

Phone#: _____ Fax: _____

OUTPATIENT INFUSION CENTER
ORANGE REGIONAL MEDICAL CENTER
NEW PATIENT INTAKE FORM

(MUST BE USED EVERYTIME A NEW PATIENT IS TO BE SCHEDULED)

NAME: Austav Turner

DOB: 12/31/58

PT'S PHONE #: 692-3474

PROCEDURE: Removal - pre med's - Benadryl - 50mg IV

DURATION: _____

DIAGNOSIS: Colitis

NAME OF PERSON TALKED TOO: VIA FAX

PHYSIAN & PHONE: Gold Fisher

INSURANCE: _____

ALLERGIES: _____

IMMEDIATELY AFTER MAKING THE APPOINTMENT, FAX THIS FORM AND COPY OF
SCRIPT FOR AUTHORIZATION AND PRE-REGISTRATION PROCESS: EXT 1715

*PLEASE SEND A COPY TO PHARMACY IF PATIENT IS TO RECEIVE CHEMOTHERAPY:
EXT 1124

STACY BUDD
PHONE: (845) 333-1905
FAX: (845) 333-1902

ALLISON ROCHE
PHONE: (845) 333-1906
FAX: (845) 333-1902

9/21



Infiximab (Remicade®) Orders

Gustav
Turner

TO BE COMPLETED BY PRESCRIBER

Patient Name: Gustav Turner DOB: 12-31-58

Date Written: 9-20-17

Date of Administration:

Height: 5 ft 2 in
Weight: 160 kg

IV fluid during therapy
☒ Sodium Chloride 0.9% IV @ 20 mL/hour
☐ Other: _____ IV @ _____ mL/hour

Allergies:
(please list reactions)
☒ NKDA

Pre-medication: Administer 30 minutes prior to Infiximab

- ☐ Acetaminophen (Tylenol®) 650mg orally
- ☐ Diphenhydramine (Benadryl®) 25mg orally
- ☐ Diphenhydramine (Benadryl®) 25mg IV push
- ☐ Hydrocortisone (Solu-Cortef®) 100mg IV push
- ☐ Methylprednisolone (Solu-Medrol®) 40mg IV push

☒ Other: Pre-medicate with Benadryl 25mg IV

Infiximab (Remicade®) Indications: Strict adherence to criteria for each indication is necessary for proper reimbursement; all criteria to be met unless otherwise specified.

☐ Crohn's Disease (for patients six years of age or older)

1. Moderately to severely active disease to induce and maintain clinical remission in patients who have failed or are intolerant of conventional therapy. Conventional therapy administered: _____ OR
2. Reduction of draining enterocutaneous or rectovaginal fistulas in a patient with disease for at least 3 months OR
3. For maintenance therapy for a patient with moderately to severely active disease who has previously responded to infliximab.

☒ Ulcerative Colitis (for patients six years of age or older)

1. Moderately to severely active disease in patients who have failed or are intolerant of conventional therapy. Conventional therapy administered: _____

☐ Rheumatoid Arthritis (for patients 18 years of age or older with active PsA)

1. In combination with methotrexate or another immunosuppressive agents (due to intolerance of methotrexate) AND
2. Patient has failed to respond or is intolerant of one or more nonbiological DMARDs. DMARD administered: _____

☐ Ankylosing Spondylitis (for patients 18 years of age or older)

1. Patient has failed to respond or is intolerant of conventional therapy. Conventional therapy administered: _____

☐ Psoriatic Arthritis (PsA) (for patients 18 years of age or older with active PsA)

1. Patient has failed to respond or is intolerant of conventional therapy. Conventional therapy administered: _____

☐ Plaque Psoriasis (for patients 18 years of age or older)

1. Plaque Psoriasis involving greater than five percent body surface area OR
2. Plaque Psoriasis involving less than or equal to five percent body surface area involving sensitive areas or areas that significantly impact daily function (e.g. palms, soles of feet, head/neck, genitalia) AND
3. Patient has failed to respond or is intolerant to phototherapy or other systemic therapy. Therapy administered: _____

☐ Juvenile Idiopathic Arthritis (for patients 2 years of age or older)

1. Moderately to severely active disease AND
2. Patient has failed to respond or is intolerant to one or more nonbiological DMARDs. DMARD administered: _____

Not Medically Necessary: Applies when criteria for the indications listed above are not met, and all other indications not listed above, as well as:

1. In combination with other TNF antagonists: OR
2. In combination with the following non-TNF immunomodulatory medications: abatacept (Orencia®), anakinra (Kineret®), tocilizumab (Actemra®) OR
3. Tuberculosis, invasive fungal infection, other serious infections, or a history of recurrent infections OR
4. Patient has not had a tuberculin skin test or Centers for Disease Control recommended equivalent to evaluate for latent tuberculosis.

Investigational and Not Medically Necessary: Applies when criteria are not met and for all other indications, including, but not limited to treatment of asthma, Behcet's syndrome, chronic obstructive pulmonary disease, disc-herniation-induced sciatica, hairy cell leukemia, graft versus host disease, hidradenitis suppurativa, neurosarcoidosis, sarcoidosis, Still's disease, Sjogren's syndrome, Takayasu arteritis, and Wegener's granulomatosis.

Prescribers: Note, consider the status of an individual with moderate or severe heart failure New York Heart Association Functional Class III-IV before initiating treatment with infliximab at doses greater than 5 mg/kg.

Infiximab (Remicade®) Dose: 5 mg/kg Total dose: 445 mg

To be rounded to nearest vial size within 10% of written dose, per policy)
Infuse over at least 2 hours, per protocol, following titration schedule.

MD Name (Print): Alan Goldfarb MD Signature: [Signature]

Date/Time: 9-20-17

C.S. RAMETTA, M.D., P.C.

INTERNAL MEDICINE

22 GROVE STREET

MIDDLETOWN, NY 10940

TELEPHONE 845-343-0659

FAX 845-343-8024



PPD Testing — *mentw*

Patient Name: *Curtis Turner DOB 12/31/58*

Date Planted: *8/29/17*

Date Read: *8/31/17*

RESULTS: *-0 - MHA R p.c.f*

Signature:

[Handwritten Signature]

**TURNER, GUSTAV L**

58 Y old Male, DOB: 12/31/1958

Account Number: 125364

1120 RT 211 EAST, MIDDLETOWN, NY-10941

Home: 845-692-3474

Guarantor: TURNER, GUSTAV Insurance: BCBS YLN YLP

YLM Payer ID: PAPER

PCP: Concetto Rametta, MD Referring: Alan Goldfischer, MD External Visit ID: 3539157

Appointment Facility: HMG Goshen GI-30 Hatfield

08/23/2017

Appointment Provider: Nicole K Kelly, PA

Current Medications**Taking**

- Humalog KwikPen 100 UNT/ML Solution Pen-injector 10 units Subcutaneous Daily
- Metformin HCl 1000 MG Tablet 1 tablet with meals Orally Twice a day
- Benicar 40 MG Tablet 1 tablet Orally Once a day
- Metoprolol Tartrate 25 MG Tablet 1 tablet Orally Once a day
- Crestor 40 MG Tablet 1 tablet Orally Once a day
- Aspirin 325 MG Tablet 1 tablet Orally Once a day
- Zolof 100 MG Tablet 1 tablet Orally Once a day
- NovoTwist 32G X 5 MM Miscellaneous as directed sc qid
- Lialda 1.2 GM Tablet Delayed Release 2 tablets Orally once a day
- Medication List reviewed and reconciled with the patient

Past Medical History

DIABETES MELLITUS (250.03) (since 12-06-2000).

CAD, comments: 20+ stents placed most recent in 9/2012.

PVD - stents in right leg march 2010.

Hypertension.

Hyperlipidemia (272.2).

Family history of colon cancer.

Colonic polyps.

MRSA.

Anxiety.

Lyme disease.

Surgical History

cardiac catheterization with 10 stents 2012

ear drum reconstruction

Stent of right leg 03-06-2010

MRSA

Triple Bypass 2012

Colonoscopy--Hyperplastic Polyps--Active Colitis--Hemorrhoids--Active Proctitis 02/28/2014

tonsillectomy

Reason for Appointment

1. Ref by Dr. Rametta
2. Rectal bleeding for about a week
3. HX-Ulcerative Colitis
4. Diarrhea- occ black stool

History of Present Illness

Gustav is a 58 year old male coming in today for f/u Ulcerative colitis. He had CF in April which showed Ulcerative rectosigmoiditis and was placed on steroid taper. Pt was tapered with medical advice until July when he stopped calling the office and began tapering himself. He states finished prednisone dose 2 weeks ago and feels the symptoms are now coming back. States having 4-5 BMs daily that wake him at night at times. He denies any fever or chills SOB or CP. States stool is dark at times and often bright red blood and loose. He is currently on 2 tablets of Lialda. He has tried Canasa, mesalamine and proctofoam in the past that did not help.

Vital Signs

Temp 98.1 F, HR 104 /min, BP 124/80 mm Hg, Ht 74 in, Wt 196 lbs, BMI 25.16 Index, RR 16 /min, Oxygen sat % 98 %.

Examination***General Examination:**

Patient is a well-developed, alert and oriented x3 in no acute distress.

Afebrile and vital signs are stable.

Head is normocephalic, Atraumatic.

Eyes: Anicteric, pupils equal, round, reactive to light.

ENT: normal.

Heart S1-S2 Regular rate and Rhythm, no murmurs.

Lungs are clear bilaterally.

Abdominal Exam, abdomen is soft and nontender, normal bowel sounds. No hepatosplenomegaly.

There is no clubbing, cyanosis or edema.

Assessments

1. Ulcerative rectosigmoiditis with rectal bleeding - K51.311 (Primary)

Treatment

Summary View for TURNER, GUSTAV L

Colonoscopy-hyperplastic polyps, chronic active proctitis 4/8/16
Colonoscopy-ulcerative proctitis/colitis, Hyperplastic polyps 4/13/17

Family History

Father: deceased
Mother: deceased, RA- Kidney Disease - breast cancer
Siblings: - sister, colon ca
1 brother(s), 1 sister(s), 1 son(s).
mother-mastoid cancer
brother-lung cancer.

Social History

Tobacco Use:

Tobacco Use/Smoking

Are you a nonsmoker

Drugs/Alcohol:

Drugs

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

Did you have a drink containing alcohol in the past year? Yes

How often did you have a drink containing alcohol in the past year? Monthly or less (1 point)

Points: 1

Interpretation Negative

Alcohol Use

How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? light

Miscellaneous:

Caffeine: yes, frequency: 1-2 cups per day.

Children: yes.

Exercise: yes.

Living with: spouse.

Marital status: married.

Occupation: retired.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Lymes disease 11/2016

Review of Systems

ENT:

Sore throat denies. Swollen glands denies.

Endocrine:

Dizziness denies. Excessive thirst denies.

Respiratory:

Breathing pattern denies. Chest pain denies. Cough denies.

Hemoptysis denies. Pain with inspiration denies. Shortness of breath denies. Sputum

1. Ulcerative rectosigmoiditis with rectal bleeding

LAB: HEPATITIS B SURFACE AB ON

LAB: HEPATITIS B SURFACE AG

Notes: Dr. Goldfischer also in to see and examine pt.

At this time pt is unsuccessful in remission with steroid tapering.

Pt instructed will increase Lialda to 4 pills daily.

Will also drawn for Hepatitis B surface antigen

Also instructed to f/u with his PCP Dr. Rametta in order to have PPD drawn in preparation of starting Remicade.

2. Others

Notes: Rectal Bleeding: Care Instructions material was printed.

Preventive Medicine

Care Measures:

PQRS:

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

Care Opportunities discussed with patient and a print out given listing all Care Opportunities needed to be done.

Follow Up

Needs BW/ PPD done and approval for Remicade

Appointment Provider: Nicole K Kelly, PA

Nicole K. Kelly

Electronically signed by Nicole Kelly, PA on 08/23/2017 at 04:29 PM EDT

Sign off status: Completed

HMG Goshen GI-30 Hatfield
30 Hatfield Lane, Suite 107
Goshen, NY 10941-7104
Tel: 845-703-8806
Fax: 845-703-9058

Summary View for TURNER, GUSTAV L

Page 3 of 3

production denies. Wheezing denies.

Cardiovascular:

Chest pain denies. Cyanosis denies.

Dyspnea on exertion denies. Shortness of breath denies. Weakness denies. Weight gain denies.

Gastrointestinal:

Comments See HPI for details.

Hematology:

Easy bruising denies.

Genitourinary:

Blood in urine denies. Frequent urination denies.

Musculoskeletal:

Muscle aches denies.

Weakness denies.

Skin:

Hives denies. Itching denies.

Neurologic:

Dizziness denies. Fainting denies.

Headache denies.

Patient: TURNER, GUSTAV L DOB: 12/31/1958 Progress Note: Nicole K Kelly, PA 08/23/2017

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



TURNER, GUSTAV L

58 Y old Male, DOB: 12/31/1958

Account Number: 125364

1120 RT 211 EAST, MIDDLETOWN, NY-10941

Home: 845-692-3474

Guarantor: TURNER, GUSTAV Insurance: BCBS YLN YLP

YLM

PCP: Concetto Rametta, MD Referring: Concetto Rametta, MD

Appointment Facility: HMG Goshen GI-30 Hatfield

05/02/2017

Progress Notes: Alan Goldfischer

Current Medications

Taking

- Humalog KwikPen 100 UNT/ML Solution Pen-injector 10 units Subcutaneous Daily
- Metformin HCl 1000 MG Tablet 1 tablet with meals Orally Twice a day
- Benicar 40 MG Tablet 1 tablet Orally Once a day
- Metoprolol Tartrate 25 MG Tablet 1 tablet Orally Once a day
- Crestor 40 MG Tablet 1 tablet Orally Once a day
- Aspirin 325 MG Tablet 1 tablet Orally Once a day
- Zolof 100 MG Tablet 1 tablet Orally Once a day
- NovoTwist 32G X 5 MM Miscellaneous as directed sc qid
- PrednisONE 10 MG Tablet 2 tablets Orally twice a day
- Medication List reviewed and reconciled with the patient

Past Medical History

DIABETES MELLITUS (250.03) (since- 12-06-2000)
CAD, comments: 10+ stents placed most recent in 9/2012
PVD - stents in right leg march 2010
Hypertension
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Family history of colon cancer
Colonic polyps
MRSA
Anxiety
Lyme disease

Surgical History

cardiac catheterization with 10 stents 2012
ear drum reconstruction
Stent of right leg 03-06-2010
MRSA
Triple Bypass 2012
Colonoscopy--Hyperplastic Polyps--Active
Colitis--Hemorrhoids--Active Proctitis
02/28/2014
tonsillectomy

Reason for Appointment

1. Ref by Dr Rametta
2. GI followup

Assessments

1. Other ulcerative colitis without complication - K51.80 (Primary)

Treatment

1. Other ulcerative colitis without complication

Notes: will cont current dose of pred, start lialda 2 qd, call next week to taper prednisone.

2. Others

Notes: Ulcerative Colitis: Care Instructions material was published to portal.

Follow Up

4 Weeks

History of Present Illness

:
doing better on pprednisone only 2 bm/day, no bleeding has gained wt glucose control better.

Vital Signs

Temp 98.2 F, HR 93 /min, BP 128/70 mm Hg, Ht 74 in, Wt 199 lbs, BMI 25.55 Index, RR 18 /min, Oxygen sat % 98 %.

Examination

*General Examination:

GENERAL APPEARANCE: alert, well hydrated, in no distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EARS: normal.

NECK/THYROID: neck supple, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender,

Summary View for TURNER, GUSTAV L

Page 3 of 3

Dizziness denies. Dyspnea on exertion denies. Fluid accumulation in the legs denies. Irregular heartbeat denies. Orthopnea denies. Palpitations or fluttering in chest denies. Shortness of breath denies. Weakness denies. Weight gain denies.

Gastrointestinal:

Comments See HPI for details.

Hematology:

Breast lump denies. Dizziness denies. Easy bruising denies. Fever denies. Groin mass denies. Prolonged bleeding denies. Recent transfusion denies. Swollen glands denies. Weakness denies. Weight loss denies.

Genitourinary:

Abdominal pain/swelling denies. Blood in urine denies. Difficulty urinating denies. Frequent urination denies. Pain in lower back denies. Painful urination denies. nocturia denies.

Musculoskeletal:

Carpal tunnel denies. Joint stiffness denies. Leg cramps denies. Muscle aches denies. Pain in shoulder (s) denies. Painful joints denies. Sciatica denies. Swollen joints denies. Trauma to arm(s) denies. Trauma to hip (s) denies. Trauma to knee(s) denies. Trauma to ankle(s) denies. Weakness denies.

Neurologic:

Balance difficulty denies. Coordination denies. Difficulty speaking denies. Dizziness denies. Fainting denies. Gait abnormality denies. Headache denies. Irritability denies. Loss of strength denies. Loss of use of extremity denies. Low back pain denies. Memory loss denies. Pain denies. Tingling/Numbness denies. Transient loss of vision denies. Tremor denies.

Patient: TURNER, GUSTAV L DOB: 12/31/1958 Progress Note: Alan Goldfischer 05/02/2017

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

Horizon Family Medical Group

30 Hatfield Lane, Suite 107

Goshen, NY 10924

Ph: 845-703-8806 Fax: 845-703-9058

Ph: 845-615-4000 Fax: 845-615-4002

FAX COVER SHEETDate: 9-20-17To: ORMCFax: 333 1157Re: Gustav TurnerDob: 12-31-58From: Dr. GoldschneiderPages: 01**Comments:**NEW PT - Auth # 124321452Effective 8-28-17 - 8-27-18

Thank you!

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