

MEDICARE PATIENT

S.S. OR.H.I.B. NO.

PATIENT NAME (LAST, FIRST, M.I.) **Zagorski Edward G** HOME PHONE \_\_\_\_\_ ADMISSION DATE **7/16/83** A.M. P.M. **8 3-454** HOSPITAL NO. **83-454**

PATIENT ADDRESS STREET CITY STATE ZIP AGE DATE OF BIRTH SEX **M**  F  M  S  W  D.

**500 Willard St SPO** EMPLOYER NAME \_\_\_\_\_ ADDRESS - STREET CITY STATE ZIP EMPLOYER PHONE \_\_\_\_\_ COMPENSATION  YES  NO

NEXT OF KIN (LAST, FIRST, M.I.) **None** ADDRESS - STREET CITY STATE ZIP PHONE \_\_\_\_\_

NAME OF BLUE CROSS AND/OR BLUE SHIELD PLAN \_\_\_\_\_ GROUP NO. \_\_\_\_\_ CONTRACT NO. \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_

SUBSCRIBER  FAMILY MEMBER  DEPENDENT  COMPREHENSIVE

OTHER HOSPITALIZATION INSURANCE NAME ADDRESS CERT. OR POLICY NO. GROUP NO. EFFECTIVE DATE

FAMILY DOCTOR **Webster** NOTIFIED  YES  NO E.S. DOCTOR **Ben** DOCTOR NOTIFIED DOCTOR RESPONDED DOCTOR ARRIVED BROUGHT BY:  SELF  POLICE  FIRE  RELATIVE  OTHER

EMERGENCY ROOM CHARGES (DOES NOT INCLUDE FEE OF ATTENDING PHYSICIAN)				OTHER SERVICES RENDERED	
ITEM	CHARGE	ITEM	CHARGE	DOCTOR'S FEE	<input checked="" type="checkbox"/>
EMERGENCY ROOM	X	DRUGS		RESPIRATORY THERAPY	<input type="checkbox"/>
ANESTHETIC		TETANUS TOXOID		X-RAY	<input type="checkbox"/>
ANTISEPTIC				LABORATORY	<input type="checkbox"/>
DRESSINGS				PHYSICAL THERAPY	<input type="checkbox"/>
E.R. TRAY					<input type="checkbox"/>
SUTURES					<input type="checkbox"/>
				TOTAL CHARGES	

**Ambulated** BRIEF HISTORY

CONDITION ON ADMISSION:  GOOD  FAIR  POOR  HEMORRHAGE  CONSCIOUS  UNCONSCIOUS  COMA  ORIENTED IN TIME & PLACE  CONFUSED  RATIONAL  OTHER (SPECIFY)

TEMP **99.2**  A  R **28** R. **76** BP. **110/68**

IF ACCIDENT STATE WHERE, WHEN AND HOW INJURED, IF ILLNESS, DESCRIBE: **states nerves bad for past 2 days - pressure bad dreams, insomnia, lethargic, slurred speech face appears edematous**

**pt has no specific c/o or pain at this time**

**hx poss drug abuse, Meds valium 10mg x-2 tabs x 2 weeks**

ALLERGIES  NO  YES (SPECIFY) **DKA**

NURSE'S SIGNATURE **P. Penderell** OFFICER'S SIGNATURE **David H. Jones** STAR **26** DISTRICT **3**

PHYSICIAN'S REPORT

PHYSICAL EXAM. AND TREATMENT **awake, oriented, responds appropriately to question memory intact. Pupils equal round reactive to light 2mm, EOMF, Reflexes I+/- No acral edema. Wiry all extremities equal, muscle strength I+ = bil pt. taking Valium 10mg 3-4/x/d x 2 weeks.**

TETANUS TOXOID \_\_\_\_\_ cc TETANUS ANTITOXIN TEST \_\_\_\_\_ cc TETANUS ANTITOXIN \_\_\_\_\_ UNITS

DIAGNOSIS **Valium excess**

CONDITION ON DISCHARGE  GOOD  FAIR  POOR  HEMORRHAGE  UNCONSCIOUS  COMA  ORIENTED IN TIME & PLACE  CONFUSED  RATIONAL  OTHER (SPECIFY)

DISPOSITION OF CASE  ADMITTED  ADMISSION REFUSED/RELEASE SIGNED  AMBULATED  HOME WITH INSTRUCTIONS  OTHER (SPECIFY) **Return to jail 120**

INSTRUCTIONS TO PATIENT: **check patient's wrist to be out with pill was saved and saved**

**to take to 5mg p.o. b.i.d. evn**

**D/C Valium**

**Serax 10mg p.o. b.i.d. max give**

**7/16/83** is being ambulated

PHYSICIAN'S SIGNATURE **Neil Ben** DATE **7/16/83** PATIENT'S SIGNATURE **unable to sign**