



GEORGETOWN

REHABILITATION SERVICES

1138 Lexington Road, Suite 100

Georgetown, Kentucky 40324

Phone: 502-570-3732

Fax: 502-570-3735

COVER SHEET

TO: W. V. WOOD

Todd McGrath

FAX NO.:

FROM: Georgetown Comm Hospital Therapy Dept

PHONE NO.: 502 570-3732

DATE:

NO. OF PAGES FOLLOWING:

Comments:

The information contained in this [REDACTED] information that is privileged and confidential under applicable law. [REDACTED] information that is privileged and confidential under applicable law. 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.

MRBA:

GEORGETOWN COMMUNITY HOSPITAL

1140 Lexington Road • Georgetown, Kentucky 40324

VRE:

Telephone Number: (502) 868-1100

ADV DIR: IN

ADMIT BY: BRB

PATIENT INFORMATION

ACCOUNT NUMBER 1186047	ADMISSION DATE & TIME 10/29/25 00:00	FINANCIAL CLASS 01	ROOM / BED /	HSV PHY	DISCHARGE DATE 407-04-0231	SOCIAL SECURITY NO. 000359209	MEDICAL RECORD NUMBER			
PATIENT NAME WOLFORD	(FIRST) DARLENE	(INITIAL) R	BIRTHDATE 12/06/1959	AGE 65	RACE W	SEX F	MB D	MAIDEN/PREV NAME SCOTT	REL U	ACC R
PATIENT ADDRESS 103 RIVER CHASE PATH GEORGETOWN KY 40324					COUNTY SCOTT		OCCURRENCE CODE / DATE 35 2025-10-29			
EMPLOYER (Name, Address)										

ACCIDENT DATE	ACCIDENT HOUR 00	ACCIDENT STATE CODE	ACCIDENT DESCRIPTION	PATIENT TELEPHONE NUMBER (502) 542-7349
---------------	---------------------	---------------------	----------------------	--------------------------------------------

CONTACT INFORMATION

CONTACT ONE (Name, Telephone Number, Work Telephone Number, Relationship)

WOLFORD DARREN (502) 542-0243

CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship)

CHILD

GUARANTOR INFORMATION

GUARANTOR NAME (Name, Address)

WOLFORD DARLENE R 103 RIVER CHASE PATH GEORGETOWN KY 40324

GUARANTOR TELEPHONE NUMBER (502) 542-7349

GUARANTOR SOCIAL SECURITY NUMBER 407-04-0231

GUARANTOR EMPLOYER (Name, Address)

TELEPHONE NUMBER

INSURANCE INFORMATION

PRIMARY INSURANCE MEDICARE	ADDRESS PO BOX 100112	COLUMBIA	TELEPHONE NUMBER (866) 289-6501
-------------------------------	--------------------------	----------	------------------------------------

INSURED'S NAME WOLFORD DARLENE R	SEX F	PAT REL 18	POLICY # 6HY8C46CG23	GROUP NAME 292023112	GROUP NUMBER PART B
-------------------------------------	----------	---------------	-------------------------	-------------------------	------------------------

SECONDARY INSURANCE MDMC WELLCARE	ADDRESS CLAIMS DEPT	TAMPA	TELEPHONE NUMBER (877) 389-9457
--------------------------------------	------------------------	-------	------------------------------------

INSURED'S NAME WOLFORD DARLENE R	SEX F	PAT REL 18	POLICY # 13541504	GROUP NAME	GROUP NUMBER
-------------------------------------	----------	---------------	----------------------	------------	--------------

TERtiARY INSURANCE ADDRESS	KYMCD195	TELEPHONE NUMBER
-------------------------------	----------	------------------

INSURED'S NAME	SEX F	PAT REL 18	POLICY # 13541504	GROUP NAME	GROUP NUMBER
----------------	----------	---------------	----------------------	------------	--------------

PHYSICIAN INFORMATION

ADMITTING PHYSICIAN RISHER RICHARD L	ATTENDING PHYSICIAN RISHER RICHARD L	FAMILY PHYSICIAN RISHER RICHARD L
-----------------------------------------	-----------------------------------------	--------------------------------------

ADMITTING DIAGNOSIS

GENERALIZED WEAKNESS

COMMENTS

PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER
NR/

PAV A Inpatient
800 Rose St
Lexington KY 40536-0001
Phone: 859-323-3760
Fax:

Date: Oct 27, 2025

Discharge Ambulatory referral to NON UK Wound Clinic

Legal Name: Darlene Rose Wolford
103 River Chase Path
Apt 201
GEORGETOWN KY 40324
Phone: 502-542-7349

MRN: 010499705
DOB: 12/6/1959
SSN: xxx-xx-0231

Referring Provider Information:

COILE, EVELYN B Phone: 859-323-3760 Fax:
NPI 1609389287

Referral Information:

#Visits: 1

Buffalo Tom

Urgency: Routine

Referral Type:

Start Date: Oct 27, 2025

Referral Reason: Specialty Services Request Date: To be determined by []

Діапазон: Немає

Diagnosis: Refer to Dent.

Aquacel AG to wound bed. Then cover with ABD and wrap with Kerlix. Then wrap with ace bandage, wrap loosely. Change dressing daily. Continue until granulation tissue is present.

Electronically Signed By: Evelyn B. Coyle, MD

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 PAV A Inpatient at 859-323-3760 between the hours of 8:00am - 5:00pm (Mon-Fri)

Referral Type:

As a result of the above discussion, it is clear that the λ -operator is a very useful tool for solving boundary value problems.

Journal of the American Osteopathic Association

在於此，故其後之學者，多以爲子思之學，實出於孟子之後。蓋子思之學，實出於孟子之後。蓋子思之學，實出於孟子之後。蓋子思之學，實出於孟子之後。

to the following questions regarding this request for service:

GEORGETOWN COMMUNITY HOSPITAL

Name	WOLFORD DARLENE R	Admitted	Nov-05-2025	DOB	Dec-06-1959
Attending	RISHER RICHARD L	Discharged	-	Encounter	1186047
Primary	RISHER RICHARD L	Chief Complaint	GENERALIZED WEAKNESS,HEMATOMA OF R L E	MRN	359209

Allergies Amoxicillin

PT Wound Evaluation and Treatment Note * Nov-05-2025 1317 (Signed)

Electronically signed by Meagan Wilson PT on 2025-11-05 1353

Question	Response	User
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
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? 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
Rehab Outpatient Summary List		
Diagnosis and Precautions	R LE hematoma	KBI3953
Medical and Surgical History	Past Medical History Malignant melanoma	KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name	WOLFORD DARLENE R	Admitted	Nov-05-2025	DOB	Dec-06-1959
Attending	RISHER RICHARD L	Discharged	-	Encounter	1186047
Primary	RISHER RICHARD L	Chief Complaint	GENERALIZED WEAKNESS,HEMATOMA OF R L E	MRN	359209

Allergies Amoxicillin

Medical and Surgical History			KBI3953
	Deep venous thrombosis		
	Hypercholesterolemia		
	Fracture of vertebral column		
	Polycythemia vera (clinical)		
	Hypokalemia		
	Chronic obstructive lung disease		
	Panic attack		
	Anxiety disorder		
	Seizure		
	Heart disease		
	Chronic kidney disease		
	Past Surgical History		
	Total abdominal hysterectomy		
	Cesarean section, X2		
	Procedure on heart		
	Operative procedure on knee		
Medications			KBI3953
	famotidine, buspirone, Keppra, levothyroxine, klor-con, lopressor, senna-docusate, warfarin, ventolin hfa, refefenacin, primidone		
Allergies			KBI3953
	amoxicillin		
Visit Number		1	KBI3953
Evaluation Type		Other* wound treatment	KBI3953
Subjective		Patient arrives with GSC EMS medical personnel. Medical CG helped answer questions for patients' questions. 3 weeks ago, patient was getting up out of a recliner and hit her leg on a chair and a hematoma formed. She was transported to UK for debridement then referred to home health. She has been with home health for 3 weeks and referred to PT wound	KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name : WOLFORD DARLENE R
 Attending : RISHER RICHARD L
 Primary : RISHER RICHARD L

Admitted	Nov-05-2025	DOB	Dec-06-1959
Discharged	-	Encounter	1186047
Chief Complaint	GENERALIZED WEAKNESS,HEMATOMA OF R L E	MRN	359209

Allergies : Amoxicillin

Subjective	care. Patient arrives with leg wrapped and was told by HH nurse that it may be infected. Patient reports having chills, extreme pain in her R leg, and an odor coming from her wound.	KBI3953
Occupation	Disabled*	KBI3953
Functional Status	WC, max A for transfers	KBI3953
Do you want to document pain details?	No	KBI3953
Type of Wound	Other* abrasion, hematoma	KBI3953
*PUSH Tool 3.0 (Standard)		
Length x Width (in cm ²) 3 (Corresponds with Site on the Anatomical Man)	(09) 12.1 to 24.0 Patient was in severe pain Wound approximated at 15 x 15 cm ² Depth is 0.2 cm.	KBI3953
Exudate Amount 3	(02) Moderate	KBI3953
Tissue Type 3	(04) Necrotic Tissue; (03) Slough; (02) Granulation Tissue; (01) Epithelial Tissue	KBI3953
PUSH Score Total 3	Score Total: 12	KBI3953
PUSH Score Total - Site 1	Score Total: 21	KBI3953
Comments	Patient was in severe pain Wound approximated at 15 x 15 cm ² Depth is 0.2 cm.	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 4) Patient will report no pain in LE from wound after walking 100' to be able to return to work. 5) Patient will require only Mod A for wound dressing changes in preparation for independent changes at home. 6) Patient will be able to complete 5 toe touches daily while seated in chair to progress towards independent wound changes.	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		KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name	WOLFORD DARLENE R	Admitted	Nov-05-2025	DOB	Dec-06-1959
Attending	RISHER RICHARD L	Discharged	-	Encounter	1186047
Primary	RISHER RICHARD L	Chief Complaint	GENERALIZED WEAKNESS,HEMATOMA OF R L E	MRN	359209

Allergies Amoxicillin

Patient Would Benefit from Skilled Physical Therapy to address-(Check all that Apply)	Dressing Changes; Non Selective Debridement; Selective Debridement; Wound Cleansing; 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 remained seated in WC for treatment. Dependently wheeled back to room with CG/EMS present. EMS plans to transport patient to UK ER for culture after treatment. PT helped patient place her leg on stool. PT uses sterile scissors to remove gauze and patch on wound. Required soaking for more easier removal of gauze. See comments for wound measurements. Wound is over 50% covered in dark eschar from anterior shin to lateral leg. PT attempted to remove eschar with sterile scalpel, however unable to fully remove. Eschar cross hatched. There is undermining of wound edges on posterior calf. Some of the skin on anterior shin appears to have an attached flap, PT is unable to determine what is viable vs dead tissue. Muscle visible on posterior calf along with undermining of edges. There is thick slough adherent to edges of wound. PT rinsed leg with saline and patted dry. Applied silvabsorb on wound then entire sheet of vasagauze to keep ABD from sticking to wound. Wrapped entire leg lightly with kerlix and coban. PT is unable to determine if leg is infected at this time. Culture required as well as surgical debridement of eschar. Discussed referral to UK for culture today. Also provided EMS with referrals for home health wound care for more appropriate treatment for patient. Patient will follow up with PT if further services are needed for overall weakness.	KBI3953

Rehabilitation Fall Risk Assessment

Rehabilitation Fall Risk Assessment (Check all that apply)	Unsteady Gait (With or Without Assistive Device); Current Complaint of Weakness; Poor Safety Judgment	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	Thank You	KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name	WOLFORD DARLENE R	Admitted	Nov-05-2025	DOB	Dec-06-1959
Attending	RISHER RICHARD L	Discharged	-	Encounter	1186047
Primary	RISHER RICHARD L	Chief Complaint	GENERALIZED WEAKNESS,HEMATOMA OF R LE	MRN	359209

Allergies Amoxicillin

502-570-3732.	Thank You	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 _____ Evelyn Coile, MD	KBI3953

Meagan Wilson PT, DPT
11/5/25