

MEDICARE PATIENT

S.S. OR H.I.B. NO. 1253

PATIENT NAME (LAST, FIRST, M.I.) **Zagorski Edward George** HOME PHONE _____ ADMISSION DATE **7/3/83** HOSPITAL NO. **834568**
 PATIENT ADDRESS - STREET **550 Willow St** CITY **Spfld** STATE **TR** ZIP **37172** AGE **27** DATE OF BIRTH **4/27/56** SEX **M** MARITAL STATUS M S W D
 EMPLOYER NAME _____ ADDRESS - STREET _____ CITY _____ STATE _____ ZIP _____ EMPLOYER PHONE _____ COMPENSATION YES NO

NEXT OF KIN (LAST, FIRST, M.I.) _____ 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 Basse** NOTIFIED YES NO E. R. DOCTOR **COX** 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		DRUGS		RESPIRATORY THERAPY	<input type="checkbox"/>
ANESTHETIC		TETANUS TOXOID		X-RAY	<input type="checkbox"/>
ANTISEPTIC		Librium 100mg IM		LABORATORY	<input type="checkbox"/>
DRESSINGS				PHYSICAL THERAPY	<input type="checkbox"/>
E.R. TRAY					<input type="checkbox"/>
SUTURES					<input type="checkbox"/>
				TOTAL CHARGES	

BRIEF HISTORY

CONDITION ON ADMISSION: GOOD FAIR POOR HEMORRHAGE UNCONSCIOUS CONSCIOUS COMA ORIENTED IN TIME & PLACE CONFUSED RATIONAL OTHER (SPECIFY) _____ TEMP **98.3** P. **96.20** BP. **138/90**
 IF ACCIDENT STATE WHERE, WHEN AND HOW INJURED, IF ILLNESS, DESCRIBE:
c/d uncontrollable rage et anger lacerations on knuckles of hands
 RELATIVE NOTIFIED _____
 POLICE NOTIFIED _____
 CORONER NOTIFIED _____
 BY WHOM _____

ALLERGIES NO YES (SPECIFY) **Haldol 1 mg tid**

NURSE'S SIGNATURE **D. Piccirillo** OFFICER'S SIGNATURE **Danny Cooksey** STAB **2nd** DISTRICT **74**

PHYSICIAN'S REPORT

PHYSICAL EXAM. AND TREATMENT **Pt. sweating, anxious. Knuckles of both hands are abraded from sitting well. 4 Knuckles treated w/ Betadine Librium 100 mg I.M.**

TETANUS TOXOID _____ cc TETANUS ANTITOXIN TEST _____ cc TETANUS ANTITOXIN _____ UNITS

DIAGNOSIS **Acute Anxiety -**

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

DISPOSITION OF CASE ADMITTED ADMISSION REFUSED/RELEASE SIGNED HOME WITH INSTRUCTIONS OTHER (SPECIFY) **Back to PC J** 1:15 AM

INSTRUCTIONS TO PATIENT: **Follow up with regular doctor -**

PHYSICIAN'S SIGNATURE **J.R. Cox** DATE _____ PATIENT'S SIGNATURE **JR**

MEDICARE PATIENT

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

PATIENT NAME (LAST, FIRST, M.I.) Zuporski Edward J HOME PHONE _____ ADMISSION DATE 7/3/83 10 A.M. HOSPITAL NO. 83-4578
 PATIENT ADDRESS: STREET 500 Willard St Spfld CITY TN STATE TN ZIP 372 AGE 27 DATE OF BIRTH UN KNOWN SEX M MARITAL STATUS F M W D
 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. R. DOCTOR Bassett DOCTOR NOTIFIED YES NO DOCTOR RESPONDED YES NO DOCTOR ARRIVED YES NO 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 type="checkbox"/>
EMERGENCY ROOM		DRUGS		RESPIRATORY THERAPY	<input type="checkbox"/>
ANESTHETIC		TETANUS TOXOID		X-RAY	<input type="checkbox"/>
ANTISEPTIC				LABORATORY	<input type="checkbox"/>
DRESSINGS		Valium 10mg IM		PHYSICAL THERAPY	<input type="checkbox"/>
E.R. TRAY		205 Rgt			<input type="checkbox"/>
SUTURES		Deltoid			<input type="checkbox"/>
				TOTAL CHARGES	

Ambleulatory BRIEF HISTORY

CONDITION ON ADMISSION: GOOD FAIR POOR HEMORRHAGE UNCONSCIOUS COMA ORIENTED IN TIME & PLACE CONFUSED RATIONAL OTHER (SPECIFY) _____ TEMP 98.6 P. 76 R. 20 BP. 130/80
 IF ACCIDENT STATE WHERE, WHEN AND HOW INJURED, IF ILLNESS, DESCRIBE:
States nervous
Seen w ER last site (i.e. a.m.) for uncontrollable rage

Medics - valium pra, poss drug abuse
 ALLERGIES NO YES (SPECIFY) NKA
 NURSE'S SIGNATURE M. White OFFICER'S SIGNATURE [Signature] STAR 80 DISTRICT _____

PHYSICIAN'S REPORT

PHYSICAL EXAM. AND TREATMENT
Heart normal, lungs clear.
Valium 10 IM
Valium 10 q 8.0 T to 11 pm (24)

TETANUS TOXOID _____ cc TETANUS ANTITOXIN TEST _____ cc TETANUS ANTITOXIN _____ UNITS

DIAGNOSIS Acute Anxiety

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 HOME WITH INSTRUCTIONS OTHER (SPECIFY) 205 Ambulatory

INSTRUCTIONS TO PATIENT:
Return to Robertson Co Jail

R. H. Webster M.D. 7-3-83 [Signature]
 PHYSICIAN'S SIGNATURE DATE PATIENT'S SIGNATURE 6000