

Patient Medical Record

Heath, Stephen

57 yo M, DOB: Apr 13, 1967
Account Number: 172591
10035 Driftwood Dr
Houston, TX 77095

Patient Medical Record	Page(s)
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Note: There may be certain notes which are not made available as per your physician's discretion, please contact your physician's office to obtain those.

Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

Heath, Stephen

10035 Driftwood Dr, Houston, TX 77095

DOB: 04/13/1967 **Age:** 57 Y **Sex:** male

Home: 281-467-1852

Work:

Cell: 281-467-1852

Email: steveehealth@gmail.com

Previous Name: LT Rib

Advance Directive:

Primary Insurance: US DEPT OF LABOR
HOU SPA

PCP:

Account Number: 172591

Race: White

Ethnicity: Declined to Specify

Preferred Language: English

Care Team:

Allergies

Substance: N.K.D.A. **Status:** Active.

Patient Encounters

Date	Time	Provider	Facility	Reason	Diagnosis
01/03/2024	12:30 PM	Harris, Maresah, NP	Accuhealth Houston Spa	1 month f/u	S22.42XA– Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A– Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
12/06/2023	01:00 PM	Harris, Maresah, NP	Accuhealth Houston Spa	1 month f/u	S22.42XA– Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A– Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
10/25/2023	10:30 AM	Harris, Maresah, NP	Accuhealth Houston Spa	1 month f/u	S22.42XA– Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A– Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
09/27/2023	10:00 AM	Harris, Maresah, NP	Accuhealth Houston Spa	1 month f/u	S22.42XA– Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A– Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
08/30/2023	10:00 AM	Harris, Maresah, NP	Accuhealth Houston Spa	1 month f/u	S22.42XA– Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A– Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
07/26/2023	02:00 PM	Harris, Maresah, NP	Accuhealth Houston Spa	F/U review Ct scan	S22.42XA– Closed fracture of multiple ribs of left side, initial encounter

5/14/24, 1:49 PM

Patient Summary for Heath, Stephen, 57 Y, male DOB:04/13/1967

					SNOMED: 12204004 S20.212A- Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
07/13/2023	02:30 PM	Harris, Maresah, NP	Accuhealth Houston Spa	1 month f/u	S22.42XA- Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A- Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
06/14/2023	11:45 AM	Bashwani, Anum, PA-C	Accuhealth Houston Spa	F/U and Review xray	S22.42XA- Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A- Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
05/31/2023	04:00 PM	Simpson-Camp, Lashondria, MD	Accuhealth Houston Spa	refill	S22.42XA- Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004
05/30/2023	01:00 PM	Simpson-Camp, Lashondria, MD	Accuhealth Houston Spa	Refill	S22.42XA- Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004
05/19/2023	01:30 PM	Simpson-Camp, Lashondria, MD	Accuhealth Houston Spa	3Wks F/U	S22.42XA- Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A- Contusion of left chest wall, initial encounter SNOMED: 11850601000119105
04/29/2023	09:45 AM	Simpson-Camp, Lashondria, MD	Accuhealth Houston Spa	CA-1	S22.42XA- Closed fracture of multiple ribs of left side, initial encounter SNOMED: 12204004 S20.212A- Contusion of left chest wall, initial encounter SNOMED: 11850601000119105

Heath, Stephen, M, 04/13/1967

620 JAMES DR , RICHARDSON, TX-75080-7407,

972-238-1976

Address 10035 Driftwood Dr, Houston, TX-77095

Patient Vaccine Administration Record

No of Immunizations 0

Vaccine	Date Given	Dose	Location	Lot No.	Manufacturer	Exp. Date	Given By
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Record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)

Heath, Stephen , M , 04/13/1967

Address 10035 Driftwood Dr, Houston, TX-77095

Accuhealth

620 JAMES DR , RICHARDSON, TX-75080-7407

 972-238-1976

Patient Injection Record

No of Injections 0

Record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)

5/14/24, 1:50 PM

Heath, Stephen 56Y , M

DOB: 04/13/1967 | **AC (MRN):** 172591

Preferred Name: 04.26.2023 D	Cell Phone: 281-467-1852	
Sex: M	Home Phone: 281-467-1852	
Previous Name: LT Rib	Work Phone:	
Prefix:	Email: steveheath@gmail.com	
Suffix:		
Primary Insurance: US DEPT OF LABOR HOU SPA	Ethnicity: Declined to Specify	
Race: White	Preferred Language: English	
Advance Directive:	SSN: 231-90-4590	
Confidential Patient: No	Deceased: No	Inactive: No
Sex Assigned at Birth:	Sexual Orientation:	Gender Identity:
Transgender: No		

PATIENT INFORMATION

<u>Financial Information and Consents</u>		
Account Balance: 166.50	Plan Type: (Other)	Rx History Consent: U
Patient Balance: 0.0	Don't Sent Statements: No	Release of Info: Yes
VFC Eligibility:	Exclude from Collections: No	Signature Date: 04/29/2023
Mail Order Member ID:	Don't Add Financial Charge: No	
<u>Statuses</u>		
Student Status: Part-time student	Exclude from Registry Search: No	Deceased Notes: N/A
Is Native: No	Deceased: No	
Marital Status:	Deceased Date: N/A	
<u>Providers and Facilities</u>		

5/14/24, 1:50 PM

PCP: **Default Facility:**
Rendering Provider: **Default Lab Company:**
Referring Provider: **Default DI Company:**

External MRNs

Medical Record Number:

RESPONSIBLE PARTY

Name	Relation	Address	Cell Phone
Heath, Stephen	Self - patient is the insured	10035 Driftwood Dr,Houston,TX,77095	281-467-1852

EMERGENCY CONTACTS

Name	Relation	Address	Preferred Phone	Guardian	HIPAA Permission
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ADDRESSES

Address Type	Status	Address line1	Address line2	City	County	State	Zip Code	Country
Mailing	Current	10035 Driftwood Dr		Houston		TX	77095	
Street	Current							

Residence Type:

Living Situation:

INSURANCES

5/14/24, 1:50 PM

Sequence/Type	Insurance Name	State	Subscriber No	Insured	Relation	Co-Pay	Group No
Primary Insurance	US DEPT OF LABOR HOU SPA	KY	550413655	Heath, Stephen	Self - patient is the insured		

PHARMACIES

Name	Address	Type	Phone	Fax
WALGREENS DRUG STORE #04161	8206 HIGHWAY 6 N,HOUSTON,TX,77095	Retail	281-550-2169	281-550-9069

CONTACTS

Name	Relation	Address	Preferred Phone	Emergency Contact	Guardian	HIPAA Permission
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CASE MANAGERS

Name	Address	Phone	Fax	Email
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ATTORNEYS

Name	Office	Address	Phone	Fax	Contact Details
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EMPLOYERS**Employment Status:**

Employer	Employer Address
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0

5/14/24, 1:50 PM

CIRCLES OF CARE

STRUCTURED DATA

Question Name	Value	Notes
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MISC INFO

Question Name	Value
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Nature of Business

Previously Rendered Treatment

NOTES

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 01/03/2024



HEATH, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

01/03/2024

Televisit: Maresah Harris

Current Medications

Taking

- HYDRocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Reason for Appointment

1. 1 month f/u
2. Televisit

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. **Closed fracture of multiple ribs of left side, initial encounter**
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes:

Patient has reached MMI for this case and would like an IR.

Telemedicine 15mins

1. Patient does not need to do physical therapy for healed fractured ribs. There aren't any specific exercises that would benefit the patient for this case and this part of his body. Per patient, Dr. Gentle told him the same thing in physical therapy. All future physical therapy appointments canceled for this case.

2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Per patient, Dr. Berliner is requesting a CT scan of the chest, auth submitted as well as OV note request from today's visit with Dr. Berliner on 7/13/23. CT scan results discussed with patient. Next appt with Dr. Berliner is on 8/25/23. OV notes received. Per Dr. Berliner patient had 3 rib fractures. Ribs 7, 8, and 9 per CT scan results. 8 & 9 has healed but 7 is still in the process of healing. Dr. Berliner recommends no aggressive duty or PT until another 4-6 weeks. will repeat CT chest to follow up with healing of the 7th rib in another 3-4 weeks. Repeat CT chest scan results received and reviewed with patient. 7th rib is now healed.

3. DME: Incentive spirometry will be ordered and should be used 10 times per hour. Patient still has not received IS, will f/u. Patient could benefit from

Progress Note: Maresah Harris 01/03/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 01/03/2024

TLSO brace due to rib fractures and c/o feeling pressure in the left chest. Auth submitted. Still have not received brace or incentive spirometer. Will f/u.

Patient instructed on how to perform deep breathing exercises until he receives his incentive spirometer, patient verbalized understanding.

4. Referral: Consult with ortho/pulmonologist for rib fracture. Patient is seeing Dr. Berliner, had appointment today 7/13/23. Next appt with Dr. Berliner on 8/25/23. Patient still c/o feelings of L lung being limited and not filling up compared to his R lung. Will submit auth to see a pulmonologist. Patient saw pulmonologist on 8/28/23. Per OV notes pulmonologist cleared patient from his standpoint but states patient needs to follow up with MD Anderson regarding the lung nodule and liver mass that was found on CT chest scan results. CT scan results shows nodule is unchanged.

5. WORK STATUS: Patient has returned back to work full duty.

6. Follow-up in 4 weeks.

15mins spent with patient. Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

Follow Up

4 Weeks

History of Present Illness

Case Type:

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT:

4/29/2023.

DOI:

4/26/2023.

MECHANISM OF INJURY:

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the

5/14/24, 1:50 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 01/03/2024

following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS:

Patient presents for televisit today. He states pain comes and goes with different movements. Patient describes pain as pressure in the left chest and ribs and rates it a 2-3/10.

Examination

General Examination:

PSYCH: alert, oriented , judgement and insight good.

No PE on televisit.

Visit Codes

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

Electronically signed by Maresah Harris on 01/03/2024 at 12:32 PM CST

Electronically co-signed by Lashondria Simpson-Camp, MD on 01/08/2024 at 01:25 PM CST

Sign off status: Completed

**Accuhealth Houston Spa
2000 Crawford
STE 106
HOUSTON, TX 77002-8142
Tel: 713-972-6996
Fax: 972-238-0456**

Progress Note: Maresah Harris 01/03/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 12/06/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

12/06/2023

Televisit: Maresah Harris

Current Medications

Taking

- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Reason for Appointment

1. 1 month f/u
2. Televisit

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. **Closed fracture of multiple ribs of left side, initial encounter**
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes:

Patient has reached MMI for this case and would like an IR.

Telemedicine 15mins

1. Patient does not need to do physical therapy for healed fractured ribs. There aren't any specific exercises that would benefit the patient for this case and this part of his body. Per patient, Dr. Gentle told him the same thing in physical therapy. All future physical therapy appointments canceled for this case.

2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Per patient, Dr. Berliner is requesting a CT scan of the chest, auth submitted as well as OV note request from today's visit with Dr. Berliner on 7/13/23. CT scan results discussed with patient. Next appt with Dr. Berliner is on 8/25/23. OV notes received. Per Dr. Berliner patient had 3 rib fractures. Ribs 7, 8, and 9 per CT scan results. 8 & 9 has healed but 7 is still in the process of healing. Dr. Berliner recommends no aggressive duty or PT until another 4-6 weeks. will repeat CT chest to follow up with healing of the 7th rib in another 3-4 weeks. Repeat CT chest scan results received and reviewed with patient. 7th rib is now healed.

3. DME: Incentive spirometry will be ordered and should be used 10 times per hour. Patient still has not received IS, will f/u. Patient could benefit from

Progress Note: Maresah Harris 12/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 12/06/2023

TLSO brace due to rib fractures and c/o feeling pressure in the left chest. Auth submitted. Still have not received brace or incentive spirometer. Will f/u.

Patient instructed on how to perform deep breathing exercises until he receives his incentive spirometer, patient verbalized understanding.

4. Referral: Consult with ortho/pulmonologist for rib fracture. Patient is seeing Dr. Berliner, had appointment today 7/13/23. Next appt with Dr. Berliner on 8/25/23. Patient still c/o feelings of L lung being limited and not filling up compared to his R lung. Will submit auth to see a pulmonologist. Patient saw pulmonologist on 8/28/23. Per OV notes pulmonologist cleared patient from his standpoint but states patient needs to follow up with MD Anderson regarding the lung nodule and liver mass that was found on CT chest scan results. CT scan results shows nodule is unchanged.

5. WORK STATUS: Patient has returned back to work full duty.

6. Follow-up in 4 weeks.

15mins spent with patient. Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

Follow Up

4 Weeks

History of Present Illness

Case Type::

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT::

4/29/2023.

DOI::

4/26/2023.

MECHANISM OF INJURY::

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

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HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 12/06/2023

following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS:

Patient presents for televisit today. He states pain comes and goes with different movements. Patient describes pain as pressure in the left chest and ribs and rates it a 2-3/10.

Examination

General Examination:

PSYCH: alert, oriented , judgement and insight good.
No PE on televisit.

Visit Codes

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

Electronically signed by Maresah Harris on 12/06/2023 at 12:16 PM CST

Electronically co-signed by Lashondria Simpson-Camp, MD on 12/07/2023 at 04:34 PM CST

Sign off status: Completed

**Accuhealth Houston Spa
2000 Crawford
STE 106
HOUSTON, TX 77002-8142
Tel: 713-972-6996
Fax: 972-238-0456**

Progress Note: Maresah Harris 12/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 10/25/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

10/25/2023

Maresah Harris

Current Medications

Taking

- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Reason for Appointment

1. 1 month f/u
2. MDFU

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. **Closed fracture of multiple ribs of left side, initial encounter**
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes:

Clinical notes

1. Patient does not need to do physical therapy for healed fractured ribs. There aren't any specific exercises that would benefit the patient for this case and this part of his body. Per patient, Dr. Gentle told him the same thing in physical therapy. All future physical therapy appointments canceled for this case.

2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Per patient, Dr. Berliner is requesting a CT scan of the chest, auth submitted as well as OV note request from today's visit with Dr. Berliner on 7/13/23. CT scan results discussed with patient. Next appt with Dr. Berliner is on 8/25/23. OV notes received. Per Dr. Berliner patient had 3 rib fractures. Ribs 7, 8, and 9 per CT scan results. 8 & 9 has healed but 7 is still in the process of healing. Dr. Berliner recommends no aggressive duty or PT until another 4-6 weeks. will repeat CT chest to follow up with healing of the 7th rib in another 3-4 weeks. Repeat CT chest scan results received and reviewed with patient. 7th rib is now healed.

3. DME: Incentive spirometry will be ordered and should be used 10 times per hour. Patient still has not received IS, will f/u. Patient could benefit from TLSO brace due to rib fractures and c/o feeling pressure in the left chest. Auth submitted. Still have not received brace or incentive spirometer. Will

Progress Note: Maresah Harris 10/25/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 10/25/2023

f/u.

Patient instructed on how to perform deep breathing exercises until he receives his incentive spirometer, patient verbalized understanding.

4. Referral: Consult with ortho/pulmonologist for rib fracture. Patient is seeing Dr. Berliner, had appointment today 7/13/23. Next appt with Dr. Berliner on 8/25/23. Patient still c/o feelings of L lung being limited and not filling up compared to his R lung. Will submit auth to see a pulmonologist. Patient saw pulmonologist on 8/28/23. Per OV notes pulmonologist cleared patient from his standpoint but states patient needs to follow up with MD Anderson regarding the lung nodule and liver mass that was found on CT chest scan results. CT scan results shows nodule is unchanged.

5. WORK STATUS: Patient has returned back to work full duty.

6. Follow-up in 4 weeks.

15mins spent with patient. Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

Follow Up

4 Weeks

History of Present Illness

Case Type::

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT::

4/29/2023.

DOI::

4/26/2023.

MECHANISM OF INJURY::

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 10/25/2023

to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS:

Patient presents for televisit today. He states pain comes and goes with different movements. Patient describes pain as pressure in the left chest and ribs and rates it a 2-3/10.

Vital Signs

Wt: **203 lbs**, BP: **155/86 mm Hg**, HR: **79 /min**, Wt-kg: 92.08 kg.

Examination

General Examination:

PSYCH: alert, oriented , judgement and insight good.
No PE on televisit.

Visit Codes

99213 Office Visit, Est Pt., Level 3.

Electronically signed by Maresah Harris on 10/25/2023 at 04:23 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 10/26/2023 at 12:37 PM CDT

Sign off status: Completed

**Accuhealth Houston Spa
2000 Crawford
STE 106
HOUSTON, TX 77002-8142
Tel: 713-972-6996
Fax: 972-238-0456**

Progress Note: Maresah Harris 10/25/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

5/14/24, 1:50 PM

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172591 DOS: 10/06/2023



HEATH, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172591

10035 Driftwood Dr, Houston, TX-77095

Home: 281-467-1852

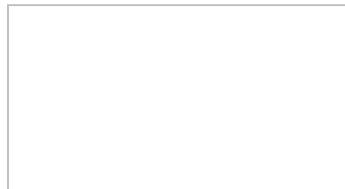
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

Appointment Facility: Accuhealth Houston Spa

10/06/2023

Renee Gentle, DC



Electronically signed by Renee Gentle on 05/14/2024 at 01:48 PM CDT

Sign off status: Pending

Accuhealth Houston Spa
2000 Crawford
STE 106
HOUSTON, TX 77002-8142
Tel: 713-972-6996
Fax: 972-238-0456

Progress Note: Renee Gentle, DC 10/06/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 09/27/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

09/27/2023

Televisit: Maresah Harris

Current Medications

Taking

- HYDRcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Reason for Appointment

1. 1 month f/u
2. Televisit

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. **Closed fracture of multiple ribs of left side, initial encounter**
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes:

Telemedicine 20mins

1. Patient does not need to do physical therapy for healed fractured ribs. There aren't any specific exercises that would benefit the patient for this case and this part of his body. Per patient, Dr. Gentle told him the same thing in physical therapy. All future physical therapy appointments canceled for this case.

2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Per patient, Dr. Berliner is requesting a CT scan of the chest, auth submitted as well as OV note request from today's visit with Dr. Berliner on 7/13/23. CT scan results discussed with patient. Next appt with Dr. Berliner is on 8/25/23. OV notes received. Per Dr. Berliner patient had 3 rib fractures. Ribs 7, 8, and 9 per CT scan results. 8 & 9 has healed but 7 is still in the process of healing. Dr. Berliner recommends no aggressive duty or PT until another 4-6 weeks. Will repeat CT chest to follow up with healing of the 7th rib in another 3-4 weeks. Repeat CT chest scan results received and reviewed with patient. 7th rib is now healed.

3. DME: Incentive spirometry will be ordered and should be used 10 times per hour. Patient still has not received IS, will f/u. Patient could benefit from TLSO brace due to rib fractures and c/o feeling pressure in the left chest. Auth submitted. Still have not received brace or incentive spirometer. Will f/u.

Progress Note: Maresah Harris 09/27/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 09/27/2023

Patient instructed on how to perform deep breathing exercises until he receives his incentive spirometer, patient verbalized understanding.

4. Referral: Consult with ortho/pulmonologist for rib fracture. Patient is seeing Dr. Berliner, had appointment today 7/13/23. Next appt with Dr. Berliner on 8/25/23. Patient still c/o feelings of L lung being limited and not filling up compared to his R lung. Will submit auth to see a pulmonologist. Patient saw pulmonologist on 8/28/23. Per OV notes pulmonologist cleared patient from his standpoint but states patient needs to follow up with MD Anderson regarding the lung nodule and liver mass that was found on CT chest scan results. CT scan results shows nodule is unchanged.

5. WORK STATUS: Patient will return to full duty starting October 3rd. CA-17 completed.

6. Follow-up in 4 weeks.

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

Follow Up

4 Weeks

History of Present Illness

Case Type::

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT::

4/29/2023.

DOI::

4/26/2023.

MECHANISM OF INJURY::

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 09/27/2023

to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS::

Patient presents for televisit today. He states pain comes and goes with different movements. Patient describes pain as pressure in the left chest and ribs and rates it a 2-3/10.

Examination

General Examination:

PSYCH: alert, oriented , judgement and insight good.
No PE on televisit.

Visit Codes

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

Procedure Codes

99080 SPECIAL REPORTS, Modifiers: GT

Electronically signed by Maresah Harris on 10/05/2023 at 03:44 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 09/27/2023 at 03:25 PM CDT

Sign off status: Completed

**Accuhealth Houston Spa
2000 Crawford
STE 106
HOUSTON, TX 77002-8142
Tel: 713-972-6996
Fax: 972-238-0456**

Progress Note: Maresah Harris 09/27/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 08/30/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

08/30/2023

Televisit: Maresah Harris

Current Medications

Taking

- HYDRcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Reason for Appointment

1. 1 month f/u
2. Televisit

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. **Closed fracture of multiple ribs of left side, initial encounter**
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes:
Clinical notes

1. Continue home regimen. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP. Per Dr. Berliner patient can begin light PT but not aggressive PT for another 4-6 weeks. Patient would like to do PT with Dr. Gentle.
2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Per patient, Dr. Berliner is requesting a CT scan of the chest, auth submitted as well as OV note request from today's visit with Dr. Berliner on 7/13/23. CT scan results discussed with patient. Next appt with Dr. Berliner is on 8/25/23. OV notes received. Per Dr. Berliner patient had 3 rib fractures. Ribs 7, 8, and 9 per CT scan results. 8 & 9 has healed but 7 is still in the process of healing. Dr. Berliner recommends no aggressive duty or PT until another 4-6 weeks. will repeat CT chest to follow up with healing of the 7th rib in another 3-4 weeks.
3. DME: Incentive spirometry will be ordered and should be used 10 times per hour. Patient still has not received IS, will f/u. Patient could benefit from TLSO brace due to rib fractures and c/o feeling pressure in the left chest. Auth submitted. Still have not received brace or incentive spirometer. Will f/u.

Patient instructed on how to perform deep breathing exercises until he

Progress Note: Maresah Harris 08/30/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 08/30/2023

receives his incentive spirometer, patient verbalized understanding.

4. Referral: Consult with ortho/pulmonologist for rib fracture. Patient is seeing Dr. Berliner, had appointment today 7/13/23. Next appt with Dr. Berliner on 8/25/23. Patient still c/o feelings of L lung being limited and not filling up compared to his R lung. Will submit auth to see a pulmonogist. Patient saw pulmonologist on 8/28/23. Per OV notes pulmonologist cleared patient from his standpoint but states patient needs to follow up with MD Anderson regarding the lung nodule and liver mass that was found on CT chest scan results.

5. WORK STATUS: Will continue off work. CA-17 completed.

6. Follow-up in 4 weeks.

30 mints spent with patient. Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

Follow Up

4 Weeks

History of Present Illness

Case Type::

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT::

4/29/2023.

DOI::

4/26/2023.

MECHANISM OF INJURY::

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest

Progress Note: Maresah Harris 08/30/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 08/30/2023

which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS::

Patient presents for televisit today. He states pain comes and goes with different movements. Patient describes pain as pressure in the left chest and ribs and rates it a 2-3/10.

Examination

General Examination:

PSYCH: alert, oriented , judgement and insight good.
No PE on televisit.

Visit Codes

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

Procedure Codes

99080 SPECIAL REPORTS, Modifiers: GT

Electronically signed by Maresah Harris on 08/30/2023 at 10:47 AM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 08/30/2023 at 04:23 PM CDT

Sign off status: Completed

Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456

Progress Note: Maresah Harris 08/30/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (57 yo M) Acc No. 172591 DOS: 08/10/2023



HEATH, Stephen

56 Y old Male, DOB: 04/13/1967

Account Number: 172591

10035 Driftwood Dr, Houston, TX-77095

Home: 281-467-1852

Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU

SPA Payer ID: J1438

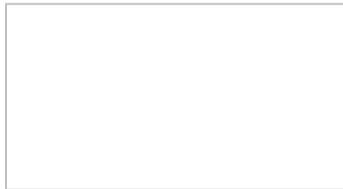
Appointment Facility: Accuhealth Houston Spa

08/10/2023

Televisit: Maresah Harris

Reason for Appointment

1. 1 month f/u



Electronically signed by Maresah Harris , NP on 05/14/2024 at 01:48 PM CDT

Sign off status: Pending

Accuhealth Houston Spa
2000 Crawford
STE 106
HOUSTON, TX 77002-8142
Tel: 713-972-6996
Fax: 972-238-0456

Progress Note: Maresah Harris 08/10/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 07/26/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

07/26/2023

Maresah Harris

Current Medications

Taking

- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Review of Systems

Respiratory:

Denies Shortness of breath, denies. Admits Shortness of breath at rest. Admits Shortness of breath with exertion.

Cardiovascular:

Admits Chest pain. Denies Heart murmur, denies. Denies Irregular heartbeat, denies. Denies Palpitations, denies.

Admits Weakness.

Gastrointestinal:

Denies Blood in stool.

Genitourinary:

Denies Blood in urine.

Neurologic:

Patient complaining of Burning pain left chest.

Reason for Appointment

1. F/U review Ct scan
2. 1 month f/u
3. MDFU

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. Closed fracture of multiple ribs of left side, initial encounter
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes:
Clinical notes

1. Continue home regimen. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.

2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Per patient, Dr. Berliner is requesting a CT scan of the chest, auth submitted as well as OV note request from today's visit with Dr. Berliner on 7/13/23. CT scan results discussed with patient. Next appt with Dr. Berliner is on 8/25/23.

3. DME: Incentive spirometry will be ordered and should be used 10 times per hour. Patient still has not received IS, will f/u. Patient could benefit from TLSO brace due to rib fractures and c/o feeling pressure in the left chest. Auth submitted. Still have not received brace or incentive spirometer. Will f/u.

Patient instructed on how to perform deep breathing exercises until he receives his incentive spirometer, patient verbalized understanding.

4. Referral: Consult with ortho/pulmonologist for rib fracture. Patient is seeing Dr. Berliner, had appointment today 7/13/23. Next appt with Dr. Berliner on 8/25/23. Patient still c/o feelings of L lung being limited and not

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 07/26/2023

filling up compared to his R lung. Will submit auth to see a pulmonologist.

5. WORK STATUS: off work. CA-17 completed.

6. Follow-up in 4 weeks.

20 mints spent with patient. Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

Follow Up

4 Weeks

History of Present Illness

Case Type::

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT::

4/29/2023.

DOI::

4/26/2023.

MECHANISM OF INJURY::

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS::

Pain c/o pressure and pain in the left chest and ribs 3/10. Pain is worse at night and with deep inspiration.

Vital Signs

Wt: **204.6 lbs**, BP: **135/85 mm Hg**, HR: **95 /min**, Wt-kg: 92.8 kg.

Examination

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 07/26/2023

General Examination:

GENERAL APPEARANCE: alert, well hydrated, in no distress.
HEART: normal , S1, S2 normal.
LUNGS: clear to auscultation bilaterally , good air movement.
PSYCH: alert, oriented , judgement and insight good.

Visit Codes

99214 Office Visit, Est Pt., Level 4.

Procedure Codes

99080 SPECIAL REPORTS

Electronically signed by Maresah Harris on 07/26/2023 at 03:15 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 07/27/2023 at 10:35 AM CDT

Sign off status: Completed

Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456

Progress Note: Maresah Harris 07/26/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 07/13/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

07/13/2023

Maresah Harris

Current Medications

Taking

- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Review of Systems

Respiratory:

Denies Shortness of breath, denies. Admits Shortness of breath at rest. Admits Shortness of breath with exertion.

Cardiovascular:

Admits Chest pain. Denies Heart murmur, denies. Denies Irregular heartbeat, denies. Denies Palpitations, denies. Admits Weakness.

Gastrointestinal:

Denies Blood in stool.

Genitourinary:

Denies Blood in urine.

Neurologic:

Patient complaining of Burning pain left chest.

Reason for Appointment

1. 1 month f/u
2. MDFU

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. Closed fracture of multiple ribs of left side, initial encounter
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes:
Clinical notes

1. Continue home regimen. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.
 2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Per patient, Dr. Berliner is requesting a CT scan of the chest, auth submitted as well as OV note request from today's visit with Dr. Berliner on 7/13/23.
 3. DME: Incentive spirometry will be ordered and should be used 10 times per hour. Patient still has not received IS, will f/u. Patient could benefit from TLSO brace due to rib fractures and c/o feeling pressure in the left chest. Auth submitted.
 4. Referral: Consult with ortho/pulmonologist for rib fracture. Patient is seeing Dr. Berliner, had appointment today 7/13/23.
 5. WORK STATUS: off work. CA-17 completed.
 6. Follow-up in 4 weeks.
- 20 mints spent with patient. Patient is explained course of disease,

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 07/13/2023

treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD

Follow Up

4 Weeks

History of Present Illness

Case Type:

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT:

4/29/2023.

DOI:

4/26/2023.

MECHANISM OF INJURY:

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS:

Pain c/o pressure and pain in the left chest and ribs 3/10. Pain is worse at night and with deep inspiration.

Vital Signs

Wt: **205 lbs**, BP: **139/91 mm Hg**, HR: **86 /min**, Wt-kg: 92.99 kg.

Visit Codes

99214 Office Visit, Est Pt., Level 4.

Procedure Codes

99080 SPECIAL REPORTS

5/14/24, 1:50 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 07/13/2023



Electronically signed by Maresah Harris on 07/13/2023 at 04:02 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 07/17/2023 at 12:55 PM CDT

Sign off status: Completed

Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456

Progress Note: Maresah Harris 07/13/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 06/14/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

06/14/2023

Televisit: Anum Bashwani, PA-C

Current Medications

- Taking
- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
 - Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Review of Systems

Respiratory:
Denies Shortness of breath, denies.
Admits Shortness of breath at rest.
Admits Shortness of breath with exertion.

Cardiovascular:
Admits Chest pain. Denies Heart murmur, denies. Denies Irregular heartbeat, denies.
Denies Palpitations, denies.
Admits Weakness.

Gastrointestinal:
Denies Blood in stool.
Genitourinary:
Denies Blood in urine.

Neurologic:
Patient complaining of Burning pain left chest.

Reason for Appointment

1. Review xray
2. MDFU- televisit

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. Closed fracture of multiple ribs of left side, initial encounter
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others
Notes:

- TELEMEDICINE: 15 mins
1. Continue home regimen. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.
 2. Imaging: Chest x-ray (5/25/2023) reviewed with patient today- Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib
 3. DME: Incentive spirometry will be ordered and should be used 10 times per hour
 4. Referral: Consult with ortho/pulmonologist for rib fracture.
 5. WORK STATUS: off work. CA-17 completed.
 6. Follow-up in 4 weeks.

Patient is explained course of disease, treatment options discussed, and questions were answered.

Supervising Physician: Lashondria Simpson-Camp, MD
.
Action Started- ORTHO

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 06/14/2023

Follow Up

4 Weeks

History of Present Illness

Case Type:

Case Type: CA-1. Case #: 550413655. Case Status: Approved

FIRST VISIT:

4/29/2023.

DOI:

4/26/2023.

MECHANISM OF INJURY:

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS:

Pain on in the left chest and ribs 6/10. Pain is worse at night and with deep inspiration.

Patient presents today via televisit to review X-ray.

Visit Codes

99213 Office Visit, Est Pt., Level 3. Modifiers: GT

Procedure Codes

99080 SPECIAL REPORTS, Modifiers: GT

Electronically signed by Anum Bashwani , PA-C on 06/14/2023 at 12:08 PM CDT

Electronically co-signed by Lashondria Simpson-Camp, MD on 06/14/2023 at 03:54 PM CDT

Sign off status: Completed

5/14/24, 1:50 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 06/14/2023



Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456

Progress Note: Anum Bashwani, PA-C 06/14/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 05/31/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

05/31/2023

Medical Refill: Camp-Simpson, Lashondria, MD



Reason for Appointment

- 1. Refill
- 2. Refill

Assessments

- 1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA

Treatment

- 1. Closed fracture of multiple ribs of left side, initial encounter**
Refill HYDROcodone-Acetaminophen Tablet, 5-325 MG, 1 tablet as needed,
Orally, every 6 hrs prn, 30 days, 30, Refills 0
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed,
Orally, Three times a day prn, 30 days, 30, Refills 0

Electronically signed by Lashondria Simpson-Camp , MD on
06/02/2023 at 12:05 PM CDT

Sign off status: Completed

Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456

Progress Note: Camp-Simpson, Lashondria, MD 05/31/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 05/30/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

05/30/2023

Medical Refill: Camp-Simpson, Lashondria, MD

Current Medications

- Taking
- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Reason for Appointment

1. Refill

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA

Treatment

1. **Closed fracture of multiple ribs of left side, initial encounter**
Refill HYDROcodone-Acetaminophen Tablet, 5-325 MG, 1 tablet as needed, Orally, every 6 hrs prn, 30 days, 30, Refills 0
Refill Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

Electronically signed by Lashondria Simpson-Camp , MD on 05/30/2023 at 02:52 PM CDT

Sign off status: Completed

Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456

Progress Note: Camp-Simpson, Lashondria, MD 05/30/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 05/19/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU
SPA
Appointment Facility: Accuhealth Houston Spa

05/19/2023

Camp-Simpson, Lashondria, MD

Current Medications

- Taking
- HYDROcodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs prn
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day prn

Past Medical History

- Kidney stones.
- Chronic sinusitis.
- Hernia.
- High Blood Pressure.
- Asthma.

Surgical History

- Hernia surgery

Family History

- Mother: deceased
- Father: alive 82 yrs
- Siblings: alive
- 1 sister(s) - healthy. 1 son(s) , 1 daughter(s) - healthy.
- Mother passed from Dementia.

Social History

- Tobacco Use:
- Tobacco Use/Smoking
- Are you a *nonsmoker*

Allergies

N.K.D.A.

Review of Systems

- Respiratory:
- Denies Shortness of breath, denies.
- Admits Shortness of breath at rest.
- Admits Shortness of breath with exertion.

Cardiovascular:

- Admits Chest pain. Denies Heart murmur, denies. Denies Irregular heartbeat, denies.
- Denies Palpitations, denies.
- Admits Weakness.

Reason for Appointment

- 3Wks F/U

Assessments

- Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
- Contusion of left chest wall, initial encounter - S20.212A

Treatment

- Closed fracture of multiple ribs of left side, initial encounter**
Continue HYDROcodone-Acetaminophen Tablet, 5-325 MG, 1 tablet as needed, Orally, every 6 hrs prn, 30 days, 30, Refills 0
Continue Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

- Notes: 1. Continue home regimen. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.
- Imaging: Chest x-ray to evaluate healing
 - DME: Incentive spirometry will be ordered and should be used 10 times per hour
 - Referral: none at this time
 - WORK STATUS: off work on COP, disability narrative completed
 - Follow-up in 3 weeks to discuss RTW with restriction is patient is doing better and based on xray results
- Patient is explained course of disease, treatment options discussed, and questions were answered.
PMP website verified and no abuse potential found
More than 25 minutes spent with the patient updating CC, exam, and discussing plan of care.

Follow Up

- 3 Weeks (Reason: discuss RTW)

History of Present Illness

- Case Type:
- Case Type: CA-1.
- Case #: 550413655.
- Case Status: Approved

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 05/19/2023

Gastrointestinal:

Denies Blood in stool.

Genitourinary:

Denies Blood in urine.

Neurologic:

Patient complaining of Burning pain left chest.

FIRST VISIT::

4/29/2023.

DOI:

4/26/2023.

MECHANISM OF INJURY::

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS::

Pain on in the left chest and ribs 6/10. Pain is worse at night and with deep inspiration. He now has a burnning sensation in theleft chest. He denies fever or chills. He was feeling fine for a periord of 4 days but isnce then has been in tramendous pain.

Vital SignsWt **200 lbs**, BP **157/90 mm Hg**, HR **76 /min**, Wt-kg **90.72 kg**.**Examination**General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

CHEST: rib tenderness left side.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no edema.

PERIPHERAL PULSES: normal.

Visit Codes

99214 Office Visit, Est Pt., Level 4.

Procedure Codes

99080 SPECIAL REPORTS

5/14/24, 1:50 PM

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 05/19/2023



**Electronically signed by Lashondria Simpson-Camp , MD on
05/19/2023 at 03:58 PM CDT
Sign off status: Completed**

**Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456**

Progress Note: Camp-Simpson, Lashondria, MD 05/19/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 04/29/2023



Heath, Stephen

56 Y old Male, DOB: 04/13/1967
Account Number: 172591
10035 Driftwood Dr, Houston, TX-77095
Home: 281-467-1852
Guarantor: Heath, Stephen Insurance: US DEPT OF LABOR HOU SPA
Appointment Facility: Accuhealth Houston Spa

04/29/2023

Camp-Simpson, Lashondria, MD

Past Medical History

Kidney stones.
Chronic sinusitis.
Hernia.
High Blood Pressure.
Asthma.

Surgical History

Hernia surgery

Family History

Mother: deceased
Father: alive 82 yrs
Siblings: alive
1 sister(s) - healthy. 1 son(s) , 1 daughter(s)
- healthy.
Mother passed from Dementia.

Social History

Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*

Review of Systems

Respiratory:
Denies Shortness of breath, *denies*.
Denies Shortness of breath at rest.
Denies Shortness of breath with exertion.

Cardiovascular:
Admits Chest pain. Denies Heart murmur, *denies*. Denies Irregular heartbeat, *denies*.

Denies Palpitations, *denies*.

Gastrointestinal:
Admits Abdominal pain. Denies Blood in stool.

Genitourinary:
Denies Blood in urine.

Reason for Appointment

1. CA-1

Assessments

1. Closed fracture of multiple ribs of left side, initial encounter - S22.42XA (Primary)
2. Contusion of left chest wall, initial encounter - S20.212A

Treatment

1. Closed fracture of multiple ribs of left side, initial encounter
Start HYDROcodone-Acetaminophen Tablet, 5-325 MG, 1 tablet as needed, Orally, every 6 hrs prn, 30 days, 30, Refills 0
Start Ibuprofen Tablet, 600 MG, 1 tablet with food or milk as needed, Orally, Three times a day prn, 30 days, 30, Refills 0

2. Others

Notes: 1. Continue home regimen. Goals of treatment are pain relief, improve function, improve Activities of Daily Living and and implementation of HEP.
2. Imaging: Chest x-ray to evaluate extent of injury done by the ER was reviewed with the patient and the diagnosis updated to reflect the findings.
3. DME: Incentive spirometry will be ordered and should be used 10 times per hour
4. Referral: none at this time
5. WORK STATUS: off work on COP, disability narrative completed
6. Follow-up in 3 weeks to assess pain
Patient is explained course of disease, treatment options discussed, and questions were answered.
PMP website verified and no abuse potential found
More than 45 minutes spent with the patient obtaining history, exam, reviewing records, developing narrative, and discussing plan of care.
Clinical Notes: Medical opinion/causation

In my professional medical opinion, Mr. Heath's rib fractures occurred as a direct result of the patient's job-related incident. Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells,

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 04/29/2023

showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

When Mr. Heath fell forward, all of his weight fell directly on his chest hitting the concrete floors. The direct force of the rib cage hitting concrete floors caused fracturing of the ribs on the left chest. The patient would benefit from ongoing treatment and evaluations to ensure proper recovery of rib fractures and to improve his functional status.

Follow Up

3 Weeks

History of Present Illness

Case Type::

Case Type: CA-1.

Case #: 550413655.

Case Status: under development.

FIRST VISIT::

4/29/2023.

DOI::

4/26/2023.

MECHANISM OF INJURY::

Mr Heath is a 56 yo male who has been employed by FBOP for almost 2 years as a Correctional Officer. He works Tuesday-Saturday from 3pm-11pm. His daily job duties include supervising the activities of inmate and performing regular headcounts, computer entry, walking up and down the stairs on concrete floors, doing rounds every 30 minutes, responding quickly to de-escalate confrontational situations and conducting regular searches in inmates cells, showers and recreation areas to find unauthorized items.

On 4/26/2023 Mr Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all of his weight fell directly on his chest. It knocked the wind out of him initially. He felt immediate pain in his chest but assumed he would be okay. He continued his shift that day. When he went home that night the pain intensified, and he put a heating pad on his left chest. He went to work the following day however at the end of his shift, the pain worsened. Through the night he had increased pain and difficulty breathing. Therefore, he went

Progress Note: Camp-Simpson, Lashondria, MD 04/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

HEATH, Stephen DOB: 04/13/1967 (56 yo M) Acc No. 172591 DOS: 04/29/2023

to Methodist ER where a chest x-ray was done, and he was diagnosed with left-sided rib fractures. He was given pain medications and was taken off work. Currently, the patient continues to have pain in the left and right chest which is worse at night. He also has difficulty with deep inspiration due to the pain. He has been taking pain medications to help relieve the pain.

CURRENT COMPLAINTS::

Pain on in the left chest 9/10 and the right side 2/10. Pain is worse at night and with deep inspiration.

Vital Signs

Wt **197.8 lbs**, BP **134/82 mm Hg**, HR **63 /min**, Wt-kg 89.72 kg.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

CHEST: rib tenderness, swelling on the left lower chest wall, no bruising.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no edema.

PERIPHERAL PULSES: normal.

Visit Codes

99215 Office Visit, Est Pt., Level 5.

Procedure Codes

99080 SPECIAL REPORTS

Electronically signed by Lashondria Simpson-Camp , MD on 05/05/2023 at 01:33 PM CDT

Sign off status: Completed

Accuhealth Houston Spa
1725 MAIN ST
STE 2
HOUSTON, TX 77002-8142
Tel: 713-485-5200
Fax: 972-238-0456

Progress Note: Camp-Simpson, Lashondria, MD 04/29/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Accuhealth Houston Spa

1725 MAIN ST STE 2
HOUSTON TX 77002-8142
Ph: 713-485-5200 Fax:972-238-0456

Tobacco Control

Name: Stephen Heath

Date: 05/02/2023

Are you a

- current smoker
- former smoker
- nonsmoker
- current every day smoker
- current some day smoker
- Smoker current status unknown
- unknown if ever smoked
- light tobacco smoker
- heavy tobacco smoker
- Uses tobacco in other forms

Additional Findings: Tobacco User

- Chain smoker
- Chews fine cut tobacco
- Chews loose leaf tobacco
- Chews plug tobacco
- Chews tobacco
- Chews twist tobacco
- Heavy cigarette smoker (20-39 cigs/day)
- Light cigarette smoker ((1-9 cigs/day)
- Moderate cigarette smoker (10-19 cigs/day)
- Pipe smoker
- Rolls own cigarettes
- Snuff user
- Trivial cigarette smoker (less than one cigarette/day)

- User of moist powdered tobacco
- Very heavy cigarette smoker (40+ cigs/day)

Additional Findings: Tobacco Non-User

- Aggressive non-smoker
- Current non-smoker
- Current non-smoker, but past smoking history unknown
- Does not use moist powdered tobacco
- Ex-cigar smoker
- Ex-cigarette smoker
- Ex-cigarette smoker amount unknown
- Ex-heavy cigarette smoker (20-30/day)
- Ex-light cigarette smoker (1-9/day)
- Ex-moderate cigarette smoker (10-19/day)
- Ex-pipe smoker
- Ex-trivial cigarette smoker (<1/day)
- Ex-user of moist powdered tobacco
- Ex-very heavy cigarette smoker (40+/day)
- Intolerant ex-smoker
- Intolerant non-smoker
- Never chewed tobacco
- Never used moist powdered tobacco
- Non-smoker for medical reasons
- Non-smoker for personal reasons
- Non-smoker for religious reasons
- Tolerant ex-smoker
- Tolerant non-smoker

Document Name: VitalsInfo2024/1/3_12:14:48:.63, Scanned Date: 01/03/2024

Notes: EMR Form

Vitals

Height : **Feet inches**

Weight : **pounds**

Blood Pressure : /

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: TV_ConsentForm_2024/1/3_12:14:49:.38, Scanned Date: 01/03/2024

Notes: EMR Form

5/14/24, 1:49 PM

TeleVisit Consent Form

Telemedicine Consent Form

By typing my name "I agree to Terms of Use" on the Accuhealth telemedicine portal, I understand and agree that I am signing this Consent and that (i) I have reviewed, understand and accept the risks and benefits of telemedicine services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

1. By using the Accuhealth telemedicine portal, I agree to receive telemedicine services.

Telemedicine involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my Accuhealth provider and I will be able to see and speak with each other from remote locations.

2. I understand and agree that:

- o I will not be in the same location or room as my medical provider.
- o My Accuhealth provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.
- o Potential benefits of telemedicine (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to my Accuhealth provider's office; (ii) more efficient medical evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.
- o Potential risks of telemedicine include: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Accuhealth responsible for lost information due to technological failures.
- o I further understand that my Accuhealth Provider's advice, recommendations, and/or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my Accuhealth provider relies on information provided by me before and during our telemedicine encounter and that I must provide information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.
- o I may discuss these risks and benefits with my Accuhealth provider and will be given an opportunity to ask questions about telemedicine services. I have the right to

5/14/24, 1:49 PM

withdraw this consent to telemedicine services or end the telemedicine session at any time without affecting my right to future treatment by Accuhealth.

- I understand that the level of care provided by my Accuhealth provider is to be the same level of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest Accuhealth clinic, hospital emergency department or other appropriate health care provider.

- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

Please talk to one of our office staff if you have any complaints or issues with telemedicine.

Patient Name : Heath,Stephen , DOB: 04/13/1967

I have read the consent form and the above information and I accept the conditions.

Consent Signed Date: 2024-01-03 12:14:49 CDT

Document Name: VitalsInfo2023/9/27_12:24:10:.52, Scanned Date: 09/27/2023

Notes: EMR Form

Vitals

Height : **Feet inches**

Weight : **pounds**

Blood Pressure : /

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: VitalsInfo2023/9/27_10:0:15:.72, Scanned Date: 09/27/2023

Notes: EMR Form

Vitals

Height : **Feet inches**

Weight : **pounds**

Blood Pressure : /

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: TV_ConsentForm_2023/9/27_10:0:16:.34, Scanned Date: 09/27/2023

Notes: EMR Form

5/14/24, 1:49 PM

TeleVisit Consent Form

Telemedicine Consent Form

By typing my name "I agree to Terms of Use" on the Accuhealth telemedicine portal, I understand and agree that I am signing this Consent and that (i) I have reviewed, understand and accept the risks and benefits of telemedicine services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

1. By using the Accuhealth telemedicine portal, I agree to receive telemedicine services.

Telemedicine involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my Accuhealth provider and I will be able to see and speak with each other from remote locations.

2. I understand and agree that:

- o I will not be in the same location or room as my medical provider.
- o My Accuhealth provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.
- o Potential benefits of telemedicine (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to my Accuhealth provider's office; (ii) more efficient medical evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.
- o Potential risks of telemedicine include: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Accuhealth responsible for lost information due to technological failures.
- o I further understand that my Accuhealth Provider's advice, recommendations, and/or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my Accuhealth provider relies on information provided by me before and during our telemedicine encounter and that I must provide information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.
- o I may discuss these risks and benefits with my Accuhealth provider and will be given an opportunity to ask questions about telemedicine services. I have the right to

5/14/24, 1:49 PM

withdraw this consent to telemedicine services or end the telemedicine session at any time without affecting my right to future treatment by Accuhealth.

- I understand that the level of care provided by my Accuhealth provider is to be the same level of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest Accuhealth clinic, hospital emergency department or other appropriate health care provider.

- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

Please talk to one of our office staff if you have any complaints or issues with telemedicine.

Patient Name : Heath,Stephen , DOB: 04/13/1967

I have read the consent form and the above information and I accept the conditions.

Consent Signed Date: 2023-09-27 10:00:16 CDT

Document Name: 2023-0726- Updated Medical Information Response, Scanned Date: 08/31/2023

Notes:

Request for Medical Information

Employee Name: Stephen Heath

1. We are in receipt of documentation dated June 30, 2023. You noted that treated for the apparent uncomplicated rib fracture includes referral to orthopedics and a pulmonologist, and the date of a healing plateau/maximum medical improvement could not be determined.

a. Please provide medical justification for the prolonged healing time for the apparent uncomplicated rib fractures:
Patient still having discomfort and having difficulty breathing. Patient last xray done on 5/25/2023 showed: Linear Subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib. Dr. Berliner is requesting a CT Scan of the chest.

Waiting on CT Scan result. Sending referral to pulmonologist as of today 7/26/23 to Flu & CT Scan results —
M Harris NP

b. Provide medical justification for the referral to orthopedics and pulmonology for the apparent uncomplicated rib fractures:

Because of the patient difficult breathing and multiple ribs fractures

2. Mr. Heath is a BOP law enforcement officer whose full duty work requires the ability to perform the enclosed 14 Physical Requirements and self defense movements; reviewing the essential functions of LEO's, specify Mr. Heath's current work restrictions:

CA-17 Attached

By signing below, I acknowledge that I have read the "14 Physical Requirements of Law Enforcement Positions in the BOP" and the "Self-Defense Movements" documents and understand that both documents are considered essential job duties for the individual named above.

M Harris NP
M Harris NP

Signature

updated 7/26/23
7-14-2023

Date

Maresah Harris AGACNP-BC/ Lashondria Camp, MD 972 238-1976 ext 5419

Name/ Professional Degree/Specialty Telephone Number

IF THE PERSON SIGNING ABOVE IS NOT A LICENSED INDEPENDENT PRACTITIONER, THEN CO-SIGNATURE BY A SUPERVISING PHYSICIAN IS REQUIRED.

Signature Date

Name/ Professional Degree/Specialty Telephone Number

Document Name: 2023-0630-Request for Medical Inf, Scanned Date: 08/31/2023

Notes:

Request for Medical Information

Employee Name: Heath Stephen

If handwriting, PLEASE WRITE LEGIBLY. A separate letter is acceptable when providing responses to the questions if printed on your letterhead with your signature and date.

1. Diagnosis(es)	Date Diagnosed
a. Closed fracture of multiple ribs of left side, initial encounter	4/26/23
b. Contusion of left chest wall, initial encounter	4/26/23
c.	
d.	

2. Treatment Plan:

1. Continue home regimen. Goals of treatment are pain relief, improve function, improve Activities of daily living and implementation.

2. Chest x-ray (5/25/23) reviewed with patient on 6/14/23. Linear subsegmental atelectasis within the left lower lobe, minimally displaced fx of the left lateral 7th rib

3. Incentive spirometry will be ordered and should be used 10 times per hour

4. Consult with ortho/pulmonologist for rib fracture

3. Date when the medical condition is considered static or well-stabilized (healing plateau/maximal medical improvement) i.e., the medical condition is not likely to significantly improve as a consequence of the natural progression of the condition:

Undetermined at this time

4. Is this individual expected to experience sudden or subtle incapacitation due to the condition(s)? Yes No

a. If 'Yes' Please provide further details of the circumstances when this may occur:

20230328

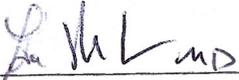
5. List recommended duty restrictions and/or limitations, if any:

a. If restrictions and/or limitations are recommended, are they permanent? YES NO

i. If 'No' Please provide date when they are estimated to end:

Undetermined at this time

By signing below, I acknowledge that I have read the "14 Physical Requirements of Law Enforcement Positions in the BOP" and the "Self-Defense Movements" documents and understand that both documents are considered essential job duties for the individual named above.

 MD
Signature

6/30/23
Date

General Surgeon
Name/ Professional Degree/Specialty Telephone Number 972 238-1976 ext 5419

IF THE PERSON SIGNING ABOVE IS NOT A LICENSED INDEPENDENT PRACTITIONER, THEN CO-SIGNATURE BY A SUPERVISING PHYSICIAN IS REQUIRED.

Signature

Date

Name/ Professional Degree/Specialty Telephone Number

20230328

Document Name: 2023-08-30_171113, Scanned Date: 08/31/2023

Notes:

Duty Status Report

U.S. Department of Labor
 Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046
 Expires: 05/31/2024
 OWCP File Number
 (If known)
 550413655

SIDE A - Supervisor: Complete this side and refer to physician

SIDE B - Physician: Complete this side

1. Employee's Name (Last, first, middle)
 Heath Stephen

2. Date of Injury (Month, day, yr.)
 04/26/2023

3. Social Security Number

4. Occupation
 Correctional Officer

5. Describe How the Injury Occurred and State Parts of the Body Affected
 chest injury

6. The Employee Works
 Hours Per Day 8 Days Per Week 5

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? Yes No (If not, describe)

9. Description of Clinical Findings
 Multiple Fractures of Ribs, Left side, Int for clos Fx, Contusion of left front wall of thorax, Initial Encounter

10. Diagnosis(es) Due to Injury
 S22.42XA, S20.212A

11. Other Disabling Conditions

12. Employee Advised to Resume Work?
 Yes, Date Advised No

13. Employee Able to Perform Regular Work Described on Side A?
 Yes, If so Full-Time or Part-Time _____ Hrs Per Day
 No, If not, complete below:

Activity	Continuous		Intermittent		Hrs Per Day	
	#lbs.	#lbs.	#lbs.	#lbs.	Continuous	Intermittent
a. Lifting/Carrying: State Max Wt.					0	0
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>			0	0
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>			0	0
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>			0	0
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>			0	0
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>			0	0
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>			0	0
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>			0	0
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>			0	0
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>			0	0
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>			0	0
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>			0	0
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>			0	0
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>			0	0
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F		0	0
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>			0	0
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>			0	0
r. Fumes/Dust (Identify)	<input type="checkbox"/>	<input type="checkbox"/>			0	0
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>			0	0

t. Other (Describe)

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)
 Yes No (Describe)

15. Date of Examination 08/30/2023 16. Date of Next Appointment 09/27/2023

17. Specialty
 General Surgeon

18. Tax Identification Number
 824827893

19. Physician's Signature
[Signature]

20. Date 08/30/2023 CA-17 (Rev. 08-14)

Document Name: 2023-0726- Amended CA17, Scanned Date: 08/31/2023

Notes:

Duty Status Report

Amended 7/26/2023

U.S. Department of Labor
 Office of Workers' Compensation Programs



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OMB No. 1240-0046
 Expires: 05/31/2024
 OWCP File Number
 (If known)
 550413655

SIDE A - Supervisor: Complete this side and refer to physician

SIDE B - Physician: Complete this side

1. Employee's Name (Last, first, middle)
 Heath Stephen

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? Yes No (If not, describe)

2. Date of Injury (Month, day, yr.) 04/26/2023
 3. Social Security Number

4. Occupation Correctional Officer

9. Description of Clinical Findings
 Multiple Fractures of Ribs, Left side, Int for clos Fx, Contusion of left front wall of thorax.
 Initial Encounter

5. Describe How the Injury Occurred and State Parts of the Body Affected
 chest injury

10. Diagnosis(es) Due to Injury S22.42XA, S20.212A
 11. Other Disabling Conditions

6. The Employee Works
 Hours Per Day 8 Days Per Week 5

12. Employee Advised to Resume Work?
 Yes, Date Advised No

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

13. Employee Able to Perform Regular Work Described on Side A?
 Yes, if so Full-Time or Part-Time _____ Hrs Per Day
 No, if not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent	
	#lbs.	#lbs.		#lbs.	#lbs.		
a. Lifting/Carrying: State Max Wt.			Hrs Per Day				0 Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>		0 range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
r. Fumes/Dust (identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>		0 dBA Hrs Per Day

t. Other (Describe)

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)
 Yes No (Describe)

15. Date of Examination 07/26/23 16. Date of Next Appointment 08/30/2023

17. Specialty General Surgeon 18. Tax Identification Number 824827893

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19. Physician's Signature [Signature] 20. Date 07/26/23 CA-17 (Rev. 08-14)

Document Name: 2023-0713-CA17, Scanned Date: 08/31/2023

Notes:

Duty Status Report

U.S. Department of Labor Office of Workers' Compensation Programs



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OMB No. 1240-0046
 Expires: 05/31/2024

OWCP File Number
 (If known)
 550413655

SIDE A - Supervisor: Complete this side and refer to physician

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 Heath Stephen

2. Date of Injury (Month, day, yr.) 04/26/2023

3. Social Security Number

4. Occupation Correctional Officer

5. Describe How the Injury Occurred and State Parts of the Body Affected
 chest injury

6. The Employee Works
 Hours Per Day 8 Days Per Week 5

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 S22.42XA, S20.212A

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 Yes, Date Advised No

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c. Standing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 range in degrees F
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
r. Fumes/Dust (Identify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 dBA Hrs Per Day
t. Other (Describe)							

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)
 Yes No (Describe)

15. Date of Examination 07/13/2023 16. Date of Next Appointment 08/10/2023

17. Specialty
 General Surgeon

18. Tax Identification Number
 824827893

19. Physician's Signature

20. Date 07/13/2023 CA-17 (Rev. 08-14)

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Document Name: VitalsInfo2023/8/30_9:48:2:.18, Scanned Date: 08/30/2023

Notes: EMR Form

Vitals

Height : Feet inches

Weight : pounds

Blood Pressure : /

Temperature : F

Respiratory Rate : Breaths per minute

Pulse Rate : Beats per minute

Document Name: 2023-0828- Patel Paresh (pulmonology), Scanned Date: 08/30/2023

Notes:

Heath, Stephen

MRN: 106407406

Office Visit 8/28/2023

Lone Star Lung & Sleep Clinic

Provider: Patel, Paresh Dhirajlal, MD (Pulmonology)

Primary diagnosis: Abnormal chest x-ray

Reason for Visit: Breathing Problem; Referred by Catague, Belmund Ray Ypulong

Progress Notes

Patel, Paresh Dhirajlal, MD (Physician) • Pulmonology



LONE STAR LUNG & SLEEP CLINIC
Paresh D. Patel, MD

PULMONARY & SLEEP MEDICINE CONSULT_NEW

Belmund Ray Ypulong Catague

Referred by Self No care team member to display

Reason for visit or referral: abn CXR

*HPI: **Patient ID:** Stephen Heath is a 56 y.o. male.

-*08/28/23: Who came here as new patient for eval of atelectasis lower lobe and fall related L side rib fracture. This fall happened at work, when slipped over concrete deck and had water body on top it. He has hx of asthma, on Singulair and Mometasone. He had COVID 8/12, got prednisone and now finishing off. SEEN His CT Chest 7/2023 and showed to pt,

Patient currently has symptoms no wheezing , but feels something changed after L rib fracture. Feels not able to take deep breathe and lung not able expand well.

NO Wheezing:, Mild Chest Pressure at L rib fx area; no Heaviness:, no Chest Pain:

- Seen by Pulmonary /Sleep Med MD in past: at VA

- NO Chronic Cough: but cough related to covid, dry cough, no Associated Fever or Chills now, had 100.7 tem during COVID.

- Smoking History:no; Active Smoking: No; Passive Smoking: no

- Toxic Metals /Chemicals/Enviornmental Exposure at work? Retired coast guard

- GERD Symptoms: yes

- Uncontrolled Allergies: yes;

- Pulmonary Function Test in past: yes at VA, last month*

Sleep Hx: Snoring: yes

Insomnia no

On CPAP currently

--

HE HAD CT Chest done 8/10/23: noted report

A nodule is noted within the right lung measures 0.5 cm and is indeterminate and stable

since the prior study. Close continued follow-up is recommended.

The heart is normal in size. There is no hilar adenopathy.

A nonspecific left supraclavicular lymph node is noted (series 17 image 6) and measures 1.1 x 0.5 cm. The thyroid gland is normal.

Abdomen and pelvis: There is diffuse hepatic steatosis. The mass in the right liver (series 17 image 156) measures 2.5 x 1.5 cm and may represent a hemangioma.

Body mass index is 27.4 kg/m².

ROS 12 point is negative except listed above.-----

HOME MEDS:

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• azithromycin (Zithromax Z-Pak) 250 MG tablet	Take 2 tablets (500 mg total) by mouth daily for 1 day, THEN 1 tablet (250 mg total) daily for 4 days. (Patient not taking: Reported on 8/28/2023)	6 tablet	0
• brompheniramine-pseudoeph-DM 2-30-10 mg/5 mL syrup	Take 5 mL by mouth (four) times a day as needed for cough for up to 10 days. (Patient not taking: Reported on 8/28/2023)	4 473 mL	0
• methylPREDNISolone (Medrol, Pak,) 4 mg tablet	follow package directions	21 tablet	0
• losartan-hydrochlorothiazide (HYZAAR) 50-12.5 mg per tablet	Take 1 tablet by mouth daily.		
• simethicone (MYLICON) 80 MG chewable tablet	Chew 1 tablet (80 mg total) every 6 (six) hours as needed for flatulence.		
• olodateroL 2.5 mcg/actuation mist	Inhale 5 mcg daily.		
• mometasone 200 mcg/actuation HFA aerosol inhaler	Inhale 400 mcg 2 (two) times a day.		
• albuterol (PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed.		
• loratadine (CLARITIN) 10 mg tablet	Take 1 tablet (10 mg total) by mouth daily.		
• montelukast (SINGULAIR) 10 mg tablet	Take 1 tablet (10 mg total) by mouth nightly.		
• omeprazole (PriLOSEC) 20 MG capsule	Take 1 capsule (20 mg total) by mouth daily as needed.		

No current facility-administered medications on file prior to visit.

ALLERGIES: Iodine and iodide containing products and Fluticasone

Heath, Stephen (MRN 106407406) DOB: 04/13/1967

Encounter Date: 08/28/2023

Past Medical History:

Diagnosis	Date
• Allergic rhinitis	
• Asthma	
• CPAP (continuous positive airway pressure) dependence	
• Depression	
• Hypertension	
• IBS (irritable bowel syndrome)	
• Kidney stones multiple	
• Sleep apnea	
• Upper airway cough syndrome	08/08/2018

Past Surgical History:

Procedure	Laterality	Date
• DILATION, STRICTURE, URETHRA, USING URETHRAL SOUND <i>Procedure: DILATION, STRICTURE, URETHRA, USING URETHRAL SOUND; Surgeon: Farnum, Jeffrey Allen, MD; Location: HMWB OR; Service: Urology;;</i>		12/19/2022
• INGUINAL HERNIA REPAIR <i>with mesh</i>	Left	2011
• KIDNEY STONE SURGERY <i>multiple</i>		
• ORTHOPEDIC SURGERY <i>Forearm surgery fracture</i>	Left	
• REPAIR, HERNIA, VENTRAL OR INCISIONAL, LAPAROSCOPIC <i>Procedure: LAPAROSCOPIC VENTRAL HERNIA REPAIR WITH MESH; Surgeon: Worley, Todd Anthony, MD; Location: HMWB OR; Service: General; Laterality: N/A;</i>	N/A	12/29/2022
• SINUS SURGERY		
• TONSILLECTOMY		

Family History

Problem	Relation	Age of Onset
• Dementia	Mother	
• Nephrolithiasis	Sister	

FHx of Lung Disease (Asthma or Pulmonary Fibrosis or VTE):

Social History

Socioeconomic History

• Marital status:	Married
• Spouse name:	Kathleen Heath
• Number of children:	Not on file
• Years of education:	Not on file
• Highest education level:	Not on file

Occupational History

• Occupation:	corrections officer
---------------	---------------------

Tobacco Use

• Smoking status:	Never
• Smokeless tobacco:	Never

Vaping Use

• Vaping Use:	Never used
---------------	------------

Substance and Sexual Activity

• Alcohol use:	Yes
----------------	-----

Comment: very rare

- Drug use: Never
- Sexual activity: Defer
- Partners: Female

Other Topics Concern

- Not on file

Social History Narrative

Apprentice Electrician and works 12 hours - wants to go into customs and border protection; He is usually outside for 12 hours.

He is married to Kathleen.

Social Determinants of Health

Food Insecurity: Not on file
Transportation Needs: Not on file
Physical Activity: Not on file
Stress: Not on file
Social Connections: Not on file

OBJECTIVE:

Objective

PHYSICAL EXAM:

BP 143/91 | Pulse 74 | Temp 98.1 °F | Ht 6' | Wt 91.6 kg (202 lb) | SpO2 93% | BMI 27.40 kg/m²

Physical Exam

Constitutional:

Appearance: Normal appearance. He is overweight.

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Comments: **Mp stage 4**

Eyes:

General:

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

No friction rub.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No stridor. No wheezing.

Abdominal:

Palpations: Abdomen is soft. There is no mass.

Hernia: No hernia is present.

Musculoskeletal:

General: No swelling. Normal range of motion.

Cervical back: Normal range of motion and neck supple. No rigidity.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

ASSESSMENT/ PLAN:

Abnormal chest x-ray_pulm nodule 5 mm

*8/28/23: - pt had rib fracture and atelectasis post fall at work / possibly LLL contusion--> NO mention of atelectasis or contusion on recent CT Chest 8/10/23 at MD Anderson--> CLEARED FROM US regarding fall, lung contusion and atelectasis but follow MD anderson and follow pulm at VA 9/2023.

- Clear for work from pulm stand point, regarding fall and rib fracture--> can optimize Asthma and monitor post covid worsening if any

- NOT ABLE TO SAY if he is able to go back to work regarding pulmonary, this imaging done 4/2023, --> THERE Is no rpt CT Chest to say if lungs are healed or not. No need to do imaging if symptoms are mild in setting of hx of asthma and recent COVID.

- Happy to do rpt CT Chest , and PFTS if pt needs it as I can clear him for going back to work

Closed fracture of multiple ribs of left side with routine healing_ 4/26/23

*8/28/23: - in 4/2023,

- will monitor

RECENT COVID

08/28/23: monitor, neg test, given steroids

- has pulm appt at VA 9/23

Mild persistent asthma without complication

*8/28/23: Was on Advair in past, now on mometasone and singulair only

- PFTs recently at VA, will see VA pulm 9/6/23,

History Contusion of left lung_4/2023

08/28/23:

NO mention of atelectasis or contusion on recent CT Chest 8/10/23 at MD Anderson-->

CLEARED FROM US regarding fall, lung contusion and atelectasis but follow MD anderson and follow pulm at VA 9/2023.

- Clear for work from pulm stand point, regarding fall and rib fracture--> can optimize Asthma and monitor post covid worsening if any

PLAN:

- *08/28/23: no need for any work paperwork, cleared for work

Sleep: - *08/28/23: OSA Diagnosed already: ---> cont PAP
- ESS , STOP-BANG

Diagnosis	Plan
1. Abnormal chest x-ray	
2. Dyspnea, unspecified type	Ambulatory referral to Pulmonology
3. Closed fracture of one rib of left side, initial encounter	Ambulatory referral to Pulmonology
4. Moderate persistent asthma without complication	Ambulatory referral to Pulmonology
5. Closed fracture of multiple ribs of left side with routine healing_ 4/26/23	
6. Mild persistent asthma without complication	
7. Contusion of left lung, sequela	

No orders of the defined types were placed in this encounter.

- Recommend Return if symptoms worsen or fail to improve, for Follow up..

Thank you for allowing us to participate in this patient's care, please call for any questions or comment on above patient management.

Electronically Signed By:
Paresh Dhirajlal Patel, MD
Paresh D. Patel, MD, FCCP
Board certified in Pulmonary, Critical Care & Sleep Medicine
Lone Star Lung & Sleep Clinic
13325 Hargrave Rd, Suite 265, Houston, TX- 77070
Ph: 281-870-4567; Fx: 281-870-4884
www.LungSleepClinic.com
Copy to: Belmund Ray Ypulong Catague

Other Notes

All notes

 Progress Notes from Henry, Cindy, MA

Instructions

 Return if symptoms worsen or fail to improve, for Follow up.

- Inhaler instructions:

- Each inhalers are different, Ellipta, HFA, Handihaler each has their own instructions, so please review specific information available with Rx/ inhaler packet. Typical instructions are as follow: - Shake inhaler if it is HFA (Symbicort, Albuterol, Advair HFA), don't shake if it is Ellipta or discus device (Advair discus, Breo, Trelegy, Incruse, Arnuity or Anoro).
- Exhale completely before initiating first puff from inhaler, initiate long deep breath (3-6 second) to activate inhaler, then try to hold breath for 10-15 seconds and then exhale. Trelegy, Anoro, Breo, Arnuity only has 1 puff daily but Some inhalers has 2 puff same time, if that is the

case then wait 30-60 sec before 2nd puff or inhalation. 2 puff are typically needed for Symbicort, Proair, Qvar, Pulmicort, Stiolto, Dulera inhalers etc.

- Rinse mouth after any inhaled steroids (Breo, Advair, Wixela, Symbicort, Dulera, Asmanex, Qvar, Arnuity, Flovent, Trelegy, Pulmicort etc...)
- Some patients benefits from using spacer, that devices helps when using inhalers. If desired, please ask for spacers to be prescribed.
- We can always consider to change inhalers to one that are covered /preferred formulary. Of note, inhalers like albuterol HFA (Proair, Ventolin) and Wixela (similar to Breo, Advair, Symbicort, Dulera) are generic and cost effective.

HM AMB AVS MASTER (Automatic SnapShot taken 8/28/2023)

Additional Documentation

Vitals: BP 143/91 Pulse 74 Temp 98.1 °F Ht 6' Wt 91.6 kg (202 lb) SpO2 93% BMI 27.40 kg/m²
BSA 2.16 m²

Flowsheets: Vital Signs, Data

Communications

 Provider Notes sent to Belmund Ray Ypulong Catague, MD

Media

From this encounter

- CONNECT - Consent Form - Scan on 8/28/2023 12:51 PM; LSLC- PT Communication 2023
- CONNECT - Outside Medical Record - Scan on 8/28/2023 12:51 PM; LSLC- ESS 2023
- CONNECT - Billing Document - Electronic signature on 8/27/2023 9:47 PM - E-signed

Orders Performed

Ambulatory referral to Pulmonology Closed

Medication Changes

As of 8/28/2023 12:50 PM

None

Medication List at End of Visit

As of 8/28/2023 12:50 PM

	Refills	Start Date	End Date
albuterol (PROAIR HFA,PROVENTIL HFA,VENTOLIN HFA) 90 mcg/actuation inhaler Inhale 2 puffs every 6 (six) hours as needed. - inhalation Patient-reported medication		9/4/2014	

	Refills	Start Date	End Date
azithromycin (Zithromax Z-Pak) 250 MG tablet Take 2 tablets (500 mg total) by mouth daily for 1 day, THEN 1 tablet (250 mg total) daily for 4 days. - oral Patient not taking: Reported on 8/28/2023	0	8/24/2023	8/29/2023
brompheniramine-pseudoeph-DM 2-30-10 mg/5 mL syrup Take 5 mL by mouth 4 (four) times a day as needed for cough for up to 10 days. - oral Patient not taking: Reported on 8/28/2023	0	8/24/2023	9/3/2023
loratadine (CLARITIN) 10 mg tablet Take 1 tablet (10 mg total) by mouth daily. - oral Patient-reported medication			
losartan-hydrochlorothiazide (HYZAAR) 50-12.5 mg per tablet Take 1 tablet by mouth daily. - oral		8/8/2023	
methylPREDNISolone (Medrol, Pak,) 4 mg tablet follow package directions	0	8/24/2023	8/30/2023
mometasone 200 mcg/actuation HFA aerosol inhaler Inhale 400 mcg 2 (two) times a day. - inhalation Patient-reported medication			
montelukast (SINGULAIR) 10 mg tablet Take 1 tablet (10 mg total) by mouth nightly. - oral Patient-reported medication		5/5/2016	
olodateroL 2.5 mcg/actuation mist Inhale 5 mcg daily. - inhalation Patient-reported medication			
omeprazole (PriLOSEC) 20 MG capsule Take 1 capsule (20 mg total) by mouth daily as needed. - oral Patient-reported medication			
simethicone (MYLICON) 80 MG chewable tablet Chew 1 tablet (80 mg total) every 6 (six) hours as needed for flatulence. - oral Patient-reported medication			

Visit Diagnoses

- Primary: **Abnormal chest x-ray** R93.89
- Dyspnea, unspecified type R06.00
- Closed fracture of one rib of left side, initial encounter S22.32XA
- Moderate persistent asthma without complication J45.40
- Closed fracture of multiple ribs of left side with routine healing_ 4/26/23 S22.42XD
- Mild persistent asthma without complication J45.30
- Contusion of left lung, sequela S27.321S

Document Name: 2023-0825-Berliner FU, Scanned Date: 08/30/2023

Notes:



Visit Note - August 25, 2023

PMS ID: Sex: DOB: Phone: MRN:
104361PAT000004455 Male 04/13/1967 (281) 467-1852 MM0000004701

Alerts

Allergy to shellfish/iodine.
No allergy to latex and no allergy to metal.

Medications

cyclobenzaprine 10 mg Oral - tablet
hydrocodone-acetaminophen 5-325 mg Oral - tablet
ibuprofen 600 mg Oral - tablet
losartan-hydrochlorothiazide 50-12.5 mg Oral - tablet

Medical History

Asthma
H/O: hypertension

Musculoskeletal History

Fracture of bone: left wrist

Musculoskeletal Family History

None

Musculoskeletal Surgery

Other: 2013 left wrist surgery

Surgical History

Other: 2016, 2020 kidney stone surgery
2011 hernia surgery
2022 belly hernia surgery

Social History

EtOH less than 1 drink per day: once in a while
Occupation: unit officer
Smoking status - Never smoker

Chief Complaint: F/U Fracture, Rib, Closed, One Rib evaluated on July 13, 2023

HPI: This is a 56 year old male who is following up for a left fractured rib. Since he was seen on July 13, 2023, he underwent a CT Chest at MMRI on 07/19/2023. He is scheduled to start work training on 09/12/2023 which he is concerned about due to his sharp pain. His rib pain has gotten better but still gets sharp pains with leaning towards the left and with quick turns which he rates his pain level a 6/10. He gets a dull and pressure pain with deep breaths.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/25/23 10:42	Berliner, Kenneth MD	128/81 SIT	82						0	0
	FiO2									

* Patient Reported

Exam:

Sternum and Ribs

Sternum/Ribs Inspection: **rib tenderness, left rib cage**

Data Reviewed:

1 Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported) (CT Interpretation Chest)

Tests

CT Interpretation Chest

CT: CT Chest without contrast
Date: 07/19/2023
CT of the chest was obtained, demonstrating the following findings: Fracture of left 7th, 8th, 9th ribs. Fracture line still visible, but it appears to be healing

Impression/Plan:

- Fracture, Rib, Closed, One Rib**
Fracture of one rib, left side, initial encounter for closed fracture (S22.32XA)

Plan: Counseling - Rib Fx.

Patient Specific Counseling: I have viewed the CT images. Although the fracture can still be seen, it is common that x-ray images lag behind clinical healing. Clinically, he still has some pain and tenderness, but not what it was. My recommendation is that he gradually increase his activities. He is not cleared for strenuous activities, but he should resume light, high rep and aerobic exercises. After 4-6 more weeks, he should be able to resume strenuous activities. Take Vit D, Vit C and calcium supplementation.

Physical Therapy : Physical therapy may be an important part of your recovery from this injury. Your therapist will instruct you regarding movements and exercises that are safe to perform during the recovery period.

Diagnostic Imaging Results

I reviewed and discussed the results of the X-Ray(s) with the patient.



Visit Note - August 25, 2023

HEATH, STEPHEN

PMS ID: Sex: DOB: Phone: MRN:
104361PAT000004455 Male 04/13/1967 (281) 467-1852 MM0000004701

Plan: Reassurance.

No further orthopedic care needed. Return to treating doctor for the remainder of care.

Staff:

Kenneth G Berliner, MD (Primary Provider) (Bill Under)

Patient Referrals:

SIMPSON-CAMP, LASHONDRIA - Referring Provider

Electronically Signed By: Kenneth G Berliner, MD, 08/25/2023 11:07 AM CDT

Document Name: 2023-0713-Berliner IOV, Scanned Date: 08/30/2023

Notes:



Visit Note - July 13, 2023

PMS ID: Sex: DOB: Phone: MRN:
104361PAT000004455 Male 04/13/1967 (281) 467-1852 MM0000004701

Alerts

Allergy to shellfish/iodine.
No allergy to latex and no allergy to metal.

Medications

cyclobenzaprine 10 mg Oral - tablet
hydrocodone-acetaminophen 5-325 mg Oral - tablet
ibuprofen 600 mg Oral - tablet
losartan-hydrochlorothiazide 50-12.5 mg Oral - tablet

Medical History

Asthma
H/O: hypertension

Musculoskeletal History

Fracture of bone: left wrist

Musculoskeletal Family History

None

Musculoskeletal Surgery

Other: 2013 left wrist surgery

Surgical History

Other: 2016, 2020 kidney stone surgery
2011 hernia surgery
2022 belly hernia surgery

Social History

EtOH less than 1 drink per day: once in a while
Occupation: unit officer
Smoking status - Never smoker

ROS

Provider reviewed on Jul 13, 2023.

A focused review of systems was performed including Cardiovascular, Constitutional / Symptom, Endocrine, ENT and Mouth, Eyes, Gastrointestinal (G.I.), Genitourinary (G.U.), Hematologic / Lymphatic, Integumentary, Musculoskeletal, Neurological, and Psychiatric and was notable for anxiety and depression.

No Visits To Doctor For Similar Complaint Prior To Current Onset, No Numbness, No

Chief Complaint: Left Sided Rib Pain

HPI: This is a 56 year old male who is being seen for a chief complaint of left-sided rib pain.

This occurred in the context of an injury at work on 04/26/2023 where the patient was on duty as a unit officer and was supervising inmates while they were mopping. As he was walking forward he turned in a different direction and his feet slipped out under him and fell forward and landed on his chest. He was able to stand up, but he felt pain immediate pain in his chest. He thought his pain was from soreness and the next morning on 04/27/2023, as he planned to go to work his pain increased and he was having difficulty in getting in his car. At the end of his shift, he went to Methodist ER - Cypress where he underwent X-ray Ribs and was discharged the same day with a diagnosis of left fractured ribs and a prescription for Hydrocodone and Acetaminophen.

His left rib pain continued and he was having trouble breathing and was not able to lay on his back. He underwent an evaluation on 04/29/2023, at AccuHealth by LaShondria Camp, which disable him from work from 04/28/2023- 05/19/2023. He attended a follow-up visit on 05/19/2023 and they set an appointment with MMRI to undergo X-rays on 05/25/2023. He attended follow-up appointments on 06/14/2023 and 07/13/2023 which they have not released him to work.

He continues to have left-side rib pain. He has times when he feels okay but with certain things or movements his sharp pain returns. He still has difficulty in breathing and is here for an orthopedic evaluation.

His left rib pain level is a 4/10 and increases to an 8/10 with activity. He gets a thin sharp pain with deep breathing. His left rib, burning pain radiates to the anterior area of his chest. He is now able to lie on his back with little pain. He avoids leaning on his left and twisting due to pain.

PMH: The patient has not had any prior injury or accident in his left rib.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
07/13/23 09:59	Berliner, Kenneth MD	155/101 SIT	74				72.0 cm	205.0 lbs	179. 4	1.1
	FiO2									

* Patient Reported

Exam:

Sternum and Ribs

Sternum/Ribs Inspection: **rib tenderness, left rib cage**

Data Reviewed:

1 Ordering of each unique test (Order CT)

Impression/Plan:

1. Fracture, Rib, Closed, One Rib
Fracture of one rib, left side, initial encounter for closed fracture (S22.32XA) located on the left seventh rib.

Plan: Counseling - Rib Fx.
Nonoperative treatment is utilized in the majority of cases. Adequate analgesia is important so that



Visit Note - July 13, 2023

HEATH, STEPHEN

PMS ID: Sex: DOB: Phone: MRN:
104361PAT000004455 Male 04/13/1967 (281) 467-1852 MM0000004701

Tingling, No Fever (temp > 100.4 °f), And No Incontinence.

breathing is comfortable. Icing, NSAIDS, acetaminophen, or narcotics may be helpful for alleviating pain. Deep breathing may be recommended with a spirometer to mobilize and remove lung mucus. In serious cases a regional nerve block may be administered to improve comfort. If multiple ribs are fractured and there is respiratory compromise, surgery may be needed to stabilize the chest wall. Mechanical ventilation may also be necessary. Adjacent organ damage is addressed based on specific injury type.

Physical Therapy : Physical therapy may be an important part of your recovery from this injury. Your therapist will instruct you regarding movements and exercises that are safe to perform during the recovery period.

Diagnostic Imaging Results

I reviewed and discussed the results of the X-Ray(s) with the patient.

Plan: Order DME - Spine.

Indication: Fracture, Rib, Closed, One Rib - S22.32XA

Spine DME Rx: rib belt

The patient is instructed to use the orthosis for as many hours per day as needed. I recommend continued use of the orthosis until next follow up.

Provider: Kenneth G Berliner, MD

Priority: normal

Plan: Order CT.

Protocol: LEFT SEVENTH RIB

CT without contrast

Other Protocol: CT scan of chest

Indication: Fracture, Rib, Closed, One Rib - left seventh rib - S22.32XA

Provider: Kenneth G Berliner, MD

Perform at: Memorial MRI

Address: Work: (713) 461-3399

Fax: (713) 461-1969

Priority: normal

Staff:

Kenneth G Berliner, MD (Primary Provider) (Bill Under)

Guadalupe Merino

After consultation with Kenneth Berliner, my impression and/or order is as follows:

Fracture, Rib, Closed, One Rib: located on the left seventh rib.

Plan: Counseling - Rib Fx, Order DME - Spine, and Order CT.

Electronically Signed By: Gabriel Salazar, PA-C, 07/13/2023 11:23 AM CDT

Document Name: 2023-0713- Berliner Orders, Scanned Date: 08/30/2023

Notes:



Orders - July 13, 2023

HEATH, STEPHEN
 EMA ID: 33944308

PMS ID: Sex: DOB: Phone: MRN:
 104361PAT000004455 Male 04/13/1967 (281) 467-1852 MM0000004701

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME HEATH		FIRST NAME STEPHEN		LAST NAME Bureau of Prisons		FIRST NAME Federal	
SSN	DATE OF BIRTH 04/13/1967	SEX Male	MRN MM0000004701	RELATIONSHIP TO PATIENT Employer			
STREET ADDRESS 10035 DRIFTWOOD DR				STREET ADDRESS 701 N SAN JACINTO ST			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY HOUSTON		STATE TX	ZIP CODE 77095	CITY HOUSTON		STATE TX	ZIP CODE 77002
HOME PHONE	CELL PHONE 2814671852	EMPLOYER NAME		HOME PHONE	WORK PHONE 7137555000		
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME		RELATIONSHIP Employer		SUB. DOB		COMPANY NAME US Dept of Labor	GRP/CONTRACT # 550413655
STREET ADDRESS PO BOX 8300				STREET ADDRESS CONTD.			
CITY LONDON		STATE KY	ZIP CODE 407428300	EMPLOYER NAME FEDERAL BUREAU OF PRISONS			

DIAGNOSES

Diagnosis	ICD Code	Description
1	S22.32XA	Fracture of one rib, left side, initial encounter for closed fracture

Order CT

Protocol: LEFT SEVENTH RIB
 CT without contrast

Other Protocol: CT scan of chest

Indication: Fracture, Rib, Closed, One Rib - left seventh rib - S22.32XA

Provider: Kenneth G Berliner, MD
 Perform at: Memorial MRI
 Address: Work: (713) 461-3399
 Fax: (713) 461-1969

Priority: normal

Electronically Signed By: Kenneth G Berliner, MD, 07/13/2023 11:22 AM CDT

Kenneth G Berliner, MD (Primary Provider) (Bill Under)
 (713) 936-5735 Work
 NPI: 1881683603

Lone Star Orthopedics - Main Campus
 Texas Orthopedic and Spinal Institute
 4710 Katy Freeway
 Houston, TX 77007-2204



Orders - July 13, 2023

HEATH, STEPHEN

EMA ID: 33944308

PMS ID: Sex: DOB: Phone: MRN:
 104361PAT000004455 Male 04/13/1967 (281) 467-1852 MM0000004701

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME HEATH		FIRST NAME STEPHEN		LAST NAME Bureau of Prisons		FIRST NAME Federal	
SSN	DATE OF BIRTH 04/13/1967	SEX Male	MRN MM0000004701	RELATIONSHIP TO PATIENT Employer			
STREET ADDRESS 10035 DRIFTWOOD DR				STREET ADDRESS 701 N SAN JACINTO ST			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY HOUSTON		STATE TX	ZIP CODE 77095	CITY HOUSTON		STATE TX	ZIP CODE 77002
HOME PHONE	CELL PHONE 2814671852	EMPLOYER NAME		HOME PHONE	WORK PHONE 7137555000		
PRIMARY BILLING / INSURANCE INFORMATION							
SUBSCRIBER NAME		RELATIONSHIP Employer		SUB DOB		COMPANY NAME US Dept of Labor	
STREET ADDRESS PO BOX 8300		STREET ADDRESS CONTD.		GRP/CONTRACT #		MEMBER ID # 550413655	
CITY LONDON		STATE KY	ZIP CODE 407428300	EMPLOYER NAME FEDERAL BUREAU OF PRISONS			
DIAGNOSES							
Diagnosis	ICD Code	Description					
1	S22.32XA	Fracture of one rib, left side, initial encounter for closed fracture					
Order DME - Spine							
Indication: Fracture, Rib, Closed, One Rib - S22.32XA Spine DME Rx: rib belt The patient is instructed to use the orthosis for as many hours per day as needed. I recommend continued use of the orthosis until next follow up. Provider: Kenneth G Berliner, MD Priority: normal							

Electronically Signed By: Kenneth G Berliner, MD, 07/13/2023 11:22 AM CDT

Kenneth G Berliner, MD (Primary Provider) (Bill Under)
 (713) 936-5735 Work
 NPI: 1881683803

Lone Star Orthopedics - Main Campus
 Texas Orthopedic and Spinal Institute
 4710 Katy Freeway
 Houston, TX 77007-2204

Page 2

Document Name: TV_ConsentForm_2023/8/30_9:48:2:.02, Scanned Date: 08/30/2023

Notes: EMR Form

5/14/24, 1:49 PM

TeleVisit Consent Form

Telemedicine Consent Form

By typing my name "I agree to Terms of Use" on the Accuhealth telemedicine portal, I understand and agree that I am signing this Consent and that (i) I have reviewed, understand and accept the risks and benefits of telemedicine services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

1. By using the Accuhealth telemedicine portal, I agree to receive telemedicine services.

Telemedicine involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my Accuhealth provider and I will be able to see and speak with each other from remote locations.

2. I understand and agree that:

- o I will not be in the same location or room as my medical provider.
- o My Accuhealth provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.
- o Potential benefits of telemedicine (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to my Accuhealth provider's office; (ii) more efficient medical evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.
- o Potential risks of telemedicine include: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Accuhealth responsible for lost information due to technological failures.
- o I further understand that my Accuhealth Provider's advice, recommendations, and/or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my Accuhealth provider relies on information provided by me before and during our telemedicine encounter and that I must provide information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.
- o I may discuss these risks and benefits with my Accuhealth provider and will be given an opportunity to ask questions about telemedicine services. I have the right to

5/14/24, 1:49 PM

withdraw this consent to telemedicine services or end the telemedicine session at any time without affecting my right to future treatment by Accuhealth.

- I understand that the level of care provided by my Accuhealth provider is to be the same level of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest Accuhealth clinic, hospital emergency department or other appropriate health care provider.

- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

Please talk to one of our office staff if you have any complaints or issues with telemedicine.

Patient Name : Heath,Stephen , DOB: 04/13/1967

I have read the consent form and the above information and I accept the conditions.

Consent Signed Date: 2023-08-30 09:48:02 CDT

Document Name: BOP Authorization Disclosure of Info 27June2023, Scanned Date: 06/30/2023

Notes:

BP-A1025
JAN 22
U.S. DEPARTMENT OF JUSTICE

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

CDFRM

FEDERAL BUREAU OF PRISONS

COMPLETE ALL SECTIONS, SIGN AND DATE

I. Pursuant To The Privacy Act of 1974, 5 U.S.C. 552a (b), 29 CFR 1910.1020, and 42 CFR Part 2,
I, STEPHEN E. HEATH, JR. hereby voluntarily authorize the disclosure of information from my health record.
(Name of Patient)

To be disclosed by:	And is to be provided to:
Name of Facility/Provider: ACCUHEALTH	Name of Facility/Provider: FDC HOUSTON, HR DEPT.
Address: 1725 MAIN ST.	Address: 1200 TEXAS AVE.
City/State: HOUSTON, TX 77002	City/State: HOUSTON TX 77002
Phone: 972 238-1976 Fax: 972 238-0496	Phone: 713 221-5400 Fax: 713 229-4247

II. Purpose or need for the disclosure:

Family Medical Leave Fitness for Duty Reasonable Accommodation Sick Leave

Other: _____ Other: _____

III. Information to be released: specify extent and nature of information to be disclosed for each purpose or need indicated, and SPECIFY inclusive dates: 04 29 2023 to PRESENT

Complete Record (any and all) Emergency Room visit Laboratory report Radiology report

Other: _____

IV. Privacy Act Statement. Information released is to be treated in accordance with the Federal Privacy Act of 1974. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$ 5,000 (5 U.S.C 552a(i)(3)); in the case of substance use disorder (alcohol and drug abuse) patient records, a falsified authorization for disclosure is prohibited under 42 CFR 2.31 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.

I understand that authorizing the disclosure of this health information is voluntary and not a condition of treatment. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

This authorization will automatically expire **1 year** from the date of the signature.

V. Subject Individual's Name: STEPHEN E HEATH, JR.
(including prior names)

VI. Date of Birth: 04 13 1967 VII. Phone Number: 281 467-1852

VIII. Signature of Patient: [Signature] IX. Date: 27 June 2023

Document Name: Heath Packet, Scanned Date: 06/30/2023

Notes:



**U.S. Department of Justice
Federal Bureau of Prisons**

June 21, 2023

Stephen Heath
FDC Houston
1200 Texas Avenue

Dear Stephen Heath,

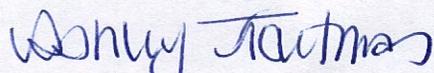
The Human Resources department has become aware of a medical condition that may affect your ability to safely perform your duties at FDC Houston.

Since April 27, 2023, you have been unable to return to work. Based on the available information, we are requesting clarification regarding the condition(s) related to the recent and/or current restrictions/limitations to further assess your ability to safely perform your essential duties and physical requirements.

Please take this letter to your medical provider(s) to assist the agency with this assessment. A response is requested within 14 days. While submission of the requested medical information is voluntary, an Agency ordered examination may be scheduled to obtain necessary medical information with regards to your ability to safely perform your essential duties and physical requirements.

Should you have any questions, please feel free to contact me at **713-221-5400, extension 2606.**

Sincerely,


Ashley Troutman
Human Resource Specialist

20230328



**U.S. Department of Justice
Federal Bureau of Prisons**

June 21, 2023

Dear Healthcare Provider,

This letter is in reference to Stephen Heath. The Agency has become aware of a medical condition that may affect their ability to perform their essential duties and/or physical requirements at FDC Houston.

Stephen Heath is employed as a Senior Officer Specialist with our agency. All positions located in FDC Houston are hazardous duty law enforcement officer positions that require individuals to be physically/mentally able and qualified to perform correctional work safely and successfully.

Incumbents of these positions must be alert at all times and able to recognize and respond effectively to emergencies. Inability to respond to an emergency may jeopardize the security of the institution and the safety of staff and inmates.

Since April 27, 2023, Stephen Heath has been unable to return to work with the following restrictions: Unknown.

Based on the available information, we are requesting clarification regarding the condition(s) related to the recent and/or current restrictions/limitations to further assess their ability to perform their essential duties and/or physical requirements and to ensure a safe working environment. A response to the "Request for Medical Information" is requested **within 14 days of receipt of this notification (Due date: July 05, 2023)**.

In order to assist you in providing clarifying information, a position description has been attached. This position description is general in nature and may not be all inclusive of the types of duties a Senior Officer Specialist may be required to perform. We have also included the "14 Physical Requirements" that ALL individuals in BOP law enforcement positions must be able to perform on an on-going basis.

The information provided will be treated confidentially and will be reviewed only for the purpose of making administrative decisions about their ability to perform the full range of duties as a correctional worker.

20230328

If the individual's physical activities are limited, and terms such as "prolonged," "extended," or "limited" are used to impose specific physical restrictions like standing, sitting, walking, driving, climbing, or bending, then **please** identify time frames that, if exceeded, could be physically damaging to their health (e.g., prolonged standing exceeding two hours is not advised). Also, if non-physical activities limit their ability to perform the duties of their position, please also indicate this in your report and provide as much specificity on any such limitations.

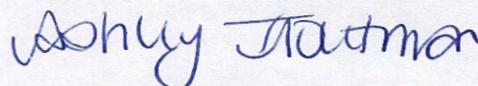
The intent of this letter is not to authorize any treatment, tests, or diagnosis, but to obtain information currently available.

You may provide your response via the employee or FAX your written response to this letter directly to the following secure fax at FDC Houston.

Secure fax: 713-229-4247

The agency recognizes your time is valuable, and your assistance is appreciated. Should you have any questions, please feel free to contact me at 713-221-5400, extension 2606.

Sincerely,



Ashley Troutman
Human Resource Specialist

Enclosures: Position Description

14 Physical Requirements for Law Enforcement Positions
Self Defense Movements
Authorization for Release of Information
Request for Medical Information

20230328

POSITION DESCRIPTION

Correctional Officer (Senior Officer Specialist) GS-0007-08

INTRODUCTION

Incumbent is a member of the Correctional Services Department at a Bureau of Prisons (BOP) federal correctional facility. Serves as a Senior Officer Specialist and performs the full range of duties and responsibilities for detention, correctional supervision, protection, control and accountability of inmates. The Senior Officer Specialist regularly performs a variety of assignments.

MAJOR DUTIES AND RESPONSIBILITIES

Provides supervision, care and correctional treatment of inmates and guidance to lower-graded Correctional Officers. Incumbent is concerned with maintenance of institution security contributing to the health and welfare of the inmates and the promotion of good public relations.

As an employee in a federal correctional facility, the incumbent is subject to arduous, adverse and stressful working conditions and environments.

The incumbent is required to conduct searches of inmates, as well as inmate work and living areas, for contraband. The incumbent is responsible for immediately responding to institution emergencies.

Enforces rules and regulations governing facility security, inmate accountability and inmate conduct to ensure judicial sanctions are carried out and inmates remain in custody.

The incumbent must be prepared and trained to use physical control in situations where necessary, such as inmate fights, assaults on staff, major disturbances, or escape attempts. From time to time, the incumbent may be required to carry firearms, maintain control of inmates, and use force to include deadly force.

Is subject to being in such hostile or life-threatening situations as major disturbances, assaults and escape attempts. Exercises sound judgment in making instantaneous decisions affecting life,

well-being, civil liberties, and property which cannot be reviewed prior to implementation, and which may subject the decision-maker to legal liabilities, including personal sanctions.

Must successfully complete specialized training in firearms proficiency, self-defense, management of medical emergencies, safety management, interpersonal communication skills, and agency's mandatory training.

Must adhere to high standards of personal conduct both on and off the job and is subject to sanctions for misconduct. During institution emergencies or other periods of heavy workload or limited staff, may be required to work long and irregular hours, unusual shifts, Sundays, holidays and unexpected overtime.

Information as to operations and procedures is provided by post orders, BOP program statements, local supplements, custody manual, internal correspondence and staff meetings. Incumbent must be flexible and have a broad knowledge base to use own initiative in the resolution of problematic situations.

NATURE OF ASSIGNMENT

Supervises and instructs inmates regarding proper sanitation, personal hygiene and work habits. Has individual responsibility for the custody and control of inmates who require special handling, and for performance of other duties which are critical to security or public relations.

Must maintain the control and discipline of inmates in such areas as the chapel, housing units, special housing units, recreation areas, dining room, etc.

May be assigned to those areas requiring the maximum skill and expertise in dealing with inmates, the public, and the security of the institution.

Certified staff may be tasked with escorting inmates to various cities or states for court appearances, bedside visits, funerals, etc. On occasion, may be assigned to transport inmates on a BOP bus.

Incumbent has the authority to enforce criminal statutes and/or judicial sanctions, including investigative, arrest and/or detention authority on institution property. When necessary, incumbent also has the authority to carry firearms and exercise

appropriate force to establish and/or maintain control over individuals. When conditions warrant, the employee may enter into hostile or life threatening situations and may be required to make decisions affecting the life, well-being, civil liberties, and/or property of others. The actions of the incumbent could result in personal sanctions and legal liability.

Supervises and instructs inmates in the proper use and care of tools and equipment. Maintains strict control over hazardous tools, locks, keys, and other items that could be used to effect an escape or cause injury to staff and/or inmates.

Possesses a thorough knowledge of BOP regulations to enforce security measures and protect life and property. Work within a prison environment requires a special ability for alertness requiring keen mental and physical effort. Must be aware of group or individual tensions, alert to unpredictable behavior, and generally sensitive to signs of trouble which could result in injury and reports any abnormal behavior or attitudes to the correctional supervisors or other higher authorities.

Initiates and participates in the searching of inmates, inmate housing units or inmate work areas to prevent the introduction of contraband.

Skill in the identification of narcotics and narcotic paraphernalia.

Knowledge and ability to apply counseling and guidance skills and techniques in order to effectively influence the attitudes, behavior and work habits of inmates.

Prepares written reports such as incident reports, minor work orders, memos of involvement in specific incidents, and accident or injury reports.

Supervises inmate movement and maintains control of assigned areas of responsibility within the institution.

Maintains a working knowledge of radio and other electronic equipment used.

Supervises inmates in living quarters and instructs them in proper housekeeping and sanitation.

Remains constantly alert and reports observations regarding inmate identification, attitudes, behavior and association to higher authorities to prevent possible incidents.

Works in multiple posts which vary in complexity. Must have the knowledge and skills to perform duties on posts such as; Front and Rear entrances, Control Center, Visiting Room, and Special Housing Units. Required to respond promptly to any emergency situation such as escape, adverse weather, riots, major disturbances, etc. He/she is expected to keep abreast of institution and BOP procedures and be familiar with the physical layout of the institution.

LEVEL OF RESPONSIBILITY

Works under the immediate supervision of a Lieutenant from whom he/she receives oral and written instructions. May also receive direction and guidance from the Captain, Associate Warden(s), and other supervisors. Receives specific training in preparation for increased responsibilities. Work is reviewed by means of evaluation of written reports, oral reports, and infrequent observation of certain details by supervisors.

Provides orientation and guidance to lower-grade officers in the performance of their duties. Incumbent of this position is an example for other officers in his/her professional bearing, uniform and demeanor.

Provides counsel and understanding to lower-grade staff and works in close harmony with other departments in achieving common goals.

May be required to help conduct training sessions as a means to effectively instruct other officers in the proper performance of duties.

Possesses initiative, sound judgment, a positive approach and the ability to make on-the-spot decisions.

Has comprehensive working knowledge of the principles and techniques of penology to effectively advise and counsel inmates regarding domestic, institutional, emotional, and adjustment problems. Due to experience in working a variety of posts, incumbent recognizes unusual or abnormal situations and acts according to policies, procedures and directives. Must be able to work with all types of inmates, including those with emotional disorders and disruptive patterns, in an effective, firm and fair manner.

Incumbent may be assigned duties as acting Correctional Supervisor.

The work performed is within a federal prison and the incumbent is subject to possible hostage and assault situations. The duties of this position require frequent direct contact with individuals in confinement who are suspected or convicted of offenses against the criminal laws of the United States. Daily stress and exposure to potentially dangerous situations such as physical attack are an inherent part of this position; consequently, it has been designated as a law enforcement position. Accordingly, the incumbent is covered under the special retirement provisions for law enforcement officers contained in Chapters 83 and 84 of Title 5, United States Code.

Revised 02/11/21

SPA020

14 Physical Requirement of Law Enforcement Positions in the BOP

Incumbents of positions in correctional institutions are considered law enforcement officers. The following is a consolidated list of physical and medical requirements that must be met (PS 3906.24 and PS 3330 section 7).

- Be alert and able to recognize and respond effectively to emergencies at all times
 - Be mentally and emotionally stable based on history and physical examination
 - Be free of active skin and pulmonary diseases that could be spread by routine means
- 1) Walking for up to one hour;
 - 2) Standing for up to one hour;
 - 3) Seeing a human figure at a distance of one-fourth of a mile;
 - 4) Seeing a target at a distance of 250 yards; (visual acuity of at least 20/30 in one eye)
 - 5) Hearing and detecting movements;
 - 6) Hearing commands and radio broadcasts; (with or without a hearing aid, in at least one ear measured by normal findings in the decibel [*sic*] ranges of 500, 1000, and 2000 [Hz])
 - 7) Ability to use various firearms, including pistols, rifles and shotguns;
 - 8) Ability to perform self-defense movements; (refer to attached examples)
 - 9) Running an extended distance; (run at least ¼ mile)
 - 10) Dragging a body an extended distance; (drag 75 pounds 694 ft)
 - 11) Carrying a stretcher with one other person;
 - 12) Ability to smell smoke and drugs;
 - 13) Climbing stairs; (3 flights up and down)
 - 14) Lifting objects weighing 25 pounds

Self-Defense Movements

Self Defense Moves Against the following attacks:

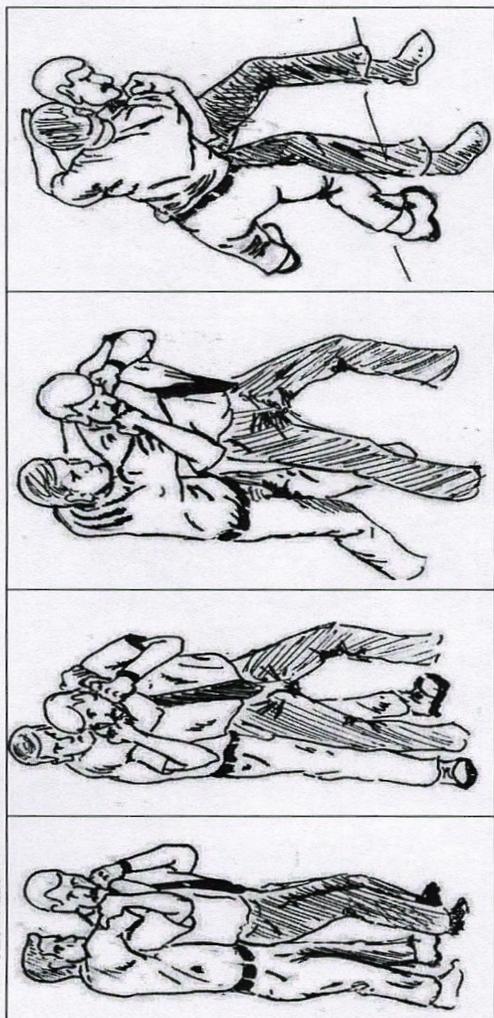
- Choke Hold: Front, Rear/Close, Extended Rear
- Head Lock
- Reverse Wrist Twist
- Wrist Grab: Single, Double
- Overhead Attack with Weapon
- Lapel Grab
- Palm-Heel Strike
- Rear Bear Hug

Would require:

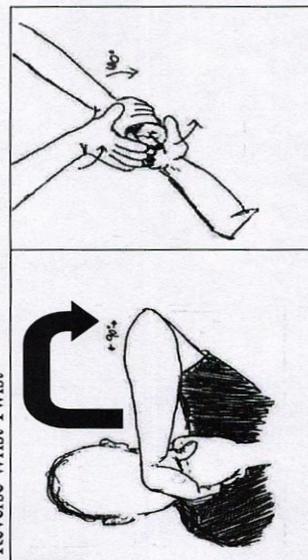
- Over-head reach by Upper Extremity in all planes bilaterally
- Abduction and Adduction of Upper Extremity at Shoulder bilaterally
- Supination of Wrist
- Flexion of Forearm, Arm, Wrist, Back, Hip, Knee, Ankle
- Extension of Forearm, Arm, Wrist, Back, Hip, Knee, Ankle
- Pivoting on Lower Extremity
- Twisting of Back and Hip
- Squatting
- Kneeling
- Fall onto Back/Side from Standing position

All moves are to be performed against resistance

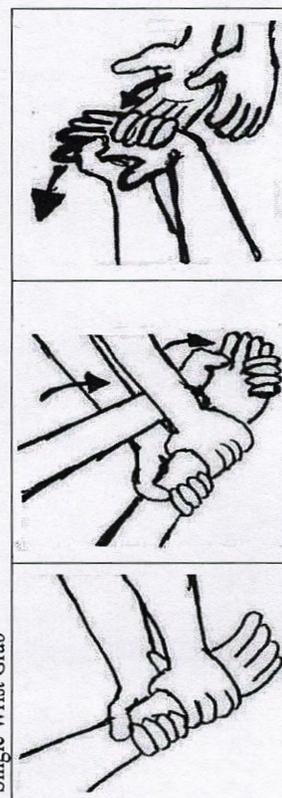
Rear Choke Hold



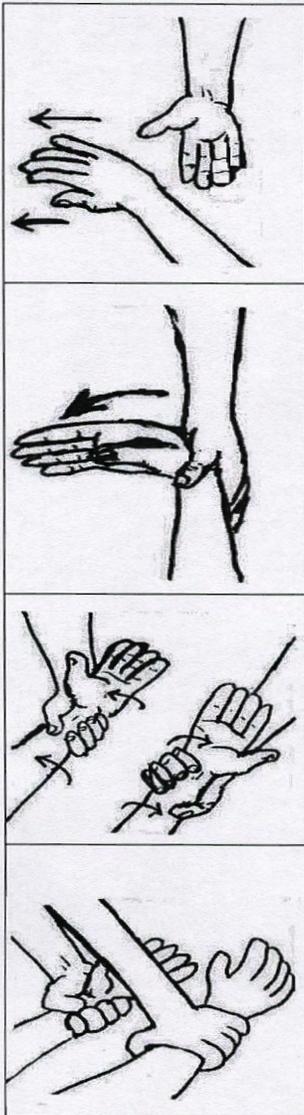
Reverse Wrist Twist



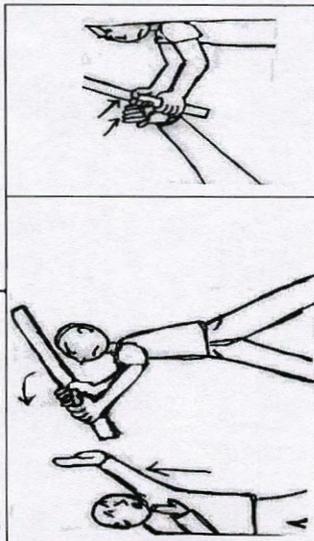
Single Wrist Grab



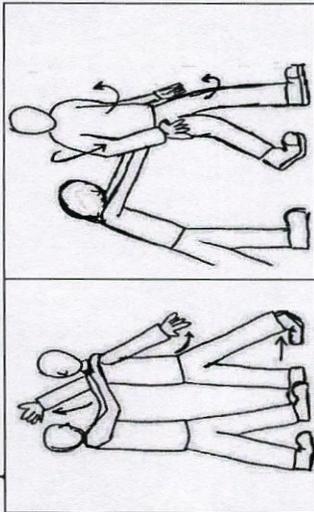
Double Wrist Grab



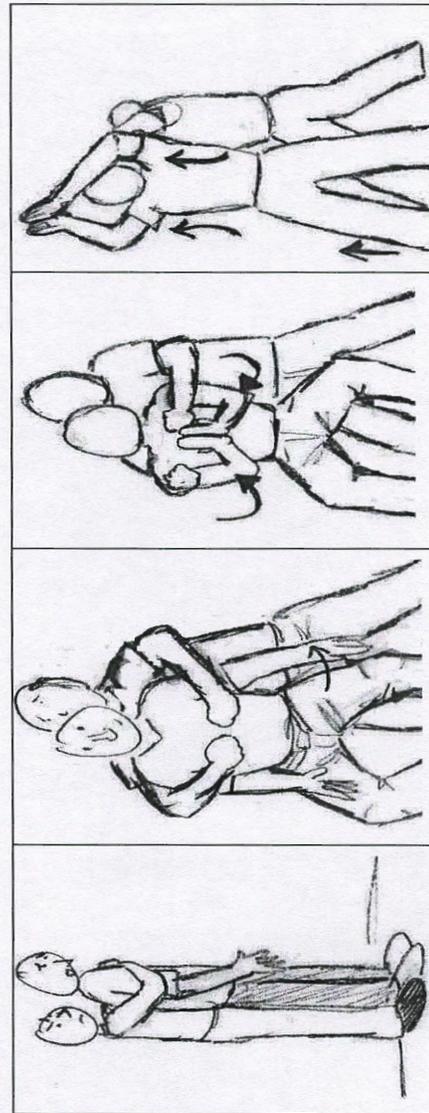
Overhead Attack with Weapon



Lapel Grab/ Front Choke Hold



Rear Bear Hug



BP-A1025
JAN 22

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

COMPLETE ALL SECTIONS, SIGN AND DATE

I. Pursuant To The Privacy Act of 1974, 5 U.S.C. 552a (b), 29 CFR 1910.1020, and 42 CFR Part 2,
I, _____, hereby voluntarily authorize the disclosure of information from my
health record. (Name of Patient)

To be disclosed by: Name of Facility/Provider: _____ Address: _____ City/State: _____ Phone: _____ Fax: _____	And is to be provided to: Name of Facility/Provider: _____ Address: _____ City/State: _____ Phone: _____ Fax: _____
---	---

II. **Purpose or need for the disclosure:**
 Family Medical Leave Fitness for Duty Reasonable Accommodation Sick Leave
 Other: _____ Other: _____

III. **Information to be released:** specify extent and nature of information to be disclosed for each purpose or need indicated, and **SPECIFY** inclusive dates: _____ to _____
 Complete Record (any and all) Emergency Room visit Laboratory report Radiology report
 Other: _____

IV. **Privacy Act Statement.** Information released is to be treated in accordance with the Federal Privacy Act of 1974. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$ 5,000 (5 U.S.C 552a(i)(3)); in the case of substance use disorder (alcohol and drug abuse) patient records, a falsified authorization for disclosure is prohibited under 42 CFR 2.31 and is punishable by a fine of not more than \$500 for a first offense or a fine of not more than \$5,000 for a subsequent offense, in accordance with 42 CFR 2.4.
I understand that authorizing the disclosure of this health information is voluntary and not a condition of treatment. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records. I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.
This authorization will automatically **expire 1 year** from the date of the signature.

V. **Subject Individual's Name:** _____
(including prior names)

VI. **Date of Birth:** _____ VII. **Phone Number:** _____

VIII. **Signature of Patient:** _____ IX. **Date:** _____

CLEAR

Request for Medical Information

Employee Name: _____

If handwriting, PLEASE WRITE LEGIBLY. A separate letter is acceptable when providing responses to the questions if printed on your letterhead with your signature and date.

1. Diagnosis(es)	Date Diagnosed
a.	
b.	
c.	
d.	

2. Treatment Plan:

3. Date when the medical condition is considered static or well-stabilized (healing plateau/maximal medical improvement) i.e., the medical condition is not likely to significantly improve as a consequence of the natural progression of the condition:

4. Is this individual expected to experience sudden or subtle incapacitation due to the condition(s)? _____ Yes _____ No

a. If 'Yes' Please provide further details of the circumstances when this may occur:

20230328

5. List recommended duty restrictions and/or limitations, if any:

a. If restrictions and/or limitations are recommended, are they permanent? YES NO

i. If 'No' Please provide date when they are estimated to end:

By signing below, I acknowledge that I have read the "14 Physical Requirements of Law Enforcement Positions in the BOP" and the "Self-Defense Movements" documents and understand that both documents are considered essential job duties for the individual named above.

Signature

Date

Name/ Professional Degree/Specialty Telephone Number

IF THE PERSON SIGNING ABOVE IS NOT A LICENSED INDEPENDENT PRACTITIONER, THEN CO-SIGNATURE BY A SUPERVISING PHYSICIAN IS REQUIRED.

Signature

Date

Name/ Professional Degree/Specialty Telephone Number

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Document Name: 2023-0614-CA17, Scanned Date: 06/30/2023

Notes:

Duty Status Report

U.S. Department of Labor
 Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046
 Expires: 05/31/2024

OWCP File Number
 (If known)
 550413655

SIDE A - Supervisor: Complete this side and refer to physician

1. Employee's Name (Last, first, middle)
 Heath Stephen

2. Date of Injury (Month, day, yr.) 04/26/2023

3. Social Security Number

4. Occupation Correctional Officer

5. Describe How the Injury Occurred and State Parts of the Body Affected
 chest injury

6. The Employee Works
 Hours Per Day 8 Days Per Week 5

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

SIDE B - Physician: Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? Yes No (If not, describe)

9. Description of Clinical Findings
 Multiple Fractures of Ribs, Left Side, Int for clos Fx, Contusion of left front wall of thorax, Initial Encounter

10. Diagnosis(es) Due to Injury
 S22.42XA, S20.212A

11. Other Disabling Conditions

12. Employee Advised to Resume Work?
 Yes, Date Advised No

13. Employee Able to Perform Regular Work Described on Side A?
 Yes, if so Full-Time or Part-Time _____ Hrs Per Day
 No, If not, complete below:

Activity	Continuous		Intermittent	Intermittent		Hrs Per Day
	#lbs.	#lbs.		#lbs.	#lbs.	
a. Lifting/Carrying: State Max Wt.						0 Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	_____ range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>	0 _____ range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
r. Fumes/Dust (Identify)	<input type="checkbox"/>	<input type="checkbox"/>	Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	0 Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>	dBA Hrs Per Day	<input type="checkbox"/>	<input type="checkbox"/>	0 dBA Hrs Per Day
t. Other (Describe)						

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)
 Yes No (Describe)

15. Date of Examination 06/14/2023

16. Date of Next Appointment 07/13/2023

17. Specialty
 General Surgeon

18. Tax Identification Number
 824827893

19. Physician Signature

20. Date 06/14/2023

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

CA-17 (Rev. 08-14)

Document Name: TV_ConsentForm_2023/6/21_23:7:59:.05, Scanned Date: 06/21/2023

Notes: EMR Form

5/14/24, 1:49 PM

TeleVisit Consent Form

Telemedicine Consent Form

By typing my name "I agree to Terms of Use" on the Accuhealth telemedicine portal, I understand and agree that I am signing this Consent and that (i) I have reviewed, understand and accept the risks and benefits of telemedicine services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

1. By using the Accuhealth telemedicine portal, I agree to receive telemedicine services.

Telemedicine involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my Accuhealth provider and I will be able to see and speak with each other from remote locations.

2. I understand and agree that:

- o I will not be in the same location or room as my medical provider.
- o My Accuhealth provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.
- o Potential benefits of telemedicine (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to my Accuhealth provider's office; (ii) more efficient medical evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.
- o Potential risks of telemedicine include: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Accuhealth responsible for lost information due to technological failures.
- o I further understand that my Accuhealth Provider's advice, recommendations, and/or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my Accuhealth provider relies on information provided by me before and during our telemedicine encounter and that I must provide information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.
- o I may discuss these risks and benefits with my Accuhealth provider and will be given an opportunity to ask questions about telemedicine services. I have the right to

5/14/24, 1:49 PM

withdraw this consent to telemedicine services or end the telemedicine session at any time without affecting my right to future treatment by Accuhealth.

- I understand that the level of care provided by my Accuhealth provider is to be the same level of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest Accuhealth clinic, hospital emergency department or other appropriate health care provider.

- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

Please talk to one of our office staff if you have any complaints or issues with telemedicine.

Patient Name : Heath,Stephen , DOB: 04/13/1967

I have read the consent form and the above information and I accept the conditions.

Consent Signed Date: 2023-06-21 23:08:00 CDT

Document Name: VitalsInfo2023/6/14_11:36:2:.58, Scanned Date: 06/14/2023

Notes: EMR Form

Vitals

Height : **6 Feet inches**

Weight : **200 pounds**

Blood Pressure : **/**

Temperature : **F**

Respiratory Rate : **Breaths per minute**

Pulse Rate : **Beats per minute**

Document Name: 2023-0525-Chest, Scanned Date: 06/14/2023

Notes:



Phone: (713) 461-3399
Fax: (713) 461-1969

Patient ID: MMD1527322000
Patient Name: Heath, Stephen
DOB: 13-Apr-1967
Modality: DX

Exam Date: 25-May-2023 11:45 AM
Accession #: 4792637
Referred By: Lashondria Renee Camp
Location: XR_1241

XR Chest 3V

INDICATION: Fall, evaluate for left-sided rib fracture

TECHNIQUE: PA and lateral radiographs of the chest.

COMPARISONS: None

FINDINGS:

The cardiomedial silhouette is within normal limits. There is linear subsegmental atelectasis within the left lower lobe. The lungs are otherwise clear without focal consolidation, pleural effusion or pulmonary edema.

There is a minimally displaced fracture of the left lateral seventh rib.

IMPRESSION:

Linear subsegmental atelectasis within the left lower lobe. Otherwise no findings for an acute cardiopulmonary process.

Minimally displaced fracture of the left lateral seventh rib.

Electronically Signed by: Michael Davis, , on 25-May-2023 12:15 PM

Thank you for the opportunity to assist in your patient's care.

page 1 of 1

Document Name: 2023-0516- Approval, Scanned Date: 06/07/2023

Notes:

May 16, 2023

May 16, 2023

May 16, 2023

File Number: 550413655
CA-1008 SFC-D-ACC

U.S. DEPARTMENT OF LABOR

DFELHWC-FECA, PO Box 8311
LONDON, KY 40742-8311
Phone: (202) 513-6860

Want Faster Service?
Upload a document at ecomp.dol.gov

May 16, 2023

Date of Injury: 04/26/2023
Employee: STEPHEN E. HEATH

STEPHEN E HEATH
10035 DRIFTWOOD PARK DR
HOUSTON, TX 77095

Dear STEPHEN HEATH:

When your claim was received, it appeared to be a minor injury that resulted in minimal or no lost time from work. These cases are administratively handled to allow for payment of a limited amount of medical expenses. The merits of the claim, however, had not been formally considered.

Your claim has now been reopened for consideration because we have received an indication that you have not returned to work in a full-time capacity; therefore, we are now formally adjudicating your claim.

This is to notify you that your claim for a traumatic injury on 04/26/2023 has been accepted for the following condition(s):

<u>Diagnosed condition(s)</u>	<u>ICD-10 code(s)</u>
MULTIPLE FRACTURES OF RIBS, LEFT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE	S2242XA
CONTUSION OF LEFT FRONT WALL OF THORAX, INITIAL ENCOUNTER	S20212A

Please advise all medical providers who are treating you for this injury of the accepted ICD-10 code(s). Accurate coding facilitates timely bill processing.

If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

If your injury results in lost time from work, you may be eligible to receive continuation of pay (COP) until you recover or return to light duty, up to a maximum of 45 calendar days. If wage loss continues after your entitlement to COP expires, you may claim compensation using Form CA-7.

The evidence in your case file at this time indicates that you may not have returned to work in a full-time capacity. OWCP is not a retirement program and our primary goals are your medical recovery



If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.

Document Name: 2023-0426- Incident report, Scanned Date: 05/25/2023

Notes:

OSHA's Form 301 Injury and Illness Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____
Date _____

Information about the employee

- 1) Full name Stephen E Heath
- 2) Street 10035 Driftwood Park Dr
City Houston State TX ZIP 77095
- 3) Date of birth 04/13/1967
- 4) Date hired 05/09/2021
- 5) Male Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional (First, Middle, Last)

- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP 000

- 8) Was employee treated in an emergency room?
 Yes No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes No

Information about the case

- 10) Case number from the Log 16319667 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 04/26/2023
- 12) Time employee began work 02:45 AM PM
- 13) Time of event 08:40 AM PM Check if time cannot be determined
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Walking in Common Area of Unit (4 West).
- 15) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

I slipped and fell onto the wet mopped floor, landing on my chest.
- 16) What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

I slipped and fell onto the wet mopped floor, landing on my chest.
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Concrete floor.
- 18) If the employee died, when did death occur? Date of death

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Document Name: 2023-0428-Patient Pledge, Scanned Date: 05/25/2023

Notes:

Accuhealth

Injury & Wellness

Patient Pledge

Provider: This form must be completed for all patients.

Patient: You acknowledge that your physician, _____, has prescribed certain controlled substances, or other treatments or therapies, as further described below. Your physician has recommended this course of treatment based on his/her professional medical judgment. Patient compliance with physician recommendations is a key element of a successful relationship and positive outcomes, and lack of compliance is a frequent cause why prescribed therapies fail. By entering into this agreement, you agree to the following:

- You will, to the best of your ability, take all prescribed medications in the dosage and frequency as ordered by your physician.
- You will, to the best of your ability, follow your physician's instructions as to all other recommended therapies or treatments (whether at home or with another provider/facility).
- You will notify your physician as soon as possible regarding any side effect or injury you experience related to the prescribed treatments or therapies.

If you fail to meet the expectations of this pledge, your physician may refer you to another professional to seek treatment.

Prescribed controlled substances, therapies or other treatments: _____



Signature of Patient

STEPHEN E HEATH

Type or Print Name of Patient

Date: 28 APRIL 2023

Signature of Parent or Guardian (if applicable)

Type or Print Name of Parent or Guardian
(if applicable)

Document Name: 2023-0428-Records Request, Scanned Date: 05/25/2023

Notes:



RECORDS REQUEST

Date: 28 APRIL 2023
TO: METHODIST (HOUSTON) EMERGENCY CARE CENTER
ADDRESS: ~~CYPRESS~~ 27560 US 290 FRONTAGE
CITY: CYPRESS ST: TX ZIP: 77433-4090
PHONE NO: (281) 737-2424 FAX NO: _____

RE: MEDICAL RECORDS

PATIENT: STEPHEN E HEATH
ADDRESS: 10035 DRIFTWOOD PARK DR. HOUSTON TX 77095
SSN: 231 90 4590
DATE OF BIRTH: 13 APRIL 1967

PURPOSE OF DISCLOSURE: EVALUATION AND TREATMENT

I HEREBY AUTHORIZE THE RELEASE OF ALL MY RECORDS, INCLUDING BUT NOT LIMITED TO: DAILY SOAP NOTES, INTIAL AND FINAL REPORTS, X-RAY REPORTS, EMG/NCV AND MRI TESTING AS WELL AS ANY OTHER RECORDS THAT MIGHT BE IN MY FILE TO THE ABOVE FACILITY AND DOCTOR. I AUTHORIZE THE TRANSFER OF ALL MY RECORDS TO THE FOLLOWING FACILITY:
THIS AUTHORIZATION IS VALID FOR 1 YEAR FROM THE DATE OF SIGNATURE

ACCUHEALTH
1725 MAIN STREET #2
HOUSTON, TX 77002
PHONE NO: (713) 485-5200
FAX NO: (972) 238-0456

STEPHEN E HEATH
PATIENTS NAME


SIGNATURE

Date: 28 APRIL 2023

Document Name: 2023-0428-Records Request, Scanned Date: 05/25/2023

Notes:



RECORDS REQUEST

Date: 28 APRIL 2023
TO: METHODIST (HOUSTON) EMERGENCY CARE CENTER
ADDRESS: ~~CYPRESS~~ 27560 US 290 FRONTAGE
CITY: CYPRESS ST: TX ZIP: 77433-4090
PHONE NO: (281) 737-2424 FAX NO: _____

RE: MEDICAL RECORDS

PATIENT: STEPHEN E HEATH
ADDRESS: 10035 DRIFTWOOD PARK DR. HOUSTON TX 77095
SSN: 231 90 4590
DATE OF BIRTH: 13 APRIL 1967

PURPOSE OF DISCLOSURE: EVALUATION AND TREATMENT

I HEREBY AUTHORIZE THE RELEASE OF ALL MY RECORDS, INCLUDING BUT NOT LIMITED TO: DAILY SOAP NOTES, INTIAL AND FINAL REPORTS, X-RAY REPORTS, EMG/NCV AND MRI TESTING AS WELL AS ANY OTHER RECORDS THAT MIGHT BE IN MY FILE TO THE ABOVE FACILITY AND DOCTOR. I AUTHORIZE THE TRANSFER OF ALL MY RECORDS TO THE FOLLOWING FACILITY:
THIS AUTHORIZATION IS VALID FOR 1 YEAR FROM THE DATE OF SIGNATURE

ACCUHEALTH
1725 MAIN STREET #2
HOUSTON, TX 77002
PHONE NO: (713) 485-5200
FAX NO: (972) 238-0456

STEPHEN E HEATH
PATIENTS NAME


SIGNATURE

Date: 28 APRIL 2023

Document Name: 2023-0428-Viscosupplementation Injection, Scanned Date: 05/25/2023

Notes:



VISCOSUPPLEMENTATION INJECTION INFORMED CONSENT

I have determined that you are a candidate for the use of the treatment of arthritis that uses the injection of a compound known as Hyaluronate into the joint(s). This substance is intended to decrease pain and improve function in the afflicted joint(s). The medication that is to be injected is derived from natural sources and should not be used in anyone allergic to feathers, chicken, eggs, or vaccination products derived from eggs. If you have any of these allergies or problems, let me know and you will not be injected with this medication. It is dangerous to do so.

The most common complications of the injections with Synvisc, Hyalgan, and other viscosupplements have been gastrointestinal upset, nausea, transient flare-up of the joint with pain, irritation at the injection site, skin irritation at the injection site, and headaches. Violent allergic reactions have been reported in a small number of cases. If any of the above symptoms or signs appear after you receive the injection, or if you have any other problems, you should call the office.

It may be necessary for you to receive a series of injections. You may not notice improvement until the last of the series of injections. If you discontinue the injections because of adverse reaction before the completion of the injections, you may not realize any benefit from the treatment.

As in any injection into a joint there is a chance of infection being introduced into the joint. If this were to occur, aggressive treatment including the possibility of surgery might be necessary.

There is no treatment for arthritis that benefits every patient. There is no guarantee, implied or stated that the treatment will be effective in your case.

There are other similar types of treatment (such as cortisone injections), which may temporarily resolve your symptoms. You have agreed that viscosupplementation is appropriate in your situation. Synvisc and Hyalgan have been approved by the FDA as a "device". It has not been approved as a drug or medicine.

I, _____, have been fully informed of the risks, hazards and complications of the injections of Synvisc/Hyalgan into my joint(s).

I request that my Provider/Dr.: _____, inject my _____ joint(s) with Synvisc/Hyalgan.

N/A

Patient

Date Signed

Witness

Document Name: 2023-0428-Patient Authorization and Assig, Scanned Date: 05/25/2023

Notes:

PATIENT AUTHORIZATION AND ASSIGNMENT

Authorization for direct payment

This authorization and assignment is irrevocable and applies only to the payment of medical expenses incurred at this office. I hereby authorize and direct any and all insurance companies or third party pay or accepting liability for payment of my injury claim, or are contracted otherwise to furnish me medical payments benefits, to make and send payment directly to Accuhealth at 1725 Main Street, Houston, TX 77002 for medical expenses incurred at this office. If payment is not made until time of settlement, I instruct the third party to issue a separate draft to be payable to the physician/clinic for the medical bills. In the event that the insurance company is unable to furnish separate payment for medical expenses, then I direct the insurance company making settlement of my claims to include Accuhealth on any settlement or payment checks, and deliver check(s) to: 1725 Main Street, Houston, TX 77002.

This agreement supercedes any agreement with my insurance company regarding payment and disbursement of funds for payment or settlement of my claim.

Assignment of benefits

For payment of any medical bills incurred at this office, I assign my insurance benefits to be paid directly to Accuhealth at: 1725 Main Street, Houston, TX 77002

I instruct any monies due from my personal injury protection to be paid directly to my physician. Furthermore, claims shall be paid in accordance with Article 5.06-3, in a timely manner, not to exceed 30 days upon receipt of each claim.

I instruct my attorney to pay on full any outstanding monies due my physician at the time of settlement with any liability claim that may result from this case. My attorney shall not withhold any portion of the amount due to my doctor under this agreement to offset attorney's fees which my attorney now or hereafter may claim to be owed by me. I instruct my attorney to pay my doctor immediately upon settlement, by way of issuance of a separate draft made payable to the physician/clinic.

Assignment of Cause of Action

I hereby transfer the cause of action that exists in my favor against any insurance company that is contractually obligated to make payment for my claim. I authorize you, the doctor, to prosecute said section, or settle my medical bills as you see fit. It is understood that you will refrain from collection efforts directly from me, the patient, given that I have granted by this assignment all reasonable attempts to collect from the insurance company.

Authorization to endorse checks for medical expenses

For payment of medical bills incurred at this office only, I authorize this office to endorse any checks or settlement checks for payment of my bill. I understand that any overpayments of my medical bills incurred at this office will be refunded to me, the patient.

Authorization to release medical records

I authorize the release of any medical records necessary for my medical treatment, and to the insurance company for payment of my bills.

A photocopy of this form shall be as valid as the original.

STEPHEN E HEATH
Printed Name

[Signature]
Signature

28 APRIL 2023
Date

To the insurance company

As adjuster agent acting on behalf of the insurance company for this patient's claim for alleged injury occurring on _____, I acknowledge receipt of the agreement between this patient and Accuhealth and agree to make payment to Accuhealth directly and separately at, or before, the time settlement for this injury. In the event that separate payment cannot be made, I agree to include Accuhealth on any settlement check(s) for medical expenses, and deliver the settlement check(s) to the above address. I understand that this agreement supersedes any verbal agreement with the patient for disbursement of payment for incurred medical expenses.

_____ for _____
Printed Name of Agent or Adjuster Insurance Company

_____ Date

Document Name: 2023-0428-Consent to Use and Disclosure, Scanned Date: 05/25/2023

Notes:



CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH CARE INFORMATION

Use and Disclosure of your protected health care information will be used by Accuhealth or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of this office.

NOTICE OF PRIVACY PRACTICES

You should review the NOTICE OF PRIVACY PRACTICES for a more complete description of how your Protected Health Care information may be used or disclosed. It describes your rights as they concern the limited use of health information, including your demographic information, collected from you and created or received by this office.

You may review the Notice prior to signing this consent. You may also request a copy of the Notice at the front desk.

REQUESTING THE RESTRICTION ON THE USE OR DISCLOSURE OF YOUR INFORMATION

You may request a restriction on the use or disclosure of your Protected Health Information. This office may or may not agree to restrict the use or disclosure of your Protected Health information. If we agree to your request, the restriction will be binding with this office. Use or Disclosure of Protected Health Information in violation of the agreed upon restrictions will be a violation of federal privacy standards

REVOCAION OF CONSENT:

You may revoke this consent to the use and disclosure of your Protected Health Information. You must revoke this consent in writing. Any use of disclosure that has occurred prior to the date on which you revocation of consent is received will not be affected.

RESERVATION OF RIGHT TO CHANGE PRIVACY PRACTICE:

This office reserves the right to modify the privacy practices outlined in this notice:

SIGNATURE:

I have reviewed this consent form and give my permission to this office to use and disclose my Health Information in accordance with it.

Patient Name: STEPHEN E. HEATH

Signature of patient: [Handwritten Signature]

Date signed: 28 APRIL 2023

Signature of patient representative: _____

Relationship of patient representative to patient _____

Office Representative _____

Date: _____

Document Name: 2023-0429-My healthvet, Scanned Date: 05/25/2023

Notes:

4/29/23, 12:00 AM

My Medications List - My HealthVet - My HealthVet



My Medications List

Personal Health Record of STEPHEN HEATH)

Date of Birth [04/13/1967]

Last updated [04/29/2023 at 0057]

Verify your address

VA prescriptions are delivered to the mailing address listed in your official VA record and can be updated by contacting the VA pharmacy listed on your VA prescription label.

My HealthVet does not show all your medications and prescriptions.

Request a refill at least 15 days before your supply runs out. Fifteen days allows enough time to receive your medications even if there are unforeseen shipping delays.

Medicines that have expired or been discontinued in the last six (6) months can be viewed. You must create a personalized Blue Button Report to view your medications.

Note: VA Prescription History and VA Medication List, from your official VA record, have been moved here to My Medications List.

* LOSARTAN ^{HCTZ} 50/12.5 MG 1/DAY

4/29/23, 12:00 AM

My Medications List - My HealthVet - My HealthVet

Medication RX#29029456 SHAKE WELL AND TAKE 5 ML BY MOUTH FOUR TIMES A DAY FOR FUNGAL INFECTION Category: Rx Medication Expiration Date: 05/18/2023	NYSTATIN ORAL SUSP 100,000 U/ML
Date 04/18/2023	Fill Date:
Status Quantity: 480 for 14 days Refills Remaining: 0	Active
Pharmacy	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

Medication RX#29000918 INHALE 2 PUFFS BY MOUTH EVERY 6 HOURS AS NEEDED FOR ASTHMA Category: Rx Medication Expiration Date: 03/31/2024	ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL
Date 03/31/2023	Fill Date:
Status Quantity: 2 for 60 days Refills Remaining: 5	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

4/29/23, 12:00 AM

My Medications List - My HealtheVet - My HealtheVet

Medication RX#29000920 INHALE 2 PUFFS MOUTH EVERY 12 HOURS FOR BREATHING Category: Rx Medication Expiration Date: 03/31/2024	MOMETASONE FUROATE 220MCG ORAL INHL 120
Date 03/31/2023	Fill Date:
Status Quantity: 2 for 60 days Refills Remaining: 5	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

Medication RX#29000922 INHALE 2 INHALATIONS BY MOUTH DAILY FOR BREATHING FOR BREATHING (2 PUFF AT THE SAME TIME ONCE A DAY) Category: Rx Medication Expiration Date: 03/31/2024	OLODATEROL/TIOTROP 2.5MCG/ACTUAT 60D INH
Date 03/31/2023	Fill Date:
Status Quantity: 2 for 60 days Refills Remaining: 5	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

4/29/23, 12:00 AM

My Medications List - My HealtheVet - My HealtheVet

Medication RX#28994863 TAKE ONE CAPSULE BY MOUTH DAILY AS NEEDED FOR HEARTBURN *DO NOT CRUSH* Category: Rx Medication Expiration Date: 03/28/2024	OMEPRAZOLE 20MG EC CAP
Date 03/28/2023	Fill Date:
Status Quantity: 30 for 30 days Refills Remaining: 5	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

Medication RX#28471575A TAKE ONE TABLET BY MOUTH EVERY DAY FOR ALLERGIES Category: Rx Medication Expiration Date: 02/25/2024	LORATADINE 10MG TAB
Date 02/24/2023	Fill Date:
Status Quantity: 90 for 90 days Refills Remaining: 3	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

4/29/23, 12:00 AM

My Medications List - My HealtheVet - My HealtheVet

Medication RX#28939351 CHEW ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR GAS Category: Rx Medication Expiration Date: 02/25/2024	SIMETHICONE 80MG CHEW TAB
Date 02/24/2023	Fill Date:
Status Quantity: 100 for 25 days Refills Remaining: 6	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

Medication RX#27478416D TAKE ONE TABLET BY MOUTH EVERY EVENING Category: Rx Medication Expiration Date: 08/18/2023	MONTELUKAST NA 10MG TAB
Date 10/30/2022	Fill Date:
Status Quantity: 90 for 90 days Refills Remaining: 1	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

4/29/23, 12:00 AM

My Medications List - My HealthVet - My HealthVet

Medication RX#28471574 INSTILL 1 SPRAY IN EACH NOSTRIL TWICE A DAY , MAY USE 2 SPRAYS AS DIRECTED IF NEEDED FOR ALLERGY Category: Rx Medication Expiration Date: 05/07/2023	FLUTICASONE PROP 50MCG 120D NASAL INHL
Date 08/11/2022	Fill Date:
Status Quantity: 2 for 60 days Refills Remaining: 4	Active
Pharmacy Phone: (800) 454-1062	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

Medication RX#28471934 TAKE ONE TABLET BY MOUTH DAILY AS NEEDED FOR ARTHRITIS PAIN. TAKE WITH FOOD. Category: Rx Medication Expiration Date: 05/07/2023	MELOXICAM 15MG TAB
Date 07/05/2022	Fill Date:
Status Quantity: 30 for 30 days Refills Remaining: 0	Active
Pharmacy	HOUSTON TX VAMC
Source	VA
I want to:	VIEW DETAILS

Allergies and Adverse Reactions Summary

This lists Allergies and Adverse Reactions that you entered and in your record at VA Medical Centers.

4/29/23, 12:00 AM

My Medications List - My HealtheVet - My HealtheVet

Date Entered	11/10/2013
Allergen/Reactant	IODINATED INTRAVASC CONTRAST
Reaction/Side Effect	RASH
Location	HOUSTON TX VAMC
Source	VA

items found, displaying all items

Glossary of Terms

	Definition
MHV Pharmacy Terms	<i>These statuses are only shown on My HealtheVet</i>
Active: Refill in Process	A refill request is being processed by the VA pharmacy. When a prescription is in the Refill in Process status, the Fill Date will show when the prescription will be ready for delivery via mail by a VA Mail Order Pharmacy. <i>This term may be shown as a VA Prescription status of 'Active: Susp' on other VA medication lists.</i>
Active: Submitted	The refill request has been received by My HealtheVet but has not been processed by the VA Pharmacy yet.
Unknown	The status cannot be determined. Contact your VA care team when you need more of this VA prescription. A prescription stopped by a VA provider. It is no longer available to be filled.
Transferred	A prescription moved to VA's new electronic health record. Go to My VA Health to manage transferred medications. This prescription may also be described as "Discontinued" on medication lists from your health care team. Take your medications as prescribed by your health care team.
VA Pharmacy Terms	<i>These statuses may be found on all VA medication lists.</i>
Active	A prescription that can be filled at the local VA pharmacy. If this prescription is refillable, you may request a refill of this VA prescription.
Active: On Hold	An active prescription that will not be filled until pharmacy resolves the issue. Contact your VA pharmacy when you need more of this VA prescription.
Active: Parked	A VA Prescription that is on file at VA Pharmacy and available for you to submit a fill request. This prescription may or may not have been previously filled. This prescription has been ordered by your VA provider but will not be sent to you until you request that it is filled. You may request this medication using MyHealtheVet, Rx Refill mobile app, VA phone service or mail in refills.

4/29/23, 12:00 AM

My Medications List - My HealtheVet - My HealtheVet

	Definition
MHV Pharmacy Terms	<i>These statuses are only shown on My HealtheVet</i>
**Active: Susp	An active VA Prescription that is not scheduled to be filled yet. This status appears on My HealtheVet as 'Active: Refill In Process'.
**Clinic Order	A medication you received during a visit to a VA Clinic or emergency department.
Discontinued	A prescription stopped by a VA provider. It is no longer available to be filled. Contact your VA healthcare team when you need more of this VA prescription.
Expired	A prescription which is too old to fill. This does not refer to the expiration date of the medication in the container. Contact your VA healthcare team when you need more of this VA prescription.
Active: Non-VA	A medication that came from someplace other than a VA pharmacy. This may be a prescription from either the VA or other providers that was filled outside the VA. Or, it may be an over the counter (OTC), herbal, dietary supplement or sample medication.
**Pending	This VA Prescription order has been sent to the Pharmacy for review and is not ready yet.

*Currently not available on My HealtheVet Pharmacy.

Document Name: 2023-0428-Preferred Pharmacy, Scanned Date: 05/25/2023

Notes:

Accuhealth

Injury & Wellness

Please check below your preferred PHARMACY.

	Address:	Phone#:	Fax#:
<input type="checkbox"/> TruCare Pharmacy (home delivery)		<u>346-980-5828</u>	
<input type="checkbox"/> CVS Pharmacy			
<input type="checkbox"/> Kroger Pharmacy			
<input type="checkbox"/> Sam's Club Pharmacy			
<input type="checkbox"/> Tom Thumb Pharmacy			
<input checked="" type="checkbox"/> Walgreens Pharmacy	<u>8206 HIGHWAY 6 N HOUSTON TX 77095</u>	<u>281 550-2169</u>	
<input type="checkbox"/> Walmart Pharmacy			
<input type="checkbox"/> Other, Please specify			

Print Name: STEPHAN E HEATH

Signature: *Stephans*

Date: 28 APRIL 2023

Document Name: 2023-0428-Consent for Medical and Surgical, Scanned Date: 05/25/2023

Notes:

Accuhealth

Injury & Wellness

Consent for Medical and Surgical Procedure(s)

To the patient:

You have been given information about your condition and the recommended procedure (s) to be used. This consent is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure(s)

1. **Condition:** My clinician has explained to me that the following condition(s) exist in my case: Osteoarthritis of the knee
2. **Proposed Procedure(s):** I understand that the following procedure(s) proposed for my condition is(are): Fluoroscopic /ultrasound guided intra-articular injection of Hyalgan with contrast into the knee(s) Right ___ Left ___ Bilateral ___
3. **Risks/benefits of Proposed Procedure:** Just as there may be benefits to the proposed procedure(s), I also understand that the described procedure(s) involve risks. These risks included, but are not limited to, pain, bleeding, infection, failure to produce desired results and drug reactions from minor to major.
4. **Complications, Unforeseen Conditions, Results:** My clinician has explained to me in terms that I can understand, the most likely complications that may occur with the above procedure(s). I am aware that in the practice of medicine, other unexplained risks or complications not discussed may occur. No one has given me a promise or a guarantee of what the results of the procedure(s) will be.
5. **Acknowledgements:** We have Discussed alternative types of treatment, including doing nothing. I understand what has been discussed with me as well as the contents of this consent form and have been given the opportunity to ask questions and have received satisfactory answers.
6. **Consent to Procedure(s) and Treatment:** Having read this form and talked with my doctor, my signature below acknowledges that:
 - a. I voluntarily give my authorization and consent to the series of five injections as described above by my doctor or other trained persons.
 - b. Date of procedure (sig) _____
 - c. I consent to the administration of a local anesthetic as required for the above procedures

Patient Signature:  Date: 28 APRIL 2023

Physician Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Document Name: 2023-0428-Consent For Examination, Scanned Date: 05/25/2023

Notes:

Document Name: 2023-0428-Medical History, Scanned Date: 05/25/2023

Notes:

Accuhealth

Injury & Wellness

MEDICAL HISTORY FORM

Name: STEPHEN E HEATH Date: 28 APR 2023 SS 231904590
Height: 6'0" Weight: 195 DOB: 13 APRIL 1967
Email Address SE.HEATH@YAHOO.COM
Primary Care Physician: GRACE VELOCCHI Phone: 713 794-7228

CHIEF COMPLAINT

Why are you here to see the doctor? CLOSED FRACTURE OF MULTIPLE RIBS

Do you have any of the following:

Jewelry or metal allergies? Yes No What type of metals: _____
Sulphur allergies? Yes No What type of solutions? _____
Tape allergies? Yes No What type of tape or Band-Aids? _____
Latex? Yes No

MEDICAL HISTORY:

Are you currently having or have had problems with any of the following?

	Circle	Describe all YES answers
Previous knee treatment	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>KNEE INJURY (MARCH 2023) SEEN BY ACCUHEALTH</u>
Home exercise	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Steroid Injections	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Lungs/breathing/emphysema?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Diabetes (High blood sugar) ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
High blood pressure?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>CURRENT DUE TO JOB STRESS</u>
Bleeding/circulatory problems?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Balance problems?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Numbness or tingling?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Blackout problems?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Aids?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Cancer?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Type: _____ Treatment: _____
Hepatitis?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Type A B C _____
Tuberculosis?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Neurological/Epilepsy?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Heart problems/heart attack?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Angina?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Stroke?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Low back pain?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	History of back pain _____
Blood clots/Phlebitis?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____
Chronic infections?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Site of infection? <u>TOE, NECK</u>
Arthritis?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Rheumatoid? <u>NO</u>
Gout?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____

Patient signature: [Signature] Date: 28 APRIL 2023
Physician reviewed: _____ Date: _____

Document Name: 2023-0428-Ecomp info, Scanned Date: 05/25/2023

Notes:

4/28/23, 11:43 PM

ECOMP - U.S. Department of Labor



UNITED STATES DEPARTMENT OF LABOR

ECOMP

[HOME](#) / [CASE REVIEW](#)

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CASE 550413655

Agency: 1503-HO - DE... Name: STEPHEN E HEATH
 Adjudication Status: AC - 04/28/20... Master:
 Current Case Status: Open for Medi... SSN: ●●●●-●●-●●●●

Conditions Accepted:
[View More +](#)

Representation Select
[Do you have a Representative?](#)

- CASE HISTORY
- FORMS
- LETTERS
- CASE IMAGING
- CASE ESCALATION

CASE STATUS

Occupation	0007
Sex	M
Reported Condition	--
Form Received Date	CA1 - 04/28/2023
Injury Zip	77095
Location	10035 DRIFTWOOD PARK DR, HOUSTON, TX 77095
CEID	507
Current Case Status	C4
Current Location	OLI - 04/28/2023 - IMAGED CASE
Continuation of Pay was not elected	Y
Lost Time Began	--
Last Updated On	04/28/2023
Case Created	04/28/2023
Closed	04/28/2023

4/28/23, 11:43 PM

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Reopened	--
Retired	--
Office Director	Cynthia B

CA-7 TRACKING 

Comp Payment Period: From - To	Adjudication Period: From - To	Date CA-7 Received By OWCP	Decision Code, Date, & Description	Date IW Signed
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No Records Found

0 results

COMPENSATION PAYMENT HISTORY 

Compensation Period	Rel Code	Roll Type	Payment Method	Payment Amount	Payment Date	Payr
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0 results

ACCESSIBILITY & 508 COMPLIANCE

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CONTACT THE OFFICE OF INSPECTOR GENERAL.

Document Name: 2023-0428-Telemedicine Consent Form, Scanned Date: 05/25/2023

Notes:



Telemedicine Consent Form

By typing my name "I agree to Terms of Use" on the Accuhealth telemedicine portal, I understand and agree that I am signing this Consent and that (i) I have reviewed, understand and accept the risks and benefits of telemedicine services as described below and wish to receive such services, and (ii) I agree to the remaining terms of this Consent.

If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.

1. By using the Accuhealth telemedicine portal, I agree to receive telemedicine services. Telemedicine involves the delivery of health care services, including assessment, treatment, diagnosis, and education, using interactive audio, video, and data communications. During my visit, my Accuhealth provider and I will be able to see and speak with each other from remote locations.
2. I understand and agree that:
 - I will not be in the same location or room as my medical provider.
 - My Accuhealth provider is licensed in the state in which I am receiving services. I will report my location accurately during registration.
 - Potential benefits of telemedicine (which are not guaranteed or assured) include: (i) access to medical care if I am unable to travel to my Accuhealth provider's office; (ii) more efficient medical evaluation and management; and (iii) during the COVID-19 pandemic, reduced exposure to patients, medical staff and other individuals at a physical location.
 - Potential risks of telemedicine include: (i) limited or no availability of diagnostic laboratory, x-ray, EKG, and other testing, and some prescriptions, to assist my medical provider in diagnosis and treatment; (ii) my provider's inability to conduct a hands-on physical examination of me and my condition; and (iii) delays in evaluation and treatment due to technical difficulties or interruptions, distortion of diagnostic images or specimens resulting from electronic transmission issues, unauthorized access to my information, or loss of information due to technical failures. I will not hold Accuhealth responsible for lost information due to technological failures.
 - I further understand that my Accuhealth Provider's advice, recommendations, and/or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I understand that my Accuhealth provider relies on information provided by me before and during our telemedicine encounter and that I must provide

Accuhealth

Injury & Wellness

information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.

- I may discuss these risks and benefits with my Accuhealth provider and will be given an opportunity to ask questions about telemedicine services. I have the right to withdraw this consent to telemedicine services or end the telemedicine session at any time without affecting my right to future treatment by Accuhealth.
- I understand that the level of care provided by my Accuhealth provider is to be the same level of care that is available to me through an in-person medical visit. However, if my provider believes I would be better served by face-to-face services or another form of care, I will be referred to the nearest Accuhealth clinic, hospital emergency department or other appropriate health care provider.
- In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

Please talk to one of our office staff if you have any complaints or issues with telemedicine.



Signature of patient (or guardian)

STEPHEN E HEATH

Printed name

28 APRIL 2023

Date

Document Name: 2023-0428-AMS Checklist, Scanned Date: 05/25/2023

Notes:



AMS Checklist - BEFORE HRT

**Which of the following symptoms apply at this time?
 Place an "X" for EACH symptom. For symptoms that do not apply, please mark NONE.**

	None	Mild	Moderate	Severe	Extremely Severe
1. Decline in your feeling of general well-being (general state of health, subjective feeling)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Excessive sweating (unexpected/sudden episodes of sweating, hot flushes independent of strain)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sleep problems (difficulty in falling asleep difficulty in sleeping through, waking up early and feeling tired, poor sleep, sleeplessness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased need for sleep, often feeling tired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Irritability (feeling aggressive, easily upset about little things, moody)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Nervousness (inner tension, restlessness, feeling fidgety)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anxiety (feeling panicky)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Physical exhaustion / lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done, of achieving less, of having to force oneself to undertake activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Decrease in muscular strength (feeling of weakness)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Feeling that you have passed your peak	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feeling burnt out, having hit rock-bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Decrease in beard growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Decrease in ability/frequency to perform sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Decrease in the number of morning erections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Decrease in sexual desire/libido (lacking pleasure in sex, lacking desire for sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any additional comments about your symptoms you would like to address.

Please list any prior hormone therapy?

Recent PSA: _____ Recent Digital Rectal Exam (Date): _____ Normal / Abnormal

History of Prostate problems or Biopsy. If so, please provide details.

male

Document Name: 2023-0428-Family History, Scanned Date: 05/25/2023

Notes:

Accuhealth

Injury & Wellness

- Family History -

Relation	Age	State of Health	Age at Death	Cause of Death	Check (✓) if, your blood relatives had any of the following: Disease Relationship to you	
Father	81	GOOD	-	→	Arthritis, Gout	
Mother	72		72	DIMENTIA	Asthma, Hay Fever	
Brothers					Cancer	
					Chemical Dependency	
					Diabetes	
					Heart Disease, Strokes	
Sisters	54	GOOD			High Blood Pressure	
					Kidney Disease	
					Tuberculosis	
					Other	

- Hospitalizations -

Year	Hospital	Reason for Hospitalization and Outcome
2018/22	VA MEDICAL CENTER HOUSTON TX	KIDNEY STONES
2018	"	SEPSIS
2022	HOUSTON METHODIST	SURGICAL KIDNEY STONES

Have you ever had a blood transfusion? Yes No
 If yes, please give approximate dates _____

Serious Illness/Injuries	Date	Outcome
SEPSIS	2018	TREATED

- Pregnancies -

Year of Birth	Sex of Birth	Complications if any
 		

- Health Habits -

Check (✓) which you use and how much you use.

<input checked="" type="checkbox"/>	Caffeine	~1 CUP/DAY
<input type="checkbox"/>	Tobacco	
<input type="checkbox"/>	Street Drugs	
<input type="checkbox"/>	Other	

- Occupational -

Check (✓) if your work exposes you to:

<input type="checkbox"/>	Stress	<input type="checkbox"/>	Hazardous Substances
<input type="checkbox"/>	Heavy Lifting	<input type="checkbox"/>	Other

Occupation _____

To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my minor child, ever have a change in health.

STEPHEN E HEATH
 Signature of Patient, Parent, Guardian or Personal Representative
 Please print name of Patient, Parent, Guardian or Personal Representative

28 APRIL 2023
 Date
 SAME
 Relationship to Patient

Reviewed By _____ Date _____

Document Name: 2023-0428-Health History, Scanned Date: 05/24/2023

Notes:

Accuhealth

Injury & Wellness

Patient Name STEPHEN E HEATH Today's Date 28 APRIL 2023
Age 56 Birthdate 13 APRIL 1967 Date of last physical examination _____
What is your reason for visit? CLOSED FRACTURE OF MULTIPLE RIBS

- Symptoms -

Check (✓) conditions you currently have or have had in the past year.

- | | | | |
|--|---|---|--|
| <p>GENERAL</p> <input type="checkbox"/> Chills
<input checked="" type="checkbox"/> Depression
<input type="checkbox"/> Dizziness
<input type="checkbox"/> Fainting
<input type="checkbox"/> Fever
<input type="checkbox"/> Forgetfulness
<input checked="" type="checkbox"/> Headache
<input type="checkbox"/> Loss of sleep
<input type="checkbox"/> Loss of weight
<input checked="" type="checkbox"/> Nervousness
<input type="checkbox"/> Numbness
<input type="checkbox"/> Sweats <p>MUSCLE/JOINT/BONE
Pain, weakness, numbness in:</p> <input type="checkbox"/> Arms <input type="checkbox"/> Hips
<input type="checkbox"/> Back <input type="checkbox"/> Legs
<input checked="" type="checkbox"/> Feet <input checked="" type="checkbox"/> Neck
<input type="checkbox"/> Hands <input type="checkbox"/> Shoulders <p>GENITO-URINARY</p> <input type="checkbox"/> Blood in urine
<input type="checkbox"/> Frequent urination
<input type="checkbox"/> Lack of bladder control
<input type="checkbox"/> Painful urination | <p>GASTROINTESTINAL</p> <input type="checkbox"/> Appetite poor
<input checked="" type="checkbox"/> Bloating
<input type="checkbox"/> Bowel changes
<input type="checkbox"/> Constipation
<input checked="" type="checkbox"/> Diarrhea
<input type="checkbox"/> Excessive hunger
<input type="checkbox"/> Excessive thirst
<input type="checkbox"/> Gas
<input checked="" type="checkbox"/> Hemorrhoids
<input type="checkbox"/> Indigestion
<input type="checkbox"/> Nausea
<input type="checkbox"/> Rectal bleeding
<input type="checkbox"/> Stomach pain
<input type="checkbox"/> Vomiting
<input type="checkbox"/> Vomiting blood <p>CARDIOVASCULAR</p> <input type="checkbox"/> Chest pain
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Irregular heart beat
<input type="checkbox"/> Low blood pressure
<input type="checkbox"/> Poor circulation
<input type="checkbox"/> Rapid heart beat
<input type="checkbox"/> Swelling of ankles
<input checked="" type="checkbox"/> Varicose veins | <p>EYE, EAR, NOSE, THROAT</p> <input type="checkbox"/> Bleeding gums
<input type="checkbox"/> Blurred vision
<input type="checkbox"/> Crossed eyes
<input type="checkbox"/> Difficulty swallowing
<input type="checkbox"/> Double vision
<input type="checkbox"/> Earache
<input type="checkbox"/> Ear discharge
<input checked="" type="checkbox"/> Hay fever
<input type="checkbox"/> Hoarseness
<input checked="" type="checkbox"/> Loss of hearing
<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Persistent cough
<input checked="" type="checkbox"/> Ringing in ears
<input checked="" type="checkbox"/> Sinus problems
<input type="checkbox"/> Vision - Flashes
<input type="checkbox"/> Vision - Halos <p>SKIN</p> <input type="checkbox"/> Bruise easily
<input type="checkbox"/> Hives
<input checked="" type="checkbox"/> Itching
<input type="checkbox"/> Change in moles
<input checked="" type="checkbox"/> Rash
<input type="checkbox"/> Scars
<input type="checkbox"/> Sore that won't heal | <p>MEN only</p> <input type="checkbox"/> Breast lump
<input type="checkbox"/> Erection difficulties
<input type="checkbox"/> Lump in testicles
<input type="checkbox"/> Penis discharge
<input type="checkbox"/> Sore on penis
<input type="checkbox"/> Other <p>WOMEN only</p> <input type="checkbox"/> Abnormal Pap Smear
<input type="checkbox"/> Bleeding between periods
<input type="checkbox"/> Breast lump
<input type="checkbox"/> Extreme menstrual pain
<input type="checkbox"/> Hot flashes
<input type="checkbox"/> Nipple discharge
<input type="checkbox"/> Painful intercourse
<input type="checkbox"/> Vaginal discharge
<input type="checkbox"/> Other <p>Date of last menstrual period _____
 Date of last Pap Smear _____
 Have you had a mammogram? _____
 Are you pregnant? _____
 Number of children _____</p> |
|--|---|---|--|

- Conditions -

Check (✓) conditions you currently have or have had in the past year.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> AIDS
<input type="checkbox"/> Alcoholism
<input type="checkbox"/> Anemia
<input type="checkbox"/> Anorexia
<input type="checkbox"/> Appendicitis
<input checked="" type="checkbox"/> Arthritis
<input checked="" type="checkbox"/> Asthma
<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Breast Lump
<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Bulimia
<input type="checkbox"/> Cancer
<input type="checkbox"/> Cataracts | <input type="checkbox"/> Chemical Dependency
<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Emphysema
<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Goiter
<input type="checkbox"/> Gonorrhea
<input type="checkbox"/> Gout
<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Hepatitis
<input checked="" type="checkbox"/> Hernia
<input type="checkbox"/> Herpes | <input type="checkbox"/> High Cholesterol
<input type="checkbox"/> HIV Positive
<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Measles
<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Miscarriage
<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Mumps
<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Polio | <input type="checkbox"/> Prostate Problem
<input checked="" type="checkbox"/> Psychiatric Care
<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Stroke
<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Ulcers
<input type="checkbox"/> Vaginal Infections
<input type="checkbox"/> Venereal Disease |
|---|--|---|---|

- Medications -

List medications you are currently taking.

SEE LIST PROVIDED.

VA MEDICAL CENTER MICHAEL E. DEBAKEY
Pharmacy Name _____ Phone 713 791-1414

- Allergies -

IVP DYE

- Health History -

Document Name: 2023-0428-Patient Information, Scanned Date: 05/24/2023

Notes:

PATIENT INFORMATION

Información del Paciente

Name HEATH STEPHEN EVANS Date 28 APRIL 2023
 Last First M Fecha
 Nombre Apellido Primer
 Address 10035 DRIFTWOOD PARK DR. City HOUSTON State TX Zip 77095
 Dirección Ciudad Estado Código Postal
 Telephone () Cell Tele (281) 467-1852 Soc Sec # 231-90-4590 Driver Lc# 21308332
 Teléfono Celular # de Seg. Soc. Licencia de Conducir
 EMAIL ADDRESS SE.HEATH@YAHOO.COM
 Correo Electronico
 Age 56 Birthdate 13 APRIL 1967 Sex M Status X M S W D # of Children
 Edad Fecha De Nacimiento Sexo (M o F) Estado Civil C S V D # de Hijos
 Occupation COLLECTOR Employer DEPT OF JUSTICE Telephone (713) 221-5400
 Ocupación Empleador BUREAU OF PRISONS Teléfono
 Employer's Address 1200 TEXAS AVE City HOUSTON State TX Zip 77002
 Dirección de Empleador Ciudad Estado Código Postal
 Spouse's Name KATHLEEN HEATH Occupation _____ Employer _____
 Nombre de Esposo(a) Ocupación Empleador
 Person responsible for this account SELF
 Persona responsable por esta cuenta
 Name and address of closest relative not living with you _____
 Nombre y dirección de familiar mas cercano a usted

What are your symptoms? (CLOSED FRACTURE)
 Cuales son sus sintomas? BROKEN LEFT 7TH RIB CONTUSION OF LEFT CHEST WALL.
QUESTIONABLE NONDISPLACED FRACTURE OF LEFT EIGHTH RIB.
 Date pain & symptoms first appeared: 26 APRIL 2023 How were you referred? _____
 Fecha que empezaron sus sintomas Como a estado referido?
 How long have you had this condition? 2 DAYS Have you had this or similar condition in the past? NO
 Cuanto tiempo tiene con esta condicion? A tenido estos sintomas anteriormente?
 Circle any activities that aggravate your condition:
 Circule cualquier actividad que agrava su condicion
 Standing Walking Sitting Lying Bending Lifting Twisting Coughing
 Estar Parado caminando sentar Acostado inclinarse al recojer retorcimineto toser

What other activities aggravate your condition? _____
 Cuales otras actividades agravan su condicion?
 Is this condition getting progressively worse? _____ YES X NO _____ CONSTANT _____ COMES AND GOES
 Su condicion va empeorando? SI NO constantemente va y viene
 OTHER DOCTORS SEEN FOR THIS CONDITION: X MD _____ DC _____ DO _____ DDS _____

Otros doctores que a visto para esta condicion
 Doctor's Name WELLER, JAMES Diagnosis CLOSED FRACTURE OF MULTIPLE RIBS Date Consulted 28 APR 2023
 Nombre De Doctor Diagnostico fecha de consulta
 Length of time under care 30 MIN. X-rays/MRI Y / N Other _____
 Duración del cuidado Rayos-X/MRI Si/No Otro

INSURANCE INFORMATION: GROUP
 Información de seguro US DEPT OF LABOR OFFICE OF WORKERS COMPENSATION
 Name of Insurance Carrier _____ Name of Insured _____
 Nombre de Compañía de Seguro Nombre se Asegurado
 Claim # 550413655 Policy # _____ Group # _____ Phone _____
 Numero de Reclamo Numero de póliza Numero de grupo numero de telefono
 Insurance's Address _____
 Dirección del compania de seguro

ACCIDENT INFORMATION
 Información de accidente
 Was your injury caused by an accident? _____ Yes X No _____ Did you slip and fall? X Yes _____ No _____
 ¿su lesión fue causada por un accidente? Si No ¿Resbaló usted y caída? Si No

Did you accident occur while at work? Yes No Were you involved in an automobile accident? Yes No
¿Ocurrió su accidente mientras en el trabajo? Si No Estaba involucrado en un accidente automovilístico? Si No
OCURRIDO
Date 26 APR 23 Time 8:40 PM Injury reported to employer? Yes No Name of Supervisor JOHN STALLINES, LT
Fecha Hora Fue reportado a su empleado? Si No Nombre del supervisor
Attorney's Name _____ Phone # (____) _____
Nombre del abogado Num. De Telefono

Please present the following to the receptionist:
Por favor presente lo siguiente a la recepcionsita:

- Auto Insurance Card Insurance Information on the other driver
- tarjeta de seguro de auto Información sobre seguros en el otro conductor
- Accident Report Drivers License Major Medical Insurance Card
- Reporte de accidente Licencia de conducir tarjeta de seguro médico

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I authorize payment from my insurance carrier directly to this office with the understanding that all monies will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend my care and treatment, any fees for professional services rendered me will be immediately due and payable.

Yo entiendo y estoy de acuerdo que las pólizas de seguro-que cubren accidente de auto + salud estan en un acuerdo conmigo y lay aseguranza. Yo autorizo que se haga pago directamente a esta oficina, con el entendido que todo el dinero recibido sera acreditado a mi cuenta. Yo claramente entiendo y estoy de acuerdo que los servicios recibidos seran cargados directamente a mi cuenta que yo soy responsable de pago y que si suspendo mi cuidado y tratamiento todos cargos y servicios profesionales recibidos tendran que ser pagados inmediatamente.

PATIENT'S SIGNATURE *Stephen Heath*
Firma de Paciente

Form created 8/6/15

Document Name: 2023-0519- CA17 AND CA20, Scanned Date: 05/24/2023

Notes:

Duty Status Report

U.S. Department of Labor Office of Workers' Compensation Programs



This form is provided for the purpose of obtaining a duty status report for the employee named below. This request does not constitute authorization for payment of medical expense by the Department of Labor, nor does it invalidate any previous authorization issued in this case. This request for information is authorized by law (5 USC 8101 et seq.) and is required to obtain or retain a benefit. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and the OMB Cir. A-130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No. 1240-0046
 Expires: 05/31/2024
 OWCP File Number
 (If known)
550413655

SIDE A - Supervisor: Complete this side and refer to physician

1. Employee's Name (Last, first, middle)
Heath Stephen

2. Date of Injury (Month, day, yr.) 3. Social Security Number
04/26/2023

4. Occupation **Correctional Officer**

5. Describe How the Injury Occurred and State Parts of the Body Affected

6. The Employee Works
 Hours Per Day Days Per Week

7. Specify the Usual Work Requirements of the Employee. Check Whether Employee Performs These Tasks or is Exposed Continuously or Intermittently, and Give Number of Hours.

SIDE B - Physician: Complete this side

8. Does the History of Injury Given to You by the Employee Correspond to that Shown in Item 5? Yes No (If not, describe)
 On 4/26/23 Mr. Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all his weight fell directly on his chest. It knocked the wind out of him initially.

9. Description of Clinical Findings
 Multiple Fractures of Ribs, Left side, Int for clos Fx, Contusion of left front wall of thorax, Initial Encounter

10. Diagnosis(es) Due to Injury 11. Other Disabling Conditions
S22.42XA, S20.212A

12. Employee Advised to Resume Work?
 Yes, Date Advised No

13. Employee Able to Perform Regular Work Described on Side A?
 Yes, If so Full-Time or Part-Time ___ Hrs Per Day
 No, If not, complete below:

Activity	Continuous		Intermittent	Continuous		Intermittent	Hrs Per Day
	#lbs.	#lbs.		#lbs.	#lbs.		
a. Lifting/Carrying: State Max Wt.							0 Hrs Per Day
b. Sitting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
c. Standing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
d. Walking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
e. Climbing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
f. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
g. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
h. Twisting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
i. Pulling/Pushing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
j. Simple Grasping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
k. Fine Manipulation (includes keyboarding)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
l. Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
m. Driving a Vehicle (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
n. Operating Machinery (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
o. Temp. Extremes	<input type="checkbox"/>	<input type="checkbox"/>	___ range in degrees F	<input type="checkbox"/>	<input type="checkbox"/>		0 range in degrees F
p. High Humidity	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
q. Chemicals, Solvents, etc. (Identify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
r. Fumes/Dust (Identify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 Hrs Per Day
s. Noise (Give dBA)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		0 dBA Hrs Per Day

t. Other (Describe)

14. Are Interpersonal Relations Affected Because of a Neuropsychiatric Condition? (e.g. Ability to Give or Take Supervision, Meet Deadlines, etc.)
 Yes No (Describe)

15. Date of Examination **05/19/2023** 16. Date of Next Appointment **06/14/2023**

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services

17. Specialty
General Surgery

18. Tax Identification Number
824827893

19. Physician's Signature
[Signature]

20. Date **05/19/2023** CA-17 (Rev. 08-14)

Attending Physician's Report

U.S. Department of Labor
 Office of Workers' Compensation Programs



Record of Examination							
1. Patient's name Last: Heath First: Stephen Middle:			2. Date of Injury mo. day yr 04/26/2023		3. OWCP File Number 550413655		OMB No. 1240-0046 Expires: 05/31/2024
4. What history of the employment injury (including disease) did the patient give to you? On 4/26/23 Mr. Heath was supervising inmates while they were mopping floors. He began walking forward and noticed the floors were still wet with streaks. As he walked forward on the wet floors, his legs slip out from under him, causing him to slip and fall forward. When he fell, all his weight fell directly on his chest. It knocked the wind out of him initially.							
5. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? (If yes, please describe) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A						ICD Code(s)	
6. What are your findings? (Include results of X-Rays, laboratory reports, etc.) (+) xray							
7. What is your specific diagnosis(es) related to the employment activity? Multiple Fractures of Ribs, Left side, Int for clos Fx, Contusion of left front wall of thorax, Initial Encounter						ICD Code(s) S22.42XA, S20.212A	
8. Do you believe the condition(s) found was caused or aggravated by an employment activity as described in item 4.? (Please explain answer) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Did injury require hospitalization? If no, go to item # 13 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Date of admission mo. day yr N/A		11. Date of discharge mo. day yr N/A		12. Additional Hospitalization required If Yes, describe in "Remarks" (Item 25) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. What treatment did you provide? Patient referred for Chest xray to evaluate healing. Continue home regimen. Goals of treatment are pain relief, improve function, improve activities of daily Living and implementation of HEP. Incentive spirometry will be ordered							
14. Date of first examination mo. day yr 04/29/2023		15. Date(s) of treatment mo. day yr. through mo. day yr. 04/29/2023 through Present		16. Date of discharge from treatment mo. day yr. N/A			
17. Period of total disability From mo. day yr. Thru mo. day yr. 05/19/2023 06/14/2023		18. Period of Partial Disability From mo. day yr. Thru mo. day yr. N/A N/A		19. Date employee able to resume light work mo. day yr. N/A			
20. Date employee is able to resume regular work mo. day yr. Undetermined at this time		21. Has employee been advised that he/she can return to work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22. If yes, on what date was he/she advised? mo. day yr. N/A			
23. If employee is able to resume only light work, indicate the extent of physical limitations and the type of work that could reasonably be performed with these limitations. (Continue in item #25 if necessary)						24. Are any permanent effects expected as a result of this injury? If yes, describe in item #25. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Remarks Chest xray order to evaluate healing							
26. If you have referred the employee to another physician provide the following: Name: Address: City: State: ZIP:						Specialty: 27. What was the reason for this referral? <input type="checkbox"/> Consultation <input checked="" type="checkbox"/> Treatment	
Signature 28. I certify that the statements in response to the questions asked above are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statements or any misrepresentation or concealment of material fact which is knowingly made may subject me to criminal prosecution. Signature of Physician: [Signature] Date: 05/19/2023							
29. Name of Physician Lashondria Camp, MD				30. Tax ID Number 824827893		31. Do you specialize? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address 1725 Main Street, Suite 2				32. If yes, indicate specialty General Surgeon			
City Houston		State TX		ZIP 77002			

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for Requests for Accommodations or Auxiliary Aids and Services.

Document Name: 2023-0523-Referral Confirmation, Scanned Date: 05/24/2023

Notes:

FAX COVER SHEET

TO
COMPANY Memorial MRI & Diagnostics
FAX NUMBER 17134611969
FROM Tru Essence Cosmetic and Medical Spa
DATE 2023-05-23 17:59:59 GMT
RE HeathStephen

COVER MESSAGE

Referral Attached

Document Name: 2023-0519-Painscale, Scanned Date: 05/24/2023

Notes:

BP 157/90 P 76
 W: 200

Accuhealth

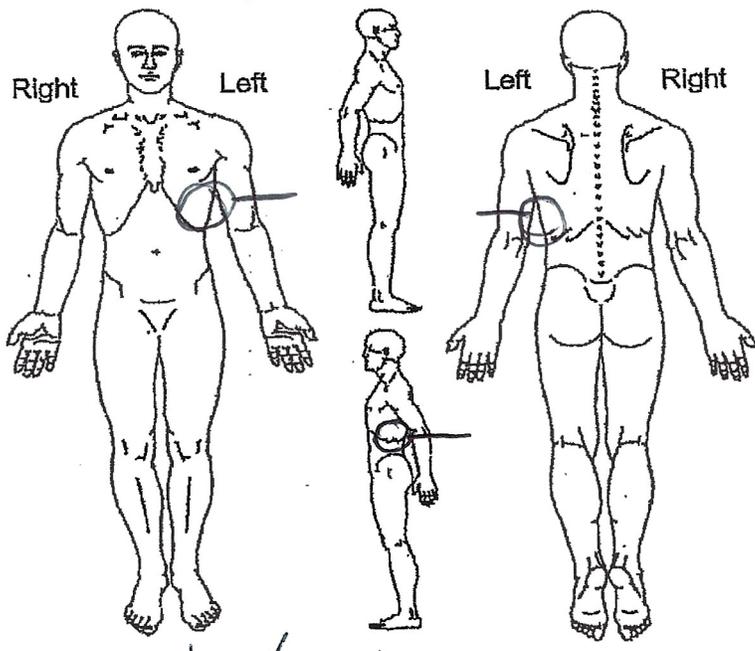
Injury & Wellness

Name: STEPHEN HEATH

Date: 19 MAY 2023

Area:	Pain Level Today										
	No Pain	Mild			Moderate			Severe			Extreme
1. <u>LEFT RIBS</u>	0	1	2	3	4	5	<u>6</u>	7	8	9	10
2. _____	0	1	2	3	4	5	6	7	8	9	10
3. _____	0	1	2	3	4	5	6	7	8	9	10
4. _____	0	1	2	3	4	5	6	7	8	9	10
5. _____	0	1	2	3	4	5	6	7	8	9	10
6. _____	0	1	2	3	4	5	6	7	8	9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature: [Handwritten Signature]

Date: 19 MAY 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0429-Painscale, Scanned Date: 05/24/2023

Notes:

Accuhealth

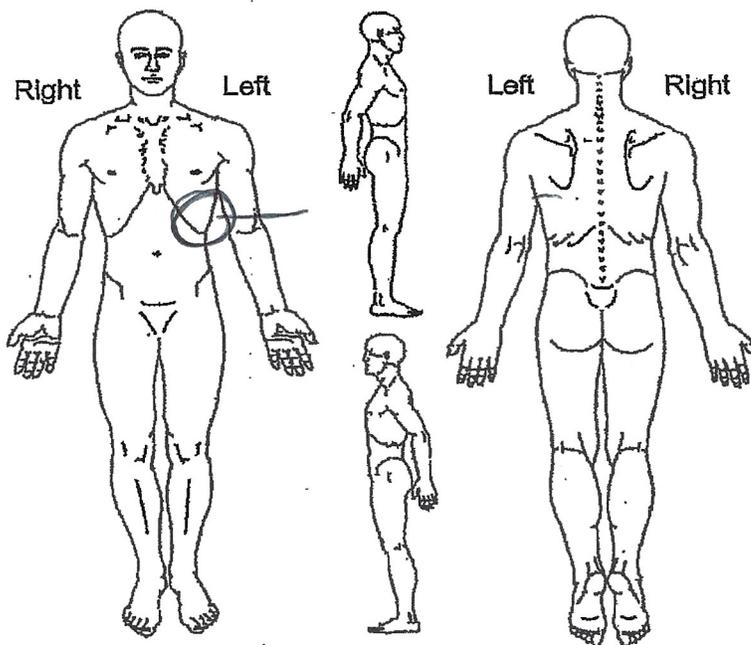
Injury & Wellness

Name: STEPHEN HEATH

Date: 29 APRIL 2023

Area:	Pain Level Today				
	No Pain	Mild	Moderate	Severe	Extreme
1. <u>LEFT #7/8 RIB</u>	0	1 2 3	4 5 6	7 8 9	10
2. _____	0	1 2 3	4 5 6	7 8 9	10
3. _____	0	1 2 3	4 5 6	7 8 9	10
4. _____	0	1 2 3	4 5 6	7 8 9	10
5. _____	0	1 2 3	4 5 6	7 8 9	10
6. _____	0	1 2 3	4 5 6	7 8 9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature: *[Handwritten Signature]*

Date: 29 APRIL 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0428-Painscale, Scanned Date: 05/24/2023

Notes:

Accuhealth

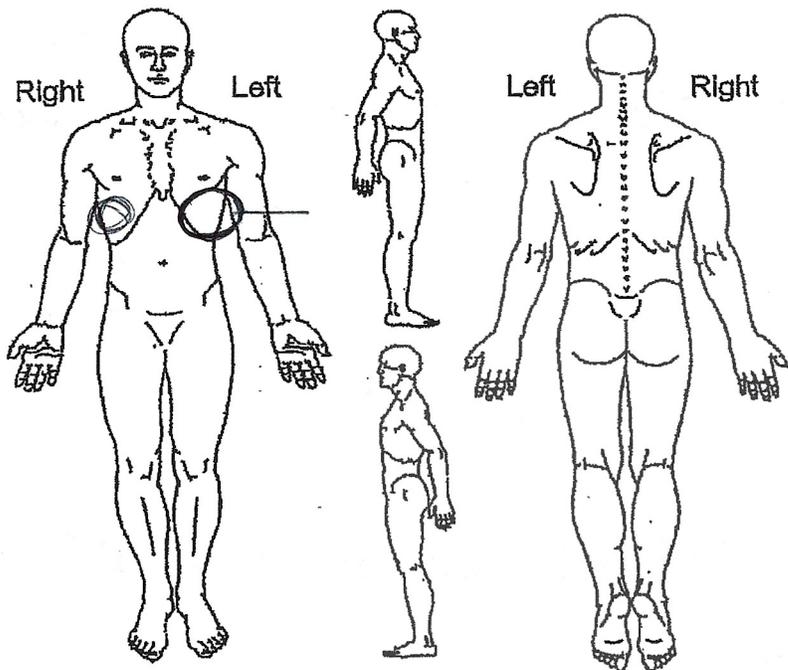
Injury & Wellness

Name: STEPHEN E HEATH

Date: 28 APRIL 2023

Area:	Pain Level Today				
	No Pain	Mild	Moderate	Severe	Extreme
1. <u>LEFT 7/8 RIBS</u>	0	1 2 3	4 5 6	7 8 9	10
2. <u>RIGHT 7/8 RIBS</u>	0	1 2 3	4 5 6	7 8 9	10
3. _____	0	1 2 3	4 5 6	7 8 9	10
4. _____	0	1 2 3	4 5 6	7 8 9	10
5. _____	0	1 2 3	4 5 6	7 8 9	10
6. _____	0	1 2 3	4 5 6	7 8 9	10

Please **circle** or use an "X" to indicate the areas that you have pain. Draw arrows to indicate radiating pain, numbness, or tingling of the arms, hands, legs, or feet.



List of current medications (medical follow up visits only).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature: *Stephen E Heath*

Date: 28 APRIL 2023

I HEREBY STATE THAT THE ABOVE IS TRUE AND REPRESENTATIVE OF MY INJURY AND SYMPTOMS.

Document Name: 2023-0429-Disability Narrative, Scanned Date: 05/19/2023

Notes:



1725 MAIN ST, STE 2
HOUSTON, TX 77002
PH: (713) 485-5200 FAX: (972) 238-0456

DISABILITY NARRATIVE

April 29, 2023

Patient: Heath Stephen
DOI: 04/26/2023

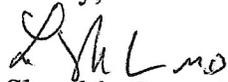
To Whom It May Concern,

I have seen and evaluated patient for a work-related injury he sustained while employed by the Federal Bureau of Prisons as a Federal Correctional officer. Today, patient has constant pain on left chest side. The patient has been diagnosed with Closed fracture of multiple ribs of left side, Initial encounter (S22.42XA), Fall, Initial encounter (W19.XXA) and Contusion of left chest wall, initial encounter.

Due to the above conditions, patient is unable to perform any of his job daily duties. His daily duties consist of computer entry, rounds every 30 minutes in units, responds to unit emergencies and walking up and down the stairs on concrete floors. Patient will be totally disabled from work from 04/28/2023 through 05/19/2023

Patient's follow-up visit will be on 05/19/2023 to determine further care.

Sincerely,


LaShondria Camp, MD

Document Name: 2023-0428-LT Chest, Scanned Date: 04/28/2023

Notes:

Current Immunizations (continued)

Name	Date	Dose	VIS Date	Route
Influenza, Unspecified	2/22/2016	--	--	--
Influenza, Unspecified	11/13/2013	--	--	--
PPD Test	8/21/2012	--	--	--
Pneumococcal Polysaccharide	5/19/2015	--	--	--
Tdap	7/20/2018	--	--	--
Tdap	8/21/2012	--	--	--
Zoster	4/28/2014	--	--	--

Microbiology Results-Last 5 Days.

** No results found for the last 120 hours. **

Radiation Oncology Results-Last 5 Days.

** No results found for the last 120 hours. **

Imaging Results-Last 5 Days.



Procedure	Component	Value	Units	Date/Time
XR Ribs W Pa Chest Left [622531308]				Collected: 04/28/23 0930
Lab Status: Final result				Updated: 04/28/23 0934
Narrative:				

EXAM: XR RIBS W PA CHEST LEFT

HISTORY: trauma

COMPARISON: None available

IMPRESSION:

1. Acute fracture of the left seventh rib anterolaterally. Questionable nondisplaced fracture of the left eighth rib.
2. The lungs are clear of acute infiltrate, consolidation, or pleural effusion. No pneumothorax. There is atelectasis in the left lower lobe.
3. The cardiac silhouette is not enlarged. Pulmonary vasculature is within normal limits.

5MN1IMG_PS14

Lab Results-Last 5 Days.

** No results found for the last 120 hours. **

Point of Care Results-Last 5 Results.

None

Blood Bank Results-Last 5 days.

** No results found for the last 120 hours. **

Docked Device Point of Care Results-Last 5 Results.

None

Lab Panel Results-Last 5 Days.

** No results found for the last 120 hours. **

Lab Only Results-Last 5 Days.

** No results found for the last 120 hours. **

Vitals

Most recent update: 4/28/2023 8:55 AM

Document Name: 2023-0428-Methodist Records, Scanned Date: 04/28/2023

Notes:

Heath, Stephen
 Facility: **Houston Methodist**
 SA: **HOUSTON METHODIST SERVICE AREA**

MRN: **106407406**
 PT#:
 Report: **1604563301 - ED Summary of Care Document**

Basic Information

Date Of Birth	Legal Sex	Race	Ethnic Group	Preferred Language	Preferred Written Language
4/13/1967	Male	Caucasian	Not Hispanic or Latino	English	English

Diagnoses

	Codes	Comments
Closed fracture of multiple ribs of left side, initial encounter Primary	S22.42XA	
Fall, initial encounter	W19.XXXA	
Contusion of left chest wall, initial encounter	S20.212A	

Allergies as of 4/28/2023

Reviewed by Sanchez, Ronnie Ugay, RN on 4/28/2023

	Noted	Reaction Type	Reactions
Iodine And Iodide Containing Products IV Contrast Dye	08/08/2011		Shortness Of Breath
Fluticasone Thrush	02/06/2013		Other (See Comments)

Current Medications Are

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Take 1 tablet by mouth every 6 (six) hours as needed for moderate pain or severe pain for up to 5 days .acute pain. Max Daily Amount: 4 tablets
ibuprofen (ADVIL) 600 MG tablet	Take 1 tablet (600 mg total) by mouth every 6 (six) hours as needed for mild pain for up to 30 days.
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet (Discontinued)	Take 1 tablet by mouth every 6 (six) hours as needed for moderate pain or severe pain for up to 30 doses .acute pain. Max Daily Amount: 4 tablets
aspirin/acetaminophen/caffeine (EXCEDRIN EXTRA STRENGTH ORAL)	Take by mouth.
olodateroL 2.5 mcg/actuation mist	Inhale 5 mcg daily.
meloxicam (MOBIC) 15 mg tablet	Take 1 tablet (15 mg total) by mouth daily as needed.
losartan-hydrochlorothiazide (HYZAAR) 50-12.5 mg per tablet	Take 1 tablet by mouth daily.
mometasone 200 mcg/actuation HFA aerosol inhaler	Inhale 400 mcg 2 (two) times a day.
albuterol (PROAIR HFA,PROVENTIL HFA,VENTOLIN HFA) 90 mcg/actuation inhaler	Inhale 2 puffs every 6 (six) hours as needed.
fluticasone (FLONASE) 50 mcg/actuation nasal spray	2 sprays (100 mcg total) by Each Nare route daily.
loratadine (CLARITIN) 10 mg tablet	Take 1 tablet (10 mg total) by mouth daily.
montelukast (SINGULAIR) 10 mg tablet	Take 1 tablet (10 mg total) by mouth nightly.
omeprazole (PriLOSEC) 20 MG capsule	Take 1 capsule (20 mg total) by mouth daily as needed.

Current Immunizations

Name	Date	Dose	VIS Date	Route
Hep B, Adolescent or Pediatric	9/4/2012	--	--	--
Hep B, Adolescent or Pediatric	6/1/2012	--	--	--
Hep B, Adolescent or Pediatric	4/30/2012	--	--	--
Influenza, Unspecified	10/6/2017	--	--	--

Current Immunizations (continued)

Name	Date	Dose	VIS Date	Route
Influenza, Unspecified	2/22/2016	--	--	--
Influenza, Unspecified	11/13/2013	--	--	--
PPD Test	8/21/2012	--	--	--
Pneumococcal Polysaccharide	5/19/2015	--	--	--
Tdap	7/20/2018	--	--	--
Tdap	8/21/2012	--	--	--
Zoster	4/28/2014	--	--	--

Microbiology Results-Last 5 Days.

** No results found for the last 120 hours. **

Radiation Oncology Results-Last 5 Days.

** No results found for the last 120 hours. **

Imaging Results-Last 5 Days.



Procedure	Component	Value	Units	Date/Time
XR Ribs W Pa Chest Left [622531308]				Collected: 04/28/23 0930 Updated: 04/28/23 0934

Lab Status: Final result
Narrative:
EXAM: XR RIBS W PA CHEST LEFT

HISTORY: trauma

COMPARISON: None available

IMPRESSION:

1. Acute fracture of the left seventh rib anterolaterally. Questionable nondisplaced fracture of the left eighth rib.
2. The lungs are clear of acute infiltrate, consolidation, or pleural effusion. No pneumothorax. There is atelectasis in the left lower lobe.
3. The cardiac silhouette is not enlarged. Pulmonary vasculature is within normal limits.

5MN1IMG_PS14

Lab Results-Last 5 Days.

** No results found for the last 120 hours. **

Point of Care Results-Last 5 Results.

None

Blood Bank Results-Last 5 days.

** No results found for the last 120 hours. **

Docked Device Point of Care Results-Last 5 Results.

None

Lab Panel Results-Last 5 Days.

** No results found for the last 120 hours. **

Lab Only Results-Last 5 Days.

** No results found for the last 120 hours. **

Vitals

Most recent update: 4/28/2023 8:55 AM

Vitals (continued)

Most recent update: 4/28/2023 8:55 AM

BP	Pulse	Temp	Resp	Ht
159/76	66	97.5 °F !	15	6'
Wt	SpO2	BMI		
88.5 kg (195 lb)	98%	26.45 kg/m ²		

Social History

Tobacco History

Smoking Status

Never

Smokeless Tobacco Use

Never

Alcohol History

Alcohol Use Status

Yes

Comment

very rare

Drug Use

Drug Use Status

Never

Sexual Activity

Sexually Active

Defer

Activities of Daily Living

Not Asked

Patient Care Team

	Relationship	Specialty	Notifications	Start	End
Asked, No Pcp	PCP - General			12/2/22	
Hernandez, Eduardo, MD	Consulting Physician	Cardiovascular		12/7/22	
Worley, Todd Anthony, MD	Consulting Physician	General Surgery		1/11/23	
Jakobi, Janelle Mary, PA		Physician Assistant		1/11/23	

AFTER VISIT SUMMARY

Stephen Heath MRN: 106407406 CSN: 2100149415070

📅 4/28/2023 📍 Houston Methodist Emergency Care Center in Cypress 281-737-2424

Instructions



Your medications have changed

- ➡ START taking:
ibuprofen (ADVIL)

Review your updated medication list below.



Read the attached information

- Chest Wall Contusion (English)
- Rib Fracture (English)



Pick up these medications at WALGREENS DRUG STORE #04161 - HOUSTON, TX - 8206 HIGHWAY 6 N AT FOREST TRAIL & HIGHWAY 6 NORTH

- HYDROcodone-acetaminophen
- Your estimated payment per fill: \$1

Address: 8206 HIGHWAY 6 N, HOUSTON TX 77095-1904
Hours: 24-hours
Phone: 281-550-2169



Pick up these medications from any pharmacy with your printed prescription

- ibuprofen
- Your estimated payment per fill: Estimate unavailable



Follow up with your Doctor in 2 days (around 4/30/2023)

Why: As needed, Continuance of care

Today's Visit

Your ED Care Team that has determined your plan of care: James Patrick Weller Jr., MD

Reason for Visit

Fall

Diagnoses

- Closed fracture of multiple ribs of left side, initial encounter
- Fall, initial encounter
- Contusion of left chest wall, initial encounter

📷 Imaging Tests

XR Ribs W Pa Chest Left

💊 Medications Given

keTOROlac (TORadol) Last given at 9:14 AM



Blood Pressure
159/76



Temperature
97.5 °F



Pulse
66



Respiration
15



Oxygen Saturation
98%

What's Next

MAY
31
2023

ESTABLISHED PATIENT with Jeffrey Allen Farnum, MD
Wednesday May 31 9:00 AM

Houston Methodist
Urology Associates
18220 State Highway
249 Suite 365
HOUSTON TX
77070-4349
281-737-0930
Arrive at: Women's &
Children's Pavilion

You are allergic to the following

Allergen	Reactions
Iodine And Iodide Containing Products IV Contrast Dye	Shortness Of Breath
Fluticasone Thrush	Other (See Comments)

Your Medication List

TAKE these medications

HYDROcodone-acetaminophen 5-325 mg per tablet
Commonly known as: NORCO

Take 1 tablet by mouth every 6 (six) hours as needed for moderate pain or severe pain for up to 5 days .acute pain. Max Daily Amount: 4 tablets



START

ibuprofen 600 MG tablet
Commonly known as: ADVIL

Take 1 tablet (600 mg total) by mouth every 6 (six) hours as needed for mild pain for up to 30 days.

ASK your doctor about these medications



ASK

albuterol 90 mcg/actuation inhaler
Commonly known as: PROAIR HFA



ASK

EXCEDRIN EXTRA STRENGTH ORAL



ASK

fluticasone propionate 50 mcg/actuation nasal spray
Commonly known as: FLONASE



ASK

loratadine 10 mg tablet
Commonly known as: CLARITIN



ASK

losartan-hydrochlorothiazide 50-12.5 mg per tablet
Commonly known as: HYZAAR



ASK

meloxicam 15 mg tablet
Commonly known as: MOBIC



ASK

mometasone 200 mcg/actuation HFA aerosol inhaler



ASK

montelukast 10 mg tablet
Commonly known as: SINGULAIR



ASK

olodateroL 2.5 mcg/actuation mist

Your Medication List (continued)

ASK your doctor about these medications (continued)



ASK

omeprazole 20 MG capsule
Commonly known as: PriLOSEC

MyChart Signup Instructions

Our records indicate that you have an active Houston Methodist MyChart account.

You can view your "After Visit Summary" by going to HoustonMethodist.org/mychart and logging in with your Houston Methodist MyChart username and password. If you are under 18 and would like to view your "After Visit Summary," please have your parent or guardian login with his or her own Houston Methodist MyChart username and password and access your records.

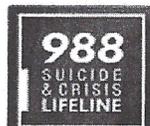
If you have questions, please call 832.667.5694 to speak with our Houston Methodist Customer Service Team. Remember, do not use Houston Methodist MyChart if you have an urgent need or request. For medical emergencies, dial **911**.

National Crisis Hotline

Contact the Crisis Hotline

National Crisis Hotline 800-273-8255 (800-273-TALK) WWW.CRISISCENTER.ORG

988 Suicide Hotline



Need Support Now?

If you or someone you know is struggling or in crisis, help is available. Call or text **988** or chat 988lifeline.org

Advanced Directive Information

What Are Your Advance Directives?

You have the right to make fundamental decisions regarding the medical care you receive while you are in the hospital and give informed consent to treatment recommended by your physician. However, there may be circumstances which prevent you from making those decisions for yourself. A growing number of individuals desire to make their wishes regarding life-prolonging treatment known in advance to their families and physicians. Texas law allows individuals to

Advanced Directive Information (continued)

make such decisions in advance through documents known as advance directives. Complaints concerning advance directives requirements may be filed by calling the Texas Department of Health at 888.973.0022.

Types of Advance Directives

- Directive to Physician (Living Will)
- Medical Power of Attorney for Health Care Decisions (also known as Durable Power of Attorney for Health Care Decision-Making)
- Out-of-Hospital DNR (Do Not Resuscitate)
- Declaration for Mental Health Treatment

Directive to Physician

A directive to physicians allows a competent individual to accept, refuse, withdraw or control decisions relating to rendering of medical care, specifically the use of life-prolonging medical treatment when a condition is terminal and/or irreversible and you are not able to make your own decisions

Medical Power of Attorney

A medical power of attorney allows a competent person to designate someone he or she trusts (agent) to make health care decisions for him or her should he or she become unable to do so. The person you choose may make health care decisions on your behalf only when your physician decides you cannot make those decisions yourself. Once signed, a directive to physicians or a medical power of attorney does not have to be renewed. It can be revoked at any time by the person who signed the document in writing or orally by telling the physician, agent, family or an immediate health care provider.

Out-of-Hospital DNR

An Out-of-Hospital DNR form allows you to refuse certain life-sustaining treatments outside of the hospital. Those settings include hospital emergency centers, home health, hospice, nursing homes and ambulances. A physician's signature is required, along with two witnesses.

Declaration for Mental Health Treatment

A declaration for mental health treatment deals with mental health treatment issues only. A declaration for mental health treatment allows you to tell your health care providers your choices for mental health treatment in the event you become incapacitated.

Surrogate Decision-Maker

If you become unable to make your own health care decisions and do not have a legal guardian or someone designated under a medical power of attorney, then certain family members and others can make medical treatment decisions on your behalf.

Legal Aspects of Advance Directive

An advance directive does not need to be notarized. Neither this hospital nor your physician may require you to execute an advance directive as a condition for admittance or receiving treatment in this or any other hospital. The fact that you will have executed an advance directive will not affect any insurance policies you may have.

Durable Medical Equipment Instructions

If you have questions concerning the durable medical equipment you received from AdaptHealth during your stay, please visit our website at www.adapthealth.com or call 833-300-5777

Behavioral Health Resources

Houston Methodist patients can access licensed behavioral health providers in the **MyMethodist** app. Go to your App Store, download the **MyMethodist** app, and select **Virtual Health Care** to schedule your session using your mobile device or laptop from anywhere.

All of the behavioral health services are available without insurance. The cost of the visit varies based on the experience of the therapist. Please enter your insurance information before your visit to determine your individual pricing.

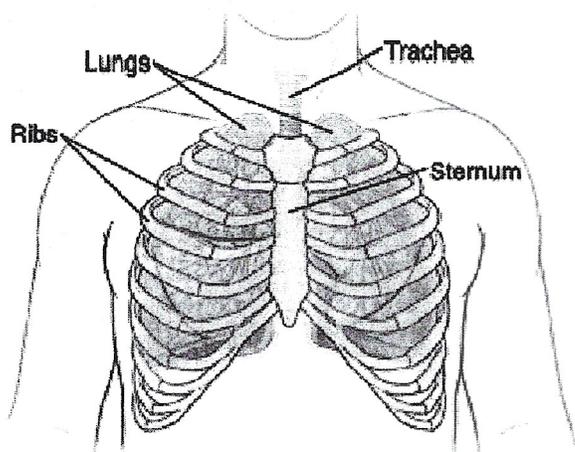
Houston Methodist Virtual Urgent Care

Houston Methodist Virtual Urgent Care is available 24/7 to help you with your needs. A Houston Methodist provider will assess your condition, offer a diagnosis and prescribe a treatment plan and medication, if necessary. Record of the visit will be visible in MyChart for you and your physician. We accept all major insurance and offer a flat fee option of \$50. For more information on Houston Methodist Virtual Urgent Care and instructions on how to start a visit, go to <https://www.houstonmethodist.org/pcg/virtual-urgent-care/>

Attached Information

Chest Wall Contusion (English)

Chest Bruise (Contusion)



The chest wall runs from the shoulders to the diaphragm or bottom of the ribs. It includes the front and back of the rib cage. It also includes the breastbone, shoulders, and collarbones. A blunt trauma such as during a car accident or fall can injure the chest wall. This injury is called a chest wall bruise (contusion).

Injury to the chest wall may result in pain, tenderness, bruising, and swelling. It may also result in broken ribs and injured muscles. These cause pain, often during breathing. If one or more ribs are broken in several areas, the chest wall may become unstable and painful. This may cause serious breathing trouble.

In the emergency room or urgent care center, any broken bones or other injuries will be assessed. You will likely be given medicine for pain. Broken ribs usually heal without further treatment. A broken shoulder or collarbone may be taped or supported with a sling.

Home care

Follow these guidelines when caring for yourself at home:

- Rest. Don't do any heavy lifting or strenuous activity. Don't do any activity that causes pain.
- Put an ice pack on the injured area. Do this for 20 minutes every 1 to 2 hours the first day. You can make an ice pack by wrapping a plastic bag of ice cubes in a thin towel. Continue to use the ice pack 3 to 4 times a day for the next 2 days. Then use the ice pack as needed to ease pain and swelling.
- After 1 to 2 days you may put a warm compress on the area. Do this for 10 minutes several times a day. A warm compress is a clean cloth that's damp with warm water.
- Hold a pillow to the affected area when you cough. This will help ease pain.
- You may use over-the-counter pain medicine such as acetaminophen or ibuprofen to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease, talk with your healthcare provider before using these medicines. Also talk with your provider if you've had a stomach ulcer or gastrointestinal bleeding.

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- New abdominal pain or abdominal pain that gets worse
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

Call 911

Call 911 if any of these occur:

- Dizziness, weakness, or fainting
- Shortness of breath, trouble breathing, or breathing fast
- Chest pain gets worse when you breathe
- Severe pain that comes on suddenly or lasts more than an hour

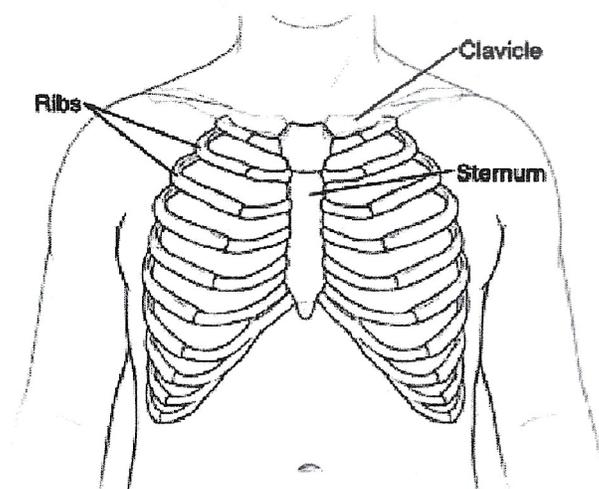
StayWell last reviewed this educational content on 11/1/2019

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Attached Information

Rib Fracture (English)

Rib Fracture



You broke one or more ribs. This is called a rib fracture. Rib fractures don't need a cast like other bones. They will heal by themselves in about 4 to 6 weeks. The first 3 to 4 weeks will be the most painful. During this time deep breathing, coughing, or changing position from sitting to lying down, may cause the broken ends to move slightly.

Home care

- Rest. You should not be doing any heavy lifting or strenuous exertion until the pain goes away.
- It hurts to breathe when you have a broken rib. This puts you at risk of getting pneumonia from poor airflow through your lungs. To prevent this:
 - Take several very deep breaths once an hour while you're awake. Breathe out through pursed lips as if you are blowing up a balloon. If possible, actually blow up a balloon or a rubber glove. This exercise builds up pressure inside the lung and prevents collapse of the small air sacs of the lung. This exercise may cause some pain at the site of injury. This is normal.
 - You may have gotten a breathing exercise device called an incentive spirometer. Use it at least 4 times a day, or as directed.
- Apply an ice pack over the injured area for 15 to 20 minutes every 1 to 2 hours. You should do this for the first 24 to 48 hours. To make an ice pack, put ice cubes in a plastic bag that seals at the top. Wrap the bag in a clean, thin towel or cloth. Never put ice or an ice pack directly on the skin. Keep using ice packs as needed for the relief of pain and swelling.
- You may use over-the-counter pain medicine to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI (gastrointestinal) bleeding, talk with your healthcare provider before using these medicines.
- If your pain is not controlled, contact your healthcare provider. Sometimes a stronger pain medicine may be needed. A nerve block can be done in case of severe pain. It will numb the nerve between the ribs.

Follow-up care

Follow up with your healthcare provider, or as advised. In rare cases, a broken rib will cause complications in the first few days that may not be clearly seen during your initial exam. This can include collapsed lung, bleeding around the lung or into the belly (abdomen), or pneumonia. So watch for the signs below.

If X-rays were taken, you will be told of any new findings that may affect your care.

Call 911

Call 911 if you have:

- Dizziness, weakness or fainting
- Shortness of breath with or without chest discomfort
- New or worsening abdominal pain
- Discomfort in other areas of your upper body such as your shoulders, jaw, neck, or arms

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Increasing chest pain with breathing
- Fever of 100.4°F (38°C) or above, or as directed by your healthcare provider
- Congested cough, nausea, or vomiting

StayWell last reviewed this educational content on 4/1/2018

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April 28, 2023

Patient:	Stephen Heath	Department	Houston Methodist
Date of Birth:	04/13/1967	Information:	Emergency Care Center In
Date of Visit:	4/28/2023		Cypress
			27560 Us 290 Frontage
			Cypress TX 77433-4090
			281-737-2424

To Whom It May Concern:

Stephen Heath was seen and treated in our emergency department on 4/28/2023.
He may return to work on 05/01/2023.

If you have any questions or concerns, please don't hesitate to call.

Weller, James Patrick Jr., MD

Document Name: CA-1, Scanned Date: 04/28/2023

Notes:



U.S. Department of Labor
 Office of Workers' Compensation Programs

ECN 16319748 Trans Date
 Pending final review by AR 04/28/2023
 Filer s3heath@bop.gov 04/27/2023
 Supv. jstallings@bop.gov 04/28/2023
 AR

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle) Heath, Stephen, E		1a. Email address s3heath@bop.gov	2. Social Security Number 231904590	
3. Date of birth Mo. Day Yr. April 13, 1967	4. Gender Male	5. Home telephone (281) 467-1852	6. Grade as of date of injury Level GL-6 Step 2	
7. Employee's home mailing address (include street address, city, state, and ZIP code) 10035 Driftwood Park Dr			8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other	
City Houston		State TX	ZIP Code 77095	

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)
 FDC Houston Texas, 1200 Texas Ave, Houston, TX, 77002

10. Date injury occurred Mo. Day Yr. April 26, 2023	Time 08:40 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. April 27, 2023	12. Employee's occupation CORRECTIONAL OFFICER
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13. Cause of injury (Describe what happened and why)
 Walking in Common Area of Unit (4 West). I slipped and fell onto the wet mopped floor, landing on my chest.

14. Nature of injury (identify both the injury and the part of the body, e.g., fracture of left leg) I slipped and fell onto the wet mopped floor, landing on my chest.	a. Occupation code 0007	
	b. Type code 200	c. Source code 0110
	OWCP Use - NOI Code	

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Worker's Compensation Program (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf Stephen E Heath Date April 27, 2023

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete this receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness	Signature of witness	Date signed	
Address	City	State	ZIP Code 000

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP.

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report			
17. Agency name and address of reporting office (include street address, city, state, and ZIP code) FEDERAL BUREAU OF PRISONS 1200 TEXAS AVE			OWCP Agency Code 1503-HO OSHA Site Code
City HOUSTON	State TX	ZIP Code 77371	
18. Employee's duty station (include street address, city, state and ZIP code) PO BOX 526245		City HOUSTON	State TX ZIP Code
19 Employee's retirement coverage <input type="checkbox"/> CSRS <input checked="" type="checkbox"/> FERS <input type="checkbox"/> Other, (identify)			
20. Regular work hours From: 03:00 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.		To: 11:00 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	
21. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input checked="" type="checkbox"/> Tues. <input checked="" type="checkbox"/> Wed. <input checked="" type="checkbox"/> Thurs. <input checked="" type="checkbox"/> Fri. <input checked="" type="checkbox"/> Sat.			
22. Date of Injury Mo. Day Yr. April 26, 2023		23. Date notice received Mo. Day Yr. April 27, 2023	
24. Date stopped work Mo. Day Yr.		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
25. Date pay stopped Mo. Day Yr.		26. Date 45 day period began Mo. Day Yr.	
27. Date returned to work Mo. Day Yr.		Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
28. Was employee injured in performance of duty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)			
29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? <input type="checkbox"/> Yes (If "Yes," explain) <input checked="" type="checkbox"/> No			
30. Was injury caused by third party? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," go to Item 32.)		31. Name and address of third party (include street address, city, state, and ZIP code) City State ZIP Code 000	
32. Name and address of physician first providing medical care (include street address, city, state, ZIP code) City State ZIP Code 000		33. First date medical care received Mo. Day Yr.	
34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No," explain)			
36. If the employing agency controverts continuation of pay, state the reason in detail.			37. Pay rate when employee stopped work Per

Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation concealment of fact, etc. in respect of this claim may also be subject to appropriate felony criminal prosecution. I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print) JOHN STALLINGS	Date April 28, 2023
Signature of supervisor JOHN STALLINGS	Office phone (713) 221-5400
Supervisor's Title LIEUTENANT	

39. Filing instructions No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
 No lost time, medical expense incurred or expected: forward this form to OWCP
 Lost time covered by leave, LWOP, or COP: forward this form to OWCP
 First Aid Injury