PATIENT NAME: SAUNDERS, KEVIN E | AGE: 40 | SERVICE DATE: 01/11/97

NOTIFIED C S ERP | CALLED AM PM | ARRIVED AM PM | NOTIFIED C S ERP | CALLED AM PM | ARRIVED AM PM

Dr. | Dr.

ALLERGIES | PERTINENT MEDICAL HISTORY

CURRENT MEDICATIONS
MED. BROUGHT? ☐ YES ☐ NO

REASON FOR VISIT: PALPITATIONS | LAST TETANUS TOXOID | LNMP

HISTORY AND PHYSICAL

TIME SEEN BY MD:

HPI:

PMHX:

FMHX:

SH:

ROS:

EXAM:

DX:

TREATMENT

TIME COMPLETED:

TIME	B/P	P CIRCLE RADIAL REG. APICAL IRREG.	R	TE
		RADIAL REG. APICAL IRREG.		

MONITORING: ☐ BLOOD PRESSURE ☐ PULSE OXIMETER ☐ CARDIAC RHYTHM:

LAB ORDERS	ORDERED	RESULTS
CBC		
BUN		
LYTES		
GLUCOSE		
CREAT.		
AMYL.		
UA		

EKG ORDERED | RESULTS

X-RAYS DESIRED	VERIFIED	RESULTS

INTRAVENOUS

SOLUTION	
SITE	
NEEDLE SIZE/TUBING	
TIME ↑	
RATE	
SIG	
TIME ↓	
AMT. ABSORBED	

MEDICATION	DOSE	ROUTE	TIME	GIVEN BY	AMBUL.	STOCK	SAMPLE	PHARMACY
OXYGEN	L							

TIME DISCH

DIAGNOSIS: ① Agitated - Depression c MAJOR Stressors

253661 ② Somatic complaints 2° to #1

DISCHARGE

DISPOSITION	TIME	CONDITION STABLE	UNSTABLE	GUARDED
☐ ADMITTED		☐	☐	☐
☐ TRANSFERRED		☐	☐	☐
☐ EXPIRED				
☒ DISCHARGED WCMC	0510	☒	☐	☐

REPORT CALLED TO: ACCEPTANCE OF PT. GIVEN BY:

COPY SENT TO: ☐ PHYSICIAN BELOW INITIALS:

INSTRUCTION SHEET — SIGNED ED PHYS.

SIGNED ATTEND. PHYS.

MODE OF TRANSPORT: ☐ AMBULANCE ☐ WHEEL CHAIR ☐ CARRIED ☐ STRETCHER ☒ AMBULATORY ☐ OTHER

ACCOUNT #	PATIENT NAME/ADDRESS/PHONE #/SOCIAL SECURITY #	DATE OF BIRTH	AGE	SEX	M/S	FIN. CLASS	MEDICAL RECORD #
32204893	SAUNDERS,KEVIN E	05/01/56	40	M	M	PP	0597460

ADMIT DATE: 01/11/97
TIME: 0510

1668 TRUMANSBURG ROAD
ITHACA, NY 14850
607-277-5808 431-88-9647

PERSON TO NOTIFY/NAME/ADDRESS: WHELAN,ANNE MARIE
1668 TRUMANSBURG ROAD
ITHACA,NY 14850
RELATIONSHIP: WI
PHONE #: 607-277-58(

PATIENT'S EMPLOYER/ADDRESS/PHONE:
DATAEAST INC.
N
ITHACA,NY 14850
0

GUARANTOR NAME/CITY/STATE/PHONE #:
SAUNDERS,KEVIN E
ITHACA,NY 14850 607-277-58(
GUARANTOR EMPLOYER NAME: CORNELL UNIVERSITY ENDOWED
RELATIONSHIP: SE
PHONE #: 607-255-6885

RELIGION: UNITARIAN
ARRIVAL MODE: CAR

INSURANCE NAME	POLICY #	COVERAGE #	SUBSCRIBER/INSURED NAME
PURE SELF PAY	SPP		SAUNDERS,KEVIN E

ACC. INFO. ONSET
ACC. DATE/TIME 01/11/97 0300
REASON FOR VISIT: PALPITATIONS
COMMENT:

ED PHYSICIAN: SHEIMAN,LAWRENCE MD.
FAMILY PHYSICIAN: BREIMAN,ROBERT MD.
USER: PWH

RECORD ROOM COPY

☒ E.D. Visit
☐ Direct Admit

ARRIVAL DATE 1/11/97

ARRIVAL TIME 0510

Cayuga Medical Center at Ithaca

INITIAL ASSESSMENT FORM

SAUNDERS, KEVIN E
SHEIMAN, LAWRENCE MD.
3220493 ED
05/01/56

40
0597460

CHIEF COMPLAINT
Palps - awoke @ 0330
face/hands/feet numb
chills

Revisit within 72 hours? ☒ No ☐ Yes

Pre-Hospital Interventions ☒ None ☐ Dressing ☐ Ice ☐ Meds ☐ Immobilization

Arrival Mode ☐ Ambulatory ☐ Ambulance ☐ Wheelchair ☐ Carried

MENTAL STATUS ☒ Alert ☐ Confused ☐ Unresponsive

VITALS					HEIGHT	WEIGHT	SKIN		
161/110 B/P	102 PULSE	26 RESP	98.5 (1) TEMP	99% O_2 SAT	5'7" ☒ Stated ☐ Actual	165 ☒ Stated ☐ Actual	☒ Normal ☐ Pale ☐ Flushed COLOR	☒ Normal ☐ Dry ☐ Moist CONDITION	☒ Normal ☐ Hot ☐ Cold TEMP

CURRENT MEDICATIONS / DOSE
Prozac 20 mg qd.
Trazodone 50 mg HS.

MEDICAL HISTORY
⊕ Smoker
Depression

ALLERGIES Specify:
☐ DRUG ☐ FOOD ☐ CHEMICAL
DUST

TRIAGE CATEGORY
☐ Life threatening ☐ Urgent ☒ Non-urgent ☐ Fast Track

Primary MD: Sheiman

LMP: _____ ☐ N/A
TETANUS: _____ ☒ N/A
☐ IMMUNIZATION/LEAD FORM DONE ☒ N/A

INTERVENTIONS
☐ Dressing ☐ Xray _____
☐ Ice ☐ Lab EKG
☐ Immobilization ☐ None

RN Signature: Harold K. Sheiman Date 1/11/97 Time 0515

E.D. NURSING: Subjective Objective Analysis Plan Implementation Expected Outcome below

PSYCHOSOCIAL RISKS:	Yes	No		Yes	No
Cultural	☐	☒	Support	☐	☒
Living conditions	☐	☒	Psychiatric	☐	☒
Educational	☐	☒	Language/Communication	☐	☒

Social Work Referral? Yes ☐ No ☒

TIME	Ambulance Run Sheet Reviewed ☐ Yes ☒ N A	INITIALS
0515	S) % being awakened by sensation of palpitations @ 0330 in feet associated sensation of face/hands/feet feeling numb. % also of chills + SOB.	
	O) Lungs clear, Resps easy. ⊖ edema ⊖ JVD when upright. ⊕ pumph pulses. No % chest pain. % heel/foot pains. No % n/v/d. Speech clear-rapids. PERL. Denies hx of any similar episodes	
	A) A.A.O. in comfort.	
	P) CM, ✓ 12 lead EKG, ERP eval	LHS

N-129

0530	EKG done CM: NSR rate	KG
0540	Dr. Sheiman in to see pt	KG
0600	To Xray for CXR. Labs drawn	KG
0628	Call to MHU for MH eval.	KG

SAUNDERS, KEVIN E
SHEIMAN, LAWRENCE MD.
32204893 ED 40
05/01/56 0597460

IV Fluid			
Site			
Cath Size			
Tubing			
Time ⇑			
RN Sig			
Time ⇓			
Amt Absorbed			

MEDICATION	Dose	Route	Time	Given by	#

														1	0
TIME															
BP															
Pulse/ Rhythm															
Resp															
Temp															
SpO_2															
Oxygen															
Mental Status															
Neuro-vascular															
Pain 0→10															
Med Admin															
Pain response															

ASSESSMENT ABBREVIATIONS

INITIALS

Mental Status
- \+ Alert & responds to verbal stimuli
- – Responds only to painful stimuli
- O No response

Neurovascular
- \+ Intact
- – Diminished
- O Not intact

Response to Medication
- \+ Good response
- – Minimal response
- O No response

Pain Scale 0 → 10 (No pain → worst pain)

NA Not applicable

SIGNATURES

Harold Robertson KG

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

EMERGENCY DEPARTMENT REPORT

ACCT# 32204893
MR# 0597460

SAUNDERS,KEVIN E 01/11/97
DOB: 05/01/56
LAWRENCE SHEIMAN, MD.

cc: Emergency Physicians Billing Service---------sent 01/11/97

This is a very pleasant 40 year old gentleman who presents with a sensation of cardiac palpitations that I believe awakened him from sleep. He has had a history of them in the past but never this bad. They lasted about 3-5 minutes. He also has a sensation of "generally feeling bad".

HISTORY OF PRESENT ILLNESS: He has had numbness and tingling to his hands and feet recently. He has been under some significant stress with a recent DWI and an arrest for an alleged assault on his girlfriend, both of these cases are still pending before the courts. A restraining as a matter of fact had to be rendered against him in regard to his girlfriend. They have subsequently become separated. He has lost knowledge of where she is living at this current time. They had been together approximately two years. He has recently, I think within the last couple of weeks, been placed back on his Prozac and Trazodone had also been added to his regimen by some doctor downtown. I am unsure of the name. He had had use of Prozac several months ago but took it for only a week as he said it interrupted his ability to work and think and concentrate properly.

PAST MEDICAL HISTORY: Negative for diabetes or arteriosclerotic heart disease. He is not hypertensive.

SOCIAL HISTORY: He is a self-employed programmer, says he owns his own company. He is a college graduate, as a matter of fact he wears a Phi Beta Kappa key that he has taken to wearing around his neck quite conspicuously ever since his DWI arrest. He smokes he thinks perhaps too much, certainly at least a pack a day. As mentioned he has had recent run-ins with the law, DWI and this arrest for an alleged assault on his girlfriend.

REVIEW OF SYSTEMS: He complains of occasional sensation of chills. He denies nausea or vomiting. He has been eating okay. He sleeps poorly. He denies specific suicidal ideation but confesses to a history of depression. I do not believe he has ever been admitted here for depressive disorder. He, as mentioned before, smokes but only drinks occasionally. He denies street drugs.

PHYSICAL EXAMINATION

Reveals a very alert, Caucasian male who makes very poor eye contact.

HEENT: Unremarkable. Pupils are equal, round, and reactive to light and accommodation. Cranial nerves are within normal limits.

CHEST: Clear to auscultation and percussion. There are no rales or rhonchi.

HEART: Reveals a regular rate and rhythm without murmurs. There is no ectopy on either auscultation or on the monitor.

ABDOMEN: Soft. There is a small, right sided scar from a prior lipoma

SAUNDERS,KEVIN E 01/11/97
DOB: 05/01/56
LAWRENCE SHEIMAN, MD.

removal. His abdomen is otherwise soft and unremarkable.

EXTREMITIES: Reveal good grips, good neurovascular status to his hands and feet. He has strong pulses in his wrists and dorsalis pedis bilaterally.

Electrocardiogram had been performed showing essentially normal electrocardiogram with certainly no evidence of acute changes there, nor any cardiac irregularities. Chest x-ray was accomplished and was perfectly was normal. A CBC and ER profile are within normal limits. So to be thorough, a sed rate was done.

MEDICAL DECISION MAKING: I think that the vast bulk of this gentleman's somatic complaints are probably stress related. With his history of depression I think that now he is in a state of agitated depression with substantial denial of the gravity of his problems. Though he is amenable to speaking to our mental health workers now, and I have summoned one of them to come and evaluate him, I doubt very much there is an organic basis for these sensations of palpitations and/or hand numbness. It still remains possible that there is some neurologic cause for this, but I doubt it. As mentioned, mental health evaluator is going to come down and speak with him. He is as I said amenable to this. He demonstrates relatively poor insight as how much stress he has been under or how significant this might be with regard to these somatic complaints and cannot seem to connect the concept of the two of them. His private medical doctor is Dr. Breiman, and if necessary medical consult might be necessary if he is not felt to be a candidate for evaluation at the mental health unit.

LAWRENCE SHEIMAN, MD.
DICT. 19970111 0638 TR. 19970111 0833 KLCA

CAYUGA MEDICAL CENTER AT ITHACA
MENTAL HEALTH UNIT

Interviewer Eric Stephens
Date 1/11/97

Time Pt. Cleared /
Interviewer Notified 0630
Time of Eval. 0645

BIO PSYCHO SOCIAL EVALUATION

Client: Saunders Kevin DOB: 5/1/56
Address: 1668 Trumansburg Rd Ithaca NY
County: _____ Telephone Number: 277-5808

Identifying Data:
[Age, Sex, Marital Status, Employment, How were they referred, Level of care at referral source, Reason for referral]

40 y/o ♂ divorced, employed brought self to E.R. for evaluation of "palpitations + numbness of hands, feet + face

Current Complaint: [From the client's and the interviewer's perspective]
Pt has been under ↑ stress last 3 wks ↻ being charged ↻ DWI 12/22/96 + harassment of GF ↻ assaulting her 12/26. Pt recognizes his ↑ stress but does not feel it is connected to his physical symptoms

History of Current Episode/Illness:
Has had minor symptoms of numbness for several months but ↑ lately. Has had more serious periods of depression in the past ~~that~~ + has had no somatic manifestations similar to those he is experiencing now

Diagnosis, by History (if available):
AXIS I: Dysthymia
AXIS II: _____
AXIS III: _____

Have you ever had inpatient psychiatric treatment? YES (NO)

Where	When	Reason	Length of Stay

Most recent Out-Patient Treatment: F + C

Where	When	Therapist	Frequency
since 5/96		Anna Meador - F + C	
Dr. Hambrick			

Current Medications: (Prescribed and OTC)

Medication	Dosage/Frequency	Prescribed by?	Why
Prozac	20 mg	Dr. Hambrick	for 9 days
Trazadone	50 mg x 4 days		for sleep

Are you running out of meds right now? If so which kind? No

How will you get them?

Do you take medications regularly? (YES) NO

If NO, why not?

Are you currently experiencing any side effects or adverse effects with your medications? YES NO (also note any involuntary movement or tremors)

(+) response to Prozac starting - has had (-) S/E from Trazadone - dry mouth + difficulty urinating

Do you feel that your medications are helping you?

No

Does the client experience...

- Ø suicidal ideation
- Ø homicidal ideation
- Ø persecutory ideation
- Ø appetite disturbances
- Ø weight loss/gain
- Ø constipation
- Yes sleep disturbances difficulty sleeping x 3 wks
- Ø nightmares
- Yes violent behavior toward others angry outburst during sex ē GF - facing charge
- Yes anxiety mild - mod
- Ø anhedonia
- Ø mental confusion; difficulty concentrating or remembering
- Ø difficulty getting along with people
- Ø hallucinations (auditory, visual, tactile, gustatory)

Has the client ever attempted suicide?

Date	Plan/Method	Tx required
∅		

Has the pt. ever intentionally sought to physically harm self [i.e. cut, burn, or choke self]?

Date	Plan/Method	Location
∅		

Has the client ever harmed anyone else? (give the dates, injuries, legal charges) charged c harrassment - during intercourse scratched GF badly + pulled her along by her hair

Mental Status: (brief description of physical appearance, motor activity, relationship to counselor)

sitting in chair, mildly fidgety

Orientation: (place, time, person, situation)

fully oriented

Affect: (appropriate, inappropriate, labile, normal or reduced range)

full + appropriate range

Mood: (euthymic, depressed, angry, anxious, apathetic, euphoric)

mildly elevated

Thought Process: (productivity, coherence, speed of reaction, rational, racing, flight of ideas, loose associations)

logical + organized

Thought Content: (use client's words, note preoccupations)

Emphasizing irrelevant hx rather than current stressors

Intellectual Ability: (estimate or use developmental age if available)

_____Below Average:_____

_____Average:_____

__√__Above Average: well above average

Memory: (short and long term)

_____Poor:_____

_____Fair:_____

__√__Good:_____

Speech: (rate, loudness, pressure)

normal rate tone rythm

Judgement/Insight: good

Do you believe that you might have a problem with drugs or ETOH? (YES) NO

Hx of DWI: Yes
Previos Rehab: ∅
Family concerns: ∅
Legal issues r/t drugs or etoh: Yes

(If YES to either then proceed to the following Chemical Assessment section)

CHEMICAL DEPENDENCY ASSESSMENT

Substances used in the last three months (frequency, quantity, pattern:

Drug of Choice	Frequency of Use	Ave. Daily Use	Route
Alcohol	Long hx of occasional abuse - drinks @ Xs of stress to excess		
Marijuana	20 yr use until 3 wks ago - intends to stop now		
Opiates	∅		
Cocaine			
Amphetamines			
Benzos			
Sed/Hyp			
PCP			
Inhalants			
Other			

Current or Past History of...

∅	Blackouts	∅	Insomnia
∅	Shakes (inside or outside)	∅	Seizures
∅	Liver Problems	∅	Hepatitis
∅	Hallucinations	∅	Tension
		∅	*DT's

* ALERT DR IF THERE IS A HX OF DT'S AND PT HAS BEEN DRINKING.

Please explain any areas checked:

Do any family members have a problem with drug use (Past or Present)?

Ø

Recovering spouse, parent or sibling?

Ø

Have you ever gone to an AA/NA meeting? (sponsorship, last meeting attended)

Ø

Do you believe that you are addicted or have a problem with drugs?

Does not believe it is a significant issue

Do you believe that you can stop drugging?

intends to stop marijuana use

Have you ever been in a treatment program for drinking/drugging? (detox, rehabs outpatient, give dates, length of treatment, client's opinion of how this treatment helped/didn't help, whether mandated by court)

Court mandated evaluation by Fran Murkover

Relationship between chemical dependency and psychiatric symptoms: (client's and evaluator's opinions) Pt denies - unclear connection

MEDICAL STATUS

How many times in your life have you been hospitalized for medical problems? Describe:

Ø

Do you have any chronic medical problems that interfere with your life?

Ø

Do you have now or have you ever experienced or been diagnosed with any of the following...

Ø seizure disorder	Ø movement disorder	Ø cardiac problem
memory loss	respiratory ailment	difficulty walking
allergies	hearing loss	diabetes
hypertension	head trauma	visual limitations
neuroleptic malignancy syndrome		tardiveyskinesia

Describe any areas checked:

Allergies:

Is there any chance you are pregnant? ***** NOTIFY M.D. IF YES *****
Last Menstrual Period? Birth Control? (Type)

Have you ever had a sexually transmitted disease? (name all and describe treatment history)
Was obsessed & fear of HIV & being raped several yrs ago - has been tested + practices monogamy

Are you concerned that you might have been exposed to sexually transmitted diseases including HIV? And if so would you like to be tested?
see above

EMPLOYMENT/SUPPORT STATUS

Number of years of education completed college (GED-12)
Describe any community program involvement (VESID, BOCES, Consolidated)

Usual employment pattern, in the past five years:

✓ full time	____ part time	____ student	____ military service
____ unemployed	____ in a controlled environment		

Types of jobs held including present employment if any:
self employed - President of own Comp. Prog. Programming & Co.

Source of income: self

____ unemployment	____ unemployment compensation	____ SSI	____ SSD
____ public assistance	____ spouse/family/friends	____ other	

Amount of monthly income? comfortable

Do you have a case manager? Name: Ø

Do you have a payee? Ø Name: _____

Have you ever been in the service? YES (NO) Branch : _____
Length of service: _____ Discharge type: _____

Legal Status

Are you presently awaiting charges, trial or sentencing? (YES) NO
Describe:
DWI
Harrassment

Have you ever been convicted of a criminal offense? Ø

____ shoplifting	____ burglary/B&E	____ vandalism	____ robbery
____ assault	____ drug charges	____ rape	____ forgery
____ arson	____ weapons off.	____ homicide/manslaughter	
____ parole/prob. violations	____ other		

Have you ever been arrested for public intoxication/DWI? (dates)
see above

SOCIAL RESIDENTIAL STATUS

Marital Status:

____ married ✓ divorced ____ widowed ____ never married ____ separated

Living Environment:
- ✓ own a home
- ____ rent an apartment
- ____ parent's home
- ____ rooming/boarding house (name) _____
- ____ group home (name) _____
- ____ institution (name) _____

With whom do you live?

✓ alone ____ spouse ____ children (ages)____
____ siblings ____ other relatives ____ roommates ____ other

Problems with current living situation: 8 y/o daughter was staying c him 3 days/wk but that is on hold until charges are resolved

Family History:(Brief description, Hx mental illness, current level of involvement with family)

Collateral Information: ____

Pt. Strengths: intelligence, willing to seek treatment

Weaknesses: neurotic

Where can you be reached:
Address: see front

Phone #:

Person who we can contact to reach you if we lose contact with you?
Name: Anne Marie Whelan
Address: 1668 Trumansburg Rd Ithaca

Telephone #: 277 5808
Relationship: ex w.f.

Please list telephone contacts, requests for information, contact with outside agencies: _____

Interventions in E.R.: Med eval, 1:1 c̄ pt, consulted c̄ Dr Allen
Med teaching re: S/E of Trazadone + Prozac + other potentially useful medications

Assessment / Treatment Recommendations and Plans / Disposition of Case:
(Releases of Information should correspond with Disposition)
Pt has already implemented all reasonable interventions to address his ↑ stress. Is in continuing therapy; has begun to see a psychiatrist + has begun taking Prozac. Pt intends to f/u c̄ medical Dr (Burman) + Dr Hambrick

E.R. Staff Member Notified Prior to Transfer: Dr Allen
Name / Title

Eric Stegl Jr
Evaluator's Signature

1/11/97
Date

CAYUGA MEDICAL CENTER AT ITHACA
MENTAL HEALTH EMERGENCY EVALUATION
DISCHARGE INSTRUCTIONS

NAME : Kevin Saunders
DOB : 5/1/56
TELEPHONE: (277) 5808

DISCHARGE INSTRUCTIONS: (Check One)

[ ] We have scheduled the following appointment(s) for you:

[ ] You have requested assistance in arranging outpatient Mental Health Services. Please contact the Behavioral Services Department at 274-4304 on the next business day and ask to speak with the Social Work Assistant on call.

[X] You have declined our offer of assistance and have chosen to arrange your own Mental Health Services. will make appt c Dr Hamlisch

[X] Other: (Explain) Will be seeing Dr Bateman on Mon 1/13

ADDITIONAL INSTRUCTIONS:

CONSENT FOR RELEASE OF INFORMATION: (Check One)

[X] **CONSENT FORM(S) SIGNED** [ ] **PATIENT REFUSES TO SIGN**

Note: Your mental health evaluation is confidential. In order for us to arrange follow-up services on your behalf you must sign a consent for release of information for the mental health provider located in your county of residence.

Should your condition worsen please return immeditately to the Emergency Department.

Your signature on this form indicates understanding and agreement of the discharge instructions outlined above.

Patient Signature: x [signature] **Date:** 1/11/97

Physician Signature: [signature] **Date:** 1/11/97

Evaluator's Signature: [signature] **Date:** 1/11/97

IMPORTANT PHONE NUMBERS:

- **Cayuga Medical Center Emergency Department . . . . . 274 - 4411**
- **Suicide Prevention and Crisis Service 24hr Hotline . . . . . 272 - 1616**
- **New York State Police . . . . . 273 - 4671**

CAYUGA MEDICAL CENTER AT ITHACA
MENTAL HEALTH EMERGENCY EVALUATION
DISCHARGE INSTRUCTIONS

NAME : Kevin Saunders
DOB : 5/1/56
TELEPHONE: (277) 5808

DISCHARGE INSTRUCTIONS: (Check One)

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[X] You have declined our offer of assistance and have chosen to arrange your own Mental Health Services. will make appt with Dr Hamlisch

[X] Other: (Explain) Will be seeing Dr Brotman on Mon 1/13

ADDITIONAL INSTRUCTIONS:

CONSENT FOR RELEASE OF INFORMATION: (Check One)

[X] **CONSENT FORM(S) SIGNED** [ ] **PATIENT REFUSES TO SIGN**

Note: Your mental health evaluation is confidential. In order for us to arrange follow-up services on your behalf you must sign a consent for release of information for the mental health provider located in your county of residence.

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Your signature on this form indicates understanding and agreement of the discharge instructions outlined above.

Patient Signature: x [signature] **Date:** 1/11/97

Physician Signature: [signature] **Date:** 1/11/97

Evaluator's Signature: [signature] KM **Date:** 1/11/97

IMPORTANT PHONE NUMBERS:

- **Cayuga Medical Center Emergency Department . . . . . 274 - 4411**
- **Suicide Prevention and Crisis Service 24hr Hotline . . . . . 272 - 1616**
- **New York State Police . . . . . 273 - 4671**

Cayuga
Medical Center
at Ithaca
101 DATES DRIVE • ITHACA, N.Y. 14850

RADIOLOGY SERVICE REPOR

PATIENT'S NAME: SAUNDERS,KEVIN E

REFERRED BY: SHEIMAN,LAWRENCE MD.

EXAMINATION OF: CHEST PA & LATERAL XRAY

DATE OF EXAMINATION: 01/11/97

HISTORY:

ROOM NO: ED

X-RAY NO: 13690

PATIENT NO: 05974

ACCT. NO: 32204

DATE OF BIRTH: 05/01

REPORT:

Indication: Palpitations.

PA AND LATERAL CHEST:

The lung fields are well expanded and clear. The heart and mediastinum are normal. The bony structures are normal for age.

IMPRESSION: Normal exam.

COPIES TO: BREIMAN,ROBERT MD.; SHEIMAN,LAWRENCE MD.

TRANSCRIBED DATE/TIME: 01/13/97 (0835)
TRANSCRIPTIONIST: LM
RADIOLOGY TECH: BICKHAM,WENDY S
PRINTED DATE/TIME: 01/13/97 (0910)

Henry P. Talarico MD.

THE OPINION EXPRESSED IS BASED ON THE X-RAY EXAMINATION ALONE BY RADIOLOGY ASSOCIATES OF ITHACA, PC

Rx:

Room:
Oper:

Rate	91	. Normal sinus rhythm, rate 91
PR	150	. LVH by voltage
QRSD	85	
QT	323	
QTc	397	

Normal P axis, PR, rate & rhythm
S V1[V2]+ R V5,V6 > 3.5 [4.0] mV

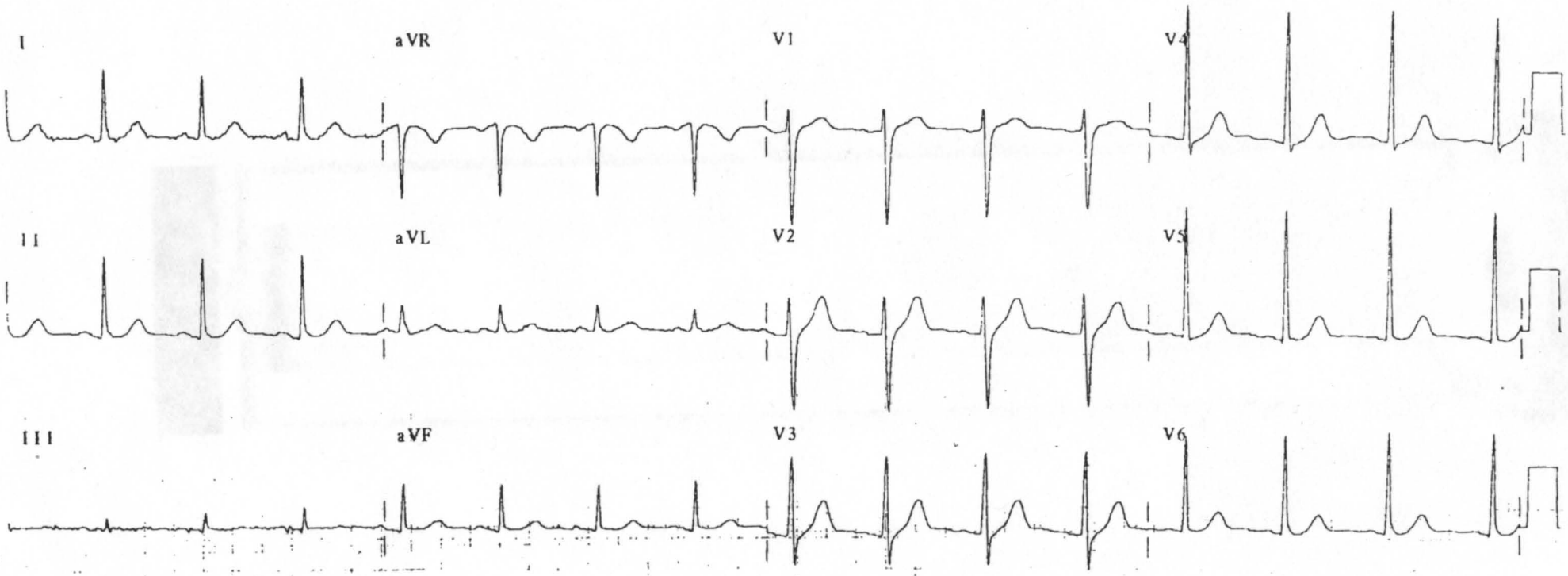
Requested by:
L.SHEIMAN MD

--AXIS--

P	40
QRS	37
T	33

- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW



LOC 0.0000-0001 Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV F 60∿ 0.5-100 Hz W HP708 05305

GRAPHIC CONTROLS CORPORATION BUFFALO, NEW YORK

Practice: ICA
2643688

ACCOUNT #

NAME

CAYUGA MEDICAL CENTER AT ITHACA
ARROWHEAD EMERGENCY PHYSICI
(EMERGENCY DEPARTMENT)
PATIENT SIGNATURE ON FILE

SAUNDERS,KEVIN E
SHEIMAN,LAWRENCE MD.
32204893 ED 40
05/01/56 0597460

Advanced Directives Provided to:_____ **(Initials)** **On File: Yes:** __ **No:** __ **Patient's Rights Reviewed By:**_____**(Initials)** **Organ Donor: Yes:** __ **No:** __

GENERAL

CONSENT AND TREATMENT - I have come of my own volition, seeking urgent/emergency treatment. I hereby give my permission to the physici and professional staff of Cayuga Medical Center to give a treatment or perform test(s) or diagnostic procedures (including x-rays) which may be orde by a medical center physician(s), his/her assistant; or designees as are necessary in their judgment. I am aware the practice of medicine is not an ex science, and I acknowledge that no guarantees will be made to me as to the results of treatments or examinations in Cayuga Medical Center. I voluntai consent to emergent treatment and subsequent care, including admission, if deemed necessary by a medical center physician.

Initials KES

RELEASE OF INFORMATION - Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians may disclose any or all parts of the clini record to my (our) insurance company(s) or employer(s) for purposes of satisfying charges billed by Cayuga Medical Center at Ithaca and/or Arrowh Emergency Physicians. I further understand that it may be necessary to contact my (our) past or present employer(s) in regards to this claim. T authorization does not cover 3rd party liability claims.

I authorize Cayuga Medical Center physician(s) to direct that copies of relevant portions of my medical record be forwarded to such medi practitioners or facilities as may be responsible for my subsequent care.

I authorize Cayuga Medical Center representatives to review my record for quality assurance and/or utilization review procedures. I also here authorize and direct Cayuga Medical Center, having treated me, to release to governmental agencies, insurance carriers, or others who are financially lia for my stay at the Medical Center and medical care, and to permit representatives thereof to examine and make copies of all records relating to such c and treatment.

I authorize the release of my social security number to manufacturers for the purpose of tracking medical devices.

Initials KES

GUARANTEE OF ACCOUNT -Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians. For and in consideration of services render by Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians to the below named patient, the undersigned (jointly and severally if mo than one) guarantees payment of all charges incurred for said patient in accordance with the policy of payment of such bills.

I agree that in consideration of the services rendered I hereby obligate myself to pay the account of the medical center in accordance with the rate a the terms of the medical center. Should the account be referred to an attorney for collection, I shall pay reasonable attorney's fees and collection expense.

I understand that I will receive separate bills for services rendered by specialists such as radiologists, anesthesiologists, private physicians, emergen physicians, and other specialists my attending physician consulted with.

Initials KES

MEDICARE

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment authorized Medicare benefits be made either to me or on my behalf to Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians for a services furnished to me by that physician/provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Initials_____

MEDIGAP

I request that payment of authorized Medigap benefits be made either to me or on my behalf to Cayuga Medical Center at Ithaca and/or Arrowhe Emergency Physicians for any services furnished to me by that physician or organization. I authorize any holder of medical information about me to relea to my Insurance Company any information needed to determine these benefits or the benefits payable for related services.

Initials_____

OTHER THIRD-PARTY PAYORS

ASSIGNMENT OF INSURANCE BENEFITS - I hereby authorize payment directly to Cayuga Medical Center at Ithaca and/or Arrowhead Emergenc Physicians for medical insurance benefits including any Major Medical benefits otherwise payable to me under the terms of my policy but not to exce the balance due to the physicians or organization furnishing the services performed during this period of hospitalization. In making this assignment, understand and agree that I am financially responsible to the above party and/or parties for charges not paid under this insurance policy. I permit a cop of this authorization to be used in place of the original.

Initials KES

PATIENT SIGNATURE

This form has been fully explained to me and I certify that I understand its contents. This consent does not constitute a waiver of the right to informe consent to specific procedures or treatment where it is feasible for me or my health care proxy to give, withhold, or revoke consent. I certify that I hav read the foregoing and am the patient or am duly authorized by the patient as patient's general agent to execute the above and accept its terms.

THE UNDERSIGNED CERTIFIES THAT EACH HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS.

Initials KES

Patient Signature

Insurance Identification Number

Patient's Agent Representative and Guarantor Signature

Date 1/11/97

Witness

RUN TIME: 0006 Summary Location Report

LOCATION
EMERGENCY DEPARTMENT

PATIENT: SAUNDERS,KEVIN E ACCT #: 32204893 LOC: ED U #: 0597468
AGE/SX: 40/M ROOM: REG: 01/11/97
REG DR: SHEIMAN,LAWRENCE MD. STATUS: DEP ER BED: DIS:

* * * GENERAL HEMATOLOGY * * *

	Date 1/11 Time 0607	Reference Units
=> WBC	11.7 H	(4.8-10.8) CUMM
=> RBC	4.40 L	(4.6-6.2) CUMM
=> HGB	13.6 L	(14.0-18.0) G/DL
=> HEMATOCRIT	40 L	(42-52) %
=> MCV	91	(80-94) um3
=> MCH	31	(27-31) pg
=> MCHC	34	(32-36) g/dl
=> RDW	13	(10.5-15) %
=> PLATELETS	299	(150-450) CUMM
=> MEAN PLATE VOL	7.9	(7.4-10.4) um3
=> POLY	62	(38-83)
=> LYMPH	33	(5-47)
=> MONO	4	(0-13)
=> BASO	1	(0-2)
=> MORPHOLOGY	NORMAL	

* * * SPECIAL HEMATOLOGY * * *

	Date 1/11 Time 0607	Reference Units
=> SED RATE	1	(0-15) MM/HR

* * * GENERAL CHEMISTRY * * *

	Date 1/11 Time 0607	Reference Units
=> SODIUM	140	(135-145) MMOL/L
=> POTASSIUM	3.7	(3.5-5.0) MMOL/L
=> CHLORIDE	108	(95-108) MMOL/L
=> CO2	25.0	(21-33) MMOL/L
=> GLUCOSE	105	(70-105) MG/DL
=> BUN	12	(6-22) MG/DL
=> CREATININE	0.8	(0.5-1.4) MG/DL
=> BUN/CREAT RATIO	15.0	(8-20)

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PERMIT NO. 54017010

JEROME NOSANCHUK, M.D.
DIRECTOR OF LABORATORIES
MANUEL POSSO, M.D.
ASSOCIATE PATHOLOGIST

LOCATION
EMERGENCY DEPARTMENT

Patient: SAUNDERS,KEVIN E #32204893 (Continued)

= * * * ENZYMES * * * =

	Date	1/11	
	Time	0607	Reference Units
=>	ALT (SGPT)	27	(1-40) U/L
=>	AMYLASE	64	(23-121) U/L
=>	CK	144	(0-200) U/L

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