

UCSF Outpatient Referral:**AMB REFERRAL TO PAIN MEDICINE
(Order# 179902794)****Patient Demographics**

Patient Name	Sex	DOB	SSN	Address	Phone
"HASSAY" Salmon, Aaron	Male	5/17/1976	xxx-xx-9321	518 laidley street APT. B SAN FRANCISCO CA 94131	415-426-9389 (Home)

Referral Information

Department	Facility	Type
PAIN MGMT CENTER MZ	PARN - MEDICAL BLDG 1 - 400 PARNASSUS AVE	Internal Referral

Referral Associated with Order

Referral ID	Date	Referral Status	Decision Date
1279481	08/25/2014	New Request	8/25/14

Referred By	Referral Type	Referral Reason
Patricia C Rodgers	Consultation	Specialty Services Required

To Location/POS	To Provider	To Specialty
none	none	Pain Medicine

Priority	Visits Requested	Expiration Date
Routine	1	2/21/15

Referred from Department

Name	Address	Phone	Fax
UCSF Spine Center	400 PARNASSUS AVE, 3rd Floor San Francisco CA 94143-2202	866-817-7463	415-353-4047

Associated Diagnoses

DDD (degenerative disc disease), lumbar [722.52] - Primary
Lumbar foraminal stenosis [724.02]
Radicular leg pain [724.4]

Order Questions

Question	Answer	Comment
Reason for Referral?	38 y/o male with PTSD, ex military, Lumbar DDD, Patient needs pain management	

Scheduling Instructions

Clinic Phone Number: 415-885-7246

Please call the clinic if you do not receive a call within 1 week to schedule an appointment.

Electronically Signed By:

Electronically Authorized By Patricia C Rodgers, PA-C	Electronically Ordered By Patricia C Rodgers, PA-C
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UCSF Medical Center

505 Parnassus Avenue
SAN FRANCISCO, CA 94143-2204
Notes ReportHASSAT
SALMON, AARON
MRN: 55807817
DOB: 5/17/1976, Sex: M
Enc. Date: 08/25/14

UCSF Benioff Children's Hospital

H&P by Patricia C Rodgers, PA-C at 8/25/2014 12:09 PM (continued)

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae and EOM are normal.

Neck: No thyromegaly present.

Cardiovascular: Intact distal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal. No stridor. No respiratory distress.

Neurological: He is alert and oriented to person, place, and time. He has normal reflexes.

Skin: Skin is warm and dry.

Psychiatric: He has a normal mood and affect.

Spine ExamIMAGING

I have personally reviewed and interpreted the following studies

1. Multilevel degenerative changes of the lumbar spine greatest at L4-L5 and L5-S1. At L4-L5 right paracentral disc extrusion results in moderate to severe spinal canal stenosis with contact upon the traversing right L5 nerve root in the right lateral recess. Rounded intermediate signal structure posterior to the left paracentral L5-S1 disc may represent extruded disc or alternatively hematoma and results in severe compression of the left thecal sac and compression on the traversing left S1 nerve root.
2. Mild to moderate neural foraminal narrowing L4-L5 and L5-S1.
3. Clumping of the cauda equina nerve roots may be related to spinal canal stenosis at the inferior lumbar levels or alternately arachnoiditis.
4. Red marrow signal within the axial skeleton, which may be secondary to anemia.

PLAN

Mr Salmon has longstanding pathology related to his spine. He is documented with disability related to his spine from military records that he shared from 1998.

His primary complaint is pain to his legs, but he also has significant back pain. The patient is currently living with unstable home environment and he is having difficulty getting disability payments.

Patient has a significant history of psychiatric illness including post-traumatic stress disorder and a history of suicidal behaviour. Patient denies current suicidal ideation. We discussed options for care in detail including non-operative and operative care.

The patient does have significant neural compression at L4-5 and L5-S1 related to disc herniations. Operative options would include laminectomy and discectomy at L4-5 and L5-S1. I am reluctant to pursue surgical stabilization in the absence of instability or deformity.

At this point, the patient has significant flight of ideas and disorganized thinking that is apparent on interview with him. I am concerned that the stress of surgery may be difficult for him in the setting of an unstable home environment and poor control of mental illness.

I recommend trial of epidural injections for pain relief and consideration of surgery if patient has persistent symptoms despite non-operative care. Prior to surgery, the patient will need to have a note from his

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H&P by Patricia C Rodgers, PA-C at 8/25/2014 12:09 PM (continued)

psychiatrist confirming ongoing psychiatric care and that the patient's mental state is stable for surgery.

I have annotated the AHP's note as documented above.

Progress Notes by Susan Uyen Minh Huffstutter, PA at 10/30/2014 4:48 PM

Author: Susan Uyen Minh Huffstutter, PA	Service: (none)	Author Type: Physician Assistant
Filed: 11/4/2014 3:44 PM	Note Time: 10/30/2014 4:48 PM	Note Type: Progress Notes
Status: Addendum	Editor: Susan Uyen Minh Huffstutter, PA (Physician Assistant)	
Related Notes:	Original Note by Susan Uyen Minh Huffstutter, PA (Physician Assistant) filed at 10/30/2014 4:55 PM	

REASON FOR VISIT**FOLLOW UP TO DISCUSS TREATMENT OPTIONS****DIAGNOSIS**

HNP (herniated nucleus pulposus), lumbar

Comment: Right sided L5S1, L45

CHIEF COMPLAINT

Follow-up

History of Present Illness

Mr. Salmon is a 38 y/o male coming into the spine clinic to discuss treatment options. He continues to c/o posterolateral right leg pain along with LBP. He has significant h/o suicidal ideation (however none at this time) and PTSD. Since his last appt, he has had PT 2x/week. He is interested in optimizing non-operative care. However, he is NOT interested in injections or surgery. He denies B/B incontinence or unexplained falls. No balance issues.