# Bureau of Prisons
# Health Services
# Clinical Encounter

| | | | | | |
|---|---|---|---|---|---|
| Inmate Name: | AMODEO, FRANK T | | | Reg #: | 48883-019 |
| Date of Birth: | 09/01/1960 | Sex: | M Race: WHITE | Facility: | COL |
| Encounter Date: | 09/28/2018 08:14 | Provider: | Negron, Ivan MD | Unit: | B09 |

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1** **Provider:** Negron, Ivan MD

**Chief Complaint:** Chronic Care Clinic

**Subjective:** 58 y/o male seen for MD CCC evaluation. Hx of HTN since 1980 and DM Type II since 2013, B asthma since 1978 and Hx of Bipolar 1. Patient admits that he not taking any of meds, want to managed his BP and DM Type with life style medication. Stress importance of medication compliance and life style modifications. Patient insist on refusing taking any meds.

**Pain:** No

**Seen for clinic(s):** Diabetes, Hypertension, Mental Health, Pulmonary/Respiratory

**OBJECTIVE:**

**Temperature:**

| Date | Time | Fahrenheit | Celsius | Location | Provider |
|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 98.1 | 36.7 | | Negron, Ivan MD |

**Pulse:**

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 89 | | | Negron, Ivan MD |

**Respirations:**

| Date | Time | Rate Per Minute | Provider |
|---|---|---|---|
| 09/28/2018 | 08:13 COX | 12 | Negron, Ivan MD |

**Blood Pressure:**

| Date | Time | Value | Location | Position | Cuff Size | Provider |
|---|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 196/95 | | | | Negron, Ivan MD |

**SaO2:**

| Date | Time | Value(%) | Air | Provider |
|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 98 | | Negron, Ivan MD |

**Height:**

| Date | Time | Inches | Cm | Provider |
|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 66.0 | 167.6 | Negron, Ivan MD |

**Weight:**

| Date | Time | Lbs | Kg | Waist Circum. | Provider |
|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 204.0 | 92.5 | | Negron, Ivan MD |

**Exam:**

**Diagnostics**

**Laboratory**

Yes: Results

**General**

**Affect**

**Exam:**

Yes: Pleasant, Cooperative

**Pulmonary**

**Observation/Inspection**

Yes: Within Normal Limits

**Auscultation**

Yes: Clear to Auscultation

**Cardiovascular**

**Observation**

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

**Auscultation**

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

**Abdomen**

**Inspection**

Yes: Within Normal Limits

**Auscultation**

Yes: Normo-Active Bowel Sounds

**Palpation**

Yes: Within Normal Limits, Soft

**Exam Comments**

08/02/2018 GLU 160 HgA1C 9.6%

**ASSESSMENT:**

Asthma, unspecified, 493.90 - Current

Diabetes mellitus, type II (adult-onset), 250.00 - Current

History of noncompliance with medical treatment, V15.81 - Current

Hypertension, Unspecified essential, 401.9 - Current

**PLAN:**

**Discontinued Medication Orders:**

| Rx# | Medication | Order Date | Prescriber Order |
|---|---|---|---|
| *849190-COX* | *Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT* | *09/28/2018 08:14* | *shake well & Don't use daily. Inhale 2 puffs by mouth 4 times a day as needed to prevent/relieve asthma attack (inhaler to last 90 days. If need more, make sick call) - "Empty container is to be returned for refill"* |

**Discontinue Type:** *When Pharmacy Processes*
**Discontinue Reason:** *Non-compliant*
**Indication:**

**New Laboratory Requests:**

| Details | Frequency | Due Date | Priority |
|---|---|---|---|
| Chronic Care Clinics-Diabetic-CBC w/diff | One Time | 01/03/2019 00:00 | Routine |
| Chronic Care Clinics-Diabetic-Lipid Profile | | | |
| Chronic Care Clinics-Diabetic-TSH | | | |

Chronic Care Clinics-Diabetic-Hemoglobin A1C
Lab Tests - Short List-General-PSA, Total
Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP)

**Schedule:**

| Activity | Date Scheduled | Scheduled Provider |
|---|---|---|
| Chronic Care Visit | 09/28/2019 00:00 | Physician |

**Disposition:**

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed
Follow-up in 1 Year

**Other:**

Patient refusing to take any recommended meds. See signed refusal form on document management.

**Patient Education Topics:**

| Date Initiated | Format | Handout/Topic | Provider | Outcome |
|---|---|---|---|---|
| 09/28/2018 | Counseling | Plan of Care | Negron, Ivan | Verbalizes Understanding |

**Copay Required:** No **Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Negron, Ivan MD on 09/28/2018 08:48

# Bureau of Prisons
# Health Services
# Clinical Encounter - Administrative Note

| | | | | | |
|---|---|---|---|---|---|
| Inmate Name: | AMODEO, FRANK T | | | Reg #: | 48883-019 |
| Date of Birth: | 09/01/1960 | Sex: | M Race: WHITE | Facility: | COL |
| Note Date: | 08/31/2018 09:58 | Provider: | Negron, Ivan MD | Unit: | B09 |

Review Note - Report Review encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1** **Provider:** Negron, Ivan MD

Laboratory Report Reviewed.

GLU 160mg/dl
CHOL 207mg/dl
LDL 131 mg/dl
HgA1C 9.6%

**Schedule:**

| Activity | Date Scheduled | Scheduled Provider |
|---|---|---|
| Chronic Care Visit | 09/05/2018 00:00 | Physician |
| Uncontrolled BS | | |

**Other:**

Stress importance of medication compliance and life style modifications.

**Disposition:**

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed
Follow-up in 1 Week

**Copay Required:** No **Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Negron, Ivan MD on 08/31/2018 10:02

# Bureau of Prisons
# Health Services
# Clinical Encounter - Administrative Note

| | | | | | |
|---|---|---|---|---|---|
| Inmate Name: | AMODEO, FRANK T | | | Reg #: | 48883-019 |
| Date of Birth: | 09/01/1960 | Sex: M | Race: WHITE | Facility: | COL |
| Note Date: | 05/18/2018 12:56 | Provider: | Negron, Ivan MD | Unit: | B09 |

Review Note - Consultation Report Review encounter performed at Health Services.

**Administrative Notes:**

**ADMINISTRATIVE NOTE 1** **Provider:** Negron, Ivan MD

Onsite Optometrist Consult Reviewed.

**New Consultation Requests:**

| Consultation/Procedure | Target Date | Scheduled Target Date | Priority | Translator | Language |
|---|---|---|---|---|---|
| Optometry | 05/17/2019 | 05/17/2019 | Routine | No | |

**Subtype:**

Onsite

**Reason for Request:**

F/U 1 year for DFE/CVE.

**Provisional Diagnosis:**

DM Type II
HTN

**Other:**

May need Oral Antibiotics for lid lesion if not cleared in 30 days.

**Disposition:**

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed
Consultation Written

**Copay Required:** No **Cosign Required:** No
**Telephone/Verbal Order:** No

Completed by Negron, Ivan MD on 05/18/2018 13:00

# Bureau of Prisons
# Health Services
## Vitals All

**Begin Date:** 04/13/2018 **End Date:** 04/12/2019
**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

**Temperature:**

| Date | Time | Fahrenheit | Celsius | Location | Provider |
|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 98.1 | 36.7 | | Negron, Ivan MD |
| **Orig Entered:** | 09/28/2018 08:16 EST | Negron, Ivan MD | | | |

**Pulse:**

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 89 | | | Negron, Ivan MD |
| **Orig Entered:** | 09/28/2018 08:16 EST | Negron, Ivan MD | | | |

**Respirations:**

| Date | Time | Rate Per Minute | Provider |
|---|---|---|---|
| 09/28/2018 | 08:13 COX | 12 | Negron, Ivan MD |
| **Orig Entered:** | 09/28/2018 08:16 EST | Negron, Ivan MD | |

**Blood Pressure:**

| Date | Time | Value | Location | Position | Cuff Size | Provider |
|---|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 196/95 | | | | Negron, Ivan MD |
| **Orig Entered:** | 09/28/2018 08:16 EST | Negron, Ivan MD | | | | |

**SaO2:**

| Date | Time | Value(%) | Air | Provider |
|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 98 | | Negron, Ivan MD |
| **Orig Entered:** | 09/28/2018 08:16 EST | Negron, Ivan MD | | |

**Height:**

| Date | Time | Inches | Cm | Provider |
|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 66.0 | 167.6 | Negron, Ivan MD |
| **Orig Entered:** | 09/28/2018 08:16 EST | Negron, Ivan MD | | |

**Weight:**

| Date | Time | Lbs | Kg | Waist Circum. | Provider |
|---|---|---|---|---|---|
| 09/28/2018 | 08:13 COX | 204.0 | 92.5 | | Negron, Ivan MD |
| **Orig Entered:** | 09/28/2018 08:16 EST | Negron, Ivan MD | | | |

# Bureau of Prisons
# Health Services
# PPDs

**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

| Admin: | Location | Provider | Reading: | Induration | Provider |
|---|---|---|---|---|---|
| 05/20/2019 10:32 | Left Forearm | Cooke, Simona RN/IDC/IOP | 05/22/2019 10:19 | 0 mm | Cooke, Simona RN/IDC/IOP |
| **Orig Entered:** 05/20/2019 10:33 EST | Cooke, Simona RN/IDC/IOP | | **Orig Entered:** 05/22/2019 10:19 EST | | Cooke, Simona RN/IDC/IOP |
| 05/07/2018 15:06 | Left Forearm | Cooke, Simona RN/IDC/IOP | 05/09/2018 12:47 | 0 mm | Cooke, Simona RN/IDC/IOP |
| **Orig Entered:** 05/07/2018 15:07 EST | Cooke, Simona RN/IDC/IOP | | **Orig Entered:** 05/09/2018 12:47 EST | | Cooke, Simona RN/IDC/IOP |
| 05/05/2017 14:26 | Left Forearm | Cooke, Simona RN/IDC/IOP | 05/08/2017 09:35 | 0 mm | Cooke, Simona RN/IDC/IOP |
| **Orig Entered:** 05/05/2017 14:27 EST | Cooke, Simona RN/IDC/IOP | | **Orig Entered:** 05/08/2017 09:35 EST | | Cooke, Simona RN/IDC/IOP |
| 05/03/2016 09:44 | Left Forearm | Ivey, Deborah LPN | 05/05/2016 09:32 | 0 mm | Ivey, Deborah LPN |
| **Orig Entered:** 05/04/2016 09:46 EST | Ivey, Deborah LPN | | **Orig Entered:** 05/05/2016 09:32 EST | | Ivey, Deborah LPN |
| 05/06/2015 08:25 | Left Forearm | Ivey, Deborah LPN | 05/08/2015 08:27 | 0 mm | Ivey, Deborah LPN |
| **Orig Entered:** 05/06/2015 08:26 EST | Ivey, Deborah LPN | | **Orig Entered:** 05/08/2015 08:27 EST | | Ivey, Deborah LPN |
| 04/30/2014 10:16 | Left Forearm | Ivey, Deborah LPN | 05/02/2014 10:28 | 0 mm | Soto, Alexa AGNP-C |
| **Orig Entered:** 05/05/2014 10:17 EST | Ivey, Deborah LPN | | **Orig Entered:** 05/05/2014 10:28 EST | | Soto, Alexa AGNP-C |
| 04/30/2014 10:16 | Left Forearm | Ivey, Deborah LPN | ~~05/05/2014~~ ~~10:27~~ | ~~0 mm~~ | ~~Soto, Alexa AGNP-C~~ |
| | | | --Wrong date | | |
| **Orig Entered:** 05/05/2014 10:17 EST | Ivey, Deborah LPN | | ~~**Orig Entered:** 05/05/2014 10:27 EST~~ | | ~~Soto, Alexa AGNP-C~~ |
| | | | **Last Updated:** 05/05/2014 10:27 EST | | Soto, Alexa AGNP-C |
| 05/03/2013 09:27 | Left Forearm | Mari-Lassalle, F. AHSA/RN | 05/06/2013 07:58 | 0 mm | Ivey, Deborah LPN |
| **Orig Entered:** 05/03/2013 09:28 EST | Mari-Lassalle, F. AHSA/RN | | **Orig Entered:** 05/06/2013 07:58 EST | | Ivey, Deborah LPN |
| 05/01/2012 12:49 | Left Forearm | Mari-Lassalle, F. AHSA/RN | 05/03/2012 08:19 | 0 mm | Mari-Lassalle, F. AHSA/RN |
| **Orig Entered:** 05/01/2012 12:50 EST | Mari-Lassalle, F. AHSA/RN | | **Orig Entered:** 05/03/2012 08:19 EST | | Mari-Lassalle, F. AHSA/RN |
| 05/02/2011 08:00 | Left Forearm | Smith, D. AHSA/RN | 05/04/2011 13:23 | 0 mm | Bird, Jennifur RMA |
| **Orig Entered:** 05/03/2011 15:49 EST | Smith, D. AHSA/RN | | **Orig Entered:** 05/09/2011 13:23 EST | | Bird, Jennifur RMA |
| 05/04/2010 08:35 | Left Forearm | Stephens, Natosha L.P.N. | 05/07/2010 08:35 | 0 mm | Stephens, Natosha L.P.N. |
| **Orig Entered:** 05/04/2010 08:37 EST | Stephens, Natosha L.P.N. | | **Orig Entered:** 05/07/2010 08:35 EST | | Stephens, Natosha L.P.N. |
| 07/31/2009 11:07 | Unavailable | Dusseau, Charles RN/SCRO | | | |
| PPD read 5-30-09 0mm per 149 | | | | | |
| **Orig Entered:** 07/31/2009 11:09 EST | Dusseau, Charles RN/SCRO | | | | |

**Total:** 12

# Bureau of Prisons
# Health Services
## Devices and Equipment

**Start Date:** 04/13/2018 **Stop Date:** 04/12/2019
**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

| Device/Equipment | Start Date | Stop Date | Date Returned | Obtained From | Comments |
|---|---|---|---|---|---|
| Eye Glasses | | | | | |
| 04/12/2013 15:20 EST Edwards, D. HIT | 04/12/2013 | | | BOP | issued. |

**Total:** 1

# Bureau of Prisons
# Health Services
# Fecal Occult Blood

**Begin Date:** 04/13/2018 **End Date:** 04/12/2019

**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

(Reference Range - Negative)

| Effective Date | Fecal Occult Blood | Provider |
|---|---|---|
| 05/25/2018 09:43 COX | Refused | Cooke, Simona RN/IDC/IOP |

Patient refused FOBT X 3. See signed MEDICAL TREATMENT REFUSAL FORM IN DOCUMENT MANAGER.

**Orig Entered:** 05/25/2018 09:44 EST Cooke, Simona RN/IDC/IOP

**Total:** 1

# Bureau of Prisons
# Health Services
## Allergies

**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

| Allergy | Date Noted | Reaction |
|---|---|---|
| No Known Allergies | 07/07/2009 | |

**Orig Entered:** 07/07/2009 14:00 EST Ravindran, N. R. MLP

**Total:** 1

# Bureau of Prisons
# Health Services
# Patient Education Assessments & Topics

**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

## Assessments

| Assessment | Learns Best By | Primary Language | Years of Education | Barriers To Education | Provider |
|---|---|---|---|---|---|

**Total:** 0

## Topics

| Date Initiated | Format | Handout/Topic | Outcome | Provider |
|---|---|---|---|---|
| 09/28/2018 | Counseling | Plan of Care | Verbalizes Understanding | Negron, Ivan |

**Orig Entered:** 09/28/2018 08:47 EST Negron, Ivan

**Total:** 1

# Bureau of Prisons
# Health Services
# Health Problems

Reg #: 48883-019 Inmate Name: AMODEO, FRANK T

| Description | Axis | Code Type | Code | Diag. Date | Status | Status Date |
|---|---|---|---|---|---|---|
| **Current** | | | | | | |
| **Diabetes mellitus, type II (adult-onset)** | | | | | | |
| 04/08/2011 11:52 EST Davila, P V MD | III | ICD-9 | 250.00 | 04/08/2011 | Current | 04/08/2011 |
| **Diabetes mellitus, type II, uncontrolled** | | | | | | |
| 05/20/2016 10:20 EST Ramos, Migdalia MLP<br>Patient refused preventive high cholesterol with Statin medication. Refusal form signed. | III | ICD-9 | 250.02 | 02/28/2014 | Current | 02/28/2014 |
| 02/28/2014 09:53 EST Sanchez, Arnaldo D.O.<br>Worsening | III | ICD-9 | 250.02 | 02/28/2014 | Current | 02/28/2014 |
| **Obesity, unspecified** | | | | | | |
| 08/16/2012 10:08 EST Newland, R. MD/CD<br>BMI = 31.95 Obese | III | ICD-9 | 278.00 | 08/16/2012 | Current | 08/16/2012 |
| **Hypertension, Unspecified essential** | | | | | | |
| 03/17/2017 10:29 EST Morales, Edgar MLP<br>uncontroled | III | ICD-9 | 401.9 | 2008 | Current | 07/07/2009 |
| 07/07/2009 14:08 EST Ravindran, N. R. MLP | III | ICD-9 | 401.9 | 2008 | Current | 07/07/2009 |
| **Asthma, unspecified** | | | | | | |
| 03/26/2010 13:59 EST Davila, P V MD | III | ICD-9 | 493.90 | 1978 | Current | 07/07/2009 |
| 07/07/2009 14:09 EST Ravindran, N. R. MLP | III | ICD-9 | 493.90 | 1978 | Current | 07/07/2009 |
| **Sleep apnea, unspecified** | | | | | | |
| 07/07/2009 14:20 EST Ravindran, N. R. MLP | III | ICD-9 | 780.57 | 2007 | Current | 07/07/2009 |
| **Deferred** | | | | | | |
| 09/09/2009 15:48 EST Georgy, Hossam AHSA/MLP | III | ICD-9 | Axis II: | 2007 | Current | 08/20/2009 |
| **Psychosocial and environmental problems** | | | | | | |
| 09/09/2009 15:48 EST Georgy, Hossam AHSA/MLP | III | ICD-9 | Axis IV | 2007 | Current | 08/20/2009 |
| **Psychosocial and environmental problems** | | | | | | |
| 03/31/2011 09:38 EST Torres, Juan MD<br>Incarceration | III | ICD-9 | Axis IV | 03/31/2011 | Current | 03/31/2011 |
| **Stimulant Related Disorders: Severe: Other Or Unspecified Stimulant** | | | | | | |
| 01/10/2019 13:58 EST James, Dexter PsyD | I | DSM-IV | F15. | 01/10/2019 | Current | |

| Description | Axis | Code Type | Code | Diag. Date | Status | Status Date |
|---|---|---|---|---|---|---|
| **GAF 51 - 70** | | | | | | |
| 09/09/2009 15:48 EST Georgy, Hossam AHSA/MLP | III | ICD-9 | G3 | 2007 | Current | 08/20/2009 |
| **GAF 71 - 100** | | | | | | |
| 03/31/2011 09:38 EST Torres, Juan MD | III | ICD-9 | G4 | 03/31/2011 | Current | 03/31/2011 |
| **History of noncompliance with medical treatment** | | | | | | |
| 02/28/2014 09:53 EST Sanchez, Arnaldo D.O. | III | ICD-9 | V15.81 | 02/28/2014 | Current | 02/28/2014 |
| Not taken diabetic medication. See HPI | | | | | | |
| **Gen psych exam, see health prob list** | | | | | | |
| 03/31/2011 09:38 EST Torres, Juan MD | III | ICD-9 | V70.2 | 03/31/2011 | Current | 03/31/2011 |

## Resolved

| | | | | | | |
|---|---|---|---|---|---|---|
| **Other and unspecified hyperlipidemia** | | | | | | |
| 02/23/2016 07:20 EST SYSTEM | III | ICD-9 | 272.4 | 02/28/2014 | Resolved | 04/15/2014 |
| 04/15/2014 12:00 EST Lee, S. MD | III | ICD-9 | 272.4 | 02/28/2014 | Resolved | 04/15/2014 |
| 02/28/2014 09:53 EST Sanchez, Arnaldo D.O. | III | ICD-9 | 272.4 | 02/28/2014 | Current | 02/28/2014 |
| **Bipolar disorder** | | | | | | |
| 02/23/2016 07:20 EST SYSTEM | I | ICD-9 | 296.80 | 2007 | Resolved | 09/06/2013 |
| 09/06/2013 11:38 EST Lee, S. MD | I | ICD-9 | 296.80 | 2007 | Resolved | 09/06/2013 |
| 08/16/2012 10:08 EST Newland, R. MD/CD | III | ICD-9 | 296.80 | 2007 | Remission | 08/16/2012 |
| 07/07/2009 14:09 EST Ravindran, N. R. MLP | III | ICD-9 | 296.80 | 2007 | Current | 07/07/2009 |
| **Tonsillitis, acute** | | | | | | |
| 02/23/2016 07:20 EST SYSTEM | III | ICD-9 | 463 | 03/20/2012 | Resolved | 08/14/2012 |
| 08/14/2012 09:18 EST Newland, R. MD/CD | III | ICD-9 | 463 | 03/20/2012 | Resolved | 08/14/2012 |
| 03/20/2012 08:37 EST Nikbakht, S. MLP | III | ICD-9 | 463 | 03/20/2012 | Current | 03/20/2012 |
| **Acute upper respiratory infection, unspecified** | | | | | | |
| 02/16/2017 15:51 EST Morales, Edgar MLP | | ICD-10 | J069 | 02/16/2017 | Resolved | 02/16/2017 |

**Total:** 18

# Bureau of Prisons
# Health Services
## Vision Screens

**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

Vision Screen on 07/15/2009 15:34

Blindness:

| | | | |
|---|---|---|---|
| Distance Vision: | OD: 20/25 | OS: 20/20 | OU: 20/20 |
| Near Vision: | OD: | OS: | OU: |
| With Corrective | | | |
| Distance Vision: | OD: | OS: | OU: |
| Near Vision: | OD: | OS: | OU: |

Present Glasses - Distance

| | Sphere | Cylinder | Axis | Add |
|---|---|---|---|---|
| R: | | | | |
| L: | | | | |

Refraction - Distance

| | Sphere | Cylinder | Axis | Add |
|---|---|---|---|---|
| R: | | | | |
| L: | | | | |

Color Test: Normal

Tonometry: R: L:

Comments:

**Orig Entered:** 07/15/2009 15:36 EST Lopez, Jose MLP

# Bureau of Prisons
# Health Services
# Immunizations

**Begin Date:** 04/13/2018 **End Date:** 04/12/2019

**Reg #:** 48883-019 **Inmate Name:** AMODEO, FRANK T

| Immunization | Immunization Date | Administered | Location | Dosage | Drug Mfg. | Lot # | Exp Date |
|---|---|---|---|---|---|---|---|
| Influenza - Immunization refused | 11/27/2018 | Refused | | | | | |

**Orig Entered:** 11/27/2018 13:13 EST Cooke, Simona RN/IDC/IOP

**Total:** 1

# Bureau of Prisons
# Health Services
# Medication Summary
# Historical

| | | | | | |
|---|---|---|---|---|---|
| **Complex:** | COX--COLEMAN FCC | **Begin Date:** | 04/13/2018 | **End Date:** | 04/12/2019 |
| **Inmate:** | AMODEO, FRANK T | **Reg #:** | 48883-019 | **Quarter:** | B09-005L |

**Medications listed reflect prescribed medications from the begin date to end date on this report.**

**Allergies:** Denied

## Active Prescriptions

Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT

shake well & Don't use daily. Inhale 2 puffs by mouth 4 times a day as needed to prevent/relieve asthma attack (inhaler to last 90 days. If need more, make sick call) - "Empty container is to be returned for refill"

**Rx#:** 849190-COX **Doctor:** Negron, Ivan MD

**Start:** 02/28/18 **Exp:** 02/28/19 **D/C:** 09/28/18 **Pharmacy Dispensings:** 0 GM in 775 days

BP-A0807 **INFLUENZA VACCINE CONSENT – INMATES**
Sep 11

**U.S. DEPARTMENT OF JUSTICE** **FEDERAL BUREAU OF PRISONS**

*{*Note: CDC Vaccine Information Statements in multiple languages available at: www.cdc.gov/vaccines/pubs/vis/}*

I have been provided a copy of the Vaccine Information Statement* for Influenza Vaccine dated 8/7/15. I have had the opportunity to ask questions about the benefits and risks of vaccination.

☐ **I consent to receive the influenza vaccine at this time.**

**Health Questions Prior to Influenza Vaccination** *(Check Yes or No)*

| Yes | No | Health Questions |
|---|---|---|
| | ☑ | Are you sick today? *(if moderately to severely ill should postpone vaccination)* |
| | | Do you have allergy to eggs? |
| | | Have you ever had serious reaction to influenza vaccine?<br>If so, describe: |
| | | Have you had Guillain-Barré syndrome (progressive paralysis) |

| Inmate Signature | Witness Signature | Date |
|---|---|---|
| | ☐ S. Cooke, RN IOP/IDC FCC Coleman, FL<br>☐<br>☐ Other: | 11/27/18 |

☑ **I decline to receive the influenza vaccine at this time.**

| Inmate Signature | Witness Signature | Date |
|---|---|---|
| | ☐ S.Cooke, RN IOP/IDC FCC Coleman,FL<br>☐<br>☐ Other: | 11/27/18 |

| (PRINT) Inmate Name (Last, First) | | Register | Quarter | Facility |
|---|---|---|---|---|
| Amodeo | Frank | 18883-019 | B-3 | COL |

Prescribed By P6190

BP-S358.060
SEP 05

# MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

9-28-2018
Date

I, FRANK AMODEO 48883-019 , **refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):**

**DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:**

DM Type II/ HTN/ Hyperlipidemia/

**The following treatment(s) was/were recommended:**

DM Type II/ HTN/Hyperlipidemia Management with Metformin 1000mg BID, Glucotrol 10mg QD, Lisinopril 40mg QD, atorvastatin 10mg HS and ASA 81mg QD

**Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:**

DKA, CVA, MI, CHF, CKD, Amputations that can lead to death.

**I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.**

NEGRON, IVAN MD 9-28-2018
Counseled by Date

9-28-18
Patient's Signature Date

9-28-18
Signature of Witness Date
**S. Cooke, RN, IOP/IDC**
**FCC Coleman, FL**

COL–COLEMAN LOW FCI

# U.S. Medical Center for Federal Prisons

Federal Bureau of Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

| | | | | | |
|---|---|---|---|---|---|
| **Name** | AMODEO, FRANK | **Facility** | FCI Coleman Low | **Collected** | 08/02/2018 09:00 |
| **Reg #** | 48883-019 | **Order Unit** | | **Received** | 08/03/2018 10:36 |
| **DOB** | 09/01/1960 | **Provider** | Ivan Negron, MD | **Reported** | 08/03/2018 14:42 |
| **Sex** | M | | | **LIS ID** | 215181364 |

## CHEMISTRY

| | | | | |
|---|---|---|---|---|
| Sodium | | 140 | 137-148 | mmol/L |
| Potassium | | 5.0 | 3.5-5.0 | mmol/L |
| Chloride | | 101 | 99-114 | mmol/L |
| CO2 | | 27 | 22-30 | mmol/L |
| BUN | | 11 | 7-22 | mg/dL |
| Creatinine | | 0.94 | 0.66-1.25 | mg/dL |
| eGFR (IDMS) | | >60 | | |
| GFR units measured as mL/min/1.73 m^2. If African American multiply by 1.210.<br>A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period. | | | | |
| Calcium | | 9.2 | 8.5-10.9 | mg/dL |
| Glucose | H | 160 | 70-110 | mg/dL |
| AST | | 22 | 11-55 | U/L |
| ALT | | 31 | 11-66 | U/L |
| Alkaline Phosphatase | | 77 | 41-133 | U/L |
| Bilirubin, Total | | 0.3 | 0.2-1.3 | mg/dL |
| Total Protein | | 7.9 | 6.0-8.2 | g/dL |
| Albumin | | 4.7 | 3.6-5.1 | g/dL |
| Globulin | | 3.2 | 2.0-3.7 | g/dL |
| Alb/Glob Ratio | | 1.50 | 1.00-2.30 | |
| Anion Gap | | 11.2 | 9.0-19.0 | |
| BUN/Creat Ratio | | 12.0 | 5.0-30.0 | |
| Cholesterol | H | 207 | <200 | mg/dL |
| Triglycerides | | 64 | 10-150 | mg/dL |
| HDL Cholesterol | H | 63 | 40-60 | mg/dL |
| LDL Cholesterol (calc) | H | 131 | 0-130 | mg/dL |
| Chol/HDL Ratio | | 3.3 | 0.0-4.0 | |

## HEMATOLOGY

| | | | | |
|---|---|---|---|---|
| WBC | | 8.2 | 4.3-11.1 | K/uL |
| NRBC% | | 0.0 | | % |
| RBC | | 5.28 | 4.46-5.78 | M/uL |
| Hemoglobin | | 15.2 | 13.6-17.6 | g/dL |
| Hematocrit | | 50.8 | 40.2-51.4 | % |
| MCV | | 96.2 | 82.5-96.5 | fL |
| MCH | | 28.8 | 27.1-34.9 | pg |
| MCHC | L | 29.9 | 33.0-37.0 | g/dL |
| RDW-CV | | 13.7 | 12.0-14.0 | % |
| Platelet | | 235 | 130-374 | K/uL |

**FLAG LEGEND** L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A! =Abnormal Critical

Federal Bureau of Prisons

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## HEMATOLOGY

| | | | | |
|---|---|---|---|---|
| MPV | H | 12.4 | 6.9-10.5 | fL |
| Neutrophils % | | 50.5 | | % |
| Therapeutic decision making should be based on absolute values, rather than percentages | | | | |
| Lymphocytes % | | 37.3 | | % |
| Monocytes % | | 8.1 | | % |
| Eosinophils % | | 2.3 | | % |
| Basophils % | | 1.6 | | % |
| Immature Granulocytes % | | 0.2 | 0.0-5.0 | % |
| Neutrophils # | | 4.2 | 1.9-6.7 | K/uL |
| Lymphocytes # | | 3.1 | 1.3-3.7 | K/uL |
| Monocytes # | | 0.7 | 0.3-1.1 | K/uL |
| Eosinophils # | | 0.2 | 0.0-0.5 | K/uL |
| Basophils # | | 0.1 | 0.0-0.1 | K/uL |
| Immature Granulocytes # | | 0.02 | 0.00-0.50 | 10^3/uL |

## HEMOGLOBIN A1C

| | | | | |
|---|---|---|---|---|
| Hemoglobin A1C | H | 9.6 | <5.7 | % |

5.7 - 6.4 Increased Risk
> 6.4 Diabetes

**FLAG LEGEND** L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A! =Abnormal Critical

# Bureau of Prisons
# Health Services
# Cosign/Review

| | | | | | |
|---|---|---|---|---|---|
| Inmate Name: | AMODEO, FRANK T | | | Reg #: | 48883-019 |
| Date of Birth: | 09/01/1960 | Sex: | M | Race: | WHITE |
| Scanned Date: | 08/30/2018 15:35 EST | | | Facility: | COL |

**Reviewed with New Encounter Note by Negron, Ivan MD on 08/31/2018 09:58.**

BP-A0358 MEDICAL TREATMENT REFUSAL (Rechazo de Tratamiento Médico) CDFRM
JUN 10

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

5-25-18
Date (Fecha)

I, Amodeo, Frank 48883-019 , refuse treatment recommended
Name and Registration Number (Numbre y Número de Registro) (rechaza el tratamiento recommendado
by the Federal Bureau of Prisons Medical staff for the following condition(s):
por el Personal Médico del Bureau Federal de Prisiones, por las siguientes razones):

DESCRIBE IN LAYMAN'S TERMINOLOGY: (DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE):

The fecal occult blood test (FOBT) is a lab test used to check stool samples for hidden (occult) blood. Occult blood in the stool may Indicate colon cancer or polyps in the colon or rectum-though notall cancers or polyps bleed.

The following treatment(s) was/were recommended: (El siguiente tratamiento(s) fue/fueron recomendado(s)):

It is recommended that fecal occult blood testing (FOBT) for average risk persons, beginning at age 50. It is emphasized that three FOBTs annually are necessary to achieve adequate sensitivity for cancer screening.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

You should do this test, because blood in your feces may be an early sign of a digestive condition, for example abnormal growths (polyps) or cancer in your colon. Unable to diagnose disease processes. Which could lead, but not limited to death.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehuso al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respectar y seguir mis expresos deseos y direcciones.)

5-25-18
Patient's Signature and Date (Firma del Paciente y Fecha)

S. Cooke, RN, IOP/IDC
FCC Coleman, FL 5-25-18
Signature of Witness and Date (Firma del Testigo y Fecha)

5-25-18
Signature of Witness and Date (Firma del Testigo y Fecha)

Record Copy - Inmate's Medical Record; Copy - Hospital File; Copy - To Inmate

PDF Prescribed by P6031 Replaces BP-S358.060 of MAY 94

# Bureau of Prisons
# Health Services
# Consultation Request

**Inmate Name:** AMODEO, FRANK T | Reg #: 48883-019 | Complex: COX
Date of Birth: 09/01/1960 | Sex: M

**Consultation/Procedure Requested:** Optometry

**Subtype:** Onsite

**Priority:** Routine
**Target Date:** 06/17/2017

**Reason for Request:**
56 y/o Hispanic male with Diabetes mellitus, type II, needs annual DFE. Last DFE completed 6/17/16.

**Provisional Diagnosis:**
Diabetes mellitus, type II

**Medications (As of 05/16/2018)**
Albuterol Inhaler HFA (8.5 GM) 90 MCG/ACT Exp: 02/28/2019 SIG: shake well & Don't use daily. Inhale 2 puffs by mouth 4 times a day as needed to prevent/relieve asthma attack (inhaler to last 90 days. If need more, make sick call) - "Empty container is to be returned for refill"

**Allergies (As of 05/16/2018)**
No Known Allergies

**Health Problems (As of 05/16/2018)**
Hypertension, Unspecified essential, Asthma, unspecified, Sleep apnea, unspecified, Deferred, Psychosocial and environmental problems, GAF 51 - 70, Gen psych exam, see health prob list, Psychosocial and environmental problems, GAF 71 - 100, Diabetes mellitus, type II (adult-onset), Obesity, unspecified, Diabetes mellitus, type II, uncontrolled, History of noncompliance with medical treatment

**Inmate Requires Translator:** No **Language:** Spanish
**Additional Records Required:**

**Comments:**

**Requested By:** Li, Richard MD

**Ordered Date:** 05/01/2017 06:41

**Scheduled Target Date:** 07/01/2017 00:00

**Level of Care:** Medically Necessary - Non-Emergent

NAME AMODEO, FRANK T M/F M DOB 09/1/60
LAST FIRST M.I.
ADDRESS COLEMAN - LOW # 48883-019 AGE 57
OCCUPATION Law clerk

PHONE: HOME ( ) _____ - "I DO NOT wear GLASSES" CELL:( ) _____ - _____ SSN# _____ - _____ - _____
N/A BUS. ( ) _____ - REF. BY _____

WHY ARE YOU HERE TODAY? HTN X12 years - DM X 3 years. DATE OF EXAM: 5.17.18
WHAT DO YOU WANT US TO DO FOR YOU TODAY? CVE
PREV. Dx: DM's Retinopathy - Incip cats. o/s chalazion RLL
FAMILY Hx: DIABETES Brother HTN MOTHER THYROID ∅ IN TIME _____
BLINDNESS ∅ GLAUCOMA ∅ OUT TIME _____
OCULAR: PAIN ∅ DISCOMFORT chalazions INJURIES OS contusion SPOAT resolved.
ON AND OFF
SURGERIES: ∅ LAST EXAM 6.17.16 LAST Rx 1.24.13

GEN. HEALTH: HTN - DM - Asthma. Sleep APNEA MENTAL STATUS: 1 2 (3)
MEDS: Albuterol ALLERGIES: NKA F BC OA
OLD R -050 -025 X 100 20/20
RX 1. L -050 -075 X 085 20/20 NEAR +2.00 J 2 CL Rx
BRAND _____ MODEL _____

| DIST VA no RX | R 20/ | L 20/ | Binoc 20/ | NEAR VA no Rx | R J | L J | Binoc J | Binoc Near Pt of Access | s or c |
|---|---|---|---|---|---|---|---|---|---|
| COVER TEST s or c | Dist ∅ | | | | | | | | P.D. |
| | Near 6 - 12 ESO | | | | | | | | |

VERSIONS unrestricted CONV N.P. ~ 4"
PUPIL REFLEXES PERRL. CONFRONTATIONS Full + Complete.

| | | | | | |
|---|---|---|---|---|---|
| KERATOMETRY | R | | L | | |
| STATIC SKIAMETRY | R | | L | | |
| MONOCULAR SUBJ | R | 20/ | L | 20/ | |
| BINOCULAR SUBJ 20/ | R | 20/ | L | 20/ | |
| OTHER SUBJ 20/ | R | 20/ | L | 20/ | |

REMARKS AND METHODS QUALITY OF RESPONSES: 1 2 3

NOT TAKING Meds for DM + HTN control.

| | | | | | |
|---|---|---|---|---|---|
| HETEROPHORIA 6M | Lateral | | Vertical | | |
| VERGENCES 6M | Pos | Neg | R or L Supra | Infra | |
| DYN. X-CYL. OTHER | R | | L | | |
| REL ACCOM at cm | through | | Neg | Pos | |
| NEAR WORKING LENS | R | | L | | |
| ACCOM AMPLITUDE | R | | L | Binoc | |
| NEAR RANGE (through | | ) In | Out | | |
| HETEROPHORIA at cm | | | Measured AC/A | Calc AC/A | |
| VERGENCES at cm | Pos | Neg | COLOR VISION | TEST | |
| ADDITIONAL TESTS | | | | | |
| DATE ORDER - LAB | | | | | |

Glasses Ordered Date _____ Y/N _____

**Glasses**

| RX | SPH | CYL | AXIS | PRISM | BASE | ADD | SEG HT |
|---|---|---|---|---|---|---|---|
| O.D. | | | | | | | |
| O.S. | | | | | | | |

| Frame | Mfg | Color |
|---|---|---|
| NTC-1 NTC-2 | | Black |

| Size | DBL | Temple |
|---|---|---|
| | | |

| Lens type | Material |
|---|---|
| SV ST28 | |

| DPD | NPD | Tint |
|---|---|---|
| 67 | 64 | CLEAR |

**Contacts**

| RX | SPH | CYL | AXIS | BC | DIA |
|---|---|---|---|---|---|
| O.D. | | | | | |
| O.S. | | | | | |

| Type: | DX | FINAL |
|---|---|---|
| OASYS OASYS/ASTIG | | |
| OASYS/PRESBY AV2 | | |
| 1 DAY MOIST 1 DAY MOIST/ASTIG | | |
| OTHER: | | |

# OCULAR HEALTH EXAM

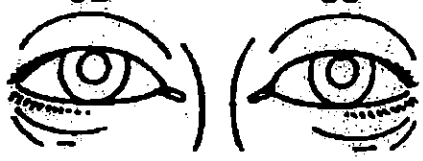
ANGLE DEPTH

SPLIT LAMP:

CORNEA Clear
AQUEOUS ∅ Cells/flare
ANGLES Open.
PUPILS 3mm +rxn.

LENSES #I+ Cortical + PSC OU.
LIDS Lesion of RLL.
CONJUNCTIVA Quiet.
IRIS Flat (Blue)

OD OS



GOLDMANN TONOMETRY: _____ AM 13D PM 17 O.D. 17 O.S.

DATE: _____ _____ AM _____ PM _____ O.D. _____ O.S.

DFE

OPHTHALMOSCOPY: _____ PAREMYD _____ PEHCL (2.5%) _____ TROPICAMIDE (1.0%)

DIRECT:

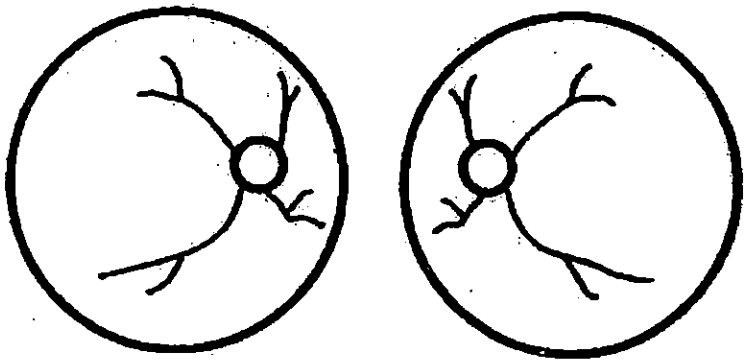
C/D ~.25/.3 OU ē central very shallow cups.
NFR Good reflexion
A/V ~2/3 5 - hems / exudates
MEDIA Clear
FOVEAL REFLEX Pos
PER. RET. Quiet

BIO: RETINA: (+) FLAT ⊖ELEVATED ⊖HOLES ⊖TEARS ⊖ PER. DEGENERATION

VASCULATURE: CALIBER ✓ NORMAL _____ ABNORMAL
DISTRIBUTION ✓ NORMAL _____ ABNORMAL

POSTERIOR POLE: ✓ QUIET _____ MOTTLED _____ ARM

PERIPHERAL RETINAE: Quiet.



LAB 3/18
↑Gluc: 183
↑HbA1c: 9.3
Chol 178
Trig 123
HDL 54
LDL 99
Chol/HDL Ratio 3.3

Summary:

1. Refractive Error: ☐ Hyperopia ☒ Myopia ☒ Astigmatism ☒ Presbyopia ☐ Emmetropia
2. Dx HTN & DM ē retinopathy Incip cats. Lesion on RLL.
3. Tx May need antibiotics (P.O.) for lid lesion if not cleared in 30 days.
4. RECALL 12 MONTHS _____ MINUTES
PURPOSE CVE/DFE

AMD SEO 48883-019

Daniel D Richardson, OD — 17 May 18

Daniel D. Richardson, O.D. — Date

# Bureau of Prisons
# Health Services
# Cosign/Review

| | | | | | |
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**Reviewed with New Encounter Note by Negron, Ivan MD on 05/18/2018 12:56.**