

**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 no meds LMP: Aug.

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

INITIAL 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 station.</u>
Neck/Back	<u>Swim on power station: 100%</u>
Heart	<u>Swim on power station: 100%</u>
Lungs	
Abdomen	
GU/GI	
Extremities	

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

PLAN: 1) Benadryl cream 120 mg today. 2) Benadryl cream: topical Benadryl.

CALL BACK: 6-23-15 T.C. States reaction improving. Strongly

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

AUDIT DATE: _____ COMMENTS: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8/27/10 TIME: 8²⁵ 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, torpentine 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 20mg

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
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STUDENT HEALTH CENTER
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Montgomery, AL 36124-4023
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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

2-2-10

Address

R

Zitronox 7 mg

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	Respir	BP	HR	WT	Alk/acid
97.2			110/74			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. Cervicobrachialgia</u>		

- PLAN:**
- 1) Zitromax 2 tabs
 - 2) Galegano 200mg
1 p.o. qd
 - 3) Refer to neurologist
Caritin for cervical

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

PRACTITIONER SIGNATURE: Stewart

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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BMI: _____

Change In Weight Since Last Visit: _____

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☐ 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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☐ 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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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
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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

Weight loss medications: Schedule.

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

☐ Individual Counseling Date: _____ father for ind. participating
in gastric by-pass.

Recommended Modifications: _____

Comments: (progress) or lack of progress

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



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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



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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
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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

Name: PAIGE HINES
ID: 9562
Date: 09/10/09 Time: 10:42
Age: 32 Sex: FEMALE
Hgt: 67 IN Wgt: 311 LBS
Med1:
Med2:
Ccl1:
Ccl2:
Cmnt:

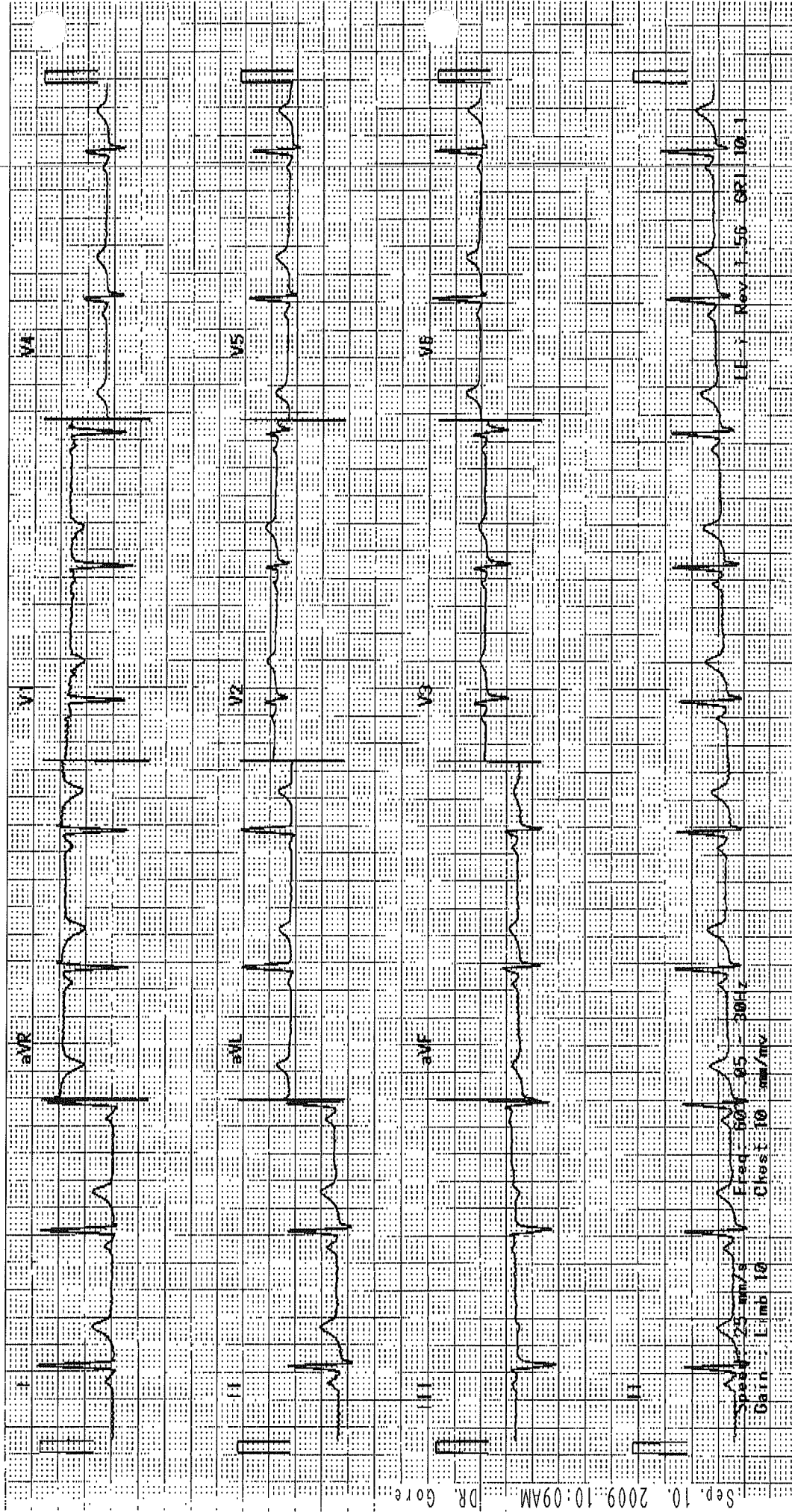
Vent rate: 60
--Durations--
P: 110
QRS: 98
--Intervals--
PR: 128
QT: 412
QTc: 412
--Axes--
P: 40
QRS: 0
T: 22

SINUS RHYTHM
ST junctional depression
NON SPECIFIC ST CHANGES

SUMMARY: BORDERLINE NORMAL

** UNCONFIRMED ANALYSIS **

No. 0383 P. 2



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RX: 2230

Maryluz Fuentes, M.D.

(334) 265-5577

DEA #BF 8451520

AL #24127

Name

Paige Hines

Date

3-25-09

Address

R

4 granatadine 10 mg

Disp: 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: _____

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

Fingers w/ both hands tingling.

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

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 Rtc. if new @

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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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

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

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

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.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/6/08 TIME: 1355 PT. HISTORY REVIEWED / UPDATED: 1

PATIENT NAME: Paige Hines DOB: _____ AGE: _____

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 ^{4 yrs} tach, experiencing leakage when she coughs. Deep chest pain. @ chills @ night @ sweating.

MEDICATIONS: Lexapro, Wellbutrin, beta-blocker, co-Q10, folic Acid, chromium LMP: Host

Temp	Pulse	Resp	B/P	HAS	HT	WT	Allergies
<u>97.7</u>			<u>128/86</u>				<u>PCN, sulfa</u>

INITIAL VISIT		RETURN VISIT
Skin		
Sloues	<u>22 pressure</u>	
Ears	<u>ø 3rd, TM's intact</u>	
Eyes	<u>Clear</u>	
Nose	<u>Congested, Clear drainage</u>	
Throat	<u>Red, ø exudate</u>	
Neck/Back	<u>ø adenopathy</u>	
Heart	<u>S1 S2 3 (M)</u>	
Lungs	<u>Clear R/L, @ cough</u>	
Abdomen	<u>non-tender</u>	<u>non-productive</u>
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Upper resp Congestion</u>		
<u>Allergic symptoms</u>		
<u>Cough</u>		
<u>Urinary incontinence</u>		

PLAN: _____ CALL BACK: _____

- 1) Flonase # sprays 3x daily
- 2) Montelukast 10 mg qd
- 3) Teoporan Pseudo 100 mg po tid prn

10/9/08 - Spoke to pt: states she is better, still taking med. Flz to the clinic + was referred to Urologist. will R/C in next to (M).

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: 4) Flu & R. Care re: urinary incontinence

PHYSICIAN SIGNATURE: _____

**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: L. D. Stewart, 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

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

7-3-08

Address

R

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

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

Product Selection Permitted

Label all prescriptions

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

Refill: 1 2 3 5 PRN NR

Dispense As Written

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7/3/08 TIME: 935 PT. HISTORY REVIEWED/UPDATED: 1 / 1
 PATIENT NAME: Paige Hines DOB: 9/2/76 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
	72		144/100			

INITIAL VISIT	RETURN VISIT
Skin: <u>Warm</u> Senses: <u>S: Stated she 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 (wml); 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>Grey/white RX. Requesting 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: 7/6/08 - left message to call nec. @
Grey/white 10mg p.o. q.d.
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
E226 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: feels more "depressed"
on med. Feels fatigued - went on 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% Vaginal itching - 2005</u>	
Eyes	<u>Relax yeast infections</u>	
Nose	<u>stain had in past.</u>	
Throat		
Neck/ Back	<u>1 thyroid enlargement</u>	
Heart	<u>5'5" 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

2) Duloxetine 150mg X/

3) Citalopram 30mg po X/

4) Citalopram 30mg po X/

5) CBC, Thyroid Profile

6) Urine HCG of 1st wk

PRACTITIONER SIGNATURE: STAFF SIGNATURE:

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE:

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

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: po - qd*

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

Product Selection Permitted

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: 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: _____ CALL BACK: _____

- 1) Depressed 20mg p.o
qd
- 2) Cont Counseling
session
- 3) RTC in 2wks

PRACTITIONER SIGNATURE: Lance 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
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) 409-2800
DEA #BF 6451520
AL #24127

Name Paige Hines Date 3-15-04

Address _____

R

Hydro 10mg
Dose: 30
sig: po qd.
Carol Stewart

Label all prescriptions
Refill: 1 2 3 5 PN NR

Product Selection Permitted

Dispense As Written

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

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

VITALS:						LMP:
HT	WT	BP	HR	RT	ART	

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

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: Long Stewart, RN STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8/24/01 TIME: 10:10 PT. HISTORY REVIEWED / UPDATED _____

PATIENT NAME: Paige Lewis DOB: _____ AGE: _____

PRESENT COMPLAINT: Has been on orthotricyclene for 5 months. Has not been late a period until this month. Has 2 of the green pills and period has not started yet. Has not

EDICATIONS: Orthotricyclene & other meds. LMP: End of July around

Temp	Pulse	Resp	BP	HT	WT	Allergies
						<u>None known</u>

INITIAL VISIT

Skin	<u>missed any pills. 100% virgin odor.</u>	RETURN VISIT
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs	<u>Pelvic: slight tenderness</u>	
Abdomen	<u>With discharge noted.</u>	
GU/GI	<u>(+) odor. Swabs for Kolt</u>	
Extremities	<u>Wet Prep obtained.</u>	

DIAGNOSIS:	TESTS	RESULTS
<u>BV</u>	<u>urine HCG</u>	<u>(-)</u>
	<u>KOH</u>	<u>slight</u>
	<u>Wet Prep</u>	<u>(+) clue cells</u>

PLAN: _____ CALL BACK: _____

- 1) Flagyl 250m p.o. x 1
- 2) Cont. Orthotricyclene
as RX.
- 3) Ate by symptoms
don't bleed

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

AUDIT DATE: _____ COMMENTS: _____

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" bleed 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: L. Stewart 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.