

## Resident Emergency Information



Photo Taken: 8-2-2022

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Nickname</b>
Oswald	Walter		
<b>Move In Date</b>	<b>Apt.</b>	<b>Age</b>	<b>Date of Birth</b>
8-2-2022	128	94	6-11-1930
<b>Religion</b>	<b>SSN</b>	<b>Marital Status</b>	<b>Race</b>
Catholic	xxx-xx-1118	Widowed	Caucasian

### Emergency Contacts

Contact Full Name	Decision Making Relationships	Household Relationship	Address	Home Phone	Cellular Phone	Work Phone	Pager	Email Address
Mr. Walter Oswald	Designated Person Living Will Holder POA - Finance POA - Healthcare	Son	16897 Watercrest Dr North Royalton, Ohio, 44133		(440) 666-4244			<a href="mailto:ojacanu@yahoo.com">ojacanu@yahoo.com</a>
Mrs. Kathy Whitlinger		Daughter	5635 Maplewood Ct Lewis Center, Ohio, 43035	(740) 816-3274				

### Medical Contacts

Physician - Relationship (type of physician)	Physician Name	Physician - Full Address	Physician - Work Phone	Physician - Fax
Nurse Practitioner	<a href="#">Kristine Kocin</a>	6801 Brecksville Rd. Independence, Ohio, 44131	(216) 636-8742	(216) 636-7877

### Ambulance Preference

Ambulance	Ambulance - No Preference	Ambulance - Phone
	<input checked="" type="checkbox"/>	

### Hospital Preference

Hospital	Hospital - Phone
<a href="#">Hillcrest Hospital</a>	(440) 312-4500

### Pharmacy Preference

Pharmacy	Pharmacy - Phone
<a href="#">Medication Management Partners (MMP)</a>	1 (877) 752-8046

### Health Plan

Insurance Type	Insurance - Health Plan Name	Insurance - Health Plan Policy #	Insurance - Health Plan Group #	Insurance - Health Plan Phone	Insurance - Member ID
No Medical Information records found					

### Medicare Beneficiary:

Claim Number: 7T14-WJ0-JC71

Hospital (Part A) Effective Date: 8-1-2015

Medical (Part B) Effective Date: 6-1-1995

Advantage (Part C) Effective Date:

Prescription Drug (Part D) Effective Date:

**Primary Diagnosis**

	Date	Current Medical Evaluation Diagnoses	Plan to meet medical need
	08-01-2022	Mitral regurgitation	Monitored by physician
	08-01-2022	Tricuspid regurgitation	Monitored by physician
	08-01-2022	Mitral Stenosis	Monitored by physician
	08-01-2022	Diverticulosis	Monitored by physician
	08-01-2022	Congestive heart failure (CHF)	Monitored by physician
	08-01-2022	Long term (current) use of anticoagulants	Monitored by physician
	08-01-2022	Pulmonary Hypertension	Monitored by physician
	08-01-2022	Chronic Lymphocytic Leukemia	Monitored by physician
	08-01-2022	Secondary Thrombocytopenia	Monitored by physician
	08-01-2022	Dyslipidemia	Monitored by physician
	08-01-2022	Complete Left Bundle Branch Block (LBBB)	Monitored by physician
	08-01-2022	S/P ICD (internal cardiac aortic valve replacement)	Monitored by physician
	08-01-2022	S/P TAVR (transcatheter aortic valve replacement)	Monitored by physician
	08-01-2022	Malnutrition of moderate degree	Monitored by physician
	08-01-2022	Chronic Atrial Fibrillation	Monitored by physician
	08-01-2022	Tachycardia induced cardiomyopathy	Monitored by physician
	08-01-2022	S/P implantation of artificial urinary sphincter	Monitored by physician
	08-01-2022	Anemia	Monitored by physician
	08-01-2022	B-12 Deficiency	Monitored by physician
	08-01-2022	Pneumonia and influenza	Monitored by physician
	08-01-2022	Delirium	Monitored by physician
	08-01-2022	COVID - 19	Monitored by physician
	08-01-2022	Acute Hypoxemic respiratory failure	Monitored by physician
	08-01-2022	AVM (Arteriovenous malformation) of small bowel, acquired	Monitored by physician

**Medical Conditions**

	Effective Date	Expiration Date	Condition	Type	Details
	08-01-2022		Ambulation Device	Walker	<b>Details:</b>
	08-01-2022		Vision Needs	Glasses	<b>Details:</b>
	08-01-2022		Food Allergy	No known food allergies	
	08-01-2022		Medication Allergy	No known drug allergies	
	08-01-2022		General Allergy	No known general allergies	
	08-01-2022		Tobacco Usage	No	

	Effective Date	Expiration Date	Condition	Type	Details
	08-01-2022		Diabetic	No	
	08-01-2022		Tobacco Usage	No	
	08-01-2022		Oxygen Usage	No	
	08-01-2022		Hearing Needs	Hearing Aid - Bilateral	<b>Details:</b> does not wear

**Prescribed Diet:**  
**DNR completed:**  
**Funeral Arrangements:** None  
**Funeral Home:**

**DNR Type:**  
**Phone Number:**

<b>Notes:</b>