

☐ Inability To Perform – Comments: Has increased activity this period.

Recommended Modifications: _____

Behavior Modification:

☐ Dietitian Consult Date: _____

☐ Group Counseling Date: _____

☐ Individual Counseling Date: _____

Recommended Modifications: _____

Comments: (progress or lack of progress) Spoke with pt at length regarding changes to be made by entire family after upcoming surgery. Pt understands the commitment to be made.

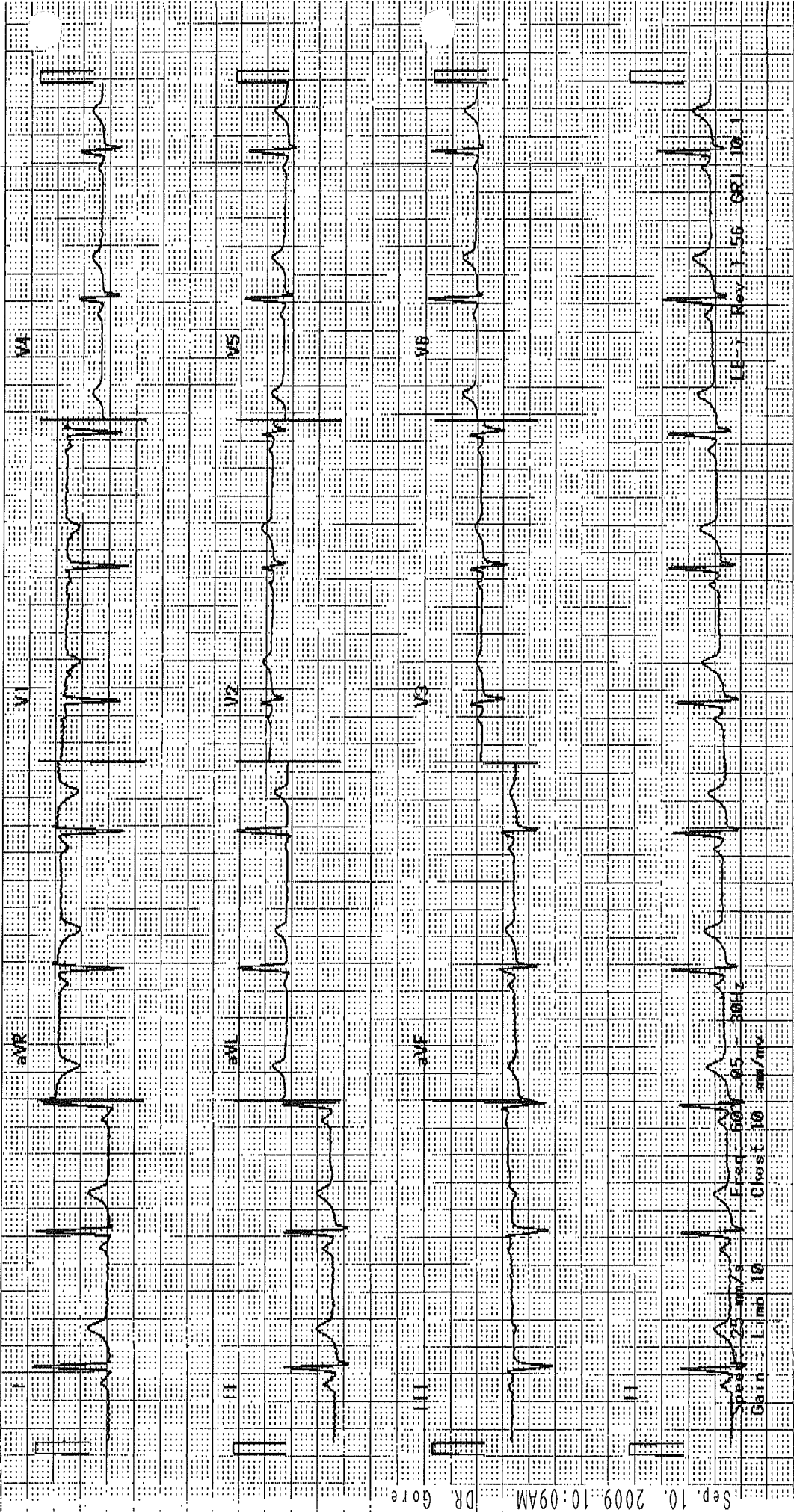
Provider Signature: Andrew DeWitt Date: 9-23-09

Cont:

22

Shawna

Sep. 10.



Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY

NURSE CARE CENTER

P. O. Box 244023
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Rx: 0703

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Lic. #1-096551

RX: 2230

Maryluz Fuentes, M.D.

(334) 265-5577

DEA #BF 8451520

AL #24127

Name

Paige Hines

Date

3-25-09

Address

R

Hydrocodone 10 mg

Dose: 30

21g + p.o. qd

Stewart

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Product Selection Permitted

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/25/09 TIME: 1305 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Paige Hines DOB: _____ AGE: _____

PRESENT COMPLAINT: Woke up Monday, had an echo in ears, could hear pulse in ears. Some ringing in ears. Had some dark wax in ears. & pain, sense of fullness as if she

LMP: _____

Temp	Pulse	Resp	BP	Ht	Wt	ABG/SpO2
97.9			118/74	5'7"	309.5	PCN, 50/60

INITIAL VISIT		EXTERNAL VISIT
Skin	<u>is under water. Did have 1 morning of</u>	
Sinuses	<u>SINUS pressure.</u>	
Ears	<u>TM's intact, & redness.</u>	
Eyes	<u>Clear</u>	
Nose	<u>Enlarged</u>	
Throat	<u>& redness</u>	
Neck/Back	<u>& adenopathy</u>	
Heart	<u>S3 S2 S1 (m)</u>	
Lungs	<u>Clear. & wheezing</u>	
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Upper respiratory infection</u>		

PLAN: Amoxicillin 10 mg qd
P.O. qd

CALL BACK: _____

STAFF SIGNATURE: [Signature]

PRACTITIONER SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/6/09 TIME: 1120 PT. HISTORY REVIEWED / UPDATED: _____

Fingers w/ both hands tingling.

PATIENT NAME: Paige Hines DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began ~ Wed. HA (severe). Temp of 100°. Congestion, drainage. Sore throat only upon waking. Dry cough. Body aches, clear drainage.

MEDICATIONS: Topen max (maxalt pro), lexapro, wellbutrin, clonidine, Flonase, COQ10, folic Acid, coenzyme Q10 LMP: Hyst.

Temp	Pulse	Respiratory	B/P	HR	WT	ABG/SpO2
98.7	76		102/80			PCN, 50/50

INITIAL VISIT	RETURN VISIT
Skin Sinuses mucosal edema, erythema TTP over frontal Ears TMs intact & redness & dullness. Eyes Nose mucosal edema / erythema Throat min-pharyngeal erythema & exudate or lesions Neck/Back supple Heart RRR S1S2 Lungs @ CTA Abdomen GU/GI Extremities	

DIAGNOSIS	TESTS	RESULTS
<u>Upper respiratory infection</u>		

PLAN:
Azithromycin (Z-Pack)
Continue other meds

CALL BACK:
3/10/09 left message to call
NCA @
3/12/09 - Pt. returned call
states she is feeling much better
almost finished now. Will R/C. is now @

AZITHROMYCIN 250M
 NDC# 50702300001
 101# 15003V
 03/30/2013
 6 TABS

PRACTITIONER SIGNATURE: EM CRNP

STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Carol Stewart, N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY

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Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paige Hines Date 10-6-08

Address _____

R

Paroxetine 10mg

Disp: 30

Sig: + p.o. tid

Elizabeth H. McIntosh

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

Rx: 1178

Montgomery, AL 36124-4023
(334) 244-3281

Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paige Hines Date 10-6-08

Address _____

R

Fenofibrate

Disp: 116.5 g

Sig: + spray q no bed
tid

Elizabeth H. McIntosh

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

Rx: 1178

Montgomery, AL 36124-4023
(334) 244-3281

Rx: 0703

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Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Paige Hines Date 10-6-08

Address _____

R

Tetracycline Patches 100mg

Disp: 30

Sig: + p.o. tid prn
cough

Elizabeth H. McIntosh

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

DATE: 10/6/05 TIME: 1355 PT. HISTORY REVIEWED / UPDATED / /

PATIENT NAME: JOHN

PRESENT COMPLAINT: Has had a cough: 1 child had the flu ~ 3 weeks ago. Has had a ~~cough~~ cough.

Productive in the morning. Has had bladder tach^{4x5}, experiencing leakage when she coughs. Deep chest pain. ⊕ chills @ night ⊕ sweating.

MEDICATIONS: Lexapro, Wellbutrin, beta-blocker, co-Q10, folic acid, chromium LMP: Post.

Temp	Pulse	Resp	B/P 145	HT	WT	Allergies
97.7			128/86			PCN, sulfa

INITIAL VISIT

RETURN VISIT

Skin

Slaves

Ears

Eyes

Nose

Throat

Neck/ Back

Наян

Lungs

Abdomen

GU/GI

Extremities

DIAGNOSIS:

TESTS

RESULTS

PLAN:

CALL BACK:

1) F-Ponase # spray & hostbird

2) Paratuberculosis 10 mg +

3) $T_{\text{mean}} = 100^\circ\text{C}$

PRACTITIONER

SIGNATURE _____

4) $F/U \in D_7$. Berechnung: $U =$

AUDIT DATE:

PHYSICIAN SIGNATURE: _____

STAFF

SIGNATURE:

10/9/08 - spoke to pt. states she is better, still taking med. F/2 to Dr. Ginn + was referred to Urologist. Will PTC in need to (GP).

Ly. B. R.

PREPARED BY AUM NCC
REVISSED/ADOPTED 10/98

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8/11/08 TIME: 1305 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Paige Hines DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt states family has been sick & vomiting, diarrhea. Pt has not vomited since Friday but started again today @ lunch and feels chilled and nauseated. Pt distressed, Having family member pick her

MEDICATIONS:						LMP:
Temp	Pulse	Resp	B/P	HR	WT	Allergies

INITIAL VISIT		RETURN VISIT
Skin	<u>up to take her home. States she is taking</u>	
Sinuses	<u>Immodium, but has already used today's recommended</u>	
Ears	<u>dosage. N/A</u>	
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities	<u>Recommended pt go to Primed if symptoms persist as pt has been taking fluid but is c/o dry mouth. Phenergan (5 tablets) 25mg - 1/2 to 1</u>	
DIAGNOSIS:	<u>tablet q 4-6 hours given to pt for N & V. DR</u>	TESTS
		RESULTS

PLAN: _____

CALL BACK: _____

PRACTITIONER SIGNATURE: [Signature] NP

STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUBURN MONTGOMERY

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

NURSING CARE CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

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Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Paige Hines

Date

7-3-08

Address

R

Hydrocodone 10 mg
Dilaudid 30
219-10-0-50
Lorazepam

M.D. or C.R.N.P.

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7/3/08 TIME: 935 PT. HISTORY REVIEWED/UPDATED: 1 / 1

PATIENT NAME: Paige Hines DOB: 9/1/76 AGE: 31

PRESENT COMPLAINT: Gallbladder removed 1 month ago. No energy. Echo cardiogram. Waiting results for pulmonary. Fasting since midnight. Has had low heart rate which causes her to feel bad.

MEDICATIONS: Walden LMP:

Temp	Pulse	Resn	B/P	HT	WT	Allergies
	<u>72</u>		<u>144/100</u>			

INITIAL VISIT		RETURN VISIT
Skin	<u>Warm</u>	<u>S: Stated she</u>
Sinuses	<u>is very fatigued in early AM</u>	
Ears	<u>late evening, HR varied</u>	
Eyes	<u>40's - 90's. Has had EKG (nt),</u>	
Nose	<u>Echocardiogram (wnl); stress test (pending);</u>	
Throat	<u>PFT (pending results)</u>	
Neck/Back	<u>thyroidectomy</u>	
Heart	<u>irregular rhythm @ 72/min</u>	
Lungs	<u>clear, no effort</u>	
Abdomen	<u>states Walden not</u>	
GU/GI	<u>working, requesting</u>	
Extremities	<u>Gaypro RX. Requesting</u>	
	<u>referral to another physician</u>	

DIAGNOSIS:	TESTS	RESULTS
<u>Fatigue ? origin</u>	<u>FB5</u>	<u>92</u>
<u>Hypertension</u>		
<u>irregular cardiac</u>		
<u>ryt</u>		

PLAN: Refer to Dr. Moore CALL BACK: 7/10/08 - left message to call ncc @

Gaypro 10mg p.o qd.

Refer to Dr. Moore

for cont. eval.

PRACTITIONER SIGNATURE: Carol Stewart, RN STAFF SIGNATURE: [Signature]

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE:

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 9/24/00 TIME: 8:10 PT. HISTORY REVIEWED / UPDATED ✓
 PATIENT NAME: Paige Hines DOB: 3/5/77 AGE: _____
 PRESENT COMPLAINT: Fasting since midnight. Last ate at 1030 pm,

MEDICATIONS:

LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
					291 lb	PCN, Sulfa

INITIAL VISIT

RETURN VISIT

Skin

Sinuses

Ears

Eyes

Nose

Throat

Neck/ Back

Heart

Lungs

Abdomen

GU/GI

Extremities

9/26/00 845 Pt in for FBS for send out to lab. Pt has been NPO since dinner last night. Pt states she feels "good" today. Blood drawn from @ AC @ 226 vacutainer. Pt tolerated well. Will notify of results am

DIAGNOSIS: FBS

TESTS

RESULTS

FBS

108

PLAN:

CALL BACK: 9/27/00 @ Pt notified of normal FBS result. am

Blood tested w glucometer and pt given results. Pt tolerated well. am

PRACTITIONER

SIGNATURE: _____

STAFF

SIGNATURE: [Signature] RN

AUDIT DATE: _____

COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 9-20-06 TIME: 3⁰⁰ PM PT. HISTORY REVIEWED / UPDATED: / /

PATIENT NAME: Paige Hines DOB: AGE:

PRESENT COMPLAINT: On Jan 2005 of surgery. Has
been taking well: 1st time "Deemed"
on med. Felt fatigued - went F.T. Has

MEDICATIONS: Hyoza LMP:

Temp	Pulse	Resp	B/P	HT	WT	Allergies
	<u>84</u>		<u>140/90</u>			<u>PCN, Sulfas</u>

INITIAL VISIT		RETURN VISIT
Skin	<u>3 small children, 1 most of</u>	
Sinuses	<u>Home responsibilities. Also</u>	
Ears	<u>4/5 Vaginal itching - 2005</u>	
Eyes	<u>Relax yeast infection</u>	
Nose	<u>Stress had in past.</u>	
Throat		
Neck/ Back	<u>1 thyroid enlargement</u>	
Heart	<u>152 5 (m) 84</u>	
Lungs	<u>Clear</u>	
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>1) Depression</u>	<u>Random BS</u>	<u>86</u>
<u>2) Fatigue</u>	<u>CBC, Thyroid Profile</u>	
<u>3) Vaginal yeast</u>		

PLAN: SSR CALL BACK:

1) Fluoxetine 20mg

1) Fluoxetine 150mg X/

a) Sereno 20mg po X/

3) CBC, Thyroid Profile

4) will notify of test wk

PRACTITIONER SIGNATURE: STAFF SIGNATURE:

FLUCONAZOLE 150 MG
NDC# 63304-906-12
LOT# 1610396
12TAC 01/31/08

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE:

PREPARED BY AUM NCC
REVISED/ADOPTED 10/98

AUBURN UNIVERSITY MONTGOMERY

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

NURSING CARE CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Vivian Hamlett, M.D.
(334) 409-2800
DEA #BH 1075197
AL #13467

Maryluz Fuentes, M.D.
(334) 265-5577
DEA #BF 8451520
AL #24127

Name

Patty Hines

Date

7-25-06

Address

R

*Grayson 20mg
disp # 30
sig: qid - 8*

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN

NR

Dispense As Written

Carol Stewart, M.D. or C.R.N.P.

_____, M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7-25-06 TIME: _____ PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Paige Hines DOB: _____ AGE: _____

PRESENT COMPLAINT: Referred by counseling center for
severed depression Pt n
Depressed 20mg on her own 1" sun

MEDICATIONS: Depressed 20mg LMP: _____

Temp	Pulse	Res	B/P	HT	WT	Alk
						pcn, seelga

INITIAL VISIT						RETURNS VISIT
Skin	not 9 2wks. states she					
Sinuses	good better on 20mg					
Ears	ears depressed, more					
Eyes	in contact. Has been					
Nose	seeing counselor @ AUM					
Throat	counseling center. Cont					
Neck/Back	to relationship in financial					
Heart	stressed, primarily					
Lungs	care given of 3 2wks					
Abdomen	lighter.					
GU/GI						
Extremities						

DIAGNOSIS:	TESTS	RESULTS
<u>Depression</u>		

PLAN: 1) Depressed 20mg p.o
9 d
2) Cont. Counseling
session
3) RTC in 2wks

CALL BACK: _____

PRACTITIONER SIGNATURE: Laura Stewart STAFF SIGNATURE: CRN

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUM Nursing Care Center
P.O. Box 244023
Montgomery, AL 36124-4023

Paige Hines
612 Carol Villa Drive
Montgomery, AL 36109

Bill for Service 13 April 2004

3/15/04 Office Visit	
Office visit fee	\$15.00

Total \$ 15.00

Note: Please remit payment for services rendered, payable to AUM-NCC, by May 1, 2004. If you have any questions regarding this bill, please call Amy Morris at 244-3281.

5

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUM
NURSING CARE CENTER
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Rx: 0703

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(334) 409-2800
DEA #BH 1075197
AL #13467

Maryluz Fuentes, M.D.
(334) 409-2800
DEA #BF 6451520
AL #24127

Name Paige Hines Date 3-15-04

Address _____

R

Hydro 10mg
Dose: 30
sig: po qd.

Product Selection Permitted

M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

6-30-04

Carol Vivian Hamlett
Called for refill on Hydro.
O.K'd refill X1 (Hydro 10mg
po qd). Will notify pt to
P.T.C.

Carol Stewart cant

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3-15-04 TIME: 4:10 pm PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Paige Hines DOB: _____ AGE: _____

SENT COMPLAINT: c/o extreme anxiety and depressive
that has progressively gotten
worse. Feels extremely stressed

LOCATIONS:	Head	Face	Res	BP	HR	RT	LMP:

INITIAL VISIT	RETURN VISIT
skin and unable to cope at times Stress Personal separation Ears with husband is one Eyes of main stressor. Nose Throat Neck/Back Heart Lungs Abdomen GU/GI Extremities	4-21-04 T.C. started she is doing well and happy. Feeling less anxious and much more in control. Anger outburst not so significant @ cont. Supp 10mg @ 0.0 RTC in 1 mo prn cortico

DIAGNOSIS:	TESTS	RESULTS
<u>Depression / Anxiety</u>		

- PLAN:
- 1) Lexapro 10mg p.o qd
 - 2) encourage to seek
counseling
 - 3) RTC in 2 wks: pr

PRACTITIONER SIGNATURE: Lamp Stewart, RN STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

AUM NURSING CARE CENTER PROBLEM VISIT RECORD

DATE: 8/27/01 TIME: 10.10 PT. HISTORY REVIEWED / UPDATED 1 1

PATIENT NAME: Paige News DOB: AGE:

PRESENT COMPLAINT: Has been on ortho-procyclore per 3 months.

Hasn't been late a period until this month. Has 2 of the green pills and period has not started yet. Hasn't

1 MEDICATIONS: Ortho tri-cyclene & other mcds, LMP: End of July an

Temp	Pulse	Bp	BT	HL	WT	Allergies
------	-------	----	----	----	----	-----------

						Sedg. PCN
--	--	--	--	--	--	-----------

INITIAL VISIT

Skin missed any pills. $\approx$ 1% v-mixed odor. RETURN VISIT

Sinuses	
---------	--

[illegible]

F.yes	

NOSE	
------	--

Throat	
--------	--

Neck/ Back	

Heart	
-------	--

Lungs Topic: Slight tear

Abdomen With discharge noted.

GU/GI ⑦ oder. Sweden 2 an Kolt

Extremities $\frac{1}{2}$ 1/2400 Presc. Vitamin D.

--	--

DIAGNOSIS	TESTS	RESULTS
-----------	-------	---------

BV.	2010 HOG	①
-----	----------	---

	OH ⁻ H ₂ O	OH ⁻
	KOH	OH ⁻ = 1

Roll	22
Page	1

	Call Log	Call Back
PLAN:	CALL BACK:	17 + 10 = 27

11 February 20m p.o. X |

2) Contd. Orthotrichum

3) R^2 $\rightarrow$ $\frac{1}{2}$ $\rightarrow$ $\frac{1}{2}$

Agg. + wood

PRACTITIONER 1 - Stuart STAFF 1 - [Signature]

SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PREPARED BY: AUM NCC
DECLARED BY: BOWEN, J. W.

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 5-21-01 TIME: 2:10 PM PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Ms. Jones DOB: _____ AGE: _____

PRESENT COMPLAINT: Started OCP 5/6 at onset of normal period
Began "green" pills 5/26; started period again
5/29 - very light LMP: 5/6/01

MEDICATIONS:						Attender:
Item	Dose	Route	BP	HR	WT	
						PCN Suppa

INITIAL VISIT		RETURN VISIT
Skin	Has not missed any O.C.P.'s	
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Primary dysmenorrhea</u>		
<u>Secondary dysmenorrhea</u>		
<u>Irregular OCP</u>		

PLAN: Cont. OCP as RX
X3 cycles. W/O
irregularity. cont.
RTC

CALL BACK: _____

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Carol Stewart, C.R.N.P.
Lic. # 1-045437
Rx # 1178

Ramona Lazenby, C.R.N.P.
Lic. # 1-039092
Rx # 0703

AUM
NURSING CARE CENTER
P.O. Box 244043
Montgomery, AL 36124-4023
(334) 244-3281

Sandra Ivey, C.R.N.P.
Lic. # 1-029005
Rx # 0670

Lois J. Schulman, M.D.
(334) 270-8081
DEA # BS4196235
AL # 20470

Kathy Windham, M.D.
(334) 271-7051
DEA # BW5714820
AL # 16083

Patient's Name Paige Yaw Date 4-26-01
Address _____
Rx _____

Antico Tricyclon 28
Disp #1 PK
Sig: Take according to
directions

Label all prescriptions

Refill: 1 2 3 5 (PRN) NR

X14

Carol Stewart M.D. or C.R.N.P.
PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN M.D. or C.R.N.P.

ORAL CONTRACEPTIVES (BIRTH CONTROL PILLS)

INSTRUCTIONS FOR STARTING ORAL CONTRACEPTIVES

- ♦ Oral contraceptives are available in 21- or 28-day packs. Active pills (pills with hormones) are taken for 21 days; 28-day pills contain 7 “spacer” pills (contain no hormones).
- ♦ Start pills on first Sunday after period begins (if period begins on Sunday, you should take the first pill on that day).
- ♦ Take one pill a day until pack is finished; if 28-day pack—begin a new pack immediately; if 21-day pack—skip 7 days and begin a new pack.
- ♦ Take pill at the same time each day; associate with something that is done at the same time of day (going to bed, brushing teeth, etc.)
- ♦ A backup method such as condom or foam should be used during the first cycle.
- ♦ Antibiotics may decrease the effectiveness on oral contraceptives; if you are taking antibiotics, you must use a back-up method of contraception.

INSTRUCTIONS ABOUT EARLY SIDE EFFECTS

- ♦ Some side effects are common during the first few cycles of use, but should disappear after that time.
- ♦ Side effect to expect include the following:
 - Breakthrough bleeding and spotting
 - Symptoms associated with early pregnancy, especially nausea
- ♦ Try not to make a decision about discontinuing the pill until after the 3rd cycle so that side effects will have a chance to resolve

INSTRUCTIONS FOR DEALING WITH MISSED PILLS

Get Back On Schedule by Using These Guidelines

If less than 24 hours late in taking pill

Take the missed pill immediately and return to the daily pill-taking routine making sure the next pill is on time.

If 24 hours late in taking pill

Take both the missed pill and today's pill at the same time.

If more than 24 hours late in taking one pill, and is late or completely missed a second or third

Take the last pill that was missed immediately; take the next pill on time; throw out the other missed pill(s), and take the rest of the pills on scheduled. Spotting is very likely to occur.

IN ALL CASES BACK-UP CONTRACEPTION MUST BE USED FOR AT LEAST 7 DAYS

Uphold, C.R. & Graham, M.V. (1998). *Clinical Guidelines in Family Practice* (3rd ed.). Gainesville, Florida: Barmarrae Books.