



OBROTKA JR, JAMES J

70 Y old Male, DOB: 05/07/1949

Account Number: 250554

PO BOX 570, WARWICK, NY-10990

Home: 845-325-7712

Guarantor: OBROTKA JR, JAMES Insurance: MEDICARE

PCP: Dennis Scharfenberger, MD Referring: Dennis Scharfenberger, MD

Appointment Facility: HMG Goshen Surgery

02/18/2020

Progress Note: John Peralo, MD

Reason for Appointment

1. Ref by: Dr. Scharfenberger, Hemorrhoids, Colonoscopy 02/07/2020-Dr. Goldfischer

History of Present Illness

:
the patient is a 70 year old male who was in his usual state of health he denies any rectal bleeding he has no change in stool caliber or consistency he has no abdominal pain bloating weight loss or loss of appetite he had recent colonoscopy and was noted to have a large hemorrhoid with polyp and was referred here for evaluation for excision.

Current Medications

Not-Taking

- Suprep Bowel Prep Kit 17.5-3.13-1.6 gm/177ml solution 177ml Orally Twice a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Medical History Verified..

Surgical History

Cholecystectomy
Appendectomy
Rotator cuff repair
L ankle reconstructive surgery
colonoscopy-multiple polyps, diverticulosis, hemorrhoids 10/2018
Colonoscopy 02/2020
Prostate Biopsy

Family History

No Family History documented.

Social History

Tobacco Use:

Tobacco Use/Smoking

Are you a *current smoker*

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Post surgical care

Review of Systems

General/Constitutional:

Change in appetite denies. Chills denies. Fatigue denies. Fever denies. Headache denies.
Lightheadedness denies. Weight gain denies. Weight loss denies.

Ophthalmologic:

Blurred vision denies. Discharge denies. Itching and redness denies. Pain denies.

ENT:

Decreased hearing denies.

Respiratory:

Cough denies. Shortness of breath denies. Shortness of breath denies. Wheezing denies.

Cardiovascular:

hypertension admits. Chest pain denies. Irregular heartbeat **admits**. Orthopnea denies. Palpitations or fluttering in chest denies.

Gastrointestinal:

Abdominal pain denies. Diarrhea denies. Nausea denies.

Women Only:

Breast lump denies. Breast pain denies.

Genitourinary:

Blood in urine denies. Frequent urination denies. Painful urination denies.

Musculoskeletal:

arthritis Admits. Painful joints denies. Swollen joints denies.

Peripheral Vascular:

Cold extremities denies. Pain/cramping in legs after exertion denies.

Skin:

Rash denies. Skin lesion(s) denies. Skin oozing denies.

Neurologic:

Gait abnormality denies. Tingling/Numbness denies.

Vital Signs

BP 150/90 mm Hg, Ht 70 in, Wt 290 lbs, BMI 41.61 Index.

Examination*General Examination:

GENERAL APPEARANCE: pleasant, in no acute distress, well nourished, alert, well hydrated, in no distress , In good spirits, well developed, well nourished, well hydrated, male, comfortable .

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation, sclera non-icteric.

EARS: normal.

ORAL CAVITY: mucosa moist.

NECK/THYROID: neck supple, full range of motion, thyroid normal.

LYMPH NODES: no lymphadenopathy.

SKIN: warm and dry, no suspicious lesions.

HEART: regular rate and rhythm, no murmurs, rubs, gallops.

LUNGS: clear to auscultation bilaterally.

BREASTS: not examined.

ABDOMEN: soft, nontender, nondistended, bowel sounds present, normal, soft, nontender, nondistended, liver nontender, negative Murphy's sign, no ascites, no guarding or rigidity, no hepatosplenomegaly, no hernias present, no masses palpable, no organomegaly , no rebound tenderness .

RECTAL EXAM: normal tone, no external hemorrhoids, no masses palpable grade III hemorrhoid right posterior quadrant.

EXTREMITIES: no edema.

NEUROLOGIC: alert and oriented, normal exam.

Assessments

1. Grade III hemorrhoids - K64.2 (Primary)

Treatment**1. Grade III hemorrhoids**

Continue Suprep Bowel Prep Kit solution, 17.5-3.13-1.6 gm/177ml, 177ml, Orally, Twice a day

Notes: Continue medications as instructed by prescribing physician instructions. patient scheduled for examination under

anesthesia exision of hemorrhoid and polyp, patient scheduled for surgery. We disscussed the alternatives such as observation and conservative managemetn with risk of malignancy . We disscussed the risks, benefits and alternatives inculding but not limited to bleeding, pain infectin or abscess, incontinence or urgency to feces or flatus fecal impaction dvt and risks of anesthesia he understands and wishes to proceed with the surgery as discussed.

ProceduresAnoscopy:

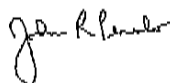
Exterior anus normal.
Mucosa normal.
Hemorrhoids grade III right postterior quadrant.
Visible bleeding no.
Mucus no.
Mass no.

Procedure Codes

46600 DIAGNOSTIC ANOSCOPY

Follow Up

Reason: patient scheduled for surgery



Electronically signed by John Peralo , MD on 02/18/2020 at 04:32 PM EST

Sign off status: Completed

HMG Goshen Surgery
30 HATFIELD LANE
GOSHEN, NY 10924-6766
Tel: 845-692-3111
Fax: 845-294-0118

Patient: OBROTKA JR, JAMES J DOB: 05/07/1949 Progress Note: John Peralo, MD 02/18/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Consent for Surgical/Invasive Procedures and Sedation

James O Bratka
DOB: 05/07/49

Pt. Label

I hereby give my consent and authorize: Dr. John P. Bratka and those who he/she may designate as associates or assistants to perform upon me or the named patient the following operation/procedures: Excisional biopsy of the right breast, axillary lymph node dissection, and reconstruction with a free flap

The nature, intended purpose, benefits, significant foreseeable risks, complications and consequences of such operation/procedure, as well as the alternatives if the above operation/procedure is not performed, have been explained and discussed with me by (Name of Physician) John P. Bratka

I give permission with full knowledge and understanding thereof. I understand that medicine is not an exact science and that there is the possibility that the operation/procedure may not have the benefits or results intended. I am also aware that there are always risks and dangers to life and health associated generally with surgery, use of medication, medical procedures and treatments which can cause adverse consequences not ordinarily anticipated in advance, but I give this permission with full assent nevertheless.

It has been explained to me and I understand that during the course of the operation/procedure, unforeseen conditions may be revealed or encountered which necessitate surgical or other procedures in addition to or different from those contemplated. I therefore request and authorize the above named physician or his/her designees to perform such additional surgical or other procedures as are deemed necessary or desirable.

- I understand that the procedure may require that I undergo some form of sedation, which may have its own risks. Prior to my procedure my doctor will inform me of the course of sedation that is recommended (if any) along with its risks, benefits, discomforts, and potential complications.
- I consent to photographing, videotaping, televising or other observation of the operation/procedure/treatment as may be purposeful for the advance of medical knowledge and or education, with the understanding that my/the patient's identity remain anonymous and all photographs and videotapes remain the property of ORMC and/or the responsible physician.
- I consent to the presence of Vendors/Salespersons/Students during the procedure/operation.
- I consent to the administration of blood/blood components if deemed necessary. The Surgeon has explained to me the need for, risks of and alternatives to a blood transfusion if blood or blood components are needed.

By signing below, I confirm that I fully understand the information provided to me, my questions have been answered, and I give my consent to the procedure(s) specified above.

I further grant permission for the use of such tissues and/or organs as it may be necessary to remove during the procedure, for purposes of pathological diagnosis and thereafter for the advancement of medical science and education, and their disposal, at this Hospital or at such other institution as this Hospital may designate.

2/18/20 4:15 AM
(Date) (Time) James O Bratka
(Patient/Health Care Agent/Surrogate/Guardian Signature)

JAMES O Bratka
(Printed Name) (Relationship to Patient)

2/18/20 4:15 AM
(Date) (Time) Angelica Will
(Witness Signature)

Angelica Will
(Printed Name)

Mark this box if telephone consent

Mark this box if interpreter was involved.

Interpreter ID #

I have discussed the nature and purpose and the reasonably foreseeable risks and benefits of the procedure, the alternatives, including not performing the procedure, as well as the risks and benefits of the alternatives; and I am satisfied that the patient or the patient's legal representative who signed above understands them.

2/18/20 4:15 PM
(Date) (Time) John P. Bratka
(Signature of Physician/Accredited Credential Practitioner Providing Explanation)

John P. Bratka
(Printed Name)

