

# GEORGETOWN

## REHABILITATION SERVICES

1138 Lexington Road, Suite 100

Georgetown, Kentucky 40324

Phone: 502-570-3732

Fax: 502-570-3735

### COVER SHEET

TO: \_\_\_\_\_

Todd McGrath

FAX NO.: \_\_\_\_\_

FROM: Georgetown Comm Hospital Therapy Dept

PHONE NO.: 502 570-3732

DATE: \_\_\_\_\_

NO. OF PAGES FOLLOWING: \_\_\_\_\_

Comments:

New patient  
info for  
wound care

gn \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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1231 immediately to arrange for its return.

MRS/A: Y

## GEORGETOWN COMMUNITY HOSPITAL

1140 Lexington Road • Georgetown, Kentucky 40324

Telephone Number: (502) 868-1100

ADV DIR: U

VRE:

ADMIT BY: BRB

## PATIENT INFORMATION

ACCOUNT NUMBER	ADMISSION DATE & TIME	FINANCIAL CLASS	ROOM / BED	H/S/V	DISCHARGE DATE	SOCIAL SECURITY NO.	MEDICAL RECORD NUMBER
1164688	08/12/25 00:00	83	/	PHY		404-90-2689	000067009

PATIENT NAME TAYLOR	(FIRST) ROBYN	(INITIAL) B	BIRTHDATE 02/11/1961	AGE 64	RACE W	SEX F	MS S	MAIDEN/PREV NAME	REL U	ACC R
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PATIENT ADDRESS 229 DELAWARE DR	GEORGETOWN	KY 40324	COUNTY SCOTT	OCCURRENCE CODE / DATE 35 2025-08-12
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EMPLOYER (Name, Address)	ACCIDENT DATE 00	ACCIDENT HOUR 00	ACCIDENT STATE CODE	ACCIDENT DESCRIPTION	PATIENT TELEPHONE NUMBER (502) 316-3029
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CONTACT INFORMATION	CONTACT ONE (Name, Telephone Number, Work Telephone Number, Relationship)  TAYLOR APRIL (502) 863-1937 SISTER
CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship)	SEAGRIFF REGINA (502) 316-3834 SISTER

GUARANTOR INFORMATION	GUARANTOR NAME (Name, Address)		
GUARANTOR NAME (Name, Address)	TAYLOR ROBYN B 229 DELAWARE DR GEORGETOWN KY 40324		

GUARANTOR TELEPHONE NUMBER (502) 316-3029	GUARANTOR SOCIAL SECURITY NUMBER 404-90-2689	RELATIONSHIP TO PATIENT SELF	TELEPHONE NUMBER
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GUARANTOR EMPLOYER (Name, Address)	TELEPHONE NUMBER
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INSURED'S NAME	SEX F	PAT REL 18	POLICY # H94072956	GROUP NAME 405124601	GROUP NUMBER
TAYLOR ROBYN					

SECONDARY INSURANCE	ADDRESS	TELEPHONE NUMBER
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INSURED'S NAME	SEX F	PAT REL 18	POLICY # H94072956	GROUP NAME	GROUP NUMBER
TAYLOR ROBYN					

TERTIARY INSURANCE	ADDRESS	TELEPHONE NUMBER
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INSURED'S NAME	SEX F	PAT REL 18	POLICY # H94072956	GROUP NAME	GROUP NUMBER
TAYLOR ROBYN					

ADMITTING PHYSICIAN	ATTENDING PHYSICIAN LYONS ANDREA L	FAMILY PHYSICIAN CRAWFORD JILL E
ADMITTING DIAGNOSIS LE WOUND		PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER NR/

COMMENTS	
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## Discharge Placement Request (continued)

Sharp, Amber M, RN at 08/05/25 0833 (continued)

Home Phone	Work Phone	Mobile Phone
CAMPBELL,PAM (Relative) 859-699-8499		859-699-8499

## Insurance Information

HUMANA MEDICAID KY/HUMANA MEDICAID KY	Phone: 800-444-9137
Subscribe Taylor, Robyn	Subscriber#: H94072956
R:	
Group#: Y8515008	Precert#:
Authorizat 212925572	Effective --
ion#:	Date:

BAPTIST HEALTH LEXINGTON 3F  
 1740 NICHOLASVILLE RD  
 LEXINGTON KY 40503-1431  
 Phone: 859-639-7393  
 Fax: 859-639-7394

Date: Aug 5, 2025

## Ambulatory Referral to Wound Clinic

Patient: Robyn Taylor MRN: 8914952518  
 229 DELAWARE DR DOB: 2/11/1961  
 GEORGETOWN KY 40324 SSN: 404-90-2689  
 Phone: 502-316-3029 Sex: F

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary:	HUMANA MEDICAID KY	2900053	Y8515008	H94072956

## Referring Provider Information:

LYONS, ANDREA L Phone: 859-260-6333 Fax: 859-260-4350

## Referral Information:

# Visits: 1 Referral Type: Consultation [3]  
 Urgency: Routine Referral Reason: Specialty Services  
 Required  
 Start Date: Aug 5, 2025 End Date: To be determined by Insurer

Diagnosis: Cellulitis of lower leg (L03.119)

Dependent edema (R60.9)

Venous stasis ulcer of calf with necrosis of muscle without varicose veins, unspecified laterality (I87.2, L97.203)

Refer to Dept:

Refer to Provider:

Discharge Placement Request (continued)

Sharp, Amber M, RN at 08/05/25 0833 (continued)

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 LEXINGTON 3F at 859-639-7393 during normal business hours.

Verbal Order Mode: Verbal with readback

Authorizing Provider: Lyons, Andrea L, MD

Authorizing Provider's NPI: 1043458540

Order Entered By: Sharp, Amber M, RN 8/5/2025 8:33 AM

Electronically signed by: Lyons, Andrea L, MD

# GEORGETOWN COMMUNITY HOSPITAL

Name	TAYLOR ROBYN B	Admitted	Aug-12-2025	DOB	Feb-11-1961
Attending	LYONS ANDREA L	Discharged	-	Encounter	1164688
Primary	CRAWFORD JILL E	Chief Complaint	LE WOUND	MRN	67009

Allergies    TETRACYCLINE

## **PT.Wound Evaluation and Treatment Note \* Aug-12-2025 1456 (Signed)**

Electronically signed by Meagan Wilson PT on 2025-08-12 1831

<b>Question</b>	<b>Response</b>	<b>User</b>
Inpatient or Outpatient?	Outpatient	KBI3953
Was the Infectious Disease Screening Completed?  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?	No - Screening not performed	KBI3953
Evaluation Type	Initial Evaluation	KBI3953
<b>Outpatient Suicide Screening Initial</b>		
In the past 12 months, have you wished you were dead or wished you could go to sleep and not wake up?  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.	No	KBI3953
In the past 12 months, have you actually had thoughts of killing yourself?  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.	No	KBI3953
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
<b>Rehab Outpatient Summary List</b>		
Diagnosis and Precautions	B LE cellulitis	KBI3953
Medical and Surgical History	Admission All Progress	KBI3953

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Medical and Surgical History		KBI3953

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Medical and Surgical History		KBI3953
	past surgical history	
	Cardiac ablation using fluoroscopy guidance	
	past medical history	
	Emphysematous bronchitis Psoriasis	

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Allergies    TETRACYCLINE

Medical and Surgical History		Chronic obstructive lung disease Wolff-Parkinson-White pattern	KBI3953
Medications		atorvastatin, vit D, hydroxyzine, citalipram, furesimide, ibuprofen	KBI3953
Allergies		tetracycline	KBI3953
Visit Number		1  1/ Humana Medicaid RA 9/12/25	KBI3953
Evaluation Type		Initial Evaluation  unna boot/wound care	KBI3953
Subjective		Patient arrives with B LE venous stasis ulcers from 8/5/25. Per patient she was diagnosed with cellulitis and her legs swelled up and decreased in a short period of time leaving behind loose skin and the build up of skin that is currently visible. Patient presents today with unna boots on her legs and wrapped in coban and mesh. She struggles to arrive to wound care on time and would appreciate home health, however her insurance does not allow for it.	KBI3953
Occupation		Disabled*	KBI3953
Functional Status		WC	KBI3953
Do you want to document pain details?		No	KBI3953
Type of Wound		Other*  B LE venous ulcers	KBI3953
<b>*PUSH Tool 3.0 (Standard)</b>			
Length x Width (in cm <sup>2</sup> ) 3 (Corresponds with Site on the Anatomical Man)		(06) 3.1 to 4.0  R LE 4x4 cm <sup>2</sup> patch at medial malleolus 1.2x1.0 cm <sup>2</sup> patch at her Achilles	KBI3953
Exudate Amount 3		(00) None	KBI3953
Tissue Type 3		(04) Necrotic Tissue; (03) Slough; (01) Epithelial Tissue	KBI3953
PUSH Score Total 3		Score Total: 8	KBI3953
Length x Width (in cm <sup>2</sup> ) 2 (Corresponds with Site on the Anatomical Man)		(05) 2.1 to 3.0  L LE 2x2 cm <sup>2</sup> patch at lateral malleolus	KBI3953

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Primary	CRAWFORD JILL E	Chief Complaint	LE WOUND	MRN	67009

Allergies    TETRACYCLINE

Length x Width (in cm <sup>2</sup> ) 2 (Corresponds with Site on the Anatomical Man)	1x1 cm <sup>2</sup> patch at achilles	KBI3953
Exudate Amount 2	(00) None	KBI3953
Tissue Type 2	(03) Slough; (04) Necrotic Tissue; (01) Epithelial Tissue	KBI3953
PUSH Score Total - Site 1	Score Total: 27	KBI3953
Culture Obtained	No	KBI3953
Is there granulation of the wound?	No	KBI3953
Granulation %	0	KBI3953
Patient Goals	heal wounds completely	KBI3953
Problem List	Co-morbidities Lack of transportation Poor functional mobility Recent MRSA infection	KBI3953
Comments	L LE 2x2 cm <sup>2</sup> patch at lateral malleolus 1x1 cm <sup>2</sup> patch at Achilles  R LE 4x4 cm <sup>2</sup> patch at medial malleolus 1.2x1.0 cm <sup>2</sup> patch at her Achilles	KBI3953
Is the Patient Being Seen for Non-Wound Physical Therapy?	No	KBI3953
Short Term Goals	1) Patient will remain compliant with unna boot changes 1-2x weekly 2) Decrease of wound build up by 50% 3) Patient will maintain clean environment to promote wound healing	KBI3953
Long Term Goals	1) Patient will demonstrate full closure of venous ulcers and epithelialized pink tissue where areas of thick build up are located	KBI3953
Assessment Patient Would Benefit from Skilled Physical Therapy to address-(Check all that Apply)	Wound Cleansing; Non Selective Debridement; Selective Debridement; Dressing Changes; 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
Planned Treatment Duration	Until Goals Achieved	KBI3953
Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.	Patient dependently wheeled back to room. Friend present for entire treatment. Both legs treated in similar fashion.	KBI3953

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Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.	Patient seated in WC with B LE's extended and resting on stool. Previous unna boots removed with sterile scissors. Both legs exhibit patches of built up skin that is hardened and crusty. See comments for measurements of areas of build up. There is an odor coming from the patients legs and the palmar/dorsal surface of her feet are covered in thick scaly patches of skin as well. Odor resolved with rinsing.  Both legs rinsed with saline and wiped dry with towel. Sterile scalpel and forceps used to debride large patches from her skin. Min bleeding with her R LE with removal of skin. Skin blotted with 4x4 gauze. Entire leg rinsed with saline and patted dry. Silvabsorb applied to patches of thick skin to assist with autolytic debridement. Topped with vasagauze to help with moisture retainment. Entire forefoot wrapped with calamine infused unna boot up to shin. Topped with kerlix and coban. Patient educated to keep legs elevated and maintain ankle/toe ROM to assist with swelling. Educated to remove unna boots Friday if she cannot make the wound care treatment. Sent home with extra supplies (kerlix and coban) for home changes. Patient has follow up 8/15/25.	KBI3953
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<b>Rehabilitation Fall Risk Assessment</b>		
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	KBI3953
Thank you for the referral. Should you have questions, please do not hesitate to contact us at 502-570-3732.	Thank You Jill Crawford, MD	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.	Physician Signature _____ Date _____	KBI3953

*Meagan W/ln PT, DPT 8/12/25*