

OHSU Plastic and Reconstructive Surgery Patient Information

06075458	825244638
STEPHENS, QADIRA	F
[REDACTED]	951282
ODS	229
K 100% Pati*	4/16/07
PLS RESIDENT	

JUGU 8+zine

Date 4/16/07 Sex: M F

Name Qadira Stephens

Address [REDACTED]

City/St/Zip [REDACTED]

Phone: Home ([REDACTED]) Work ()

DOB [REDACTED] SSN [REDACTED] Occupation _____

Preferred Pharmacy: WALGREENS Phone #: _____

How did you hear about us? Physician Family/Friend Advertisement Other

Referring Doctor (name) SARAH TUBINGSING

Address OHSU (GABREIL PARK)

City/St/Zip _____ Phone () _____

Reason for initial visit SKIN BURN ON LEG

Insurance Information

7/12 →

Primary Insurance

Policy holders name _____

ID # _____

Group # _____

Address _____

Phone _____

Secondary Insurance

Policy holders name _____

ID # _____

Group # _____

Address _____

Phone _____

IF Workers Comp:

Carrier _____

Claim # _____

D.O.I _____

Claims Adjuster _____

Phone _____

Employer _____

IF Motor Vehicle Accident:

Carrier _____

Policy # _____

D.O.I _____

Phone _____

Agreement to Pay Medical Expenses

I understand that I am personally responsible for all medical expenses incurred at OHSU Division of Plastic and Reconstructive Surgery Clinic for medical care and treatment. I agree to pay all medical expenses within 30 days of the date I am billed for those expenses, unless other arrangements have been made with OHSU Division of Plastic and Reconstructive Surgery.

Patient Signature [Signature] (FATHER) Date 4/16/07
FOR QADIRA STEPHENS

OHSU Plastic and Reconstructive Surgery Medical History

OHSU PATIENT QUESTIONNAIRE

Please list any allergies (i.e. penicillin, sulfa, iodine, seafood, codeine, anesthesia, Lidocaine, eggs, tape, etc.)

<u>Food/Drug</u>	<u>Reaction</u>
MILK (COW)	RASH
_____	_____
_____	_____
_____	_____

Current Medications: Please include herbal supplements or over-the-counter remedies

<u>Name of Drug</u>	<u>Dose (mg)</u>	<u>How Often Taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History

Please check the appropriate box if you have any of the following medical problems:

- | | |
|---|---|
| <input type="checkbox"/> Recent unexpected weight loss
<input checked="" type="checkbox"/> Change in appetite
<input type="checkbox"/> Problems sleeping
<input type="checkbox"/> Fevers
<input type="checkbox"/> Chills
<input type="checkbox"/> Prolonged or persistent infections
<input type="checkbox"/> Night Sweats
<input type="checkbox"/> Headaches
<input type="checkbox"/> Seizure, head injury
<input type="checkbox"/> Stroke
<input type="checkbox"/> Gout
<input type="checkbox"/> Visual/Hearing problems
<input type="checkbox"/> Asthma/Respiratory problems
<input type="checkbox"/> Chest pain/Heart disease
<input type="checkbox"/> Arrhythmias/Heart murmurs
<input type="checkbox"/> Thyroid/Hormonal difficulty
<input type="checkbox"/> Hepatitis/Liver disease
<input type="checkbox"/> Muscle disease | <input type="checkbox"/> Arthritis
<input checked="" type="checkbox"/> Diabetes
<input checked="" type="checkbox"/> Osteoporosis
<input type="checkbox"/> Kidney/Urine/Bladder problems
<input type="checkbox"/> Menstrual difficulty
<input type="checkbox"/> Pelvic pain
<input type="checkbox"/> Cancer
<input type="checkbox"/> Bleeding tendencies/Bruise easily
<input type="checkbox"/> Blood clots/Phlebitis
<input type="checkbox"/> HIV/AIDs
<input type="checkbox"/> TB-Tuberculosis
<input type="checkbox"/> Anemia/Blood disorders
<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Stomach problems/Ulcers, etc.
<input type="checkbox"/> Neuropathy/Nerve disease
<input type="checkbox"/> Depression/Anxiety/Stress |
|---|---|

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Please list all surgeries or serious injuries:

Type	Year	Surgeon	City
BURN	2007		

UNIVERSITY OF MICHIGAN

Do you smoke? Yes No How much _____

Do you use drugs or alcohol? Yes No How often _____

& Women: Are you pregnant? Yes No Maybe

Your height: 4 ft 3.5 inches Your weight: 59 lbs

Please list any medical conditions that seem to run in your family

Illness	Relationship
DIABETES	GRAND FATHER

Please list any recent illness or medical concerns: _____

Have you had any diagnostic tests done?

	Where	When
X-Rays		
MRI		
CT		
Mammogram		
EMG		
Ultrasound		
EKG/Stress Test		
Other		

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PLS RESIDENT

Plastic 04/16/07 --

00825244638OC1097E
06075458 STEPHENS

04/16/200704/16/200704/16/2007 5224488
QADIRA 841048

Clinic Date: 04/16/2007

Clinic: Plastic Surgery

Chief Complaint: Scald burn, left distal medial thigh.

History of Present Illness: Qadira is an 8-year-old female who sustained a scald burn to her distal medial thigh on Thursday, April 12, 2007, while over at a friend's house. Reportedly, the friend's parents were filling the bathtub with hot water when the patient slipped and fell under the stream of hot water. The patient was taken to the emergency room later that evening where she was started on 3 times daily wound care with Silvadene and Xeroform. The patient subsequently obtained a referral for Plastic Surgery followup, which is why they are here today.

Overall, the patient has been doing well with minimal discomfort in the affected areas. She has been tolerating her dressing changes without much difficulty per the parents. She has had no problems with fevers or other signs of systemic illness.

Allergies: MILK (RASHES).

Medications: None.

Previous Medical History: None.

Previous Surgical History: None.

Family History: Noncontributory.

Social History: The patient lives with her parents and younger sister.

Physical Examination: A young, pleasant female in no apparent distress, lying on the exam table. Focused examination of the patient's wound on the medial aspect of the distal left thigh is consistent with superficial partial-thickness burns, measuring approximately 4 cm at its widest by approximately 8 cm. There are a few areas of the burn where there is dead epidermis from probable previous blistering, which are easily removed. Overall, there are no signs of infection, and there is no evidence of a deep partial-thickness injuries.

Assessment and Plan: An 8-year-old female with superficial partial-thickness burns to the left medial thigh.

1. Given the superficial nature of the burn, appropriate dressing care would be for the patient's parents to continue with the Silvadene and Xeroform on a once daily basis. The patient's parents were also informed regarding general wound care including showering to keep the area clean and remove all previous Silvadene at each application.
2. Wound healing was discussed in detail with the parents. Given Qadira's problems of hyperpigmented lesions from previous superficial

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Dept: HIS Phone: ?

Date: 081907

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injuries, it is quite possible that she will have some hyperpigmentation of this area when she is finished healing. However, the parents were reassured that in general there should be no problems with actual scarring for this level of burn injury. At this point in time, the patient may return to school as tolerated although would refrain from strenuous play or physical education so as not to dislodge the dressing.

3. The patient will return on a p.r.n. basis in 2 weeks or if the patient's parents have any questions.

Randall Nacamuli, M.D.

RN / HS
4092779 / 864249 / 37046 / 32261
D: 04/16/2007
T: 04/16/2007

Electronically signed by Randall Nacamuli 04-30-2007 02:52:43 PM

** Confidential Health Information Copy **

STEPHENS ,QADIRA MR#: 06075458 [REDACTED] Sex F Clinical Reports
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Office V 04/16/07 14:30 --

DATE PROVIDER DEPARTMENT CENTER
4/16/2007 80470-PLS RESIDENT PLS GEN CHH PLASTIC SURG

ADDITIONAL PROGRESS NOTES:

RANDALL NACAMULI MD MON APR 16, 2007 4:11 PM SIGNED
THIS OFFICE NOTE HAS BEEN DICTATED, #4092779

A/P

- DAILY SILVADENE DRESSINGS
- GENERAL WOUND HEALING GUIDELINES WERE GIVEN, INCLUDING SCAR MATURATION, AND SUN PROTECTION.
- OK TO AMBULATE OR RETURN TO SCHOOL AS TOLERATED.
- F/U PRN, WILL SCHEDULE APPT. FOR 2 WEEKS

RANDALL NACAMULI MD

REASON FOR VISIT:

NEW PATIENT CONSULTATION (13822) CMT: BURN ON LEG, CONCERNED PART OF LEG
MAY BE GETTING INFECTED

REASON FOR VISIT HISTORY RECORDED

DIAGNOSES:

* 948.10D BURN (ANY DEGREE) INVOLVING 10-19% OF BODY SURFACE

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Dept: HIS Phone: 494-6288

Date: 080708

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