

# 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:

\_\_\_\_\_ 91  
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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 1186047	ADMISSION DATE & TIME 10/29/25 00:00		FINANCIAL CLASS 01	ROOM / BED /	HSV PHY	DISCHARGE DATE		SOCIAL SECURITY NO. 407-04-0231		MEDICAL RECORD NUMBER 000359209	
PATIENT NAME WOLFORD		(FIRST) DARLENE	(INITIAL) R	BIRTHDATE 12/06/1959	AGE 65	RACE W	SEX F	MS D	MAIDEN/PREV NAME		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 CHILD											
CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship)											
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				RELATIONSHIP TO PATIENT SELF					
GUARANTOR EMPLOYER (Name, Address)										TELEPHONE NUMBER	
INSURANCE INFORMATION											
PRIMARY INSURANCE MEDICARE		ADDRESS PO BOX 100112 COLUMBIA SC				TELEPHONE NUMBER 292023112 (866) 289-6501					
INSURED'S NAME WOLFORD DARLENE R		SEX F	PAT REL 18	POLICY # 6HY8C46CG23		GROUP NAME PART B		GROUP NUMBER			
SECONDARY INSURANCE MDMC WELLCARE		ADDRESS CLAIMS DEPT TAMPA FL				TELEPHONE NUMBER 336313372 (877) 389-9457					
INSURED'S NAME WOLFORD DARLENE R		SEX F	PAT REL 18	POLICY # 13541504		GROUP NAME		GROUP NUMBER KYMCD195			
TERTIARY INSURANCE		ADDRESS				TELEPHONE NUMBER					
INSURED'S NAME		SEX	PAT REL	POLICY #		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								PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER NR/			
COMMENTS											

10/27/25

08:26

GC1000/081513



FACESHET

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

**Sex:** F

### Referring Provider Information:

**COILE, EVELYN B**  
NPI 1609389287

**Phone:** 859-323-3760

**Fax:**

### Referral Information:

**# Visits:** 1

**Referral Type:**

**Urgency:** Routine

**Referral Reason:** Specialty Services Required

**Start Date:** Oct 27, 2025

**End Date:** To be determined by Insurer

**Diagnosis:** Hematoma of right lower extremity, initial encounter (S80.11XA)

**Refer to Dept:**

**Refer to Provider:**

Aquacel AG to wound bed, Then cover with ABD and wrap with Kerlix, Then wrap with ace bandage, wrap loosely. Change dressing daily. Can remove to shower, replace after.

**Electronically Signed By:** Evelyn B Coile, 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:**

**Referral Reason:** Specialty Services Required

**End Date:** To be determined by Insurer

**Diagnosis:** Hematoma of right lower extremity, initial encounter (S80.11XA)

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**Electronically Signed By:** Evelyn B Coile, MD

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).

# **GEORGETOWN COMMUNITY HOSPITAL**

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

Admitted Nov-05-2025  
 Discharged -  
 Chief Complaint GENERALIZED  
 WEAKNESS,HEMATOMA OF R L E

DOB Dec-06-1959  
 Encounter 1186047  
 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?	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
<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?	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
<b>Rehab Outpatient Summary List</b>		
Diagnosis and Precautions	R LE hematoma	KBI3953
Medical and Surgical History	Past Medical History Malignant melanoma	KBI3953

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Medical and Surgical History	<p>Deep venous thrombosis</p> <p>Hypercholesterolemia</p> <p>Fracture of vertebral column</p> <p>Polycythemia vera (clinical)</p> <p>Hypokalemia</p> <p>Chronic obstructive lung disease</p> <p>Panic attack</p> <p>Anxiety disorder</p> <p>Seizure</p> <p>Heart disease</p> <p>Chronic kidney disease</p> <p>Past Surgical History</p> <p>Total abdominal hysterectomy</p> <p>Cesarean section, X2</p> <p>Procedure on heart</p> <p>Operative procedure on knee</p>	KBI3953
Medications	famotidine, buspirone, Keppra, levothyroxine, klor-con, lopressor, senna-docusate, warfarin, ventolin hfa, revefenacin, primidone	KBI3953
Allergies	amoxicillin	KBI3953
Visit Number	1	KBI3953
Evaluation Type	Other* wound treatment	KBI3953
Subjective	<p>Patient arrives with GSC EMS medical personnel. Medical CG helped answer questions for patients' questions.</p> <p>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</p>	KBI3953

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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
<b>*PUSH Tool 3.0 (Standard)</b>		
Length x Width (in cm2) 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 cm2 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 cm2 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

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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.	<p>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.</p> <p>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.</p> <p>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.</p> <p>Applied silvabsorb on wound then entire sheet of vasagauze to keep ABD from sticking to wound. Wrapped entire leg lightly with kerlix and coban.</p> <p>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.</p>	KBI3953
<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; 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

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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