

Disease/disorder	Onset Date	Management	Date	Comments
Anxiety		Hysterectomy, total		
Arthritis		Carpal tunnel release		
Elevated lipids		Knee replacement		
Fibromyalgia				
Osteoarthritis				

GYNECOLOGIC HISTORY:
Patient is Postmenopausal.

Family History (Detailed)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
Father				Cancer, skin		N

Social History: (Detailed)

Tobacco use reviewed.
The patient is right-handed.
Preferred language is English.
MARITAL STATUS/FAMILY/SOCIAL SUPPORT
Marital status: Married
Tobacco use status: Current non-smoker.
Smoking status: Never smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
	Never smoker			

ALCOHOL

There is no history of alcohol use.

CAFFEINE

The patient does not use caffeine.

SLEEP PATTERNS

Patient has no changes to sleep patterns.

HOME ENVIRONMENT/SAFETY

The patient is not at risk for falls.

The patient has not fallen in the last year.

Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
MELOXICAM			
MORPHINE			

Reviewed, updated.

Review of Systems

System	Neg/Pos	Details
Constitutional	Positive	Weight gain.
Constitutional	Negative	Fatigue, Fever and Night sweats.
ENMT	Negative	Ear drainage, Hearing loss and Nasal drainage.
Eyes	Negative	Eye discharge, Vision changes and Vision loss.
Respiratory	Negative	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, Claudication and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Constipation, Diarrhea and Vomiting.
GU	Negative	Dysuria, Hematuria and Polyuria (Genitourinary).
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia, Polyphagia and Polyuria (Endocrine).
Neuro	Negative	Gait disturbance.
Psych	Positive	Anxiety, Depression, Psychiatric symptoms.
Integumentary	Negative	Pruritus and Rash.
MS	Positive	Back pain, Numbness in extremity.
MS	Negative	Joint swelling and Muscle weakness.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.
Reproductive	Positive	The patient is post-menopausal.
Reproductive	Negative	Dysmenorrhea, Irregular menses, Menorrhagia and Vaginal discharge.

Vital Signs

Time	BP	Pulse	Resp	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	BMI	BSA m2	O2
	mm/Hg	/min	/min							kg/m2		Sat%
4:35 PM	114/78	78		97.50	5.0	0.00	152.40	177.00	80.286	34.57		

Measured By

Time Measured by
4:35 PM Anjelica Olvera

Screening Summary:

Pain is described as 6/10. Evaluated pain score with Numeric Pain Intensity Scale.

Physical Exam

Exam	Findings	Details
Strength LE	*	Strength Measurement - Hip flexion: Right: 5/5, Left: 5/5. Knee extension: Right: 5/5, Left: 5/5. Ankle dorsiflexion: Right: 3/5, Left: 5/5. Ankle plantarflexion: Right: 3/5, Left: 5/5.
Back/Spine	*	Lateral - Scoliosis: Mild. Posterior tenderness.
Back/Spine	Normal	Lateral - No Kyphosis. Rotation - SLR: extended/sitting: Negative.
Constitutional	Normal	No acute distress. Well nourished. Well developed.
Head/Face	Normal	Facial features - Normal. Eyebrows - Normal. Skull - Normal. Hair and scalp - Normal.
Eyes	Normal	General - Right: Normal, Left: Normal. Lids/external - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Nose/Mouth/Throat	Normal	External nose - Normal. Nares - Right: Normal, Left: Normal.
Neck Exam	Normal	Lips/teeth/gums - Normal. Breath odor - None. Inspection - Normal. Palpation - Normal. Parotid gland - Normal. Thyroid

Respiratory	Normal	gland - Normal. Range of motion - Normal. Inspection - Normal. Auscultation - Normal. Chest wall tenderness - Absent. Cough - Absent. Effort - Normal.
Cardiovascular	Normal	Inspection - JVD: Absent. Palpation/percussion - PMI normal. Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Extremities - Normal. No edema.
Abdomen	Normal	Inspection - Normal. Appliance(s) - None. Abdominal muscles - Normal. Auscultation - Normal.
Skin	Normal	Inspection - Normal. Palpation/texture - Normal. Nails - Normal. Hair - Normal.
Musculoskeletal	*	Gait - normal.
Musculoskeletal	Comments	right ankle, swelling proximal to the lateral malleolus, pitting edema, (+)tender over the lateral edge
Lumbar	*	Gait: normal. Muscle tone lower extremity: lower extremity muscle tone is normal. Muscle tone paraspinal: paraspinous tone is normal. Tenderness: L5, L5. Motion/stability: No increased pain with lateral bending, twisting.. Buttock - Right: Painless. Left: Painless. Greater trochanter - Right: Painless. Left: Painless. Sacroiliac joint: Right: Painless. Left: Painless.
Pinprick - LE	*	Foot- Anterior- Right: normal, Left: normal, Posterior- Right: normal, Left: normal, Anterolateral- Right: normal, Left: decreased, Anteromedial- Right: normal, Left: normal, Posterolateral- Right: normal, Left: decreased, Posteromedial- Right: normal, Left: normal.
Neurovascular LE	*	Reflexes - Patella: Right: 2/4, Left: 1/4. Achilles: Right: 0/4, Left: 0/4.
Extremity	Normal	No Cyanosis. No Edema. No Ulceration. No Varicosities.
Neurological	Normal	Level of consciousness - Normal. Orientation - Normal. Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact. Sensory - Normal. Balance & gait - Normal. Hand dominance - Right-handed.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Not anxious. Appropriate mood and affect. Normal insight. Normal judgment.

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
	Patient Health Questionnaire (PHQ-2)			1 - Further testing indicated	1		
	Patient Health Questionnaire (PHQ-9)			None	2		

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Low back pain (M54.5).
2.	Assessment Impression	Other intervertebral disc displacement, lumbar region (M51.26). Report lumbar MRI , 2/17-2014-5 disc dehydration and annular disc bulging, shallow HNP extending to the left at L4-5 with mild spinal stenosis and potential irritation of the left L5 root. L5-S1 disc dehydration with annular disc bulging , posterior annular tear(L) at L5-S1 with a shallow HNP Potential irritation of the left root..
	Patient Plan	lumbar ESI L3-4

PT lumbar
 continue with:
 cyclobenzaprine 10mg tid
 diclofenac 1% topical gel,
 diclofenac sodium 75mg tabs one po bid
 cymbalta 60mg one po bid
 ketorolac 10mg one po tid(follow PCP's instructions)
 Lyrica 75mg one po tid

3. Assessment Patient Plan Radiculopathy, lumbar region (M54.16).
Lumbar ESI L3-4
4. Assessment Patient Plan Sprain of other ligament of right ankle, initial encounter (S93.491A).
right ankle x-ray
Patient has an aircast. Recommended she wear it until she gets the results of the xrays back
5. Assessment Plan Orders Body mass index (BMI) 34.0-34.9, adult (Z68.34).
Today's instructions / counseling include(s) Prescribed diet education.Prescribed activity/exercise education

Pain Management Plan

Pain Scale: 6/10.

Method: Numeric Pain Intensity Scale.

Fall Risk Plan

The patient has not fallen in the last year.The patient is not at risk for falls.

Medications (added, continued or stopped this visit):

Start Date	Medication	Directions	PRN Status	PRN Reason	Instruction	Stop Date
	alprazolam 0.25 mg tablet	take 1 tablet by oral route 3 times every day	N			
	atorvastatin 10 mg tablet	take 1 tablet by oral route every day	N			
	bupirone 15 mg tablet	take 1 tablet by oral route 2 times every day	N			
	cetirizine 10 mg tablet	take 1 tablet by oral route every day	N			
	diclofenac 1 % topical gel	apply 4 gram by topical route 4 times every day to the affected area(s)	N			
	diclofenac sodium 75 mg tablet, delayed release	take 1 tablet by oral route 2 times every day	N			
	duloxetine 60 mg	take 1 capsule by oral route	N			

capsule, delayed release every day
 ketorolac 10 mg tablet take 1 tablet by oral route N
 2- 3 times every day for severe pain only. Take with food
 loratadine 10 mg tablet take 1 tablet by oral route N
 every day
 omeprazole 40 mg capsule, delayed release take 1 capsule by oral route N
 every day before a meal
 pregabalin 75 mg capsule take 1 capsule by oral route N
 2- 3 times every day
 trazodone 100 mg tablet take 1 tablet by oral route N
 every day after meals

Medications (active prior to today)

Medication Name	Sig	Description	Start Date	Stop Date	Refilled	Rx Elsewhere
alprazolam 0.25 mg tablet	take 1 tablet by oral route 3 times every day		//			Y
atorvastatin 10 mg tablet	take 1 tablet by oral route every day		//			Y
bupirone 15 mg tablet	take 1 tablet by oral route 2 times every day		//			Y
cetirizine 10 mg tablet	take 1 tablet by oral route every day		//			Y
diclofenac 1 % topical gel	apply 4 gram by topical route 4 times every day to the affected area(s)		//			Y
diclofenac sodium 75 mg tablet, delayed release	take 1 tablet by oral route 2 times every day		//			Y
duloxetine 60 mg capsule, delayed release	take 1 capsule by oral route every day		//			Y
ketorolac 10 mg tablet	take 1 tablet by oral route 2- 3 times every day for severe pain only. Take with food		//			Y
loratadine 10 mg tablet	take 1 tablet by oral route every day		//			Y
omeprazole 40 mg capsule, delayed release	take 1 capsule by oral route every day before a meal		//			Y
pregabalin 75 mg capsule	take 1 capsule by oral route 2- 3 times every day		//			Y
trazodone 100 mg tablet	take 1 tablet by oral route every day after meals		//			Y

Medication Reconciliation

Medications reconciled today.

Medication Reviewed

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	alprazolam 0.25 mg tablet	take 1 tablet by oral route 3 times every day	Y	Verified
taking as directed	atorvastatin 10 mg tablet	take 1 tablet by oral route every day	Y	Verified
taking as directed	bupirone 15 mg tablet	take 1 tablet by oral route 2 times every day	Y	Verified

taking as directed	cetirizine 10 mg tablet	take 1 tablet by oral route every day	Y	Verified
taking as directed	diclofenac 1 % topical gel	apply 4 gram by topical route 4 times every day to the affected area(s)	Y	Verified
taking as directed	diclofenac sodium 75 mg tablet, delayed release	take 1 tablet by oral route 2 times every day	Y	Verified
taking as directed	duloxetine 60 mg capsule, delayed release	take 1 capsule by oral route every day	Y	Verified
taking as directed	ketorolac 10 mg tablet	take 1 tablet by oral route 2- 3 times every day for severe pain only. Take with food	Y	Verified
taking as directed	loratadine 10 mg tablet	take 1 tablet by oral route every day	Y	Verified
taking as directed	omeprazole 40 mg capsule, delayed release	take 1 capsule by oral route every day before a meal	Y	Verified
taking as directed	pregabalin 75 mg capsule	take 1 capsule by oral route 2- 3 times every day	Y	Verified
taking as directed	trazodone 100 mg tablet	take 1 tablet by oral route every day after meals	Y	Verified

Orders:

Instruction(s)/Education:

Assessment	Instruction
Z68.34	Prescribed activity/exercise education
Z68.34	Prescribed diet education

Counseling/Educational Factors:

Counseling / educational factors reviewed.

Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty
Sheryl Bacheldor			encounter provider				
Terrence Delikat			primary practice provider				
Terrence Delikat			Patient provider	PCP			

Provider:

Bacheldor, Sheryl 09/09/2020 1:02 PM

Document generated by: Carrie Dickerson 09/09/2020 01:02 PM

CC Providers:

Terrence Delikat
 1350 E Main St
 Bartow, FL 33830-

Neurology and Neurosurgical Associates
 50 2nd Street SE Winter Haven, FL 33880

>>>>>>>PATIENT INFORMATION << << << <<

Name: JOHNSON, PENNY Sex: Female Date of Birth: 01/09/71 Age: 49 Years MS: Married
Previous Name: Ethnicity: Non-Hispanic or Latino Religion: Pentecostal
Home Address: 4545 APACHE TRL City/State: WAUCHULA, FL Race: White
Zip: 338735201 Home Phone: (863) 448-7879
Employer Name: SOUL HARVEST CHURCH City/State: , Employer (863) 767-0244
Employer Address: Zip:

>>>>>>>GUARANTOR INFORMATION << << << <<

Name: PENNY JOHNSON Sex: Female Date of Birth: 01/09/71 Home Phone: (863) 448-7879
Relationship to Guarantor: Patient Social Security: XXX-XX-5411
Home Address: 4545 APACHE TRL City/State: WAUCHULA, FL
Zip: 338735201
Employer Name: SOUL HARVEST CHU City/State: ,
Employer Address: Zip: Employment Status: Full-Time

>>>>>>>EMERGENCY CONTACT INFORMATION << << << <<

Name: JOHNSON, JEFF City/State: , Home Phone:
Relationship to Contact: Spouse Zip:
Home Address:

>>>>>>>PRIMARY INSURED/INSURANCE INFORMATION << << << <<

Name: JOHNSON, PENNY Sex: Female Date of Birth: 01/09/71 Age: 49 Years
Relationship to Insured: Patient
Employer Name: SOUL HARVEST CHURCH Employer Phone: (863) 767-0244
Employer Address: City/State: , Employment Status: Full-Time
Insurance Name: STAYWELL MEDICAID Zip:
Claim's Address: PO BOX 31224 Policy Number: 3260170022
Auth. Number: Phone Number: (800) 278-0656
Group Number: Auth. Phone
City/State: TAMPA, FL
Zip: 33631-3224

>>>>>>>SECONDARY INSURED/INSURANCE INFORMATION << << << <<

Name: Sex: Date of Birth: Age:
Relationship to Insured:
Employer Name:
Employer Address: City/State: Employer Phone:
Insurance Name: Zip: Employment Status:
Claim's Address: Policy Number: Phone Number:
Auth. Number: Auth. Phone Number:
Group Number:
City/State:
Zip:

>>>>>>>ACCIDENT INFORMATION << << <

>>>>>>>Visit INFORMATION << << <<

Accident Date/Time: Reg. Date/Time: 09/08/2020 12:36 Patient Type: Outpatient
Accident Type: Inpatient Admit Date/Time:
OP Assign To Loc Date/Time:
Admit Type: Elective Admit Clerk: MORALEZ, KAYLA ANN
Admit Source: Home-Non Health Care Facility
Admit Diagnosis: M25.579
Estimated Date of Arrival:
Discharge Date/Time: 09/08/2020 23:59
Discharge Disposition: Home - 01
Admitting Physician Name: AMANN MD, JOHN C
Attending Physician Name: AMANN MD, JOHN C
Referring Physician Name: AMANN MD, JOHN C
Primary Physician Name:
Advance Directive:
Location: D IMAGE-FHWAU Room/Bed: /
Medical Service: General Medicine

JOHNSON, PENNY

Female 49 Years

MRN: 164897 FIN: 7416314



AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Allergies

Substance	Updated Date/Time	Severity	Reaction Status	Reaction Symptom	Data Source	Estimated Onset	Allergy Category
ibuprofen ^{C1}	8/14/2018 13:29 EDT	Mild	Canceled	swelling of tongue			Drug
meloxicam	8/14/2018 13:29 EDT	Moderate	Active	swelling of tongue			Drug
morphine	8/14/2018 13:29 EDT	Moderate	Active	Vomiting, nausea, vomiting			Drug
NKA	12/2/2011 11:55 EST		Canceled				Drug

C1: 8/14/2018 13:29 EDT; BISSISSAR RN, MICHELLE B; pt. denies allergy

ED Transfer Summary

ED Departure Information

ED Departure date/time:

General Diagnostic

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS	PATIENT AGE AT EXAM
XR-20-0888575	9/8/2020 13:02 EDT	XR Ankle Min 3V RT	AMANN MD,JOHN C	Auth (Verified)	49 years

CPT code
73610

CDM code	CDM description
4633639	XR Ankle Min 3V RT

Reason For Exam

(XR Ankle Min 3V RT) ANKLE PAIN

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Admit: 9/8/2020

Patient Name: JOHNSON, PENNY

Disch: 9/8/2020

MR#: 164897

FIN#: 7416314

Room:

Admitting Physician: AMANN MD,JOHN C

DOB: 1/9/1971

Bed:

Attending Physician: AMANN MD,JOHN C

Sex: Female

Age: 49 years

Print ID: MOCRARY,VINCENT B

Patient Type: Outpatient

Chart Request ID: 489819518

Print Date/Time: 10/15/2020 09:13 EDT

Page 2 of 6

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AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

General Diagnostic

Report

Exam: XR ANKLE MIN 3V RT.

Indication: ANKLE PAIN.

Date of Study: 9/8/2020 12:50 PM.

Comparison: None.

Images: 3 views of the right ankle including AP, lateral, and oblique views.

Findings:

Superior lateral right talar dome 0.5 cm radiolucency suspicious for osteochondral lesion/defect.

Recommendation: Orthopedic consultation. Consideration should also be given to MR of the ankle to further assess extent of lesion.

Note: Findings discussed by myself and Cheryl, PAC.

Dictating Dr. Prati, Ronald
Dictated 09/08/2020
Signing Dr. Prati, Ronald
Location HRTDPACSR02

*****Final*****

Transcribed by: RCP 09/08/20 15:01
Signed by: PRATI JR, MD, RONALD CHARLES 09/08/20 15:01

MRP CPOE Orders

Order: XR Ankle Min 3V RT
Order Details: 09/08/20 12:42:00 EDT Routine, Reason: ANKLE PAIN, Pregnant? No Transport Mode: Ambulatory, Written
Order Date: 09/08/2020 12:42
Order Type: Radiology
Order Status: Completed
Communication Type: Written on Paper
Ordering Physician: AMANN MD, JOHN C
Electronically Planned and Signed By: AMANN MD, JOHN C
Initiated and Signed By: VIRGILE RT,ARRT, OLNEL
Order Action: Complete Action Date: 09/08/2020 15:02 Initiated by: PRATI JR, MD, RONALD CHARLES
Order Action: Status Change Action Date: 09/08/2020 13:10 Initiated by: VIRGILE RT,ARRT, OLNEL
Order Action: Status Change Action Date: 09/08/2020 13:02 Initiated by: O'MALLEY RT,ARRT, JASON ALLEN
Order Action: Order Action Date: 09/08/2020 12:42 Initiated by: VIRGILE RT,ARRT, OLNEL
Nurse Review: SYSTEM Date: 09/23/2020 04:13 Status: No Longer Needing Review

*****ORDER SECTION LEGEND*****

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: JOHNSON, PENNY MR#: 164897 FIN#: 7416314
Print Date/Time: 10/15/2020 09:13 EDT Page 3 of 6

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AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

MRP CPOE Orders

Order Communication:

Telephone Order - Computer Physician Order Entry requiring read back and physician signature

Verbal Order (Face-to-Face) - Computer Physician Order Entry requiring read back and physician signature

Written - Order was initiated and signed by the physician/midlevel clinician via a computerized or written order

Protocol - Protocol initiated by a clinician when a patient is on a (protocol). No physician's signature is required

Discern Expert - Automated order in response to computerized knowledge based rule. No physician's signature is required

Initiated Per Policy - Order initiated in response to computerized or written approved orders approved by the AHS Facility

Midlevel Written CPOE - Order initiated in response to a Midlevel clinician computerized order requiring co-signature from the overseeing physician

Nurse Review/Status:

System /No Longer Needing Review - Order review not performed due to patient's discharge or order cancellation

Order Action/Initiated by:

Complete/System - Automated completion of physician order in response to computerized knowledge based rule

Cancel/System - Automated cancellation of physician's order in response to computerized rules or automated computer scheduled job (Example: the patient is discharged)

Physician Orders and Documents

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

FIN#: 7416314

Print Date/Time: 10/15/2020 09:13 EDT

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* Auth (Verified) *

SHERYL BACHELDOR, PA-C
FERNANDO MIRANDA, M.D. • JOHN AMANN, M.D.
30 SECOND STREET SE • WINTER HAVEN, FL 33880 • (863) 298-2107

Name: Penny Johnson
Address: _____
Date: Sept 3, 2020

SECURITY FEATURES ON BACK

R Ankle X Ray Complete
DX. Ankle pain M25.579
R/O FX
Fax results to 863-298-8487

PA-C/M.D.
7416314 9/8/20

AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Problem List

Problem Name: mitral valve problem pt and sister

Last Updated: 1/9/2015

Classification: Medical; Confirmation: Confirmed; Code: ;
Course: ; Onset Date: ; Status Date: 4/15/2010;
Prognosis: ; Persistence:

Recorder: Browning RN,Karen; Responsible Provider:

Problem Name: surgery on toes

Last Updated: 1/9/2015

Classification: Medical; Confirmation: Confirmed; Code: ;
Course: ; Onset Date: ; Status Date: 8/21/2010;
Prognosis: ; Persistence:

Recorder: Browning RN,Karen; Responsible Provider:

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

FIN#: 7416314

Print Date/Time: 10/15/2020 09:13 EDT

Page 6 of 6

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>>>>>>>PATIENT INFORMATION << << << <<

Name: JOHNSON, PENNY Sex: Female Date of Birth: 01/09/71 Age: 49 Years MS: Married
Previous Name: Ethnicity: Non-Hispanic or Latino Religion: Pentecostal
Home Address: 4545 APACHE TRL City/State: WAUCHULA, FL Race: White
Zip: 338735201 Home Phone: (863) 448-7879
Employer Name: SOUL HARVEST CHURCH City/State: , Employer (863) 767-0244
Employer Address: Zip:

>>>>>>>GUARANTOR INFORMATION << << << <<

Name: PENNY JOHNSON Sex: Female Date of Birth: 01/09/71 Home Phone: (863) 448-7879
Relationship to Guarantor: Patient Social Security XXX-XX-5411
Home Address: 4545 APACHE TRL City/State: WAUCHULA, FL
Zip: 338735201
Employer Name: SOUL HARVEST CHU City/State: , Employment Status: Full-Time
Employer Address: Zip:

>>>>>>>EMERGENCY CONTACT INFORMATION << << << <<

Name: JOHNSON, JEFF City/State: , Home Phone:
Relationship to Contact: Spouse Zip:
Home Address:

>>>>>>>PRIMARY INSURED/INSURANCE INFORMATION << << << <<

Name: JOHNSON, PENNY Sex: Female Date of Birth: 01/09/71 Age: 49 Years
Relationship to Insured: Patient
Employer Name: SOUL HARVEST CHURCH Employer Phone: (863) 767-0244
Employer Address: City/State: , Employment Status: Full-Time
Insurance Name: STAYWELL MEDICAID Zip:
Claim's Address: PO BOX 31224 Policy Number: 3260170022
Auth. Number: A142997755 Phone Number: (800) 278-0656
Group Number: Auth. Phone
City/State: TAMPA, FL
Zip: 33631-3224

>>>>>>>SECONDARY INSURED/INSURANCE INFORMATION << << << <<

Name: Sex: Date of Birth: Age:
Relationship to Insured:
Employer Name: Employer Phone:
Employer Address: City/State: Employment Status:
Insurance Name: Zip:
Claim's Address: Policy Number: Phone Number:
Group Number: Auth. Phone Number:

>>>>>>>ACCIDENT INFORMATION << << <

Accident Date/Time:
Accident Type:

>>>>>>>Visit INFORMATION << << <<

Reg. Date/Time: 09/10/2020 15:01 Patient Type: Recurring
Inpatient Admit Date/Time:
OP Assign To Loc Date/Time:
Admit Type: Elective Admit Clerk: GAONA, JENNIFER
Admit Source: Physician Office/Clinic
Admit Diagnosis: sprain of right ankle
Estimated Date of Arrival: 09/10/2020
Discharge Date/Time:
Discharge Disposition:
Admitting Physician Name: BLALOCK APRN, DAVID JUSTIN
Attending Physician Name: BLALOCK APRN, DAVID JUSTIN
Referring Physician Name: BLALOCK APRN, DAVID JUSTIN
Primary Physician Name:

Advance Directive:
Location: HARDEEPT-FHWAU Room/Bed: /
Medical Service: General Medicine

JOHNSON, PENNY

Female 49 Years

MRN: 164897

FIN: 7412547



AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Allergies

Substance	Updated Date/Time	Severity	Reaction Status	Reaction Symptom	Data Source	Estimated Onset	Allergy Category
ibuprofen ⁰¹	8/14/2018 13:29 EDT	Mild	Canceled	swelling of tongue			Drug
meloxicam	8/14/2018 13:29 EDT	Moderate	Active	swelling of tongue			Drug
morphine	8/14/2018 13:29 EDT	Moderate	Active	Vomiting, nausea, vomiting			Drug
NKA	12/2/2011 11:55 EST		Canceled				Drug

C1: 8/14/2018 13:29 EDT; BISSESSAR RN, MICHELLE B; pt. denies allergy

MRP CPOE Orders

Order: Consult PT Evaluation
Order Details: 09/10/20 15:00:00 EDT

Order Date: 08/31/2020 15:39
Order Type: Consults
Order Status: Ordered
Communication Type: Written
Ordering Physician: BLALOCK APRN, DAVID JUSTIN
Electronically Planned and Signed By: BLALOCK APRN, DAVID JUSTIN
Initiated and Signed By: GAONA, JENNIFER

Order Action: Activate	Action Date: 09/10/2020 14:58	Initiated by: GAONA, JENNIFER
Order Action: Modify	Action Date: 09/04/2020 14:43	Initiated by: GAONA, JENNIFER
Order Action: Modify	Action Date: 09/02/2020 14:59	Initiated by: GAONA, JENNIFER
Order Action: Modify	Action Date: 08/31/2020 16:16	Initiated by: GAONA, JENNIFER
Order Action: Order	Action Date: 08/31/2020 15:39	Initiated by: GAONA, JENNIFER

Nurse Review: SYSTEM Date: 09/19/2020 04:14 Status: No Longer Needing Review

*****ORDER SECTION LEGEND*****

Order Communication:
Telephone Order - Computer Physician Order Entry requiring read back and physician signature
Verbal Order (Face-to-Face) - Computer Physician Order Entry requiring read back and physician signature
Written - Order was initiated and signed by the physician/midlevel clinician via a computerized or written order
Protocol - Protocol initiated by a clinician when a patient is on a (protocol). No physician's signature is required
Discern Expert - Automated order in response to computerized knowledge based rule. No physician's signature is required
Initiated Per Policy - Order initiated in response to computerized or written approved orders approved by the AHS Facility

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441

Admit: 9/10/2020 Patient Name: JOHNSON, PENNY
Disch: MR#: 164897 FIN#: 7412547
Room: Admitting Physician: BLALOCK APRN, DAVID JUSTIN
DOB: 1/9/1971 Bed: Attending Physician: BLALOCK APRN, DAVID JUSTIN
Sex: Female Age: 49 years Print ID: MCCRARY, VINCENT B
Patient Type: Recurring CPA Chart Request ID: 489824709
Print Date/Time: 10/15/2020 09:25 EDT

AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

MRP CPOE Orders

Midlevel Written CPOE - Order initiated in response to a Midlevel clinician computerized order requiring co-signature from the overseeing physician

Nurse Review/Status:

System /No Longer Needing Review - Order review not performed due to patient's discharge or order cancellation

Order Action/Initiated by:

Complete/System - Automated completion of physician order in response to computerized knowledge based rule

Cancel/System - Automated cancellation of physician's order in response to computerized rules or automated computer scheduled job (Example: the patient is discharged)

Physician Orders and Documents

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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athena 08-31-2020 10:29 AM ET 512-157943755 pg 2 of 3
AdventHealth Wauchula • 515 W Carlton Street, WAUCHULA, FL 33873-3407
JOHNSON, PENNY (Id #597840, dob: 01/09/1971)

Consult Orders

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

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Referral Order

08/27/2020

To Provider	From Provider
THE THERAPY CENTER WAUCHULA 1330 HWY 17 S WAUCHULA, FL 33873 Phone: (863) 767-0111 Fax: (863) 767-0316	DAVID BLALOCK, APRN AdventHealth Family Medicine Wauchula 515 W Carlton Street WAUCHULA, FL 33873-3407 Phone: 8637736606 Fax: (863) 773-9542

Referral Order Information

Diagnosis	<ul style="list-style-type: none"> Sprain of right ankle ICD-10: S93.401A: Sprain of unspecified ligament of right ankle, Initial encounter
Order Name	Orders Included: 1 Sprain of right ankle ICD-10: S93.401A: Sprain of unspecified ligament of right ankle, Initial encounter <ul style="list-style-type: none"> PHYSICAL THERAPY REFERRAL Schedule Within: provider's discretion
Notes	Patient Preferred Language: English Patient BID#: 597840 Encounter ID#: 15415821

Patient Information

Patient Name	JOHNSON, PENNY PATIENT ID#: 597840
Sex - DOB - Age	F 01/09/1971 49yo
Address	4545 APACHE TRL/815 W MAIN ST WAUCHULA, FL 33873-5201
Phone	H: (863) 448-7879 M: (863) 448-7879
Primary Insurance	WellCare of FL - Staywell (Medical Replacement - HMO) ID: 3260170022 Policy Holder: JOHNSON, PENNY Eligibility: Member is eligible. (Verified 08/27/2020)
Secondary Insurance	None recorded.

Electronically Signed by: DAVID BLALOCK, APRN, NP

JOHNSON, PENNY
1/9/1971

164897
7412547

* Auth (Verified) *

athena

08-31-2020 10:29 AM ET

512-157943755

pg 3 of 3

AdventHealth Wauchula • 515 W Carlton Street, WAUCHULA FL 33873-3407

JOHNSON, PENNY (id #597840, dob: 01/09/1971)



DAVID BLALOCK, APRN

AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Therapy Services Reports

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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 Advent Health Sports Med & Rehab	The Therapy Center Wauchula 1330 Hwy 17 South Wauchula, FL 33873 Phone: (863) 767-0111 Fax: (863) 767-0316
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Physical Therapy

Plan of Care

(Initial Evaluation)

Page 1 of 4

Patient Name: JOHNSON, PENNY	Date: 9/10/2020 03:22 PM
Medical Record #: 023-000164897	DOB: 1/9/1971
Account #: 023-7412547	SOC Date: 9/10/2020
Provider: FHHID Wauchula	
Provider #:	
Treating Clinician: Dhruvkumar Patel, PT	
Referring Physician: DAVID JUSTIN BLALOCK	
	Visits From SOC: 1
Medicaid #: 3260170022	
Certification From: 9/10/2020	Certification To: 11/30/2020

	Onset Date	Code	Description
Primary Diagnosis:	9/10/2020	S93, 401A	Sprain of unspecified ligament of right ankle, initial encounter

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity. Occasionally swelling comes and go in right ankle and foot,normal sleeping pattern. No recent fall reported.

Preferred Practice Pattern: Musculoskeletal D: Impaired joint mobility, motor function, muscle performance, ROM associated w/connective tissue dysfunction

Prior Functional Status: Independent with no pain or limitation in ambulation, IADL's, work or recreation

Rehabilitative Prognosis: Good rehab potential to reach and maintain prior level of function

Clinically Complex Situations: None

Systems Review, History: Please refer Patient's file and scanned documents.

Initial Level	Goals
Level of Ambulation - Even Terrain: No assistive device - Independent with difficulty	Level of Ambulation - Even Terrain: No assistive device - Independent
Tolerance to IADLs: Mild - Moderate pain and limitation during and/or after a specific IADL affecting performance	Tolerance to IADLs: No pain nor limitation during and/or after a specific IADL affecting performance
Pain: Joint Pain - Ankle - Right; At Rest 1/10; With Activity 5/10; Dull; Burning; Cramping; Radiating	

Goals	
Impairment Goals; Short Term:	Edema, lymph edema, or effusion & pain are reduced by 50% in 2 weeks Joint inflammation, or restriction & pain are reduced by 25% in 2 weeks Range of motion is improved by 25% in 2 weeks HEP-Patient will be independent with a HEP/self management
Functional Goals; Long Term:	Patient will able to restore flexibility and Active range of motion of right ankle joint within normal limits to restore joint mobility within 5 weeks. Improve right ankle muscle strength to 4+/5 to restore dynamic stability of the joint and able to return to daily activities within 5 weeks. Patient will able to restore standing and walking endurance at prior level without any pain around right ankle joint within 5 weeks.

Physical Therapy **Plan of Care** (Initial Evaluation) Page 2 of 4

Patient Name: JOHNSON, PENNY	Date: 9/10/2020 03:22 PM
Medical Record #: 023-000164897	DOB: 1/9/1971
Account #: 023-7412547	SOC Date: 9/10/2020
Provider: FHHD Wauchula	
Provider #:	

Treating Clinician: Dhruvkumar Patel, PT
Referring Physician: DAVID JUSTIN BLALOCK

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint.

Patient Goal(s) and/or Goal Comments: "Able to walk without any pain in right ankle joint".

Patient / Caregiver concurs with established treatment plan and goals:	Yes
Lower Extremity Functional Scale Score: 30/80	

Today do you have difficulty at all with:

1. Any of your usual work, housework, or school activities
(2) Moderate Difficulty
2. Your usual hobbies, recreational or sporting activities
(0) Extreme Difficulty or Unable to Perform Activity
3. Getting into or out of the bath.
(3) A Little Bit of Difficulty
4. Walking between rooms
(3) A Little Bit of Difficulty
5. Putting on your shoes or socks
(4) No Difficulty
6. Squatting
(1) Quite a Bit of Difficulty
7. Lifting an object, like a bag of groceries from the floor
(3) A Little Bit of Difficulty
8. Performing light activities around your home.
(1) Quite a Bit of Difficulty
9. Performing heavy activities around your home
(0) Extreme Difficulty or Unable to Perform Activity
10. Getting into or out of your car
(4) No Difficulty
11. Walking 2 blocks
(0) Extreme Difficulty or Unable to Perform Activity
12. Walking a mile
(0) Extreme Difficulty or Unable to Perform Activity
13. Going up or down 10 stairs (about 1 flight or stairs)
(0) Extreme Difficulty or Unable to Perform Activity
14. Standing for 1 hour.
(0) Extreme Difficulty or Unable to Perform Activity
15. Sitting for 1 hour
(4) No Difficulty
16. Running on even ground
(0) Extreme Difficulty or Unable to Perform Activity
17. Running on uneven ground
(0) Extreme Difficulty or Unable to Perform Activity
18. Making a sharp turns while running fast
(0) Extreme Difficulty or Unable to Perform Activity
19. Hopping
(1) Quite a Bit of Difficulty
20. Rolling over in bed
(4) No Difficulty

* Auth (Verified) *

Physical Therapy Plan of Care (Initial Evaluation) Page 3 of 4

Patient Name: JOHNSON, PENNY Date: 9/10/2020 03:22 PM
 Medical Record #: 023-000164897 DOB: 1/9/1971
 Account #: 023-7412547 SOC Date: 9/10/2020
 Provider: FHHD Wauchula
 Provider #:
 Treating Clinician: Dhruvkumar Patel, PT
 Referring Physician: DAVID JUSTIN BLALOCK
 Total Score: 30 / 80
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Specific Joints
(Note: Blank Indicates Strength / Range of Motion are within functional limits or not tested)

Initial Eval Level					Goal						
Ankle	Strength		Active ROM		Ankle	Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
Dorsiflexion	4-	5	12°	15°	Dorsiflexion						
Plantar Flexion	4	5	40°	50°	Plantar Flexion						
Inversion	3+	5	22°	35°	Inversion						
Eversion	3+	5	20°	25°	Eversion						

Impairment Observations

Patient presents to facility Ambulatory Independently, demonstrated slow and antalgic (limping) gait pattern on right side s/p R ankle sprain. Minimal swelling and grade 2 tenderness palpated over lateral side of R ankle joint. Limited Active range of motion of right ankle eversion and dorsiflexion and endrange. Decrease standing and walking endurance level due to pain and discomfort. Unable to run or hop on right Lower extremity. No skin bruises observed, She is using a right ankle stabilizer boot given by her doctor to avoid further risk of sprain/strain and fasten healing process. Muscle tightness in intrinsic foot and calf on right side.

Functional Limitation Reporting

Mobility: Walking and Moving Around
 G8978 - Mobility: walking and moving around functional limitation, current status, at therapy episode outset and at reporting intervals
 Current Status: CL - At least 60 percent but less than 80 percent impaired, limited or restricted
 G8979 - Mobility: walking and moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
 Goal Status: CI - At least 20 percent but less than 40 percent impaired, limited or restricted

Interventions/Plan


*PT-PHY THPY EVAL LOW COMPLEXITY (2017) 97161
 PT-ULTRASOUND EA 15M 97035
 PT-ELECTRICAL STIM Unattended 97014
 PT-THER EXERCISE EA 15M 97110
 PT-MANUAL THPY EA 15M 97140
 PT-DYNAMIC ACTVTY EA 15M 97530
 Frequency of PT: Three times weekly
 Duration of PT: 5 weeks
 Intervention Comments: PT evaluation is completed. Plan of care established and endorsed. Physical findings and treatment plan are discussed with Patient.
 Discharge Planning: D/C after PT goals are achieved or as appropriate.


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athena 09-11-2020 1:17 PM ET 611-71684450 pa 6 of 6
Sep/11/2020 9:07:35 AM The Therapy Center Wauchula 8637870316 5/5

Physical Therapy **Plan of Care** (Initial Evaluation) Page 4 of 4

Patient Name: JOHNSON, PENNY	Date: 9/10/2020 03:22 PM
Medical Record #: 023-000164897	DOB: 1/9/1971
Account #: 023-7412547	SOC Date: 9/10/2020
Provider: FHHD Wauchula	
Provider #:	
Treating Clinician: Dhruvkumar Patel, PT	
Referring Physician: DAVID JUSTIN BLALOCK	

	Electronically signed by DAVID JUSTIN BLALOCK	
	on 09/11/2020 at 01:17:06 PM	
DAVID JUSTIN BLALOCK	Date/Time	
I verify the need for these services furnished under this plan of treatment while under my care.		

	Dhruvkumar Patel, PT	
	9/10/2020 3:44:17 PM	
Dhruvkumar Patel, PT	Date	
State License #: PT31369		

* Auth (Verified) *



First of all, thank you for choosing AdventHealth Sports Med & Rehab for your rehabilitation needs. If you have any questions or concerns during your process, please ask to speak to the Facility Supervisor or Manager.

We aim to provide you an exceptional service in a timely manner. In order to do so we ask:

1. **TIMELY APPOINTMENTS.** Please be on time for your appointments or call if you are running late.
2. **SCHEDULED SESSIONS.** We prepare a schedule of all of your appointments, please look at it carefully. If unable to attend any of the scheduled treatment sessions, please let us know with as much time as possible, but always with more than 24 hours' notice. If you do not have a written schedule- **YOU DO NOT HAVE AN APPOINTMENT-** please make sure to stop by the front desk and ask for one.
3. **AUTOMATIC DISCHARGES.** If you have a combination of 3 missed appointments or some day cancellations you will be automatically discharged.
4. **DOCTOR'S VISITS.** Please notify your therapist of any pending visits or consultations.
5. **VISITORS. ONLY PATIENTS ARE ALLOWED IN TREATMENT AREAS.** Visitors/companions have to wait in the lobby.
6. **FOOD /DRINKS.** No food or drinks in the gym/treatment areas. If you need water, please ask staff member.
7. **CHILDREN.** All children, need to wait in the reception area, and must be accompanied by an adult at all times.

ACILITIES

1. **HANDICAP PARKING.** Handicap parking is provided at each of our AdventHealth Sports Med & Rehab.
2. **NO SMOKING.** There is no smoking (including e cigarettes) allowed in the building or on our grounds.
3. **REFRESHMENTS.** Coffee and water are available in our facilities. Feel free to help yourself or ask a staff member for assistance.

BILLING SERVICES/INSURANCES/ PAYMENTS

1. **BILLING.** Billing for AdventHealth Sports Med & Rehab is done through AdventHealth.
2. **TYPE OF PROVIDERS.** We are hospital-based providers.
3. **PAYMENT SOURCES.** We accept a variety of payments sources
 - a. Private Payment
 - b. Medicare
 - c. Medicaid
 - d. Commercial Insurance
 - e. Worker's Compensation
 - f. Automobile Insurance
4. **VERIFICATION OF INSURANCE- COURTESY.** Please be aware that our registration staff will attempt to verify insurance coverage as a courtesy to our patients. The information received from your insurance company will be provided to you, however we cannot guarantee absolute accuracy of this information as it involves details of your specific plan and contractual agreements between your insurance and its providers. It is ultimately the patient's responsibility to contact their insurance company for coverage /limits of their specific plan.
5. **PRE-CERTIFICATIONS.** Some insurance plans require pre-certification prior to services being rendered. If your plan requires it please be patient with our staff while this process is completed.
6. **CO-PAYMENTS.** Any co-payments will be due at the time of services. If

A handwritten signature in black ink, appearing to be "D. Blalock".

000164897 09/10/2020 0007412547
JOHNSON, PENNY 01/09/1971 F 48Y
BLALOCK APRN, DAVID JUSTI Recurring
A standard 1D barcode located at the bottom right of the page.

* Auth (Verified) *



Patient Summary List

Page 1 of 2

Patient Name: JOHNSON, PENNY **Date:** 09/10/2020
Medical Record #: 023-000164897 **DOB:** 1/9/1971
Account #: 023-7412547 **SOC Date:** 9/10/2020
Provider: FHHD Wauchula
Clinician: Dhruvkumar Patel
Referring Physician: DAVID BLALOCK

Patient Information

Address: 4545 APACHE TRL **Primary Care Physician:** LAUREN CANARY
Referring Physician: DAVID BLALOCK
City, State, Zip: WAUCHULA, Florida 33873-5201
Occupation: Unknown
Gender: Female **Medicaid #:** 3260170022
Phone(s): Phone: 8634487879
Email(s):

Contact Person Information

Contact Name: JEFF JOHNSON
Phone(s): Phone: 8638320084
Email(s):

Insurance Information

Company: WELLCARE, **Plan Code:** STAYWELL MEDICAID, **Plan Name:** STAYWELL MEDICAID
Company: FHHD MEDICAID 003, **Plan Code:** MEDICAID FHHD 003 01, **Plan Name:** MEDICAID FHHD 003 01
Company: FHZ BC/BS 310, **Plan Code:** BLUE CROSS BLUE OPTIONS/NETWORK BLUE, **Plan Name:** BLUE CROSS BLUE OPTIONS/NETWORK BLUE

Allergies

none reported - Inserted on 9/10/2020 3:06:30 PM by Jennifer Gaona
None reported - Inserted on 8/20/2018 8:19:05 AM by Debbie McNabb

Significant Diagnosis/Conditions

none reported - Inserted on 9/10/2020 3:06:34 PM by Jennifer Gaona
none reported - Inserted on 8/20/2018 8:21:05 AM by Debbie McNabb

Operative Procedures Performed

same - Inserted on 9/10/2020 3:06:38 PM by Jennifer Gaona
DNC Ablation - Inserted on 8/20/2018 8:20:12 AM by Debbie McNabb
Hysterectomy - Inserted on 8/20/2018 8:20:07 AM by Debbie McNabb
Toe surgery - Inserted on 8/20/2018 8:20:02 AM by Debbie McNabb
partial knee replacement (Right) - Inserted on 8/20/2018 8:19:57 AM by Debbie McNabb
disc replacement in neck - Inserted on 8/20/2018 8:19:45 AM by Debbie McNabb

Medications Prescribed/Used (Including OTC and herbal precriptions)

same - Inserted on 9/10/2020 3:06:41 PM by Jennifer Gaona
aspirin - Inserted on 8/20/2018 8:20:49 AM by Debbie McNabb

Patient Summary List

Patient Name: JOHNSON, PENNY
Medical Record #: 023-000164897
Account #: 023-7412547
Provider: FHHD Wauchula

Date: 09/10/2020
DOB: 1/9/1971
SOC Date: 9/10/2020

Clinician: Dhruvkumar Patel

Referring Physician: DAVID BLALOCK

lyrica - Inserted on 8/20/2018 8:20:44 AM by Debbie McNabb
tylenol - Inserted on 8/20/2018 8:20:39 AM by Debbie McNabb
celebrex - Inserted on 8/20/2018 8:20:34 AM by Debbie McNabb
buspirone - Inserted on 8/20/2018 8:20:28 AM by Debbie McNabb
omeprazole - Inserted on 8/20/2018 8:20:24 AM by Debbie McNabb
sertaline - Inserted on 8/20/2018 8:20:20 AM by Debbie McNabb
Trazadone - Inserted on 8/20/2018 8:20:17 AM by Debbie McNabb



* Auth (Verified) *

THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb Problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1 Any of your usual work, housework, or school activities.	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3 Getting into or out of the bath.	0	1	2	3	4
4 Walking between rooms. <u>WCS</u>	0	1	2	3	4
5 Putting on your shoes or socks.	0	1	2	3	4
6 Squatting.	0	1	2	3	4
7 Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8 Performing light activities around your home.	0	1	2	3	4
9 Performing heavy activities around your home.	0	1	2	3	4
10 Getting into or out of a car.	0	1	2	3	4
11 Walking 2 blocks.	0	1	2	3	4
12 Walking a mile.	0	1	2	3	4
13 Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14 Standing for 1 hour.	0	1	2	3	4
15 Sitting for 1 hour.	0	1	2	3	4
16 Running on even ground.	0	1	2	3	4
17 Running on uneven ground.	0	1	2	3	4
18 Making sharp turns while running fast.	0	1	2	3	4
19 Hopping.	0	1	2	3	4
20 Rolling over in bed.	0	1	2	3	4
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: / 80

Please submit the sum of responses to ACN. Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network. The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, Physical Therapy, 1999, 79, 437-453, with permission of the American Physical Therapy Association.

000164897 09/10/2020 0007412547
JOHNSON, PENNY 01709/1971 F 49Y
BLALOCK APRN, DAVID JUSTI Recurring

AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Therapy Services Reports

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PT
023-7412547
PTIE
09102020
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Physical Therapy Initial Evaluation / Examination

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/10/2020 03:22 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Dhruvkumar Patel, PT
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Patient Information --

Address: 4545 APACHE TRL
City, State, Zip: WAUCHULA, Florida, 33873-5201
Occupation: Unknown
Gender: Female
Contact Person: JEFF JOHNSON
Referring Physician Name: DAVID JUSTIN BLALOCK
Referring Physician Number:
of Authorized Visits: 0
Medicaid #: 3260170022
Medicare #:

-- Primary Diagnosis --

Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Therapy Services Reports

joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity. Occasionally swelling comes and go in right ankle and foot, normal sleeping pattern. No recent fall reported.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

-- Rehabilitation Information / History --

Preferred Practice Pattern: Musculoskeletal D: Impaired joint mobility, motor function, muscle performance, ROM associated w/connective tissue dysfunction

Recent Physical Therapy: None within the last sixty days

%%PAGE

Prior Functional Status: Independent with no pain or limitation in ambulation, IADL's, work or recreation

Weight Bearing Status: Not applicable

Safety Measures: Instruct patient and/or family in safety precautions;

Rehabilitative Prognosis: Good rehab potential to reach and maintain prior level of function

Mental Status: Alert and oriented in all spheres - cooperative and motivated

Reason for Referral/Concerns that led patient to Physical Therapy: Decreased functional ability secondary to pain or increased pain

Clinically Complex Situations: None;

Patient is aware of and understands his/her diagnosis and prognosis: Yes

Systems Review, History: Please refer Patient's file and scanned documents.

Known Significant Past Medical Diagnosis and Conditions: Please refer Patient's file and scanned documents.

Known Significant Operative and Diagnostic Procedures: Please refer Patient's file and scanned documents.

Known Adverse and Allergic Drug Reactions: Please refer Patient's file and scanned documents.

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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Therapy Services Reports

Patient has a history of behavioral health risks: No

-- Fall Risk Assessment --

Patient has fallen in the last 12 months: Yes

How many times? 1

Did the fall result in an injury: Yes

What was the injury: Right ankle sprain

-- Lifestyle Questionnaire --

Reported Sleeping Patterns: Fair

Reported Energy Level: Fair

Are there any cultural or religious beliefs limiting treatment: No

Are there any barriers to learning: No

Are there any special communication needs: No

Type of living arrangement: Single level

Are steps/stairs present at home: Yes

Number of steps inside: Rail:

Number of steps outside: 5 Rail: Yes

Do you live alone: No

With whom:

Will the post discharge plans be the same as above: Yes

%%PAGE

Assessment Method: Clinical Observation; Objective Testing;
Questionnaires/Inventory Review; Records Review; Standardized Testing;

Medication List: Please refer Patient's file and scanned documents.

Communication: Verbal skills functional for evaluation;

-- Functional Measures --

-- Ambulation: Even Terrain --

Initial: No assistive device - Independent with difficulty Distance:

Goal: No assistive device - Independent Distance:

-- Tolerance to IADLs --

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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Therapy Services Reports

Initial: Mild - Moderate pain and limitation during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

-- Goals --

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint.

-- Impairment Goals; Short Term --

Edema, lymph edema, or effusion & pain are reduced by 50% in 2 weeks

Joint inflammation, or restriction & pain are reduced by 25% in 2 weeks

Range of motion is improved by 25% in 2 weeks

HEP-Patient will be independent with a HEP/self management

-- Functional Goals; Long Term --

Patient will be able to restore flexibility and Active range of motion of right ankle joint within normal limits to restore joint mobility within 5 weeks.

Improve right ankle muscle strength to 4+/5 to restore dynamic stability of the joint and able to return to daily activities within 5 weeks.

Patient will be able to restore standing and walking endurance at prior level without any pain around right ankle joint within 5 weeks.

Patient Goal(s) and/or Goal Comments: "Able to walk without any pain in right ankle joint".

Patient / Caregiver concurs with established treatment plan and goals: Yes

-- Functional Limitation Reporting --

-- Mobility: Walking and Moving Around --

G8978 - Mobility: walking and moving around functional limitation, current status, at therapy episode outset and at reporting intervals

Current Status: CL - At least 60 percent but less than 80 percent impaired, limited or restricted

G8979 - Mobility: walking and moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

Goal Status: CJ - At least 20 percent but less than 40 percent impaired, limited or restricted

-- Physical Findings --

-- Pain --

Site: Joint Pain - Ankle - Right

At Rest: 1/10; With Activity: 5/10

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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Therapy Services Reports

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Quality of Pain: Dull; Burning; Cramping; Radiating;
Exacerbating Factors: Household chores; Standing for 15 minutes or more;
Walking;
Relieving Factors: Rest; Medication; Ice to the affected area;

Pain Medication: Prescription

-- Palpaton Sites --

Location: Joint - ankle - Right
Description: Tenderness - moderate

Lower Extremity Functional Scale Score: 30/80

Today do you have difficulty at all with:

1. Any of your usual work, housework, or school activities
(2) Moderate Difficulty
2. Your usual hobbies, recreational or sporting activities
(0) Extreme Difficulty or Unable to Perform Activity
3. Getting into or out of the bath.
(3) A Little Bit of Difficulty
4. Walking between rooms
(3) A Little Bit of Difficulty
5. Putting on your shoes or socks
(4) No Difficulty
6. Squatting
(1) Quite a Bit of Difficulty
7. Lifting an object, like a bag of groceries from the floor
(3) A Little Bit of Difficulty
8. Performing light activities around your home.
(1) Quite a Bit of Difficulty
9. Performing heavy activities around your home
(0) Extreme Difficulty or Unable to Perform Activity
10. Getting into or out of your car
(4) No Difficulty
11. Walking 2 blocks
(0) Extreme Difficulty or Unable to Perform Activity
12. Walking a mile
(0) Extreme Difficulty or Unable to Perform Activity
13. Going up or down 10 stairs (about 1 flight or stairs)
(0) Extreme Difficulty or Unable to Perform Activity
14. Standing for 1 hour
(0) Extreme Difficulty or Unable to Perform Activity
15. Sitting for 1 hour
(4) No Difficulty

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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Therapy Services Reports

16. Running on even ground
(0) Extreme Difficulty or Unable to Perform Activity
18. Making a sharp turns while running fast
(0) Extreme Difficulty or Unable to Perform Activity
17. Running on uneven ground
(0) Extreme Difficulty or Unable to Perform Activity
19. Hopping
(1) Quite a Bit of Difficulty
20. Rolling over in bed
(4) No Difficulty

Total Score: 30/80

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-- Specific Joints --

-- Ankle Dorsiflexion Initial --

Strength Right/Left: 4-/5 Active ROM Right/Left: 12deg/15deg Passive ROM
Right/Left: /

-- Ankle Dorsiflexion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Plantar Flexion Initial --

Strength Right/Left: 4/5 Active ROM Right/Left: 40deg/50deg Passive ROM
Right/Left: /

-- Ankle Plantar Flexion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Inversion Initial --

Strength Right/Left: 3+/5 Active ROM Right/Left: 22deg/35deg Passive ROM
Right/Left: /

-- Ankle Inversion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Eversion Initial --

Strength Right/Left: 3+/5 Active ROM Right/Left: 20deg/25deg Passive ROM
Right/Left: /

-- Ankle Eversion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Impairment Observations --

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

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Therapy Services Reports

Patient presents to facility Ambulatory Independently, demonstrated slow and antalgic (limping) gait pattern on right side s/p R ankle sprain. Minimal swelling and grade 2 tenderness palpated over lateral side of R ankle joint. Limited Active range of motion of right ankle eversion and dorsiflexion and endrange.

Decrease standing and walking endurance level due to pain and discomfort. Unable to run or hop on right Lower extremity. No skin bruises observed, She is using a right ankle stabilizer boot given by her doctor to avoid further risk of sprain/strain and fasten healing process. Muscle tightness in intrinsic foot and calf on right side.

-- Interventions/Plan --

*PT-PHY THPY EVAL LOW COMPLEXITY (2017) 97161

PT-ULTRASOUND EA 15M 97035

PT-ELECTRICAL STIM Unattended 97014

PT-THER EXERCISE EA 15M 97110

PT-MANUAL THPY EA 15M 97140

PT-DYNAMIC ACTVTY EA 15M 97530

Frequency of PT: Three times weekly

Duration of PT: 5 weeks

Intervention Comments: PT evaluation is completed. Plan of care established and endorsed. Physical findings and treatment plan are discussed with Patient.

Discharge Planning: D/C after PT goals are achieved or as appropriate.

Signed: Dhruvkumar Patel, PT

State License #: PT31369

Date/Time Signed: 9/10/2020 3:44:17 PM

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PTPN

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023-7412547

PTPN

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Physical Therapy Treatment Note

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Therapy Services Reports

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/28/2020 02:51 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Rosa Perez-Smith, PTA
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Primary Diagnosis --

Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity.Occasionally swelling comes and go in right ankle and foot,normal sleeping pattern. No recent fall reported. 9/14/20 Patient reported a reduction of swelling and pain after last session, no new concerns reported. 09/17/20 Decrease frequency of sharp pain around right ankle joint. 9/21/20 No new concerns reported, Patient states physical therapy has help reduce pain and swelling of right ankle.9/23/20 Patient still worry about her foot limitations in the future , how long her discomfort will last and the results of her X-rays 09/28/20 Patient reported having pain and tightness on the back of her ankle each morning when she add weight to it after laying in bed, soreness lateral aspect

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

Time In: 01:00 PM
Time Out: 02:00 PM

-- PT Interventions and CPT Codes Consisted of --

PT-ULTRASOUND EA 15M

CPT Code: 97035 Modifiers: Minutes: 10 Units: 1

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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Therapy Services Reports

PT-ELECTRICAL STIM Unattended

CPT Code: 97014 Modifiers: Minutes: 15 Units: 1

PT-THER EXERCISE EA 15M

CPT Code: 97110 Modifiers: Minutes: 30 Units: 2

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Total Minutes: 55 Total Timed Minutes: 40 Total Untimed Minutes: 15
Total Units: 4 Total Timed Units: 3 Total Untimed Units: 1

Intervention Comments: PT evaluation is completed. Plan of care established and endorsed. Physical findings and treatment plan are discussed with Patient. 9/14/20 Patient was treated as endorsement 9/23/20 Continue with flexibility and strengthening exercises, weight shifting on balance machine added 09/28/20 Continue to improve strength and tolerance to bare weight on her right ankle Modalities and strengthening program to right foot

Pain In: 1/10

Pain Out: 0/10

Pain is present and interferes with treatment? No

-- Progressive Exercises --

SCI-FIT stepper

Quantity: level 2.0 Unit: 15 min Sets: Reps:

Ankle prostretcher

Quantity: Unit: 5 min Sets: Reps:

Marbles

Quantity: Unit: 5 min Sets: Reps:

balance system weight bearing

Quantity: Unit: 5 min Sets: Reps:

step up

Quantity: Unit: 5 min Sets: Reps:

Functional Activity Comments: 9/14/20 Patient does not depend on assistive device but antalgic gait is present during ambulation, she is able to perform basic daily activities with mod difficulty due to pain. Pain reduction reported after modalities intervention. She is not using the air cast at this time instructed to restore use. 09/17/20 Patient demonstrated improved standing endurance level. Educated her to use ankle stabilizing brace on uneven surfaces. 09/21/20 Patient is able to move around easier and walk longer distances with min discomfort her weight bearing has increase and able to endure her exercises with less difficulty 9/23/20 Patient still has increase of discomfort upon weight bearing, she does compensate with her heel pressure and left foot as in the balance system it's a 12 % discrepancy in weight bearing 09/28/20 Compensation still present during ambulation to prevent weight bearing on right ankle, reduction of pain has been noted but muscle tightness still present at the back of the right ankle.

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

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Wauchula, FL 33873-

Therapy Services Reports

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint. 9/14/20 Patient had good tolerance to exercises during intervention. Noted a reduction in swelling after treatment as well as pain 09/17/20 No swelling observed around right ankle joint. 09/21/20 Patient seem to have discomfort at the right ankle during prostretch when coming into dorsiflexion. No swelling present today and decrease in tenderness upon palpation. Will work with her dorsiflexion to decrease discomfort upon pro stretch. 9/23/20 Patient present less swelling, no mechanical device needed for ambulation, no pain increase after treatment 09/28/20 Swelling at right ankle joint has decreased. she was able to endure exercises during intervention without discomfort. Patient no longer limps during ambulation and its increasing her ambulated distance

Signed: Rosa Perez-Smith, PTA
State License #: PTA1670
Date/Time Signed: 9/28/2020 3:14:57 PM
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PTPN
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023-7412547
PTPN
09232020
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Physical Therapy Treatment Note

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/23/2020 03:39 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Rosa Perez-Smith, PTA
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Primary Diagnosis --

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: **JOHNSON, PENNY**
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

FIN#: 7412547
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Therapy Services Reports

Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity.Occasionally swelling comes and go in right ankle and foot,normal sleeping pattern. No recent fall reported. 9/14/20 Patient reported a reduction of swelling and pain after last session, no new concerns reported. 09/17/20 Decrease frequency of sharp pain around right ankle joint. 9/21/20 No new concerns reported, Patient states physical therapy has help reduce pain and swelling of right ankle.9/23/20 Patient still worry about her foot limitations in the future , how long her discomfort will last and the results of her X-rays

Time In: 01:00 PM
Time Out: 02:00 PM

-- PT Interventions and CPT Codes Consisted of --

PT-ULTRASOUND EA 15M

CPT Code: 97035 Modifiers: Minutes: 10 Units: 1

PT-ELECTRICAL STIM Unattended

CPT Code: 97014 Modifiers: Minutes: 15 Units: 1

PT-THER EXERCISE EA 15M

CPT Code: 97110 Modifiers: Minutes: 30 Units: 2

Total Minutes: 55 Total Timed Minutes: 40 Total Untimed Minutes: 15
Total Units: 4 Total Timed Units: 3 Total Untimed Units: 1

Intervention Comments: PT evaluation is completed.Plan of care established and endorsed.Physical findings and treatment plan are discussed with Patient.

9/14/20 Patient was treated as endorsement9/23/20 Continue with flexibility

%%PAGE

and strengthening exercises , weight shifting on balance machine added

Pain In: 3/10
Pain Out: 2/10

Pain is present and interferes with treatment? No

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

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Therapy Services Reports

-- Progressive Exercises --

SCI-FIT stepper

Quantity: level 2.0 Unit: 15 min Sets: Reps:

Marbles

Quantity: Unit: 5 min Sets: Reps:

balance system weight bearing

Quantity: Unit: 5 min Sets: Reps:

step up

Quantity: Unit: 5 min Sets: Reps:

Functional Activity Comments: 9/14/20 Patient does not depend on assistive device but antalgic gait is present during ambulation, she is able to perform basic daily activities with mod difficulty due to pain. Pain reduction reported after modalities intervention. She is not using the air cast at this time instructed to restore use. 09/17/20 Patient demonstrated improved standing endurance level. Educated her to use ankle stabilizing brace on uneven surfaces. 09/21/20 Patient is able to move around easier and walk longer distances with min discomfort her weight bearing has increase and able to endure her exercises with less difficulty. 9/23/20 Patient still has increase of discomfort upon weight bearing, she does compensate with her heel pressure and left foot as in the balance system it's a 12 % discrepancy in weight bearing

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint. 9/14/20 Patient had good tolerance to exercises during intervention. Noted a reduction in swelling after treatment as well as pain. 09/17/20 No swelling observed around right ankle joint. 09/21/20 Patient seem to have discomfort at the right ankle during prostretch when coming into dorsiflexion. No swelling present today and decrease in tenderness upon palpation. Will work with her dorsiflexion to decrease discomfort upon pro stretch. 9/23/20 Patient present less swelling, no mechanical device needed for ambulation, no pain increase after treatment

Signed: Rosa Perez-Smith, PTA

State License #: PTA1670

Date/Time Signed: 9/23/2020 3:45:42 PM

%%End

PTPN

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PT

023-7412547

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

Print Date/Time: 10/15/2020 09:25 EDT

FIN#: 7412547

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Therapy Services Reports

PTPN
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Physical Therapy Treatment Note

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/21/2020 04:46 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Rosa Perez-Smith, PTA
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Primary Diagnosis --

Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity.Occasionally swelling comes and go in right ankle and foot,normal sleeping pattern. No recent fall reported. 9/14/20 Patient reported a reduction of swelling and pain after last session, no new concerns reported. 09/17/20 Decrease frequency of sharp pain around right ankle joint. 9/21/20 No new concerns reported, Patient states physical therapy has help reduce pain and swelling of right ankle.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

Time In: 01:00 PM
Time Out: 02:00 PM

-- PT Interventions and CPT Codes Consisted of --

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: JOHNSON, PENNY
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

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Therapy Services Reports

PT-ULTRASOUND EA 15M

CPT Code: 97035 Modifiers: Minutes: 10 Units: 1

PT-ELECTRICAL STIM Unattended

CPT Code: 97014 Modifiers: Minutes: 15 Units: 1

PT-THER EXERCISE EA 15M

CPT Code: 97110 Modifiers: Minutes: 20 Units: 1

PT-MANUAL THPY EA 15M

CPT Code: 97140 Modifiers: Minutes: 15 Units: 1

Total Minutes: 60 Total Timed Minutes: 45 Total Untimed Minutes: 15
%%PAGE

Total Units: 4 Total Timed Units: 3 Total Untimed Units: 1

Pain In: 1/10

Pain Out: 0/10

Pain is present and interferes with treatment? No

-- Progressive Exercises --

SCI-FIT stepper

Quantity: level 1.0 Unit: 15 min Sets: Reps:

Ankle prostretcher

Quantity: Unit: 5 min Sets: Reps:

Marbles

Quantity: Unit: 5 min Sets: Reps:

Theraband

Quantity: Unit: 10 min Sets: Reps:

Functional Activity Comments: 9/14/20 Patient does not depend on assistive device but antalgic gait is present during ambulation, she is able to perform basic daily activities with mod difficulty due to pain. Pain reduction reported after modalities intervention. She is not using the air cast at this time instructed to restore use .09/17/20 Patient demonstrated improved standing endurance level. Educated her to use ankle stabilizing brace on uneven surfaces. 09/21/20 Patient is able to move around easier and walk longer distances with min discomfort her weight bearing has increase and able to endure her exercises with less difficulty

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint. 9/14/20 Patient had good tolerance to exercises during intervention. Noted a reduction in swelling after treatment s well as pain 09/17/20 No swelling observed around right ankle joint. 09/21/20 Patient seem to have discomfort at the right ankle during prostretch when coming into dorsiflexion. No swelling present today and decrease in tenderness upon palpation. Will work with her dorsiflexion to decrease discomfort upon pro stretch.

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

Print Date/Time: 10/15/2020 09:25 EDT

FIN#: 7412547

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735 South 5th Ave
Wauchula, FL 33873-

Therapy Services Reports

Signed: Rosa Perez-Smith, PTA
State License #: PTA1670
Date/Time Signed: 9/21/2020 5:09:12 PM
%%End

PTPN
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Physical Therapy Treatment Note

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/17/2020 03:17 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Dhruvkumar Patel, PT
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Primary Diagnosis --

Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity.Occasionally swelling comes and go in right ankle and foot,normal sleeping pattern. No recent fall reported. 9/14/20 Patient reported a reduction of swelling and pain after last session, no new concerns reported.

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: JOHNSON, PENNY
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

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Therapy Services Reports

09/17/20 Decrease frequency of sharp pain around right ankle joint.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

Time In: 01:00 PM
Time Out: 02:00 PM

-- PT Interventions and CPT Codes Consisted of --

PT-ULTRASOUND EA 15M
CPT Code: 97035 Modifiers: Minutes: 10 Units: 1
PT-ELECTRICAL STIM Unattended
CPT Code: 97014 Modifiers: Minutes: 15 Units: 1
PT-THER EXERCISE EA 15M
CPT Code: 97110 Modifiers: Minutes: 15 Units: 1
PT-MANUAL THPY EA 15M
CPT Code: 97140 Modifiers: Minutes: 15 Units: 1

Total Minutes: 55 Total Timed Minutes: 40 Total Untimed Minutes: 15
Total Units: 4 Total Timed Units: 3 Total Untimed Units: 1

%%PAGE
Pain In: 4/10
Pain Out: 2/10

Pain is present and interferes with treatment? No

Pain Comments: 09/17/20 Dull pain around right ankle joint

-- Progressive Exercises --

SCI-FIT stepper

Quantity: level 1.0 Unit: 15 min Sets: Reps:
Functional Activity Comments: 9/14/20 Patient does not depend on assistive device but antalgic gait is present during ambulation, she is able to perform basic daily activities with mod difficulty due to pain. Pain reduction reported after modalities intervention. She its not using the air cast at this time instructed to restore use .09/17/20 Patient demonstrated improved standing endurance level. Educated her to use ankle stabilizing brace on uneven surfaces.

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint. 9/14/20 Patient had good tolerance to exercises during intervention. Noted a reduction in swelling

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

FIN#: 7412547
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AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Therapy Services Reports

after treatment s well as pain09/17/20 No swelling observed around right ankle joint.

Signed: Dhruvkumar Patel, PT
State License #: PT31369
Date/Time Signed: 9/17/2020 3:21:06 PM
%%End

PTPN
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PT
023-7412547
PTPN
09142020
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Physical Therapy Treatment Note

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/14/2020 02:44 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Rosa Perez-Smith, PTA
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Primary Diagnosis --

Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity.Occasionally swelling comes and go in right ankle and foot,normal

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

FIN#: 7412547
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AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Therapy Services Reports

sleeping pattern. No recent fall reported. 9/14/20 Patient reported a reduction of swelling and pain after last session, no new concerns reported.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

Time In: 01:00 PM
Time Out: 02:00 PM

-- PT Interventions and CPT Codes Consisted of --

PT-ULTRASOUND EA 15M
CPT Code: 97035 Modifiers: Minutes: 10 Units: 1
PT-ELECTRICAL STIM Unattended
CPT Code: 97014 Modifiers: Minutes: 15 Units: 1
PT-THER EXERCISE EA 15M
CPT Code: 97110 Modifiers: Minutes: 20 Units: 1
PT-MANUAL THPY EA 15M
CPT Code: 97140 Modifiers: Minutes: 15 Units: 1

Total Minutes: 60 Total Timed Minutes: 45 Total Untimed Minutes: 15
Total Units: 4 Total Timed Units: 3 Total Untimed Units: 1

Intervention Comments: PT evaluation is completed. Plan of care established and endorsed. Physical findings and treatment plan are discussed with Patient. 9/14/20 Patient was treated as endorsement

Pain In: 4/10
Pain Out: 2/10

Pain is present and interferes with treatment? No

-- Progressive Exercises --

SCI-FIT stepper
Quantity: Unit: 10 min Sets: Reps:
Ankle prostretcher
Quantity: Unit: 5 min Sets: Reps:
Marbles
Quantity: Unit: 5 min Sets: Reps:
Theraband
Quantity: Unit: 10 min Sets: Reps:

Functional Activity Comments: 9/14/20 Patient does not depend on assistive device but antalgic gait is present during ambulation, she is able to perform basic daily activities with mod difficulty due to pain. Pain reduction

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

Print Date/Time: 10/15/2020 09:25 EDT

FIN#: 7412547

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Therapy Services Reports

reported after modalities intervention. She is not using the air cast at this time instructed to restore use .

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint. 9/14/20 Patient had good tolerance to exercises during intervention. Noted a reduction in swelling after treatment as well as pain

Signed: Rosa Perez-Smith, PTA
State License #: PTA1670
Date/Time Signed: 9/14/2020 3:11:54 PM
%%End

PTPN
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PTPN
09102020
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Physical Therapy Treatment Note

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/10/2020 03:44 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Dhruvkumar Patel, PT
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Primary Diagnosis --
Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: **JOHNSON, PENNY**
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

FIN#: 7412547
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Therapy Services Reports

X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr. Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity. Occasionally swelling comes and goes in right ankle and foot, normal sleeping pattern. No recent fall reported.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

Time In: 03:00 PM
Time Out: 03:30 PM

-- PT Interventions and CPT Codes Consisted of --
*PT-PHY THPY EVAL LOW COMPLEXITY (2017)
CPT Code: 97161 Modifiers: Minutes: 30 Units: 1

Total Minutes: 30 Total Timed Minutes: 0 Total Untimed Minutes: 30
Total Units: 1 Total Timed Units: 0 Total Untimed Units: 1

Intervention Comments: PT evaluation is completed. Plan of care established and endorsed. Physical findings and treatment plan are discussed with Patient.

Pain is present and interferes with treatment? No

-- Progressive Exercises --
SCI-FIT stepper
Quantity: Unit: 10 min Sets: Reps:
%%PAGE
Ankle prostretcher
Quantity: Unit: 5 min Sets: Reps:
Marbles
Quantity: Unit: 5 min Sets: Reps:
Theraband
Quantity: Unit: 10 min Sets: Reps:
Signed: Dhruvkumar Patel, PT
State License #: PT31369
Date/Time Signed: 9/10/2020 3:47:10 PM
%%End

Outpatient PT Cert/Recert Entered On: 09/10/2020 15:54 EDT

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: JOHNSON, PENNY
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

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Therapy Services Reports

Performed On: 09/10/2020 15:54 EDT by PATEL, DHRUVKUMAR

ReDoc Outpatient PT Cert/Recert
PT Outpatient Certification Type : Certification
PT Certification From : 09/10/2020 EDT
PT Certification To : 11/30/2020 EST

PATEL, DHRUVKUMAR - 09/10/2020 15:54 EDT

Physical Therapy Evaluation Form

PTIE
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023-7412547
PTIE
09102020
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Physical Therapy Initial Evaluation / Examination

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/10/2020 03:22 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Dhruvkumar Patel, PT
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Patient Information --
Address: 4545 APACHE TRL
City, State, Zip: WAUCHULA, Florida, 33873-5201
Occupation: Unknown
Gender: Female
Contact Person: JEFF JOHNSON
Referring Physician Name: DAVID JUSTIN BLALOCK
Referring Physician Number:
of Authorized Visits: 0
Medicaid #: 3260170022

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: JOHNSON, PENNY
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

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Physical Therapy Evaluation Form

Medicare #:

-- Primary Diagnosis --

Description: Sprain of unspecified ligament of right ankle, initial encounter

Code: S93.401A

Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity.Occasionally swelling comes and go in right ankle and foot,normal sleeping pattern. No recent fall reported.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

-- Rehabilitation Information / History --

Preferred Practice Pattern: Musculoskeletal D: Impaired joint mobility, motor function, muscle performance, ROM associated w/connective tissue dysfunction

Recent Physical Therapy: None within the last sixty days

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Prior Functional Status: Independent with no pain or limitation in ambulation, IADL's, work or recreation

Weight Bearing Status: Not applicable

Safety Measures: Instruct patient and/or family in safety precautions;

Rehabilitative Prognosis: Good rehab potential to reach and maintain prior level of function

Mental Status: Alert and oriented in all spheres - cooperative and motivated

Reason for Referral/Concerns that led patient to Physical Therapy: Decreased functional ability secondary to pain or increased pain

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

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Physical Therapy Evaluation Form

Clinically Complex Situations: None;

Patient is aware of and understands his/her diagnosis and prognosis: Yes

Systems Review, History: Please refer Patient's file and scanned documents.

Known Significant Past Medical Diagnosis and Conditions: Please refer Patient's file and scanned documents.

Known Significant Operative and Diagnostic Procedures: Please refer Patient's file and scanned documents.

Known Adverse and Allergic Drug Reactions: Please refer Patient's file and scanned documents.

Patient has a history of behavioral health risks: No

-- Fall Risk Assessment --

Patient has fallen in the last 12 months: Yes

How many times? 1

Did the fall result in an injury: Yes

What was the injury: Right ankle sprain

-- Lifestyle Questionnaire --

Reported Sleeping Patterns: Fair

Reported Energy Level: Fair

Are there any cultural or religious beliefs limiting treatment: No

Are there any barriers to learning: No

Are there any special communication needs: No

Type of living arrangement: Single level

Are steps/stairs present at home: Yes

Number of steps inside: Rail:

Number of steps outside: 5 Rail: Yes

Do you live alone: No

With whom:

Will the post discharge plans be the same as above: Yes

%%PAGE

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

FIN#: 7412547

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Physical Therapy Evaluation Form

Assessment Method: Clinical Observation; Objective Testing;
Questionnaires/Inventory Review; Records Review; Standardized Testing;

Medication List: Please refer Patient's file and scanned documents.

Communication: Verbal skills functional for evaluation;

-- Functional Measures --

-- Ambulation: Even Terrain --

Initial: No assistive device - Independent with difficulty Distance:

Goal: No assistive device - Independent Distance:

-- Tolerance to IADLs --

Initial: Mild - Moderate pain and limitation during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

-- Goals --

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint.

-- Impairment Goals; Short Term --

Edema, lymph edema, or effusion & pain are reduced by 50% in 2 weeks

Joint inflammation, or restriction & pain are reduced by 25% in 2 weeks

Range of motion is improved by 25% in 2 weeks

HEP-Patient will be independent with a HEP/self management

-- Functional Goals; Long Term --

Patient will able to restore flexibility and Active range of motion of right ankle joint within normal limits to restore joint mobility within 5 weeks.

Improve right ankle muscle strength to 4+/5 to restore dynamic stability of the joint and able to return to daily activities within 5 weeks.

Patient will able to restore standing and walking endurance at prior level without any pain around right ankle joint within 5 weeks.

Patient Goal(s) and/or Goal Comments: "Able to walk without any pain in right ankle joint".

Patient / Caregiver concurs with established treatment plan and goals: Yes

-- Functional Limitation Reporting --

-- Mobility: Walking and Moving Around --

G8978 - Mobility: walking and moving around functional limitation, current

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

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Physical Therapy Evaluation Form

status, at therapy episode outset and at reporting intervals
Current Status: CL - At least 60 percent but less than 80 percent impaired,
limited or restricted

G8979 - Mobility: walking and moving around functional limitation, projected
goal status, at therapy episode outset, at reporting intervals, and at
discharge or to end reporting

Goal Status: CJ - At least 20 percent but less than 40 percent impaired,
limited or restricted

-- Physical Findings --

-- Pain --

Site: Joint Pain - Ankle - Right

At Rest: 1/10; With Activity: 5/10

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Quality of Pain: Dull; Burning; Cramping; Radiating;

Exacerbating Factors: Household chores; Standing for 15 minutes or more;
Walking;

Relieving Factors: Rest; Medication; Ice to the affected area;

Pain Medication: Prescription

-- Palpation Sites --

Location: Joint - ankle - Right

Description: Tenderness - moderate

Lower Extremity Functional Scale Score: 30/80

Today do you have difficulty at all with:

1. Any of your usual work, housework, or school activities
(2) Moderate Difficulty
2. Your usual hobbies, recreational or sporting activities
(0) Extreme Difficulty or Unable to Perform Activity
3. Getting into or out of the bath.
(3) A Little Bit of Difficulty
4. Walking between rooms
(3) A Little Bit of Difficulty
5. Putting on your shoes or socks
(4) No Difficulty
6. Squatting
(1) Quite a Bit of Difficulty
7. Lifting an object, like a bag of groceries from the floor
(3) A Little Bit of Difficulty
8. Performing light activities around your home.
(1) Quite a Bit of Difficulty

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

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Physical Therapy Evaluation Form

9. Performing heavy activities around your home
(0) Extreme Difficulty or Unable to Perform Activity
10. Getting into or out of your car
(4) No Difficulty
11. Walking 2 blocks
(0) Extreme Difficulty or Unable to Perform Activity
12. Walking a mile
(0) Extreme Difficulty or Unable to Perform Activity
13. Going up or down 10 stairs (about 1 flight or stairs)
(0) Extreme Difficulty or Unable to Perform Activity
14. Standing for 1 hour
(0) Extreme Difficulty or Unable to Perform Activity
15. Sitting for 1 hour
(4) No Difficulty
16. Running on even ground
(0) Extreme Difficulty or Unable to Perform Activity
18. Making a sharp turns while running fast
(0) Extreme Difficulty or Unable to Perform Activity
17. Running on uneven ground
(0) Extreme Difficulty or Unable to Perform Activity
19. Hopping
(1) Quite a Bit of Difficulty
20. Rolling over in bed
(4) No Difficulty

Total Score: 30/80

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-- Specific Joints --

-- Ankle Dorsiflexion Initial --

Strength Right/Left: 4-/5 Active ROM Right/Left: 12deg/15deg Passive ROM
Right/Left: /

-- Ankle Dorsiflexion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Plantar Flexion Initial --

Strength Right/Left: 4/5 Active ROM Right/Left: 40deg/50deg Passive ROM
Right/Left: /

-- Ankle Plantar Flexion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Inversion Initial --

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

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Physical Therapy Evaluation Form

Strength Right/Left: 3+/5 Active ROM Right/Left: 22deg/35deg Passive ROM
Right/Left: /

-- Ankle Inversion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Eversion Initial --

Strength Right/Left: 3+/5 Active ROM Right/Left: 20deg/25deg Passive ROM
Right/Left: /

-- Ankle Eversion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Impairment Observations --

Patient presents to facility Ambulatory Independently,demonstrated slow and antalgic(limping) gait pattern on right side s/p R ankle sprain. Minimal swelling and grade 2 tenderness palpated over lateral side of R ankle joint. Limited Active range of motion of right ankle eversion and dorsiflexion and endrange.

Decrease standing and walking endurance level due to pain and discomfort. Unable to run or hop on right Lower extremity.No skin bruises observed, She is using a right ankle stabilizer boot given by her doctor to avoid further risk of sprain/strain and faster healing process. Muscle tightness in intrinsic foot and calf on right side.

-- Interventions/Plan --

*PT-PHY THPY EVAL LOW COMPLEXITY (2017) 97161
PT-ULTRASOUND EA 15M 97035
PT-ELECTRICAL STIM Unattended 97014
PT-THER EXERCISE EA 15M 97110
PT-MANUAL THPY EA 15M 97140
PT-DYNAMIC ACTVTY EA 15M 97530

Frequency of PT: Three times weekly

Duration of PT: 5 weeks

Intervention Comments: PT evaluation is completed.Plan of care established and endorsed.Physical findings and treatment plan are discussed with Patient.

Discharge Planning: D/C after PT goals are achieved or as appropriate.

Signed: Dhruvkumar Patel, PT

State License #: PT31369

Date/Time Signed: 9/10/2020 3:44:17 PM

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%%End

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

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Wauchula, FL 33873-

Speech Language Pathology Evaluation

PTIE
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PTIE
09102020
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Physical Therapy Initial Evaluation / Examination

Patient Name: JOHNSON, PENNY
Date of Birth: 1/9/1971
Date of Service: 9/10/2020 03:22 PM
Medical Record #: 023-000164897
Account #: 023-7412547
Treating Therapist: Dhruvkumar Patel, PT
Provider: FHHD Wauchula
Provider #:
SOC Date: 9/10/2020

-- Patient Information --

Address: 4545 APACHE TRL
City, State, Zip: WAUCHULA, Florida, 33873-5201
Occupation: Unknown
Gender: Female
Contact Person: JEFF JOHNSON
Referring Physician Name: DAVID JUSTIN BLALOCK
Referring Physician Number:
of Authorized Visits: 0
Medicaid #: 3260170022
Medicare #:

-- Primary Diagnosis --

Description: Sprain of unspecified ligament of right ankle, initial encounter
Code: S93.401A
Onset Date: 9/10/2020

Subjective Comments: Johnson Penny is a 49 years old female patient presents to facility to be evaluate by a Physical therapist s/p sprain of right ankle joint. She states that she twisted right ankle joint while walking on an uneven surface. Recently she followed up with an orthopedic doctor , an X-rays were performed that reported insignificant for any fracture in right ankle and foot. She followed up with Dr.Watson in Sebring, an ankle stabilization boot is given to patient to avoid excessive pressure in R ankle

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7
Radiology Medical Director: David Harr, MD 863-402-3441
Patient Name: **JOHNSON, PENNY**
Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

FIN#: 7412547

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Speech Language Pathology Evaluation

joint. She complained about 4-5/10 pain around right ankle joint with active weight bearing. Unable to walk comfortably at present on right Lower extremity. Occasionally swelling comes and go in right ankle and foot, normal sleeping pattern. No recent fall reported.

Have there been any changes to the patient's medications, allergies, operative procedures or diagnoses? No

Are you being threatened or hurt by anyone? No

-- Rehabilitation Information / History --

Preferred Practice Pattern: Musculoskeletal D: Impaired joint mobility, motor function, muscle performance, ROM associated w/connective tissue dysfunction

Recent Physical Therapy: None within the last sixty days

%%PAGE

Prior Functional Status: Independent with no pain or limitation in ambulation, IADL's, work or recreation

Weight Bearing Status: Not applicable

Safety Measures: Instruct patient and/or family in safety precautions;

Rehabilitative Prognosis: Good rehab potential to reach and maintain prior level of function

Mental Status: Alert and oriented in all spheres - cooperative and motivated

Reason for Referral/Concerns that led patient to Physical Therapy: Decreased functional ability secondary to pain or increased pain

Clinically Complex Situations: None;

Patient is aware of and understands his/her diagnosis and prognosis: Yes

Systems Review, History: Please refer Patient's file and scanned documents.

Known Significant Past Medical Diagnosis and Conditions: Please refer Patient's file and scanned documents.

Known Significant Operative and Diagnostic Procedures: Please refer Patient's file and scanned documents.

Known Adverse and Allergic Drug Reactions: Please refer Patient's file and scanned documents.

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

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Speech Language Pathology Evaluation

Patient has a history of behavioral health risks: No

-- Fall Risk Assessment --

Patient has fallen in the last 12 months: Yes

How many times? 1

Did the fall result in an injury: Yes

What was the injury: Right ankle sprain

-- Lifestyle Questionnaire --

Reported Sleeping Patterns: Fair

Reported Energy Level: Fair

Are there any cultural or religious beliefs limiting treatment: No

Are there any barriers to learning: No

Are there any special communication needs: No

Type of living arrangement: Single level

Are steps/stairs present at home: Yes

Number of steps inside: Rail;

Number of steps outside: 5 Rail: Yes

Do you live alone: No

With whom:

Will the post discharge plans be the same as above: Yes

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Assessment Method: Clinical Observation; Objective Testing;
Questionnaires/Inventory Review; Records Review; Standardized Testing;

Medication List: Please refer Patient's file and scanned documents.

Communication: Verbal skills functional for evaluation;

-- Functional Measures --

-- Ambulation: Even Terrain --

Initial: No assistive device - Independent with difficulty Distance:

Goal: No assistive device - Independent Distance:

-- Tolerance to IADLs --

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

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Speech Language Pathology Evaluation

Initial: Mild - Moderate pain and limitation during and/or after a specific IADL affecting performance

Goal: No pain nor limitation during and/or after a specific IADL affecting performance

-- Goals --

Functional Characteristics and Analysis: Educated Patient to avoid any strenuous activities at present to fasten healing process and reduce risk of further sprain/strain around right ankle joint.

-- Impairment Goals; Short Term --

Edema, lymph edema, or effusion & pain are reduced by 50% in 2 weeks

Joint inflammation, or restriction & pain are reduced by 25% in 2 weeks

Range of motion is improved by 25% in 2 weeks

HEP-Patient will be independent with a HEP/self management

-- Functional Goals; Long Term --

Patient will able to restore flexibility and Active range of motion of right ankle joint within normal limits to restore joint mobility within 5 weeks.

Improve right ankle muscle strength to 4+/5 to restore dynamic stability of the joint and able to return to daily activities within 5 weeks.

Patient will able to restore standing and walking endurance at prior level without any pain around right ankle joint within 5 weeks.

Patient Goal(s) and/or Goal Comments: "Able to walk without any pain in right ankle joint".

Patient / Caregiver concurs with established treatment plan and goals: Yes

-- Functional Limitation Reporting --

-- Mobility: Walking and Moving Around --

G8978 - Mobility: walking and moving around functional limitation, current status, at therapy episode outset and at reporting intervals

Current Status: CL - At least 60 percent but less than 80 percent impaired, limited or restricted

G8979 - Mobility: walking and moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

Goal Status: CJ - At least 20 percent but less than 40 percent impaired, limited or restricted

-- Physical Findings --

-- Pain --

Site: Joint Pain - Ankle - Right

At Rest: 1/10; With Activity: 5/10

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

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Speech Language Pathology Evaluation

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Quality of Pain: Dull; Burning; Cramping; Radiating;

Exacerbating Factors: Household chores; Standing for 15 minutes or more;
Walking;

Relieving Factors: Rest; Medication; Ice to the affected area;

Pain Medication: Prescription

-- Palpation Sites --

Location: Joint - ankle - Right

Description: Tenderness - moderate

Lower Extremity Functional Scale Score: 30/80

Today do you have difficulty at all with:

1. Any of your usual work, housework, or school activities
(2) Moderate Difficulty
2. Your usual hobbies, recreational or sporting activities
(0) Extreme Difficulty or Unable to Perform Activity
3. Getting into or out of the bath.
(3) A Little Bit of Difficulty
4. Walking between rooms
(3) A Little Bit of Difficulty
5. Putting on your shoes or socks
(4) No Difficulty
6. Squatting
(1) Quite a Bit of Difficulty
7. Lifting an object, like a bag of groceries from the floor
(3) A Little Bit of Difficulty
8. Performing light activities around your home.
(1) Quite a Bit of Difficulty
9. Performing heavy activities around your home
(0) Extreme Difficulty or Unable to Perform Activity
10. Getting into or out of your car
(4) No Difficulty
11. Walking 2 blocks
(0) Extreme Difficulty or Unable to Perform Activity
12. Walking a mile
(0) Extreme Difficulty or Unable to Perform Activity
13. Going up or down 10 stairs (about 1 flight or stairs)
(0) Extreme Difficulty or Unable to Perform Activity
14. Standing for 1 hour
(0) Extreme Difficulty or Unable to Perform Activity
15. Sitting for 1 hour
(4) No Difficulty

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

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Speech Language Pathology Evaluation

- 16. Running on even ground
(0) Extreme Difficulty or Unable to Perform Activity
- 18. Making a sharp turns while running fast
(0) Extreme Difficulty or Unable to Perform Activity
- 17. Running on uneven ground
(0) Extreme Difficulty or Unable to Perform Activity
- 19. Hopping
(1) Quite a Bit of Difficulty
- 20. Rolling over in bed
(4) No Difficulty

Total Score: 30/80

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-- Specific Joints --

-- Ankle Dorsiflexion Initial --

Strength Right/Left: 4-/5 Active ROM Right/Left: 12deg/15deg Passive ROM
Right/Left: /

-- Ankle Dorsiflexion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Plantar Flexion Initial --

Strength Right/Left: 4/5 Active ROM Right/Left: 40deg/50deg Passive ROM
Right/Left: /

-- Ankle Plantar Flexion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Inversion Initial --

Strength Right/Left: 3+/5 Active ROM Right/Left: 22deg/35deg Passive ROM
Right/Left: /

-- Ankle Inversion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Ankle Eversion Initial --

Strength Right/Left: 3+/5 Active ROM Right/Left: 20deg/25deg Passive ROM
Right/Left: /

-- Ankle Eversion Goal --

Strength Right/Left: / Active ROM Right/Left: / Passive ROM Right/Left: /

-- Impairment Observations --

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: **JOHNSON, PENNY**

MR#: 164897

Print Date/Time: 10/15/2020 09:25 EDT

FIN#: 7412547
Page 47 of 49

Privileged and Confidential do not re-release

AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Speech Language Pathology Evaluation

Patient presents to facility Ambulatory Independently, demonstrated slow and antalgic (limping) gait pattern on right side s/p R ankle sprain. Minimal swelling and grade 2 tenderness palpated over lateral side of R ankle joint. Limited Active range of motion of right ankle eversion and dorsiflexion and endrange.

Decrease standing and walking endurance level due to pain and discomfort. Unable to run or hop on right Lower extremity. No skin bruises observed. She is using a right ankle stabilizer boot given by her doctor to avoid further risk of sprain/strain and fasten healing process. Muscle tightness in intrinsic foot and calf on right side.

-- Interventions/Plan --

*PT-PHY THPY EVAL LOW COMPLEXITY (2017) 97161
PT-ULTRASOUND EA 15M 97035
PT-ELECTRICAL STIM Unattended 97014
PT-THER EXERCISE EA 15M 97110
PT-MANUAL THPY EA 15M 97140
PT-DYNAMIC ACTVTY EA 15M 97530

Frequency of PT: Three times weekly
Duration of PT: 5 weeks

Intervention Comments: PT evaluation is completed. Plan of care established and endorsed. Physical findings and treatment plan are discussed with Patient.

Discharge Planning: D/C after PT goals are achieved or as appropriate.

Signed: Dhruvkumar Patel, PT
State License #: PT31369
Date/Time Signed: 9/10/2020 3:44:17 PM
%%PAGE
%%End

Problem List

Problem Name: mitral valve problem pt and sister

Last Updated: 1/9/2015

Classification: Medical; Confirmation: Confirmed; Code: ;
Course: ; Onset Date: ; Status Date: 4/15/2010;
Prognosis: ; Persistence:

Recorder: Browning RN, Karen; Responsible Provider:

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

Patient Name: JOHNSON, PENNY

MR#: 164897

FIN#: 7412547

Print Date/Time: 10/15/2020 09:25 EDT

Page 48 of 49

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AdventHealth Wauchula
735 South 5th Ave
Wauchula, FL 33873-

Problem List

Problem Name: surgery on toes

Last Updated: 1/9/2015

Classification: Medical; Confirmation: Confirmed; Code: ;
Course: ; Onset Date: ; Status Date: 8/21/2010;
Prognosis: ; Persistence:

Recorder: Browning RN, Karen; Responsible Provider:

Laboratory Medical Director: Dini Rada, MD 863-402-3395 #7

Radiology Medical Director: David Harr, MD 863-402-3441

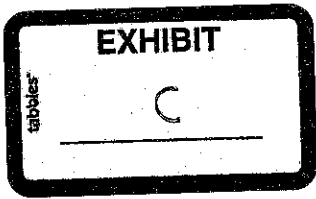
Patient Name: JOHNSON, PENNY

Print Date/Time: 10/15/2020 09:25 EDT

MR#: 164897

FIN#: 7412547
Page 49 of 49

Privileged and Confidential do not re-release



ATLANTIC COD EMERG PHYS, LLC
 PO BOX 38046
 PHILADELPHIA, PA 19101-8046

PFH

STATEMENT OF ACCOUNT (0)

Statement Date: 10/08/20

TAX ID# 47-2262996
 160608-0021012336893-06
 #BWNJFDB
 #00000PFH10305422#
 PENNY JOHNSON
 4545 Apache Trl
 WAUCHULA, FL 33873

Account Number: PFH21012336893
 Patient Name: PENNY JOHNSON

Amount You Owe: \$0.00

Services provided at:

PIEDMONT FAYETTE HOSPITAL - 1255 HIGHWAY 54 WEST - FAYETTEVILLE GA 30214-4526

Date of Service	CPT Code	Description	Provider	Charges	Payments or Adjustments	Explanation	Amount You Owe
07/18/2020	99283	EMERG INJURY EVAL & MGMT-LVL 3	DR. CLEARY	\$668.00	\$668.00	1,2	\$0.00

1. MEDICAID CONTRACTUAL ALLOWANCE
 2. MEDICAID PAYMENT

Total Charges: \$668.00
 Current Patient Responsibility: \$0.00

Insurance Information:

Insurance 1: WELLCARE HEALTH PLANS, INC - WELLCARE HEALTH PL

PIEDMONT SOUTH IMAGING
1303 AZALEA COURT
SUITE C
MYRTLE BEACH, SC 29577-5765
Phone: (866)264-3435
Fax: (843)497-9566
Tax ID:

Patient: 327264 - JOHNSON, PENNY
 Date Created: Sunday, October 4, 2020 5:56 PM

DATE	REF. DOCTOR	DOCTOR	PROCEDURE	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE	PAYSOURCE	INS PLAN
07/18/2020	CLEARY, KEVIN	FAITH, DANIEL S	73610 - RADEX AN	\$30.00					
07/27/2020	4030696		Payment		\$4.41	\$25.59		WELLCARE MEDI	2486
				\$30.00	\$4.41	\$25.59	\$0.00		
			Account Total:	\$30.00	\$4.41	\$25.59	\$0.00		

Make Checks Payable To:

Neurology And Neurosurgery Associates PA
 50 2nd Street SE
 Winter Haven, FL 33880-6300

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
Check Card Using For Payment		
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number	CVV	Amount
Signature		Exp. Date
STATEMENT DATE 10/05/2020	PAY THIS AMOUNT \$0.00	ACCOUNT NBR 65987
SHOW AMOUNT PAID HERE \$		

ADDRESSEE:
 Johnson, Penny
 4545 Apache Trail
 Wauchula, FL 33873
 USA

(863) 293-2107

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT NAME	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	AMOUNT												
09/03/20	Johnson, Penny	Bachelder, Sheryl	99204	Office/ouipt New	\$325.00												
<table border="1"> <thead> <tr> <th>Account Number</th> <th>Charges</th> <th>Payments</th> <th>Refunds Adjustments</th> <th>Estimated Balance Due From Insurance</th> <th>Balance Due From Patient</th> </tr> </thead> <tbody> <tr> <td>65987</td> <td>\$325.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$325.00</td> <td>\$0.00</td> </tr> </tbody> </table>						Account Number	Charges	Payments	Refunds Adjustments	Estimated Balance Due From Insurance	Balance Due From Patient	65987	\$325.00	\$0.00	\$0.00	\$325.00	\$0.00
Account Number	Charges	Payments	Refunds Adjustments	Estimated Balance Due From Insurance	Balance Due From Patient												
65987	\$325.00	\$0.00	\$0.00	\$325.00	\$0.00												

MESSAGE:
 Thank you for choosing our practice for your medical care.

Please Pay This
 AMOUNT >>>> \$0.00

** PAYMENT DUE UPON RECEIPT *THANK YOU **
ENCOUNTER INVOICE
 Printed by p144psmith (10) on 10/5/2020 2:20:03 PM

ITEMIZED BILL

PAGE 1

DATE 10/13/2020
 TIME 11:47:55 AM

ADVENTHEALTH WAUCHULA
 735 SOUTH 5TH AVE
 WAUCHULA FL 338733100
 8633823337

PATIENT CONTROL NUMBER
 114305422

PATIENT NAME
 JOHNSON, PENNY

MEDICAL RECORD NUMBER
 7416314

BEGINNING DATE OF SERVICE
 090820

ENDING DATE OF SERVICE
 090820

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0320	XR ANKLE MIN 3V RT	73610RT	090820	1	1228.68	
0001	PAGE 1 OF 1			1	1228.68	
0001	TOTAL			1	1228.68	

ITEMIZED BILL

PAGE 1

DATE 10/13/2020
 TIME 11:46:31 AM

ADVENTHEALTH WAUCHULA
 735 SOUTH 5TH AVE
 WAUCHULA FL 338733100
 8633823337

PATIENT CONTROL NUMBER
 114522818

PATIENT NAME
 JOHNSON, PENNY

MEDICAL RECORD NUMBER
 7412547

BEGINNING DATE OF SERVICE
 091020

ENDING DATE OF SERVICE
 091020

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0424	PT EVALUATION, LOW COMPL	97161GP	091020	1	319.63	
0001	PAGE 1 OF 1			1	319.63	
0001	TOTAL			1	319.63	

ITEMIZED BILL

PAGE 1

DATE 10/13/2020
TIME 11:46:09 AM

ADVENTHEALTH WAUCHULA
735 SOUTH 5TH AVE
WAUCHULA FL 338733100
8633823337

PATIENT CONTROL NUMBER
114522819

PATIENT NAME
JOHNSON, PENNY

MEDICAL RECORD NUMBER
7412547

BEGINNING DATE OF SERVICE
091420

ENDING DATE OF SERVICE
091420

REV CODE	PROCEDURE DESCRIPTION	HCPCS/ RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0421	PT-ULTRASOUND, EA 15M	97035GPCQ	091420	1	134.98	
0421	PT-THER EXERCISE EA 15M	97110GPCQ	091420	1	115.56	
0421	PT-MANUAL THPY EA 15M	97140GPCQ	091420	1	108.24	
0421	PT-ELECTRICAL STIM, UNAT	G0283GPCQ	091420	1	290.40	
0001	PAGE 1 OF 1			4	649.18	
0001	TOTAL			4	649.18	

ITEMIZED BILL

PAGE 1

DATE 10/13/2020
 TIME 11:45:50 AM

ADVENTHEALTH WAUCHULA
 735 SOUTH 5TH AVE
 WAUCHULA FL 338733100
 8633823337

PATIENT CONTROL NUMBER
 114522820

PATIENT NAME
 JOHNSON, PENNY

MEDICAL RECORD NUMBER
 7412547

BEGINNING DATE OF SERVICE
 091720

ENDING DATE OF SERVICE
 091720

REV CODE	PROCEDURE DESCRIPTION	HCCPS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0421	PT-ULTRASOUND, EA 15M	97035GP	091720	1	134.98	
0421	PT-THER EXERCISE EA 15M	97110GP	091720	1	115.56	
0421	PT-MANUAL THPY EA 15M	97140GP	091720	1	108.24	
0421	PT-ELECTRICAL STIM, UNAT	30283GP	091720	1	290.40	
0001	PAGE 1 OF 1			4	649.18	
0001	TOTAL			4	649.18	

ITEMIZED BILL

PAGE 1

DATE 10/13/2020
 TIME 11:45:26 AM

ADVENTHEALTH WAUCHULA
 735 SOUTH 5TH AVE
 WAUCHULA FL 338733100
 8633823337

PATIENT CONTROL NUMBER
 114522821

PATIENT NAME
 JOHNSON, PENNY

MEDICAL RECORD NUMBER
 7412547

BEGINNING DATE OF SERVICE
 092120

ENDING DATE OF SERVICE
 092120

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0421	PT-ULTRASOUND, EA 15M	97035GPCQ	092120	1	134.98	
0421	PT-THER EXERCISE EA 15M	97110GPCQ	092120	1	115.56	
0421	PT-MANUAL THPY EA 15M	97140GPCQ	092120	1	108.24	
0421	PT-ELECTRICAL STIM, UNAT	G0283GPCQ	092120	1	290.40	
0001	PAGE 1 OF 1			4	649.18	
0001	TOTAL			4	649.18	

ITEMIZED BILL

PAGE 1

DATE 10/13/2020
 TIME 11:44:59 AM

ADVENTHEALTH WAUCHULA
 735 SOUTH 5TH AVE
 WAUCHULA FL 338733100
 8633823337

PATIENT CONTROL NUMBER
 114522823

PATIENT NAME
 JOHNSON, PENNY

MEDICAL RECORD NUMBER
 7412547

BEGINNING DATE OF SERVICE 092320
 ENDING DATE OF SERVICE 092320

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0421	PT-ULTRASOUND, EA 15M	97035GPCQ	092320	1	134.98	
0421	PT-THER EXERCISE EA 15M	97110GPCQ	092320	1	115.56	
0421	PT-THER EXERCISE EA 15M	97110GPCQ	092320	1	115.56	
0421	PT-ELECTRICAL STIM, UNAT	G0283GFQ0	092320	1	290.40	
0001	PAGE 1 OF 1			4	656.50	
0001	TOTAL			4	656.50	

ITEMIZED BILL

PAGE 1

DATE 10/13/2020
 TIME 11:44:40 AM

ADVENTHEALTH WAUCHULA
 735 SOUTH 5TH AVE
 WAUCHULA FL 338733100
 8633823337

PATIENT CONTROL NUMBER
 114522824

PATIENT NAME
 JOHNSON, PENNY

MEDICAL RECORD NUMBER
 7412547

BEGINNING DATE OF SERVICE
 092820

ENDING DATE OF SERVICE
 092820

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0421	PT-ULTRASOUND, EA 15M	97035GPCQ	092820	1	134.98	
0421	PT-THER EXERCISE EA 15M	97110GPCQ	092820	1	115.56	
0421	PT-THER EXERCISE EA 15M	97110GPCQ	092820	1	115.56	
0421	PT-ELECTRICAL STIM, UNAT	90283GPCQ	092820	1	290.40	
0001	PAGE 1 OF 1			4	656.50	
0001	TOTAL			4	656.50	

Account #:	Amount Due:	Amount Paid:	Statement #: 17538609			
164897	0.00		<input type="checkbox"/> Check	<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Statement Date:	Date Due:	Credit Card Number:	Exp. Date:			
10-13-2020	11-12-2020					
		Signature:	X			

Please visit our website:
<https://patient.ahss.org/wau>

Make Checks Payable and Mail to:

164897
 PENNY JOHNSON
 4545 APACHE TRL
 WAUCHULA, FL 338735201

164897
 AdventHealth Wauchula
 735 South 5th Ave
 Wauchula, FL 33873-3100

Please detach and return this portion with your payment.
 Please indicate any name and/or address changes on this form.

Account #:		Statement #:				
164897		17538609				
Provider of Service	Date of Service	Service Provided/ Account Activity	Charges, Payments, Adjustments	Insurance Pending	Patient Balance	*R
Patient Name: PENNY JOHNSON						
Date of Service: 09-08-2020 Financial#: 7416314						
AdventHealth Wauchula						
	09-08-2020	XR Ankle Min 3V RT	1228.68	1228.68		
	09-19-2020	Billed STAYWELL MEDICAID	-62.65	-62.65		
	09-18-2020	Commercial insurance payment	-1166.03	-1166.03		
	09-18-2020	Contractual Allowance Adjustment	0.00	0.00	0.00	
		Visit Total:				
Unpaid Balance:				0.00	0.00	

Total patient payments and or co-payments applied since last statement: \$0.00


*R - Description of Remarks

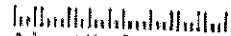
REFUGER 0001210111

Account #	Amount Due:	Amount Paid:	Statement #: 17538607			
164897	0.00		<input type="checkbox"/> Check	<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Statement Date:	Date Due:	Credit Card Number:	Exp. Date:			
10-13-2020	11-12-2020					
Signature:			X			

Please visit our website:
<https://patient.ahss.org/wau>

Make Checks Payable and Mail to:


 PENNY JOHNSON
 4545 APACHE TRL
 WAUCHULA, FL 338735201


 AdventHealth Wauchula
 735 South 5th Ave
 Wauchula, FL 33873-3100

Please detach and return this portion with your payment.
 Please indicate any name and/or address changes on this form.

Account #:		Statement #:				
164897		17538607				
Provider of Service	Date of Service	Service Provided/ Account Activity	Charges, Payments, Adjustments	Insurance Pending	Patient Balance	*R
Patient Name: PENNY JOHNSON						
Date of Service: 9-2020		Financial #: 7412547-1				
AdventHealth Wauchula						
	09-10-2020	PT Evaluation, Low Complexity	319.63	319.63		
	09-14-2020	PT-Electrical Stim, Unattended	290.40	290.40		
	09-14-2020	PT-MANUAL THPY EA 15M	108.24	108.24		
	09-14-2020	PT-THER EXERCISE EA 15M	115.56	115.56		
	09-14-2020	PT-Ultrasound, Ea 15M	134.98	134.98		
	09-17-2020	PT-Electrical Stim, Unattended	290.40	290.40		
	09-17-2020	PT-MANUAL THPY EA 15M	108.24	108.24		
	09-17-2020	PT-THER EXERCISE EA 15M	115.56	115.56		
	09-17-2020	PT-Ultrasound, Ea 15M	134.98	134.98		
	09-21-2020	PT-Electrical Stim, Unattended	290.40	290.40		
	09-21-2020	PT-MANUAL THPY EA 15M	108.24	108.24		
	09-21-2020	PT-THER EXERCISE EA 15M	115.56	115.56		
	09-21-2020	PT-Ultrasound, Ea 15M	134.98	134.98		
	09-23-2020	PT-Electrical Stim, Unattended	290.40	290.40		
	09-23-2020	PT-THER EXERCISE EA 15M	231.12	231.12		
	09-23-2020	PT-Ultrasound, Ea 15M	134.98	134.98		
	09-28-2020	PT-Electrical Stim, Unattended	290.40	290.40		

*R - Description of Remarks

CERNER 2020 5/28/14

Statement #:

Provider of Service	Date of Service	Service Provided/ Account Activity	Charges, Payments, Adjustments	Insurance Pending	Patient Balance	*R
	09-28-2020	PT-THER EXERCISE EA 15M	231.12	231.12		
	09-28-2020	PT-Ultrasound, Ea 15M	134.98	134.98		
	10-05-2020	Billed STAYWELL MEDICAID				
	10-05-2020	Billed STAYWELL MEDICAID				
	10-05-2020	Billed STAYWELL MEDICAID				
	10-05-2020	Billed STAYWELL MEDICAID				
	10-05-2020	Billed STAYWELL MEDICAID				
	10-05-2020	Billed STAYWELL MEDICAID				
	10-13-2020	Commercial insurance payment	-768.92	-768.92		
	10-13-2020	Contract Variance Adjustment	36.15	36.15		
	10-13-2020	Contractual Allowance Adjustment	-2811.25	-2811.25		
	10-13-2020	Variance Accepted Adjustment	-36.15	-36.15		
		Visit Total:	-0.00	0.00	-0.00	
Unpaid Balance:				0.00	-0.00	

SERVEN DEN ST102.1

Total patient payments and or co-payments applied since last statement: \$0.00

*R - Description of Remarks