

**MILLER, GARY R**

62 Y old Male, DOB: 05/02/1957

Account Number: 54018

1235 MOUNTAIN RD, PORT JERVIS, NY-12771

Home: 845-597-6371

Guarantor: MILLER, GARY Insurance: CIGNA

HEALTHCARE

PCP: Edward F Klein Referring: Edward Klein

Appointment Facility: HMG Goshen Surgery

02/11/2020

Progress Note: John Peralo, MD

Reason for Appointment

1. HERNIA- UMBILICAL

History of Present IllnessHernia:

Hernia was diagnosed the patient stated the hernia was diagnosed 5-7 years ago.

The last follow-up this is the patient's first follow-up, at this office.

Current symptom(s) include abdominal lump, abdominal pain.

Severity of the symptoms is moderate.

Aggravating factors include movement .

Alleviating factors include lying down , rest.

Associated symptoms include abdominal lump, abdominal pain.

Current medication(s) include none.

Prior imaging showed none.

Prior treatment(s) included no prior treatment.

Current Medications**Taking**

- Esomeprazole Magnesium 40 mg Capsule Delayed Release 1 capsule Orally Once a day
- Esomeprazole Magnesium 40 MG Capsule Delayed Release 1 capsule Orally Once a day
- Esomeprazole Magnesium 40 MG Capsule Delayed Release 1 capsule Orally Once a day

Not-Taking

- Nexium Oral CpDR 40 mg 20 mg 1 Every Morning orally , Notes: otc
- Medication List reviewed and reconciled with the patient

Past Medical History

Gastritis Ot (535.40) ;

Diverticulosis Of Colon (562.10) ; .

Barretts esophagus.

Hepatitis (not C).

Surgical History

colonoscopy- normal exam 2004

endoscopy-gastritis, HH, reflux 3/13/2008

Knee Surgery

back surgery

right wrist surgery

tonsillectomy and adenoidectomy

Colonoscopy---No adenomatous Change or malignancy identified, hemorrhoids, diverticulosis 01/31/2012

EGD---HH ---Barretts 02/01/2012

EGD- esophagitis gastritis 12/14/14

Colonoscopy-normal exam-Dr. Brody 1/31/12

Family History

Father: alive

Daughter(s): alive

Son(s): alive

Spouse: alive

Mother: alive, diagnosed with Diabetes, Alzheimers disease

2 brother(s) , 1 sister(s) . 1 son(s) , 3 daughter(s) - healthy.

brother-part colon removed.

Social HistoryTobacco Use:

Tobacco Use/Smoking

Are you a *former smoker*

How long has it been since you last smoked? *> 10 years*

Drugs/Alcohol:

Alcohol Screen

Points *4*

Interpretation *Positive*

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No.

pt drinks wine nightly.

Allergies

PENICILLINS: as a infant

Hospitalization/Major Diagnostic Procedure

knee surgery

back surgery

RT wrist surgery

Review of SystemsGeneral/Constitutional:

Change in appetite denies. Fever denies. Headache denies. Lightheadedness 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:

Chest pain denies. Chest pain denies. Orthopnea denies. Palpitations or fluttering in chest denies.

Gastrointestinal:

Comments See HPI for details.

Women Only:

Breast lump denies. Breast pain denies.

Genitourinary:

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

Musculoskeletal:

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.

Neurologic:

Gait abnormality denies. Tingling/Numbness denies.

Vital Signs

BP 130/84 mm Hg, Ht 70 in, Wt 200 lbs, BMI 28.69 Index.

Examination***General Examination:**

GENERAL APPEARANCE: alert, well hydrated, in no distress, In good spirits, pleasant, in no acute distress, well developed, well nourished, well hydrated, well nourished, 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: bowel sounds present, soft, nontender, nondistended, liver nontender, negative Murphy's sign, no ascites, no guarding or rigidity, no hepatosplenomegaly, no masses palpable, no organomegaly, no rebound tenderness umbilical hernia reducible.

RECTAL EXAM: not examined.

EXTREMITIES: no edema.

NEUROLOGIC: alert and oriented, normal exam.

Assessments

1. Umbilical hernia without obstruction and without gangrene - K42.9 (Primary)

Treatment**1. Umbilical hernia without obstruction and without gangrene**

Continue Nexium Oral CpDR 40 mg, 20 mg, 1 Every Morning, orally, Notes: otc

Continue Esomeprazole Magnesium Capsule Delayed Release, 40 mg, 1 capsule, Orally, Once a day

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Notes: Continue medications as instructed by prescribing physician instructions. patient scheduled for open repair of umbilical hernia with possible mesh, patient scheduled for surgery. We discussed the alternatives such as observation and wearing a binder and avoiding lifting with possible enlargement or incarceration and emergency surgery or bowel resection We discussed the risks, benefits and alternatives including but not limited to bowel injury, bleeding, wound infection, mesh infection recurrent hernia, neuropathy, adhesions dvt and risks of anesthesia he understands and wishes to proceed with the surgery as discussed.

Preventive Medicine

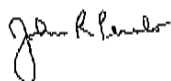
Care Measures:

PQRS:

Colorectal Cancer Screening: *Patient advised staff that the colorectal cancer screening was completed*

Follow Up

Reason: patient scheduled for surgery





Consent for Surgical/Invasive Procedures and Sedation

Gary Miller
DOB 09/02/57

Pt. Label

I hereby give my consent and authorize: Dr. [Signature] and those who he/she may designate as associates or assistants to perform upon me or the named patient the following operation/procedures: Open repair of herniated disc with micro

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) Dr. [Signature]

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.

02/11/2020 3:39 PM
(Date) (Time)

(Patient/Health Care Agent/Surrogate/Guardian Signature)

(Printed Name)

(Relationship to Patient)

02/11/2020 3:39 PM
(Date) (Time)

(Witness Signature)

(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.

11
(Date) (Time)

(Signature of Physician/Appropriately Credentialed Practitioner Providing Explanation)

(Printed Name)

