

Page 1 of 2

Victoria Arnold Travis
P.O. Box 900591
Palmdale, California 93590
661-264-2782

RECEIVED & LOGGED

SEP 26 2005

MED. CORR. L.A.

September 11, 2005

Kaiser Permanente
4747 Sunset Blvd
Medical Records Division
Los Angeles, CA 90027

0014/001rd/085-001

I, Victoria Arnold Travis, am the Eldest Daughter of Adam Wesley Arnold, deceased, Medical Record Number - 9919116, who did receive medical care under the Kaiser Health Plan and The Permanente Medical Group, and I hereby authorize and, pursuant to California Health & Safety Code §123110, request that Kaiser and the Permanente provide to me, via U.S. mail ALL of his records in its possession or control, 15 calendar days from this date, i.e., on September 26, 2005 Please telephone me with the exact cost of these records at - 661-264-2782 so I may make sure that you have received the money prior to their being mailed.

This request covers all records within your system, wherever stored, including paper, electronic, telephone, fax, medical, administrative, billing, active, stored, and from all areas, including, without limitation, inpatient, outpatient, emergency room, radiology, laboratory, pathology, pharmacy, cardiology, physical therapy, neurology, etc., including any sent to you by doctors outside your system

Please note that your failure to comply with this request will trigger penalties under California Health & Safety Code §123110(f).

Thank you for your compliance.

Signed (10/17/10) Victoria Arnold Travis Date September 11, 2005

Patient Identification Number 9919116

KAISER PERMANENTE
 Southern California Permanente
 Medical Group

CHART FACE SHEET

NOTE: IF HEALTH PLAN CARD IS AVAILABLE,
 PLEASE IMPRINT IN SPACE PROVIDED AND
 FILL IN NEEDED INFORMATION BELOW.

NAME <u>Arnold, Adam</u>		
DOB <u>9/19/16</u>		
MEDICARE NO.		GROUP NO.
NET	REF CODE	NO. 1 OF 2 BIRTH
FIND - ACCOUNT NO.		

MARITAL STATUS: M S D W SEP

BIRTH DATE: 2-25-30 MALE FEMALE

SOCIAL SECURITY #		SPOUSE'S NAME	
MOTHER'S NAME		FATHER'S NAME	
DATE	STREET ADDRESS	CITY, STATE, ZIP CODE	HOME TELEPHONE
<u>3/20/00</u>	<u>127 E AD 41</u>	<u>LA CA 90031</u>	<u>(323) 221-4433</u>
			()
			()
			()
			()
DAYTIME TELEPHONE NUMBER ()	ALTERNATE TELEPHONE NUMBER (Relative or Neighbor) ()	ALTERNATE TELEPHONE NUMBER ()	
DAYTIME TELEPHONE NUMBER ()	ALTERNATE TELEPHONE NUMBER ()	ALTERNATE TELEPHONE NUMBER ()	
SUBSCRIBER'S NAME		SUBSCRIBER'S HOME TELEPHONE NUMBER ()	
SUBSCRIBER'S EMPLOYER		SUBSCRIBER'S WORK TELEPHONE NUMBER ()	

MAJOR DIAGNOSES AND OPERATIONS	DATE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

	DATE:							
	Y	N	Y	N	Y	N	Y	N
SMOKER								
ALCOHOL USE (->2 DRINKS / D)								
SUBSTANCE USE								
Counseled to Quit?								
INITIALS:								

REFERRAL, TREATMENT PLAN & CERTIFICATION

- ANAHEIM FONTANA PANORAMA SUNSET
 BAKERSFIELD HARBOR CITY RIVERSIDE WEST LOS ANGELES
 BELLFLOWER HOSPICE-KIT1 SAN DIEGO WOODLAND HILLS

00

0009919116

M 02 30

ARNOLD ADAM W

PATIENT'S HOME ADDRESS 127 E. AVE 41, L.A. CA 90031		ZIP CODE 90031	
TELEPHONE # (313) 221-4433	DATE OF BIRTH 2.25.30	AGE	SEX
RESPONSIBLE PARTY: RELATIONSHIP MARY ARNOLD		TELEPHONE # (313) 221-4433	
PRESENT REFERRING LOCATION HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> SNF <input type="checkbox"/> HEALTH <input type="checkbox"/> HOSPICE		GOING TO <input type="checkbox"/> SNF <input type="checkbox"/> HOME HEALTH <input type="checkbox"/> HOSPICE	
HOSPITAL ADM. DATE	DISCHARGE DATE	EPC ADMIT DATE	DISCHARGE DATE
NAME AND ADDRESS OF FACILITY RECEIVING PATIENT		TELEPHONE #	TRANSFER DATE
PRIMARY DIAGNOSIS End Stage		DATE OF ONSET	
DATE OF SURGERY 70 yrs old → End Stage Parkinson's			
OTHER DIAGNOSIS AND HISTORY COPD			
PHYSICIAN'S SUMMARY			
DIAGNOSIS: KNOWN TO PATIENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PROGNOSIS: KNOWN TO PATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FAMILY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DIET (Specify)	
PROGNOSIS, ANTICIPATED GOALS		ALLERGIES	
ACTIVITY/RESTRICTIONS			
EQUIPMENT		LEVEL OF FUNCTION	
<input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> PROSTHESIS <input type="checkbox"/> CRUTCHES <input type="checkbox"/> SLING <input type="checkbox"/> STANDARD CANE <input type="checkbox"/> GRAB BARS <input type="checkbox"/> QUAD. CANE <input type="checkbox"/> COMMODE <input type="checkbox"/> WALKER <input type="checkbox"/> HOSPITAL BED <input checked="" type="checkbox"/> WALK-AID <input type="checkbox"/> SIDE RAILS <input type="checkbox"/> O/WA <input type="checkbox"/> OVERHEAD TRAPEZE <input type="checkbox"/> L/FLOW <input type="checkbox"/> OTHER		YES NO MENTAL <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CONFUSED PART OF TIME <input type="checkbox"/> ABLE TO FOLLOW INSTRUCTIONS <input type="checkbox"/> ABLE TO COMMUNICATE YES NO PHYSICAL <input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> BED BOUND <input type="checkbox"/> IMPAIRED HEARING <input type="checkbox"/> FUNCTIONALLY INDEPENDENT <input type="checkbox"/> PARTIALLY INDEPENDENT <input type="checkbox"/> TOTALLY DEPENDENT SELF CARE <input type="checkbox"/> BATHES SELF <input type="checkbox"/> DRESSES SELF <input type="checkbox"/> FEEDS SELF <input type="checkbox"/> BOWEL/BLADDER NEEDS <input type="checkbox"/> TRANSFER	
PROFESSIONAL SERVICES REQUIRED: MEDICAL ORDERS - (Specify) FREQUENCY DURATION		SELF ADMINISTERED MEDICATION INCLUDING DOSAGE, FREQUENCY	
<input type="checkbox"/> NURSING <input checked="" type="checkbox"/> EVALUATION <input type="checkbox"/> STOMA CARE <input type="checkbox"/> CATHETER <input type="checkbox"/> FOLEY SIZE <input type="checkbox"/> LV/CENTRAL LINE <input type="checkbox"/> WOUND CARE/DECUB. ULCER (Specify) <input type="checkbox"/> FEEDING TUBE <input type="checkbox"/> BOWEL/BLADDER <input type="checkbox"/> OTHER Home vent used Change Foley		Suomet 25mg q6h Lasix 40, qd Keppra 300mg qd Albuterol Amoxicillin Plavix	
<input type="checkbox"/> H.H. AIDE SPEECH THERAPY: <input type="checkbox"/> EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> SWALLOWING <input type="checkbox"/> APHASIA PHYSICAL THERAPY: <input checked="" type="checkbox"/> EVALUATION <input type="checkbox"/> ADL <input type="checkbox"/> THERAPEUTIC EXERCISE <input type="checkbox"/> GAIT TRAINING <input type="checkbox"/> SENSORY STIMULATION <input type="checkbox"/> TRANSFER TRAINING <input type="checkbox"/> TEACH PT/FAMILY, NURSE <input type="checkbox"/> OTHER OCCUPATIONAL THERAPY: <input type="checkbox"/> EVALUATION <input type="checkbox"/> ENERGY CONSERV. TECH. <input type="checkbox"/> ACT OF DAILY LIVING <input type="checkbox"/> MUSCLE RE. EDUCATION <input type="checkbox"/> HOME MAKING SKILLS <input type="checkbox"/> RANGE OF MOTION <input type="checkbox"/> COORDINATE ACTIVITY <input type="checkbox"/> TEACH PATIENT/FAMILY <input type="checkbox"/> PERCEPTUAL RETAINING <input type="checkbox"/> OTHER FREQUENCY		To be followed by _____ M.D. Location _____ Follow-up Appt. _____	
MEDICAL SOCIAL SERVICE <input type="checkbox"/> LIMIT BASIC NEEDS <input checked="" type="checkbox"/> EVALUATION <input type="checkbox"/> HELP WITH EMOTIONAL PROBLEMS <input type="checkbox"/> NEEDS HELP AT HOME (PT/FAMILY) TO FACILITATE CARE			
CERTIFICATION STATEMENT: I CERTIFY THAT THE ABOVE SERVICES ARE REQUIRED AND AUTHORIZED BY ME. THIS PATIENT IS UNDER MY CARE AND — FOR HOME HEALTH—is confined to his home and is in need of skilled nursing care and/or therapy (physical, occupational and/or speech) medical social service and home health aides on an intermittent basis. FOR SKILLED NURSING FACILITY—Requires 24 hour skilled nursing care. FOR NURSING HOME—Requires custodial care.			
REFERRING PHYSICIAN'S NAME S. Johns	PHYSICIAN'S SIGNATURE <i>[Signature]</i>	TELEPHONE # (313) 783 2000	DATE 2/2/00
		DATE LAST SEEN BY PHYSICIAN 3/2/00	

Kaiser Permanente

Adult Telephone Clinical Assessment

Day Phone: (323) 221-4433 MR#: 00 0009919116
Evening Phone: (323) 221-4433 (CB) Last Name: ARNOLD
Other Phone: First Name: ADAM
Home Clinic: SUN Physician: JEVAN Date of Birth: 02/25/1930 Age: 70

Agent ID: K211919 Date/Time Call Received: Sep 11 2000 6:54:36 PM
Nurse ID: K211919 Date/Time Call Returned: Sep 11 2000 6:54:37 PM
Chief Complaint: pt on palliative care. no longer in hospice. cath changed q 2wks. sand coming out. blocked. took urine specimen hasn't heard about it. on vent. bedridden.
Callback Attempts: 1
Nurse Diagnosis/Category: Urinary Tract Infection (Regional) - Adult
Date of Onset/Duration: few days
Temperature: Not Available
Current Medications: refused to give
Known Allergies: refused to give
History: parkinson's,
Signs/Symptoms: cath with sands coming out. no result of urine exam
Advice: adv'd per kpds, urine exam showed infection..... per caretaker, not on any antibiotics.ref'd to hospice nurse.

Disposition: contact md
Reported To:
Callback Instructions: Call back if symptoms worsen or change
Instructions Accepted: Y
Comments:
NURSE SIGNATURE (Armida Martinez, RN)

LABORATORY
 OUTPATIENT SUMMARY REPORT
 PHYSICIAN COPY

EVANS, JAMES 1891 MOD. 6A
 RESULTS AS OF: 24-MAY-2000

Call

ARNOLD, ADAM W
 00-000991-91-16

DOB: 02/25/30 AGE: 70 SEX: M
 127 E AVENUE 41

LOS ANGELES CA 90031
 DAY: (323) 221-4433 EVE: (323) 221-4433

URINALYSIS

UA

ACC #: 301422871-2 COLLECTED: 20-MAY-00 18:54 LAB:305 ORDERING MD: EVANS, JAMES 1891

PROCEDURE	RESULT		REF-RANGE UNITS
	<u>ABNORMAL</u>	<u>*NORMAL*</u>	
URINALYSIS, ROUTINE			
GLUCOSE		NEG	NEG
KETONE		NEG	NEG
SP GRAVITY		1.015	1.005-1.030
BLOOD	4+		NEG
PH		9.0	5.0-8.0
PROTEIN	TRACE		NEG
NITRITE	POS		NEG
LEUKOCYTE	2+		NEG
UROBILINOGEN		NORMAL	
BILIRUBIN		NEG	
WBC/HPF	>100		0-5
RBC/HPF	>100		0-2
EPITH/HPF		FEW	
BACTERIA		MANY	
CASTS/LPF		(001)	
CRYSTALS		(002)	

RESULTS COMMENTS:

(001) 0-2 COARSE GRANULAR
 (002) NEGATIVE

5/24/00
5 Cysts
Evans marginalia
TZ to pt's family
pt cysts 5000
642A(02)
(P)

CR-CRITICAL VALUE LO-ABNORMAL LOW HI-ABNORMAL HIGH -ABNORMAL

DIR WEST LOS ANGELES LAB: S.R. MCLAREN, D.O.
 305(WL) - 6041 CADILLAC AVE, LOS ANGELES, CA 90034

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
 OUTPATIENT SUMMARY
 (PHYSICIAN COPY) 4950 SUNSET

(LAST) PAGE
 1

UA-UA

ARNOLD, ADAM W
 00-000991-91-16
 PRINTED 24-MAY-2000 06:19

CLINIC PROGRESS RECORD

NAME

MEDICAL RECORD NO.

ZIP CODE

PT. STREET ADDRESS

PT. HOME PHONE NUMBER

PT. WORK PHONE NUMBER

DOB REG EXP HCU ALL VIS ADD B400

GROUP NUMBER SEX DEP BIRTHDATE FAMILY ACCOUNT NO

Date / Service

Treatment

1526-G.I. MOD.
JUL 17 2000
H. SEKHON M.D.

DID NOT KEEP APPOINTMENT
Follow-up Action

- No action necessary
- DKA Letter
- Re-schedule appointment
in ___ days weeks months
- Telephone call to patient to re-schedule
in ___ days weeks months

Physician Signature _____
Date _____

* CONSULTATION REQUEST * PRINTED: 07/17/00 11:29

MRN 00-0009919116
PATIENT NAME: ARNOLD, ADAM W
DOB: 02/25/930
SEX: M
ADDRESS: 127 E AVENUE 41
CITY: LOS ANGELES
ST: CA ZIP CODE: 90031
HOME PHONE 323 2214433

DATE 06/07/00 TIME 16.19 REFERRING DEPT: INTERNAL MEDICINE LOC: 002
REFERRED TO DEPT: GASTROENTEROLOGY LOC: 002
STATUS: PRINTED

PRIMARY CARE PHYSICIAN EVANS, JAMES 1891 LOC: 014 EXT 3810

REFERRING PHYSICIAN EVANS, JAMES 1891 LOC: 014 EXT 3810

REFERRED TO PHYSICIAN . LOC: EXT

PURPOSE OF CONSULT:
70 YO MALE NEEDS G TUBE CHANGE CURRENT TUBE C OOZING

WORKERS COMPENSATION (Y/)
MEDICATIONS:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address) John A. Dondas II (Bar # 28648) 215 N. Marengo Avenue, Suite 324 Pasadena, California 91101 TELEPHONE NO: (626) 795-1073 FAX NO: (626) 795-8654 ATTORNEY FOR: Daniel G. Stubbs, Conservator	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 300 E. Walnut Street MAILING ADDRESS: CITY AND ZIP CODE: Pasadena 91101 BRANCH NAME: Northeast	
CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): Adam Wesley Arnold <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER: GP 007 284

TO PHYSICIAN, PSYCHOLOGIST, OR PRACTITIONER

The purpose of this form is to enable the court to determine whether your patient

A is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): June 30, 2000 (Complete item 5)

B has the capacity to give informed consent to medical treatment. (Complete items 6 and 7.)

C has dementia and, if so, (1) whether he or she needs to be placed in a secured facility for the elderly or a facility that provides dementia treatment and (2) whether he or she needs or would benefit from dementia medications. (Complete items 6 and 8.)

COMPLETE ITEMS 1-4 IN ALL CASES.

GENERAL INFORMATION

1. (Name) **Dr. James Evans**
Internal Medicine
4950 Sunset Boulevard, 6th floor

2. (Office address and telephone number) **Los Angeles, CA 90027**
323 783 - 1000

3. I am
 a. a California licensed physician psychologist acting within the scope of my licensure
 with at least two years' experience in diagnosing dementia.
 b. an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the patient. The patient is under my treatment. (Practitioner may make the determination under item 5 ONLY.)

4. Patient (name). **Adam Wesley Arnold**
 a. I last examined the patient on (date).
 b. The patient is is NOT under my continuing treatment.

ABILITY TO ATTEND COURT HEARING

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. (Complete a or b.)
 a. The patient is able to attend the court hearing.
 b. Because of medical inability the patient is NOT able to attend the court hearing (check all items below that apply)
 (1) on the date set (see date in box in item A above).
 (2) for the foreseeable future
 (3) until (date)
 Supporting facts (State facts in the space below or check this box and state the facts in an attachment marked "Attachment 5")
end stage Parkinson's disease

CONSERVATORSHIP OF (Name): Adam Wesley Arnold	CASE NUMBER
<input checked="" type="checkbox"/> CONSERVATOR <input type="checkbox"/> PROPOSED CONSERVATOR	GP 007 284

6 (continued)

E. The patient's periods of impairment from the deficits indicated in items 8A-8D

- (1) do NOT vary substantially in frequency, severity, or duration.
- (2) do vary substantially in frequency, severity, or duration (explain).

F. (Optional) Other information regarding my evaluation of the patient's mental function (e.g., diagnosis, symptomatology and other impressions) (specify):

Stated in Attachment BF

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the patient

- a. has the capacity to give informed consent to any form of medical treatment. The opinion expressed in item 7a is limited to medical consent capacity.
- b. lacks the capacity to give informed consent to any form of medical treatment because the patient is either (1) unable to respond knowingly and intelligently regarding medical treatment or (2) unable to participate in a treatment decision by means of a rational thought process, or both. The deficits in the mental functions described above significantly impair the patient's ability to understand and appreciate the consequences of medical decisions. The opinion expressed in item 7b is limited to medical consent capacity.

DEMENTIA

8. Based on the information above, it is my opinion that the patient has does NOT have dementia as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. (If the patient has dementia, complete items 8a and 8b.)

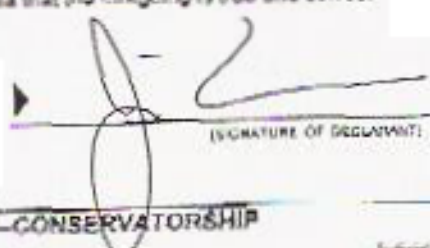
- a. **Restricted placement** The patient needs or would benefit from does NOT need or would not benefit from placement in a secured facility for the elderly or a secured nursing facility that specializes in the care and treatment of people with dementia.
- b. **Dementia medications**
 - (1) The patient needs or would benefit from does NOT need or would not benefit from medications appropriate to the care and treatment of dementia.
 - (2) The patient does does NOT lack capacity to give informed consent to the administration of dementia medications.

9. Number of pages attached. 3

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dr. James Evans

Date: Internal Medicine
4950 Sunset Boulevard, 6th floor
Los Angeles, CA 90027



(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF (Name) Adam Wesley Arnold	CASE NUMBER GP 007 284
<input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

EVALUATION OF PATIENT'S MENTAL FUNCTION

6. **Note to the medical practitioner:** This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the patient's mental abilities. Where appropriate, please feel free to refer to scores on standardized rating instruments.

Instructions (items A-C): Check the appropriate designation as follows. **a** = no apparent impairment, **b** = moderate impairment, **c** = major impairment, **d** = so impaired as to be incapable of being assessed, **e** = I have no opinion.

A. Alertness and attention

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)

a b c d e

(2) Orientation (types of orientation impaired)

a <input type="checkbox"/>	b <input checked="" type="checkbox"/>	c <input type="checkbox"/>	d <input checked="" type="checkbox"/>	e <input type="checkbox"/>	Person
a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input checked="" type="checkbox"/>	e <input type="checkbox"/>	Time (day, date, month, season, year)
a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input checked="" type="checkbox"/>	e <input type="checkbox"/>	Place (address, town, state)
a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input checked="" type="checkbox"/>	e <input type="checkbox"/>	Situation ("Why am I here?")

(3) Ability to attend and concentrate (ability to give detailed answers from memory, mental ability required to thread a needle)

a b c d e

B. Information processing Ability to

(1) Remember, that is, short- and long-term memory, immediate recall (deficits reflected by forgetting question before answering; inability to recall names, relatives, past presidents, or events of past 24 hours)

a b c d e

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)

a b c d e

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)

a b c d e

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)

a b c d e

(5) Reason using abstract concepts (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)

a b c d e

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)

a b c d e

(7) Reason logically

a b c d e

C. Thought disorders

(1) Severely disorganized thinking (rambling thoughts, nonsensical, incoherent, or nonlinear thinking)

a b c d e

(2) Hallucinations (auditory, visual, olfactory)

a b c d e

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)

a b c d e

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior)

a b c d e

D. Ability to modulate mood and affect The patient has does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of 5D.)
 I have no opinion

Instructions (item D): Check the degree of impairment of each inappropriate mood state (if any) as follows. **a** = mildly inappropriate; **b** = moderately inappropriate; **c** = severely inappropriate.

Anger	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Euphoria	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Helplessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Anxiety	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Depression	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Apathy	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Fear	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Hopelessness	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Indifference	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Panic	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	Despair	a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>				

(Continued on next page)

FROM : STUBBS & ASSOC

FAX NO - 626 7963713

Stubbs & Assoc.
127 N. Madison Ave. Ste
Pasadena, CA 91101
Phone: 626/440-1314
Fax: 626/796-3713

Fax

To: JAMES EVANS, M.D

From: DANIEL G. STUBBS

Fax: (323) 783-1178

Pages: 4, INCLUDING COVER

Phone: (323) 783-7497

Date: 6/26/00

Re: ADAM W. ARNOLD

CC:

Urgent

For Review

Please Comment

Please Reply

Please Recycle

• Comments:

ATTN: SUSIE

PLEASE BE SURE THIS PAPERWORK GETS TO DR. EVANS A.S.A.P.

MR STUBBS IS MR. ARNOLD'S COURT-APPOINTED CONSERVATOR AND HE HAS HAD CONVERSATIONS WITH DR. EVAN'S IN REFERENCE TO MR. ARNOLD.

THERE IS A COURT HEARING THIS FRIDAY (6/30) RE MR ARNOLD, SO IT IS VERY IMPORTANT THAT DR. EVANS FILL OUT AND RETURN BY FAX AS SOON AS HE IS ABLE TO COMPLETE; PLEASE HAVE HIM THEN FORWARD THE ORIGINAL TO MR STUBB'S OFFICE AT THE ADDRESS LISTED ABOVE.

IF YOU SHOULD HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT OUR OFFICE AT THE ABOVE LISTED NUMBER.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER

LINDA
OFFICE MGR

Kaiser Permanente

Adult Telephone Clinical Assessment

Day Phone: (323) 221-4433 (CB) MR#: 00 0009919116
Evening Phone (323) 221-4433 Last Name: ARNOLD
Other Phone: First Name: ADAM
Home Clinic: SUN Physician: JEVAN Date of Birth 02/25/1930 Age: 70

Agent ID: K116535 Date/Time Call Received: Apr 11 2000 1:06:17 PM
Nurse ID: K116535 Date/Time Call Returned Apr 11 2000 1:06:17 PM

Chief Complaint: Maria RN of homehealth, at pt's home, on foley irrigated w/ns but no urine out put at all 1 hr, pt is bed bound w/end stage of parkinsons. non verberly responsive, hands and legs are constricted. caller tried to contact primary md/on vacation.

Callback Attempts: 1

Nurse Diagnosis/Category:

Date of Onset/Duration: just now

Temperature: Not Available

Current Medications: inhalor for asthma, albuteral and atrovent, sinemet,kcl, metamucil,

Known Allergies: terramycine,

History: ond stage of parkinsons.

Signs/Symptoms: on foley, clogged and no urine out put. after irrigation.

Advice: consulted w/dr Unger at ER and call connected to caller for further advise.

Disposition: advised by dr Unger in ER

Reported To:

Callback Instructions: Call back if symptoms worsen or change

Instructions Accepted: Y

Comments:

NURSE SIGNATURE (Yong Kim, RN)



CLINIC PROGRESS RECORD

NAME

MEDICAL RECORD NO.

ZIP CODE

PT. STREET ADDRESS

PT. HOME PHONE NUMBER

PT. WORK PHONE NUMBER

CDY REG LYP INF ALL VIS ADD DRUG

GROUP NUMBER SEX DSP BIRTHDATE FAMILY ACCOUNT NO.

Date / Service

Treatment

MESSAGE

DATE 3, 19

TIME AM PM

DR:

Tom

PATIENT'S NAME:

Adam, Arnold

MED. REC. #

991-91-16

BIRTH DATE:

TELEPHONE #:

AREA CODE

EXT.

PHARMACY TELEPHONE #:

AREA CODE

SUBJECT:

Called by Amy Heath for Xylorain relief & constipation

DOCTOR'S COMMENTS:

Call 4950

1) Xylorain topical 2.5% 3x qm. ointment

Apply as directed

2) Sorbitol 70%

1 tsp BID per mitigation 2 prnt's.

H

12-8055 (4-80)

RECEIVED BY

FILE IN CHART

PLEASE PULL CHART

DOCTOR'S COPY

TRANSMISSION VERIFICATION REPORT

TIME : 03/30/2008 10:49
NAME : INTMED GA
FAX : 323-783-1178
TEL :

DATE, TIME
FAX NO. / NAME
DURATION
PAGE(S)
RESULT
MODE

03/30 10:49
37575
00:00:23
01
OK
STANDARD
ECM



MESSAGE

DATE 3.28.2008
TIME AM PM

DOCTOR'S COMMENTS:

PN - call 4950

DR: Tom
PATIENT'S NAME: Adam, Arnold
MED. REC. # 991-91-16 BIRTH DATE: _____
TELEPHONE #: _____ EXT. _____
PHARMACY TELEPHONE #: _____
SUBJECT: called by Home Health for
Xylocaine retil
& Constipation

① Xylocaine (topical 2.5%)
35 gm ointment
Apply as directed
② Sorbitol 70%
1 tsp BID per
constipation
2 pints.

13-0055 (4-00)

RECEIVED BY

FILE IN CHART

PLEASE FILL CHART
CHART COPY



March 20 11:36
T. Essey

PRINTED: 03/02/00 14:18

CONSULTATION REQUEST

DATE: 03/02/00 TIME: 11:36 REFERRING DEPT: INTERNAL MEDICINE LOC: 002
REFERRED DEPT: HEAD & NECK SURGERY/ LOC: 002

STATUS: ENTERED

PATIENT NAME: ARNOLD, ADAM W SEX: M MRN: 00-0009919116

ADDRESS: 127 E AVE 41 DOB: 02/25/930
CITY : LOS ANGELES ST: CA ZIP CODE: 90031
HOME PHONE: 000 0000000

PRIMARY CARE PHYSICIAN: EVANS, JAMES 1891 LOC: 014 EXT 3810
REFERRING PHYSICIAN..: EVANS, JAMES 1891 LOC: 014 EXT 3810
REFERRED PHYSICIAN..: LOC: EXT

PURPOSE OF CONSULT:
70 YO MALE C PARKINSONS ON HOME VENT NEEDS PERIODIC TRACH CHANGE

3/21/00

MEDICATIONS:

Hx. above. Pt is bedridden & already has arrangement
for home health to take care of this. No need for ENT
referral. Home appt. will be cancelled
2 July -

Mar 3 2 32 PM '00



KAISER PERMANENTE

Common Laboratory Test Order Form

0 Labs Ordered

STAT (circle labs to be STAT) OVER

00

0009919116

M 02 30

CHEMISTRY

- Alk. Phos.
- ALT (SGPT)
- AST (SGOT)
- Amylase
- Bili Total
- Bili Total & Direct
- BUN
- Calcium
- Cholesterol
- Cholesterol / HDL
- Creatinine
- Electrolytes
- Gamma GT
- Iron/TIBC
- LDH
- LDL (non-fasting)
- Lipid Profile
- Magnesium
- Phosphorus
- Potassium
- Total Protein / Alb. & Globulin
- Uric Acid

COAGULATION

- PTT / APTT
- PT (Protime)
- Coumadin: Yes No

DIABETES

- Retinal Screen
- Fasting Panel (MA/CR, HbA1c, Lipid Profile)
- NonFast Panel (MA/CR, HbA1c, D-HDL, D-LDL)
- Lipid Non-Fasting Panel (D-HDL, D-LDL)
- FBS
- RBS
- Hb A1C
- Microalbumin / Creatinine Ratio (MA/CR)
- SGPT

ELECTROPHORESIS

- Immunoglobulin
- Hemoglobin
- Protein Serum
- Protein Urine

HEMATOLOGY

- CBC without Diff
- CBC with Diff
- Retic count
- T Cell Panel
- Sed. Rate (ESR)
- Pregnancy Serum

HEALTH SCREENING

- PAP Smear
- Mammogram

URINE CHEMISTRY

- 24 hr. Urine Protein
- Creat. Random
- VMA Urine
- Creatinine Clearance
- Pregnancy Urine
- Urinalysis

DRUGS

- Toxicology Panel
- Digoxin
- Dilantin
- Lithium
- Theophylline
- Urine Drugs of Abuse

BACTERIOLOGY

- AFB Smear
- Campylobacter
- Chlamydia ELA
- C. Difficile Toxin
- Culture AFB
- Culture Blood
- Culture Fungus
- Culture Herpes
- Culture MISC.
- Culture Sputum
- Culture Stool
- Culture Throat
- Antibiotic: Yes No
- Culture Urine
- Symptoms: Yes No
- Antibiotic: _____
- GC Culture
- Gram Stain
- H. pylori Antibody
- Occult Blood
- Ova & Parasites
- Stool for WBC's
- Wet Mount

ENDOCRINOLOGY

- Alpha Fetoprotein
- B-12 Level
- Testosterone
- CEA
- Cortisol
- Ferritin
- Folate
- FSH
- LH (Luteinizing Hormone)
- PTH (Parathyroid Hormone)
- Prolactin
- PSA
- Thyroperoxidase (TPO)
- TSH
- Thyroids Meds: Yes No

SEROLOGY

- ANA
- HIV Antibody
- Infectious Mono
- Immune Profile
- Rheumatoid Factor
- RPR
- Rubella Antibody
- Hep A Antibody
- Hep B Core Antibody
- Hep B Surface Antigen
- Hep B Surface Antibody
- Hep C Antibody
- Type & Screen
- Crossmatch 1 st. unit

IMMUNIZATIONS

- Influenza
- Td
- PPD
- Varicella
- Hepatav B
- MMR
- Pneumovax
- Hepatitis A Vax

MISCELLANEOUS LABORATORY TESTS

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Test: _____ | <input type="checkbox"/> Test: _____ |
| <input type="checkbox"/> Test: _____ | <input type="checkbox"/> Test: _____ |
| <input type="checkbox"/> Test: _____ | <input type="checkbox"/> Test: _____ |
| <input type="checkbox"/> Test: _____ | <input type="checkbox"/> Test: _____ |

INSTRUCTIONS:

Provider Signature: _____

Low

Date: _____

3/2/00

Entered in KPDS by: _____

G. Alamo

Date: _____

3/2/00

MA

AMINO	2 tbspc per day
FLORAGUARD	1 capsule per day
SPIROLINA	6 tablets per day
OLIVE OIL	15 cc twice per day
MUSCLE OPTIMEAL	twice per day

FRUIT OR VEGETABLE PUREE

APPLES
PEACHES
PEARS
APRICOTS
GRAPES

JUICES

TOMATOE
CRANBERRY
GRAPE

GATORADE

HONEY
PEANUT BUTTER

9:19 PM 3/1/00

MARCH 2, 2000
ARNOLD, ADAM W.
MEDICAL RECORD# 0009919116

SUMMARIZED MEDICATION LIST

SINEMET 25/100
1 tab every 6 hours
7:00am; 1:00pm; 7:00pm; 1:00am

SEROQUEL 25 mg
1 tab every 12 hours
12:00am; 12:00pm

ATIVAN 1 mg
1 tab every 3 hours as needed

LASIX 40 mg
1 tab per day as needed

POTASSIUM
30 cc twice a day

PERICOLACE SYRUP 30 cc as needed if no bowel movements

FLOVENT 220 1 puff per day

ALBUTEROL 2.5 mg as needed

ATROVENT .5 mg as needed

Robitussin DM

10 cc every 4 hours as needed

ALOE 1/2 tsp per day

MILK OF MAGNESIA 2 tbsp per day

GABA 1 capsule twice per day

COD LIVER OIL 30 cc per day

VINEGAR 30 cc twice per day

CENTRUM LIQUID 15 cc per day

VITAMIN C (ESTER C) 500 mg per day

METAMUCIL 1 tsp twice per day

FLAX OIL 30 cc per day

CLINIC PROGRESS RECORD

NAME

Adams, Arnold

MEDICAL RECORD NO.

ZIP CODE

9919116

DOB SEX LXP U AEL VIS ADD DRUG

PT. STREET ADDRESS

PT. HOME PHONE NUMBER

PT. WORK PHONE NUMBER

GROUP NUMBER SLE DEP BIRTHDATE FAMILY ACCOUNT NO.

Date / Service

Treatment

INTERNAL MEDICINE

MAR 02 2000

Summary

J. EVANS, M.D.

CLINIC PROGRESS RECORD

Date / Service	Treatment
	<p>can dm 15s for by d all stt, nt first stop I deact lnt 3 lnt</p>
AS1	<p>5nd stage Parkinson's CPPP</p>
(1)	<p>✓ lnt refer nt plus healthy but refer for treat</p>
	<p>✓ lnt</p>

CLINIC PROGRESS RECORD

NAME

MEDICAL RECORDING

ZIP CODE

00

0009919116

M 02 30

COV BKS LTR HLI ALL VIS ADD BR/13
AP GOLD ADAM W

PT. STREET ADDRESS

PT. HOME PHONE NUMBER

PT. WORK PHONE NUMBER

GROUP SURGEON DEK DEPT BIRTHDATE FAMILY ACCOUNT NO

Date / Service

Treatment

INTERNAL MEDICINE

MAR 07 2000

J. EVANS, M.D.

70 y/o male with PMDD, bedbound
Ambulatory until 4/99. New to
clinic. Home pt on water fields
on Vert.

PMDD: Parke's
COPD

Strong 6 table
Toski.

meds see list

Stix 27 order

Allergin Teracyn

Bacterial
waken

205 rest at 1

Box 114/70

Home from

LABORATORY
OUTPATIENT SUMMARY REPORT
CHART COPY

ARNOLD, ADAM W
00-000991-91-16

RESULTS AS OF- 05-SEP-2000

DOB. 02/25/30 AGE: 70 SEX: M
127 E AVENUE 41
LOS ANGELES CA 90031
DAY: (323) 221-4433 EVE: (323) 221-4433

BACTERIOLOGY

BACT

ACC #: 304533794-6 COLLECTED: 01-SEP-00 17:50 LAB:956 ORDERING MD: CHAN, KREIGHTON 0775

PROCEDURE STATUS

8711000 CULTURE, URINE (RO) FINAL

SOURCE: URINE FOLEY
CULTURE : PRELIMINARY REPORT
: FINAL TO FOLLOW
CULTURE : FINAL REPORT
REPORT 1: >100,000 CFU/ml Gram negative bacilli
: (Pseudomonas-like)
: (identification & susceptibility to follow).
REPORT 2: >100,000 CFU/ml PSEUDOMONAS AERUGINOSA

ORG 1 : PSEUDOMONAS AERUGINOSA

|C|P|G|C|C|A|M
|A|I|E|T|I|Z|E
|R|P|N|A|P|T|R
|B|E|T|Z|R|R|O
|N|R|A|D|O|E|P

ORG. 1 R S S S S S S

SUSCEPTIBILITY STUDIES- M-MODERATELY SENSITIVE, I-INTERMEDIATE.
** CONSULT INFECTIOUS DISEASE PHYSICIAN FOR USE **

URINARY SYMPTOMS NOT STATED ON REQUISITION
ANTIBIOTICS NOT STATED ON REQUISITION

CR-CRITICAL VALUE LO-ABNORMAL LOW HI-ABNORMAL HIGH - -ABNORMAL

DIR. REG. LAB. MICHAEL O'CONNELL, MD
956(SW) - 11668 SHERMAN WAY, NORTH HOLLYWOOD, CA 91605

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
OUTPATIENT SUMMARY
(CHART COPY) 1515 VERMONT

BACT-BACT

PAGE

1

ARNOLD, ADAM W
00-000991-91-16
PRINTED 06-SEP-2000 18:16

LABORATORY
 OUTPATIENT SUMMARY REPORT
 CHART COPY

ARNOLD, ADAM W
 00-000991-91-16

RESULTS AS OF: 05-SEP-2000

DOB: 02/25/30 AGE: 70 SEX: M
 127 E AVENUE 41
 LOS ANGELES CA 90031
 DAY: (323) 221-4433 EVE: (323) 221-4433

URINALYSIS

UA

ACC #: 304533793-8 COLLECTED: 01-SEP-00 17:50 LAB:305 ORDERING MD: CHAN, KREIGHTON 0775

PROCEDURE

8100000 URINALYSIS, ROUTINE

	RESULT		REF-RANGE UNITS
	ABNORMAL	*NORMAL*	
GLUCOSE :		NEG	NEG
KETONE :		NEG	NEG
SP GRAVITY :		1.010	1 005-1 030
BLOOD :	TRACE		NEG
PH :		8.0	5 0-8.0
PROTEIN :		NEG	NEG
NITRITE :	POS		NEG
LEUKOCYTE :	1+		NEG
UROBILINOGEN :		NORMAL	
BILIRUBIN :		NEG	
WBC/HPF :	25-50		0-5
RBC/HPF :		0	0-2
EPITH/HPF :		NONE	
BACTERIA :		MOD	
CASTS/LPF :		(001)	
CRYSTALS :		(002)	
MUCUS :		PRESENT	

RESULTS COMMENTS:

(001) NO CASTS SEEN
 (002) NEGATIVE

CR-CRITICAL VALUE LO-ABNORMAL LOW HI-ABNORMAL HIGH - -ABNORMAL

DIR. WEST LOS ANGELES LAB: S.R. MCLAREN, D.O.
 305(WL) - 6041 CADILLAC AVE, LOS ANGELES, CA 90034

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
 OUTPATIENT SUMMARY
 (CHART COPY) 1515 VERMONT

(LAST) PAGE
 2

ARNOLD, ADAM W
 00-000991-91-16
 PRINTED 06-SEP-2000 18:16

LABORATORY
OUTPATIENT SUMMARY REPORT
CHART COPY

ARNOLD, ADAM W
00-000991-91-16

RESULTS AS OF 24-MAY-2000

DOB: 02/25/30 AGE: 70 SEX: M
127 E AVENUE 41
LOS ANGELES CA 90031
DAY. (323) 221-4433 EVE: (323) 221-4433

URINALYSIS

ACC #: 301422871-2 COLLECTED: 20-MAY-00 18:54 LAB:305 ORDERING MD: EVANS, JAMES 1891

UA

PROCEDURE

RESULT

LABORATORY
 OUTPATIENT SUMMARY REPORT
 CHART COPY

ARNOLD, ADAM W
 00-000991-91-16

RESULTS AS OF 04-MAR-2000

DOB: 02/25/30 AGE: 70 SEX: M
 127 E AVE 41
 LOS ANGELES CA 90031
 DAY: (323) 221-4433 EVE: (323) 221-4433

CHEMISTRY

CHEM

ACC #: 099592444-6 COLLECTED: 02-MAR-00 12:18 LAB:956 ORDERING MD: EVANS, JAMES 1891

PROCEDURE	RESULT		REF-RANGE	UNITS
	ABNORMAL	*NORMAL*		
8429501 ELECTROLYTE PANEL				
SODIUM-SERUM	: LO	131	135-145	meq/L
POTASSIUM-SERUM	:		3.5-5.0	meq/L
CHLORIDE-SERUM	: LO	94	101-111	meq/L
CO2	:		21-31	meq/L
8452000 BUN	:		7-18	mg/dL
8256500 CREAT-SER	: LO	0.6	0.7-1.3	mg/dL
8433100 GLUC-RAND.	:		<140	mg/dL
8306600 HEMOGLOBIN A1C	:		4.2-6.7	%

ENDOCRINOLOGY

ENDO

ACC #: 099592444-6 COLLECTED: 02-MAR-00 12:18 LAB:956 ORDERING MD: EVANS, JAMES 1891

PROCEDURE	RESULT		REF-RANGE	UNITS
	ABNORMAL	*NORMAL*		
8348000 TSH (THY STIM HOR)		4.76	0.35-6.00	uIU/mL

PATIENT IS NOT CURRENTLY RECEIVING THYROID MEDICATION

CR-CRITICAL VALUE LO-ABNORMAL LOW HI-ABNORMAL HIGH - -ABNORMAL

DIR REG. LAB: MICHAEL O'CONNELL, MD
 956(SW) 11668 SHERMAN WAY, NORTH HOLLYWOOD, CA 91605
 956(GL) - 4580 ELECTRONICS PLACE LA, CA, 90039

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
 OUTPATIENT SUMMARY
 (CHART COPY) 4950 SUNSET

CHEM-ENDO

PAGE

1

ARNOLD, ADAM W
 00-000991-91-16
 PRINTED 04-MAR-2000 10:19

LABORATORY
 OUTPATIENT SUMMARY REPORT
 CHART COPY

ARNOLD, ADAM W
 00-000991-91-16

RESULTS AS OF: 04-MAR-2000

DOB: 02/25/30 AGE: 70 SEX: M
 127 E AVE 41
 LOS ANGELES CA 90031
 DAY: (323) 221-4433 EVE: (323) 221-4433

URINALYSIS

UA

ACC #: 099592443-8 COLLECTED: 02-MAR-00 12:02 LAB:013 ORDERING MD: EVANS, JAMES 1891

PROCEDURE

RESULT

ABNORMAL XNORMAL* REF-RANGE UNITS

8100000 URINALYSIS, ROUTINE

GLUCOSE	:		NEG	NEG
KETONE	:		NEG	NEG
SP GR	:		1.010	1 005-1.030
BLOOD	:	TRACE		NEG
PH	:		7.0	5 0-8 0
PROTEIN	:		NEG	NEG
NITRITE	:	POS		NEG
BILIRUBIN	:		NEG	NEG
LEUK EST	:	2+		NEG
UROBILINOGEN	:		NORMAL	
UA MICRO EXAM	:		(001)	

RESULTS COMMENTS:

(001) MICROSCOPIC EXAM TO FOLLOW

8100004 MICROSCOPIC-URINALYSIS

WBC/HPF	:	>100		0-5
RBC/HPF	:	25-50		0-2
EPITH	:		FEW	
BACTERIA	:		MANY	
CASTS/LPF	:		(001)	
CRYSTALS	:		(002)	
MUCUS	:		PRESENT	

RESULTS COMMENTS:

(001) 0-2 HYALINE
 (002) FEW AMORPHOUS SEDIMENT

CR-CRITICAL VALUE LO-ABNORMAL LOW HI-ABNORMAL HIGH - -ABNORMAL

DIR. L.A.H.C. MAIN LAB: JOSEPH C. THOMPSON MD
 013(LA) 1505 N. EDGE MONT AVE. L.A. CA 90027

SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
 OUTPATIENT SUMMARY
 (CHART COPY) 4950 SUNSET

(LAST) PAGE 2

ARNOLD, ADAM W
 00-000991-91-16
 PRINTED 04-MAR-2000 10-19