

SEVERAL COPIES YOU ARE MAKING PRESS FIRMLY - HISTORY AND PHYSICAL TREATMENT

CAYUGA MEDICAL CENTER AT ITHACA Ithaca, New York 14850

PATIENT NAME SAUNDERS, KEVIN E		AGE 44	SERVICE DATE 04/04/03	SAUNDERS, KEVIN E Baker, Donald James MD. 43391507 ED 46 05/01/56 0597460						
NOTIFIED	C	S	ERP	CALLER	ARRIVED	NOTIFIED	C	S	ERP	CALLER
Dr.				AM	AM	Dr.				AM
				PM	PM					PM

ALLERGIES:

PERTINENT MEDICAL HISTORY

CONFIDENTIAL RECORD
REQUIRES SPECIFIC DISCLOSURE CONSENT

CURRENT MEDICATIONS
MED. BROUGHT? YES NO

REASON FOR VISIT
MENTAL HEALTH EVALUATION

LAST TETANUS TOXOID

LNMP

TIME SEEN BY MD:	HPI	TIME	B/P	P	CIRCLE RADIAL REG. APICAL IRREG.	R	TEMP.
	PHHX						
	FMHX						
	SH						
	ROS						
	ELEM	CBC					
	DX	BUN					2979
		LYTES					3009
		GLUCOSE					
		CREAT.					
		AMYL.					
		UA					
		TS#					

MONITORING: BLOOD PRESSURE
 PULSE OXIMETER
 CARDIAC RHYTHM:

LAB ORDERS
ORDERED RESULTS

EKG ORDERED RESULTS

X-RAYS DESIRED	VERIFIED	RESULTS

TIME COMPLETED: 012202

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

MEDICATION	DOSE	ROUTE	TIME	GIVEN BY	AMBUL STOCK	SAMPLE	PHARMACY	NUMBER
Ativan	2 mg	P.O.	11:45	JM				
Neflon	500	P.O.		JM				
OXYGEN		L						TIME DISCONTINUED

DIAGNOSIS:

400873

EMERGENCY DEPARTMENT REPORT (5)

DISPOSITION: *Elmira Psych 1500* *B. Baker*

ADMITTED TRANSFERRED EXPIRED DISCHARGED

STABLE UNSTABLE GUARDED

REPORT CALLED TO: _____ ACCEPTANCE OF PT. GIVEN BY: _____

COPY SENT TO: PHYSICIAN BELOW INITIALS: _____

INSTRUCTION SHEET: _____

SIGNED ED PHYS. *[Signature]* M.D.

SIGNED ATTEND. PHYS. _____ M.D.

MODE OF TRANSPORT: AMBULANCE WHEEL CHAIR CARRIED STRETCHER AMBULATORY OTHER: _____

ACCOUNT # 43391507 PATIENT NAME/ADDRESS/PHONE #/SOCIAL SECURITY # SAUNDERS, KEVIN E

DATE OF BIRTH 05/01/56 AGE 46 SEX M M/S D FIN. CLASS PP MEDICAL RECORD # 0597460

ADMIT DATE 04/04/03 ITHACA, NY 14850

PERSON TO NOTIFY/NAME/ADDRESS: WHELAN, ANNE MARIE 721 W COURT ST ITHACA, NY 14850 RELATIONSHIP FRF PHONE # 607-273-6552

TIME 0805 607-277-5808 431-88-9647

PATIENT'S EMPLOYER/ADDRESS/PHONE: DATABEAST INC 1668 TRUMANSBURG RD ITHACA, NY 14850 607-277-5808

GUARANTOR NAME/CITY/STATE/PHONE #: SAUNDERS, KEVIN E ITHACA, NY 14850 607-277-5808

GUARANTOR EMPLOYER NAME: DATABEAST INC RELATIONSHIP SE PHONE # 607-277-5808

RELIGION UNITARIAN ARRIVAL MODE AMB-TRU

INSURANCE NAME PURE SELF PAY POLICY # 431889647 COVERAGE # _____ SUBSCRIBER/INSURED NAME SAUNDERS, KEVIN E

ACC. INFO. UNSET REASON FOR VISIT MENTAL HEALTH EVALUATION

ACC. DATE/TIME 04/04/03 0000 COMMENT NO CRD

ED PHYSICIAN Baker, Donald James MD. FAMILY PHYSICIAN Breiman, Robert MD. USER RJE

RECORD ROOM COPY