Carlos Hernandez

Memorial Medical Center Records

1995

File 188

"william belford"
<williambelford3@hotmail.com>

11/06/2005 09:09 PM

To jliebman@law.columbia.edu
cc
bcc
Subject Carlos HERNANDEZ's medical records

History: This message has been replied to.

received some of Carlos HERNANDEZ's medical records on saturday. as i wrote previously, there was 1 instance of an in-patient stay and 3 of ER visits. what i have are the in-patient records but the ER's records haven't been found in 2 searches - don't think they ever will

in brief, HERNANDEZ admitted himself 07/24/95 with a swollen left foot - he dropped a fire exstinguisher on it 3 days before. diagnosed with cellulitis of left foot, diabetes mellitus and cirrhosis.

records will be fed ex'd tomorrow. william

James Liebman/CLS
11/09/2005 12:25 PM

To
cc
bcc
Subject Fw: CH medical records

I just received some hosptial records for Carlos Hernandez, 1995, right before he went back into prison. I'll send them to you. Here is a brief summary:

7/24-7/28/95: CH admitted to Memorial Medical Center in CC. Says he dropped a fire extinguisher on his left foot 2 weeks earlier, causing "celluitis," which was treated on in patient basis during these days, before he was released. CH was also diagnosed with Diabetes Mellitus, which had never before been treated (CH said this was the first he knew he had DM), and also "cirrhosis". Indications that CH was interested in learning how to treat his Diabetes. Says he has a 10th grade education, is unemployed, single, self-pay (no insurance) and lists as his emergency contact Cynthia Maxwell, whose relationship to him is "PR". His height/weight is 5'7" and 150 lbs. He has "liver disease – 'I'm a drinker'" and says he "drinks 12 pack and a half of beer each day". Records also indicate "seizure disorder." Says he is Catholic. Referred for alcohol rehab and diabetes training. His physician is listed as Mike Everett, M.D. Lists as his "friend" one "Bobby", and gives phone number. That number is the one for Mary and Robert Jackson, Cindy's parents.

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MEDICAL RECORDS

REGISTRATION DATA

MEMORIAL MEDICAL CENTER
2606 HOSPITAL BLVD. • P.O. BOX 5447 • CORPUS CHRISTI, TEXAS 78465-5447 • 512/881-4000

HOSPITAL ACCOUNT NO.	GUAR. NO.	CLINIC CODES	LAST VISIT DATE	MSCD	ACC	DATE	PT	MEDICAL RECORD NO.
8851143	1221035					0/00/00	2	59840

NS	RM/BED	ADMIT TIME	SMK	SEX	MAR	RACE	PUB	SERV.	PHYSICIAN	NUMBER	AGE	BIRTH DATE	DATE OF SERVICE	TIME
	06	612 2	N	M	S	H		MED	STAFF/MEDICINE	305	041Y	4/54	7/28/95	1314

PATIENT NAME	FORMER NAME	EC	AC	SRC	CLERK	DISCHARGE DATE	TIME
HERNANDEZ, CARLOS		A	ER	E	VGRG	7/28/95	1630

PATIENT ADDRESS		COUNTY	HOME TELEPHONE
1817 SHELY ST	CORPUS CHRISTI TX 78404	001	512 887-8410

SOC. SEC. NUMBER	RELIGION	PREV. ADM. DATE	TREATMENT AUTH.	EMPLOYER PHONE	EMERGENCY PHONE
457967119	CATHOLIC	7/15/95			512 854-2357

EMPLOYER NAME: UNEMPLOYED
EMPLOYER ADDRESS:

EMERGENCY CONTACT	REL	ADDRESS	ADDITIONAL PHONE
CYNTHIA MAXWELL	PR	CORPUS CHRISTI	TX

ADMITTING DIAGNOSIS: CELLULITIS LEFT FOOT/DIABETES MELLITUS/CIRRHOSIS

COMMENTS: POWER OF ATTORNEY NO LIVING WILL NO

GUARANTOR NAME	RELATIONSHIP	GUARANTOR PHONE	SOC. SEC. NUMBER
HERNANDEZ, CARLOS	PT	512 887-8410	457967119

GUARANTOR ADDRESS	GUAR. EMPLOYER PHONE
1817 SHELY ST CORPUS CHRISTI TX 78404	

GUARANTOR EMPLOYER NAME / ADDRESS: UNEMPLOYED

OCC/INDUSTRY

8/9/8 ASSEMBLED
8/9/98 ANALYZED
DATA ENTERED
CODED
PERMANENT FILE

INSURANCE CO. NAME	POLICY NUMBER	GROUP NUMBER	SUBSCRIBER NAME	REL.
1. SELFPAY	457967119		HERNANDEZ, CARLOS	PT
2.				
3.				

PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the Patient's admission).

M.D. VERIFICATION (USE ONLY IF PRINCIPAL DIAGNOSIS OR PROCEDURE IS CHANGED - USE WITH PRIORITY COLUMN.)

M.D. INITIALS	DATE	ICD CODES
		682.6

SECONDARY DIAGNOSIS (Complications and comorabilities: conditions which develop after admissions or exist at time of admissions and affect treatment received or LOS.)

M.D. INITIALS	DATE	ICD CODES
		250.00 V65.9

COMPLICATIONS

INFECTIONS

DATE OF PROCEDURE | PRINCIPAL PROCEDURE / OPERATION (The procedure most closely related to principal diagnosis).

SECONDARY PROCEDURES

0203517

109918
38463

SURGEON

CONSULTANT

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES AND OPERATIONS ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DICTATION STATUS | DATE COMPLETED

DISCHARGE STATUS	AUTOPSY	FINAL DRG	ALOS	TRANSFUSIONS	UNITS	REACTION
	☐ YES ☐ NO			☐ NO ☐ YES		

ATTENDING PHYSICIAN _____ SIGNATURE _____ DATE _____

MULTIDISCIPLINARY ASSESSMENT

INITIAL ASSESSMENT

CHIEF COMPLAINT: (R) Foot Cellulitis - for four days

FAMILY HX OF PRESENT COMPLAINT: no hx of present complaint

WHAT ARE YOUR EXPECTATIONS FOR THIS HOSPITALIZATION?

PRIMARY DIAGNOSIS: (R) Foot Cellulitis

CAN THE PATIENT READ ☑YES ☐ NO TRANSLATOR NEEDED ☐ YES ☐ NO PRIMARY LANGUAGE English & Spanish

ANTICIPATE D/C DATE

ANXIETY LEVEL

LOW ☐ MOD ☑ HIGH ☐

COMMENTS:

PAST HISTORY SMOKER: ____YES ✓ NO (IF YES, HOW MUCH?)

SUBSTANCE ABUSE: ✓ YES NO (IF YES, WHAT?) drinks 12 pack + a half of beer each day

SURGERIES: fell off pickup truck - sustained head injury in 1988 HT: 5'7" WT: 190

MEDICAL HISTORY: ____RENAL DISEASE ____CVD ____MI ____PACEMAKER/ACID ____HYPERTENSION ____CHF ____ARRHYTHMIAS

____CVA ____PERIPHERAL VASCULAR DISEASE ____ULCER ✓ DIABETES ____HEPATITIS ____LUNG DISEASE ✓ BLEEDING DISORDERS

☐YES ☐NO PRIMARY LANGUAGE English

SAFETY ASSESSMENT (MUST BE DONE ON ADMISSION)

"YES" In any one of the following causes the patient to be assessed as "HIGH RISK" for falls potential.

A. Patient Over 65 Years of Age	☐ YES	☑ NO
B. History of Previous Falls	☐ YES	☑ NO
C. This Admission For Fall	☐ YES	☑ NO
D. Adm. From Nursing Home/State Fac.	☐ YES	☑ NO
E. Problem With Mobility	☐ YES	☑ NO
F. Disoriented / Confused	☐ YES	☑ NO
G. Seizure Disorder	☑ YES	☐ NO
H. Taking Meds-Which Impair Ability To Ambulate	☐ YES	☑ NO
I. Patient Generally Uncooperative and/or Non-Complaint	☐ YES	☑ NO
J. Prosthesis / Cast	☐ YES	☑ NO
(Describe)		
K. Crutches / Walker	☐ YES	☑ NO
(Describe)		
L. Vision Impaired	☐ YES	☑ NO
(Describe)		
M. Hearing Impaired	☐ YES	☑ NO
N. Falls Potential Yes HIGH		LOW

GERIATRIC ASSESSMENT

(GERIATRIC PATIENT AGE 65 UP)

PROBLEM WITH ALTERATION IN:

LEVEL CONSCIOUSNESS	☐ YES	☐ NO
HEARING	☐ YES	☐ NO
VISION	☐ YES	☐ NO
DENTITION	☐ YES	☐ NO
MOBILITY	☐ YES	☐ NO
BLADDER	☐ YES	☐ NO
BOWEL	☐ YES	☐ NO
REST/SLEEP/PATTERNS	☐ YES	☐ NO
NUTRITION	☐ YES	☐ NO
JUDGEMENT	☐ YES	☐ NO
COMMUNICATION	☐ YES	☐ NO

NORMAL ACTIVITY LEVEL PRIOR TO HOSPITALIZATION:

PEDIATRIC ASSESSMENT

(PEDIATRIC PATIENT BIRTH - 21 YRS.)

GROWTH AND DEVELOPMENT NEEDS:

PLAY ACTIVITY

FAMILY INVOLVEMENT:

ACADEMIC NEEDS WHILE IN HOSPITAL

SPECIAL BED REQUIRED ☐ NO ☐ YES

DISABLED ☐ NO ☐ YES

SPECIAL DIETARY NEEDS:

☐ NO ☐YES

IMMUNIZATIONS CURRENT: ☐Yes ☐ NO

IF NO, DATE OF LAST IMMUNIZATION

CURRENT HOME MEDICATIONS:

MEDICATION DOSE FREQUENCY

1. Penicillin (from Mexico)
2.
3.

PRESCRIPTION AND OVER THE COUNTER

MEDICATION DOSE FREQUENCY

4.
5.
6.

FOOD/DRUG ALLERGIES: NKDA

MEDICATION DOSE FREQUENCY

7.
8.
9.

SOCIAL WORK

STRENGTHS: ( )AVAILABLE SIGNIFICANT OTHER ( )GUARDIAN/POWER OF ATTORNEY ( )CAREGIVER SUPPORT SYSTEM OR AGENCY SUPPORT (✓)LIVES WITH FAMILY/SIGNIFICANT OTHER ( )RESIDENT OF NURSING HOME

ADM: 7-24-95 READM.(15 DAYS) CONSULT BY: C.S. MARITAL STATUS S ADM.Dx:

FINANCIAL CODE: A HIGH RISK ☐YES☐NO RELIGION Cath VETERAN ☐YES ☑NO PATIENT'S PHONE

CHALLENGES ( )LIVES ALONE ( )DEPENDENT AT HOME ( )TRANSIENT ( )HISTORY OF VIOLENCE ( )HISTORY OF MENTAL ILLNESS

FAMILY/FRIEND	RELATIONSHIP	ADDRESS	PHONE NUMBER
Bobby	Rm 127		884-1847

NEEDS IDENTIFIED	OUTCOME/DATES
___ LIVING ARRANGEMENTS	
___ TRANSPORTATION	
___ EQUIPMENT	
___ HOME SERVICES	

NEEDS IDENTIFIED	OUTCOME/DATES
___ HHC/HOSPICE	
___ FINANCIAL ASSISTANCE	
✓ REHAB/IH/OTHER alcohol - referral	
___ OUTPATIENT SERVICES	

INT.	SIGNATURE	INT.	SIGNATURE	INT.	SIGNATURE
	Lori Jopp RN	LJ			
DS	Barrilleaux MSW				

SIGNATURE: DATE

SIGNIFICANT OTHER: DATE

ADDRESSOGRAPH

1143 59840
EVERETT/MED STAF SELF PAY
HERNANDEZ, CARLOS 041YR
1817 SHELY ST A 2
CORPUS CHRISTI, TX 78404

ORIGINAL - To Chart YELLOW - Social Work Services

INTERDEPARTMENTAL EDUCATION PLAN:
CRITERIA TO BEOMET:

	REFERRAL DATE/INITIAL	MET DATE/INITIAL
1. ADVANCED DIRECTIVES ☐ YES ☐ NO ORGAN DONOR ☐ YES ☐ NO		
2. NURSING NEEDS:		
3. PATIENT EDUCATION REFERRALS:		
4. DIETARY NEEDS		
5. CARDIOPULMONARY NEEDS:		
6. PHARMACEUTICAL NEEDS:		
7. EQUIPMENT NEEDS:		
8. PSYCHO/SOCIAL/CULTURAL:		
9. RELIGION/SPIRITUAL:		
10. PERIOPERATIVE:		
11. PT/OT/REHAB. NEEDS:		
12. HOME HEALTH CARE/HOSPICE/NURSING HOME:		
13. FINANCIAL ASSISTANCE:		

INT.	SIGNATURE	INT.	SIGNATURE	INT.	SIGNATURE
	J Hopp RN	JH			

SIGNATURE: _____ DATE _____

SIGNIFICANT OTHER _____ DATE: _____

ADDRESSOGRAPH

59840
EVERETT/MED STAF SELF PAY
HERNANDEZ, CARLOS 041YM
1817 SNELY ST
CORPUS CHRISTI, TX 78404

ORIGINAL - To Chart YELLOW - Social Work Services

MORIAL MEDICAL CENTER — CORPUS CHRISTI, TEXAS

PATIENT PROPERTY FORM
(To Be Placed In Patient's Chart)

Memorial Medical Center is neither responsible nor liable for any personal belongings, property or valuables brought with you or to you during your hospitalization. For your own protection, it is strongly recommended that you send any such items home with a relative or friend. Should you choose to keep such items with you in your room during your hospitalization, it is at your own risk of loss, damage, or theft. Should any of your personal belongings get lost, stolen, or misplaced, **the hospital has no obligation to be responsible for them.** If you have no one to send these personal articles home with, your valuables may be placed in the hospital safe in the Business Office until you are discharged. Your signing this form below will verify your understanding of these responsibilities:

	PERSONAL ITEMS AND VALUABLES				
	Kept At Bedside	Deposited for Safekeeping		Returned to Patient Or Authorized Next of Kin	
		To S.P.D.	To Cashier	Date and Sign	Comments
	(Date, Employee's Signature and Title Required)				
MONEY ☐ Cash $____ Amount ☐ Checks ☐ Credit Cards					
JEWELRY (Describe) ☐ Watch ☐ Rings ☐ Other					
DENTURES ☐ Upper ☐ Lower ☐ Partial Denture Cup Provided ☐ Yes ☐ No					
EYE GLASSES ☐ Pair (No.)____ ☐ Contacts					
AMBULATORY AIDS ☐ Crutches ☐ Walker ☐ Wheel Chair ☐ Prosthesis ☐ Hearing Aids					
CLOTHING - List					

This is a listing of my possessions. I have had opportunity to deposit my valuables for safe keeping and I understand that Memorial Medical Center is relieved of responsibility of possessions I have retained in my room.

☐ Check here if patient insists on keeping valuables.

_____
Patient's Signature

_____ _____
Date — Business Office Employee's Signature

_____ _____
Date — Unit Employee's Signature

PATIENT TRANSFERS: Above items sent/received

	Sending Nurse/Date	Receiving Nurse/Date
1st Transfer		
2nd Transfer		
3rd Transfer		

The above items were returned to patient or authorized next of kin.

_____ 7/28/95
Employee's Signature — Date

I have received the above listed items and release Memorial Medical Center from any claims for these items.

Carlos Hernandez 7/28/95
Signature of Patient Or Next of Kin — Date

FOR VALUABLES TO SAFEKEEPING, USE VALUABLES ENVELOPE AND FOLLOW OUTLINED PROCEDURE.

_____
VALUABLES ENVELOPE NUMBER

Original - Patient's Chart
Copy - 2nd - Valuables Envelope
Copy - 3rd - Clothing Bag

29-000485 2/83

8851143 59840
EVERETT,MED STAF SELF PAY 041YN
1917 SNELY ST
CORPUS CHRISTI, TX 78404
07 14 34 457967119

USE PATIENT ADDRESSOGRAPH