

GEORGETOWN

REHABILITATION SERVICES

1138 Lexington Road, Suite 100

Georgetown, Kentucky 40324

Phone: 502-570-3732

Fax: 502-570-3735

COVER SHEET

TO: McGloth

FAX NO.: _____

FROM: Georgetown Comm Hospital Therapy Dept

PHONE NO.: 502 570-3732

DATE: _____

NO. OF PAGES FOLLOWING: _____

Comments:

Byron, Murphy
- would sacral

The information contained in this facsimile is confidential under applicable law. This information is intended only for use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on this information is strictly prohibited and could result in legal action. If you have received this facsimile in error, please contact 502-868-1231 immediately to arrange for its return.

Information that is privileged and

confidential under applicable law. This information is intended only for use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on this information is strictly prohibited and could result in legal action. If you have received this facsimile in error, please contact 502-868-1231 immediately to arrange for its return.

MRSA:

GEORGETOWN COMMUNITY HOSPITAL

1140 Lexington Road • Georgetown, Kentucky 40324

Telephone Number: (502) 868-1100

ADV DIR: N

VRE:

ADMIT BY: BRB

PATIENT INFORMATION											
ACCOUNT NUMBER	ADMISSION DATE & TIME	FINANCIAL CLASS	ROOM / BED	HSV	DISCHARGE DATE	SOCIAL SECURITY NO.	MEDICAL RECORD NUMBER				
1190090	11/18/25 00:00	13	/	PHY		407-04-9818	000248449				
PATIENT NAME	(FIRST)	(INITIAL)	BIRTHDATE	AGE	RACE	SEX	MS	MAIDEN/PREV NAME	REL	ACC	
MURPHY	BYRON	K	09/28/1962	63	W	M	D		U	R	
PATIENT ADDRESS						COUNTY	OCCURRENCE CODE / DATE				
300 HOMESTEAD PARKWAY GEORGETOWN KY 40324						SCOTT	35 2025-11-18				
EMPLOYER (Name, Address)											
ACCIDENT DATE	ACCIDENT HOUR	ACCIDENT STATE CODE	ACCIDENT DESCRIPTION					PATIENT TELEPHONE NUMBER			
	00							(502) 316-4465			
CONTACT INFORMATION											
CONTACT ONE (Name, Telephone Number, Work Telephone Number, Relationship)											
GOINS PAULETTA				(502) 316-1101				POWER OF ATTORNEY			
CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship)											
MCGEE ROBERT				(859) 552-8074				CARE GIVER			
GUARANTOR INFORMATION											
GUARANTOR NAME (Name, Address)											
MURPHY BYRON K				300 HOMESTEAD PARKWAY				GEORGETOWN KY 40324			
GUARANTOR TELEPHONE NUMBER				GUARANTOR SOCIAL SECURITY NUMBER				RELATIONSHIP TO PATIENT			
(502) 316-4465				407-04-9818				SELF			
GUARANTOR EMPLOYER (Name, Address)									TELEPHONE NUMBER		
INSURANCE INFORMATION											
PRIMARY INSURANCE		ADDRESS					TELEPHONE NUMBER				
ANTHEM		PO BOX 105187 ATLANTA GA 303480000					(855) 661-2028				
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER			
MURPHY BYRON K		M	18	UIK394A54556		FORT VALLEY ST BOR		330M105			
SECONDARY INSURANCE		ADDRESS					TELEPHONE NUMBER				
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER			
TERTIARY INSURANCE		ADDRESS					TELEPHONE NUMBER				
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER			
PHYSICIAN INFORMATION											
ADMITTING PHYSICIAN				ATTENDING PHYSICIAN				FAMILY PHYSICIAN			
BAILEY BAILI R				BAILEY BAILI R				SMITH BRIAN DOU			
ADMITTING DIAGNOSIS						PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER					
PRESSURE INJURY						NR/					
COMMENTS											

11/10/25

12:56

GC1000/081513



FACESHET

11/7/25, 12:49 PM

Murphy, Byron K (MRN: 8912571737) DOB: 9/28/1962

Date: Nov 7, 2025

BAPTIST HEALTH MEDICAL GROUP FAMILY MEDICINE
210 BEVINS LN STE C
GEORGETOWN KY 40324-6127
Phone: 502-868-0622
Fax: 502-868-9097

Ambulatory Referral to Wound Clinic

Patient: Byron K Murphy
380 HOMESTEAD PKWY
GEORGETOWN KY 40324
Phone: 859-552-8074

MRN: 8912571737
DOB: 9/28/1962
SSN: xxx-xx-8618
Sex: M

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary:	ANTHEM BLUE CROSS	4050001	BOR330M105	UK394A64556

Referring Provider Information:

BAILEY, BAILI R

Phone: 502-868-0622

Fax: 502-868-9097

Referral Information:

Visits: 1

Urgency: Routine

Start Date: Nov 7, 2025

Diagnosis: Pressure injury of skin of sacral region, unspecified injury stage (L89.159)

Referral Type: Consultation [3]

Referral Reason: Specialty Services Required

End Date: To be determined by insurer

Refer to Dept: BM LEX OP PT HQSP

Refer to Provider:

Refer to Provider Phone:

Refer to Facility:

This document serves as a request of services and does not constitute insurance authorization or approval of services. To determine eligibility, please contact the members insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services, please contact BAPTIST HEALTH MEDICAL GROUP FAMILY MEDICINE at 502-868-0622 during normal business hours.

Authorizing Provider: Bailey, Baili R, PA-C

Authorizing Provider's NPI: 1760200414

Order Entered By: Bailey, Baili R, PA-C 11/7/2025 12:20 PM

Electronically signed by: Bailey, Baili R, PA-C 11/7/2025 12:20 PM

PAYER: ANTHEM BLUE CROSS

Referral Type: Consultation

Urgency: Routine

Start Date: Nov 7, 2025

End Date: To be determined by insurer

Diagnosis: Pressure injury of skin of sacral region, unspecified injury stage (L89.159)

Referral Reason: Specialty Services Required

End Date: To be determined by insurer

Refer to Dept: BM LEX OP PT HQSP

Refer to Provider:

Refer to Provider Phone:

Refer to Facility:

Printed by Polley, Caitlyn, RegSched Rep (5041224) 11/7/2025 12:49 PM

This document serves as a request of services and does not constitute insurance authorization or approval of services. To determine eligibility, please contact the members insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services, please contact BAPTIST HEALTH MEDICAL GROUP FAMILY MEDICINE at 502-868-0622 during normal business hours.

Authorizing Provider: Bailey, Baili R, PA-C

Authorizing Provider's NPI: 1760200414

Order Entered By: Bailey, Baili R, PA-C 11/7/2025 12:20 PM

Electronically signed by: Bailey, Baili R, PA-C 11/7/2025 12:20 PM

GEORGETOWN COMMUNITY HOSPITAL

Name MURPHY BYRON K
 Attending BAILEY BAILI R
 Primary SMITH BRIAN DOUGLAS

Admitted Nov-18-2025
 Discharged -
 Chief Complaint PRESSURE INJURY

DOB Sep-28-1962
 Encounter 1190090
 MRN 248449

Allergies Flagyl, FENTANYL, BACLOFEN, Penicillin, PCN, Methadone, Ocrelizumab

PT Wound Evaluation and Treatment Note * Nov-18-2025 1346 (Signed)

Electronically signed by **Meagan Wilson PT** on **2025-11-18 1846**

Question	Response	User
Inpatient or Outpatient?	Outpatient	KBI3953
Was the Infectious Disease Screening Completed?	No - Screening not performed	KBI3953
1. Have you or someone in your household tested positive for COVID-19 or are currently awaiting lab results for COVID-19?		
2. Have you had a fever and cough, or a new rash in the past week?		
3. Has the patient traveled outside the US in the last 30 days or had contact with someone that has traveled outside the US and is sick in the past 30 days?		
Evaluation Type	Initial Evaluation	KBI3953
Outpatient Suicide Screening Initial		
In the past 12 months, have you wished you were dead or wished you could go to sleep and not wake up?	No	KBI3953
If yes; notify House Supervisor for further assessment unless the patient has been assessed at a previous visit and has no new thoughts or wishes of suicide with a safety plan.		
In the past 12 months, have you actually had thoughts of killing yourself?	No	KBI3953
If yes, notify House Supervisor for further assessment unless the patient has been assessed at a previous visit and has no new thoughts or wishes of suicide with a safety plan.		
Does patient feel safe at home?	Yes	KBI3953
Is the patient a possible victim of Physical, Psychological, Sexual, Financial or Emotional Abuse or Neglect?	DENIES he-she is a victim of Abuse or Neglect	KBI3953
Has your safety or thoughts of harming yourself changed since your last visit?	No	KBI3953
Rehab Outpatient Summary List		
Diagnosis and Precautions	Sacral wound MS	KBI3953
Medical and Surgical History	Past Medical History Seizure	KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name MURPHY BYRON K
 Attending BAILEY BAILI R
 Primary SMITH BRIAN DOUGLAS

Admitted Nov-18-2025
 Discharged -
 Chief Complaint PRESSURE INJURY

DOB Sep-28-1962
 Encounter 1190090
 MRN 248449

Allergies Flagyl, FENTANYL, BACLOFEN, Penicillin, PCN, Methadone, Ocrelizumab

Medical and Surgical History	<p>Decreased renal function</p> <p>Chronic obstructive lung disease</p> <p>Multiple sclerosis</p> <p>H/O: depression</p> <p>Anxiety</p> <p>Seasonal allergy</p> <p>Chronic sinusitis</p> <p>Diabetes mellitus</p> <p>Past Surgical History Colonoscopy in 2019</p> <p>Operation on accessory sinus</p> <p>Functional endoscopic sinus surgery</p> <p>Operation on testis, removal of tumor from testicle</p> <p>Tonsillectomy and adenoidectomy</p>	KBI3953
Medications	Medication List in Chart	KBI3953
Allergies	<p>Penicillin, flaggil</p> <p>Pt denies allergies to latex or tape adhesives</p>	KBI3953
Subjective	<p>Patient arrives with CG, requires Mod A to wheel back.</p> <p>He reports a sacral/pressure wound that has been on his bottom for several months. He has been applying Neosporin on the area and sleeping with his skin exposed to open air at night. He offloads his bottom due to pain. He can walk at home with an AD and complete his own transfers.</p> <p>Per patient and CG home health/home wound services would be more convenient for them due to his type of MS and difficulty for getting rides.</p> <p>Denies smoking</p> <p>Patient has DM.</p>	KBI3953
Occupation	Disabled*	KBI3953
Functional Status	<p>WC for community outings</p> <p>Rollator for home ambulation</p>	KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name MURPHY BYRON K
Attending BAILEY BAILI R
Primary SMITH BRIAN DOUGLAS

Admitted Nov-18-2025
Discharged -
Chief Complaint PRESSURE INJURY

DOB Sep-28-1962
Encounter 1190090
MRN 248449

Allergies Flagyl, FENTANYL, BACLOFEN, Penicillin, PCN, Methadone, Ocrelizumab

Do you want to document pain details?	No	KBI3953
Type of Wound	Pressure Ulcer	KBI3953
Stage of Wound - Please describe in Comments	Stage 2	KBI3953
*PUSH Tool 3.0 (Standard)		
Length x Width (In cm2) 3 (Corresponds with Site on the Anatomical Man)	(07) 4.1 to 8.0 Entire red area is 6x7 cm 2 Small "raw" open wound scattered throughout	KBI3953
Exudate Amount 3	(00) None	KBI3953
Tissue Type 3	(02) Granulation Tissue	KBI3953
PUSH Score Total 3	Score Total: 2	KBI3953
PUSH Score Total - Site 1	Score Total: 9	KBI3953
Is there granulation of the wound?	Yes*	KBI3953
Granulation %	100 after debridement	KBI3953
Patient Goals	heal wound completely	KBI3953
Problem List	DM MS WC for community outing	KBI3953
Comments	Measures approximately 6x7 cm2 Small "raw" open areas, fully epithelialized Dried skin/slough adherent in small patches throughout	KBI3953
Is the Patient Being Seen for Non-Wound Physical Therapy?	No	KBI3953
Short Term Goals	1) Patient will have 100% granulation tissue in open wound 2) Decrease of wound surface area by at least 50%. 3) Patient will maintain clean environment to promote wound healing	KBI3953
Long Term Goals	1) Patient will demonstrate full wound closure 2) Patient will be independent with dressing changes in preparation for discharge home.	KBI3953
Assessment Patient Would Benefit from Skilled Physical Therapy to address-(Check all that Apply)	Dressing Changes; Non Selective Debridement; Wound Cleansing; Selective Debridement; Physical Agents Modalities; Other* unna boot	KBI3953
Patients Response to Treatment	Pain is not the focus of Treatment session	KBI3953
Planned Treatment Frequency	1-3 times per week	KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name MURPHY BYRON K
 Attending BAILEY BAILI R
 Primary SMITH BRIAN DOUGLAS

Admitted Nov-18-2025
 Discharged -
 Chief Complaint PRESSURE INJURY

DOB Sep-28-1962
 Encounter 1190090
 MRN 248449

Allergies Flagyl, FENTANYL, BACLOFEN, Penicillin, PCN, Methadone, Ocrelizumab

Planned Treatment Frequency		KBI3953
Planned Treatment Duration	Until Goals Achieved	KBI3953
Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.	<p>Patient dependently wheeled back to room in WC. CG sat in chair for entire treatment.</p> <p>Patient able to transfer to from WC to mat with CGA. Patient required Mod A to transition from sit to supine then to roll onto his R shoulder.</p> <p>Patient given a sheet and towels to cover his backside for discretion. Pants dependently pulled down. Patient demonstrates a Stage 2 pressure wound. There are some open and red epithelialized tissues. Area of redness measured, see comments. There is dried slough. Sterile forceps and scalpel used to debride dry skin. Skin is 100% epithelialized after debridement. Minimal bleeding noted, resolved with blotting of 4x4 gauze.</p> <p>Silvabsorb applied to entire red area and Sacral mepilex topped over entire area.</p> <p>CG observed and educated on how to apply mepilex.</p> <p>CG educated to keep bottom covered night and day for next 7 day to help mitigate soreness/redness.</p> <p>Patient is a good candidate for home wound care services.</p> <p>Patient and CG agree to wound home services. PT will follow up with patient in 1 week to ensure home health.</p> <p>Follow up appointment set of Monday 11/24/25.</p>	KBI3953
Rehabilitation Fall Risk Assessment		
Rehabilitation Fall Risk Assessment (Check all that apply)	Unsteady Gait (With or Without Assistive Device); Current Complaint of Weakness	KBI3953
Fall Risk Interventions	Recommend Use of Assistive Device (Wheelchair, Walker, etc.); Supervision will be provided during Treatment; Hands on Assistance will be provided with Ambulation	KBI3953
Thank you for the referral. Should you have questions, please do not hesitate to contact us at 502-570-3732.	<p>Thank You</p> <p>Baili Bailey, PA-C</p>	KBI3953
Thank you for the referral. For any questions or concerns please call (502) 570-3732 Physician Signature indicates Review and Agreement with Plan of Care and Need for Skilled Therapy Services.	<p>Physician Signature _____</p> <p>Date _____</p> <p>Baili Bailey, PA-C</p>	KBI3953

Meagan Wm PT, DPT 11/18/20