FAX COVER SHEET

MUNSON HEALTHCARE

PLEASE DELIVER TO:	ATTN : Nick	**DATE:**	8/25/2025 3:52:36 PM
RECIPIENT'S PHONE:		**FAX:**	918593996697
SENDER:		**DEPT:**	
SENDER'S PHONE:		**FAX:**	
SUBJECT:			

The following document(s) are transmitted for delivery to the above named individual and consist of 5 page(s), including the cover sheet.

NOTES:

If you have any questions, please contact the above sender.

1105 Sixth Street
Traverse City, Michigan
49684-2386
(231) 935-5000

GRAHAM, Lawrence **DOB:** 02/05/1957 (68 yo M) **Acc No.** 91165 **DOS:** 08/21/2025

Progress Note

Patient: Graham, Lawrence
Account Number: 91165
DOB: 02/05/1957 **Age:** 68 Y **Sex:** Male
Phone: 231-690-3952
Address: 2121 W US Highway 10, Ludington, MI-49431
Pcp: John Cooney, DO

Provider: Rachel A Vandenberg, DO
Date: 08/21/2025

Subjective:

Chief Complaints:
1. LLL Ulcer.

HPI:

Wound care:

This 68 year old here today with his spouse, Susan and presents today for evaluation and management of non-healing stasis ulcers to LLL. Pt reports the wound occurred when he scraped his leg on 6/20/25 on his luggage while traveling and was using Bacitracin to area with dry dressing. Pt saw his PCP Dr. Cooney on 7/28/25 and was referred here. Pt is now using Zinc to area twice a day and dry dressing. Pt does wear his compression daily. Pt reports he did go swimming in a pool yesterday with no dressing. Pt has Hx of compound fracture to LLL in 2006 and has had wounds on LLL in the past that reportedly took over a year to heal. Patient most recent vein procedure (sclerotherapy) done on 10/12/23. Pt had left TKA in June 2024, and it became infected, in November had an antibiotic spacer placed, and in January 2025 had a new replacement surgery. Pt had THA o R hip in March 2025.

8/21/25 Pt here today with his wife. Pt had gone to ER at Corwell Ludington a few days after his last visit and was dx with bursitis to his L elbow and put on antibiotics. Pt also had blood cultures drawn and lyme test which were both negative. He reports he has two days left of his antibiotics. Pt reports changing the dressing daily. Today moderate drainage noted on dressing removed. Pt reports he is drinking at least one protein shake per day. Pt to follow up with Ortho for the bursitis on 8/23/25. Pt reports he is cleaning the wound with Kirkland brand baby wipes prior to dressing changes.

Medical History: Back Trouble: Disc, Sleep Apnea/ CPAP, Claustrophobia, High Cholesterol, Leg Ulcer, Hernia.

Surgical History: cataract surgery , Hernia Surgery - 1957 & 2002 , Colonoscopy- 2007, 2017 & 2022 , heart catherization 06/23, vein ablation on the left lower extremity 8/17/23, Hernia Surgery 5/22/24, L Knee replacement part 1 6/11/2024, L Knee Replacement part 2 1/14/2025, R Hip 3/18/2025.

Hospitalization/Major Diagnostic Procedure: Surgeries Above .

Family History: Father: deceased. Mother: alive. Daughter(s): alive. Son(s): alive. Paternal Grand Father: deceased. Paternal Grand Mother: deceased. Maternal Grand Father: deceased. Maternal Grand Mother: deceased. Siblings: alive. 2 brother(s) , 6 sister(s) . 2 son(s) , 1 daughter(s) . . Family History of Heart Disease and Diabetes.

Social History:

Abuse and Neglect Screen:

Abuse and Neglect Screen
Screening Date: *08/21/2025*
Do you ever feel unsafe in your home or neighborhood? *No*
Information Obtained From: *Patient*
Type of visit: *Established Patient*
Has anyone physically harmed you? *No*
Has anyone emotionally harmed you? *No*
Is there anyone you are uncomfortable being around? *No*
Do you have any family/friends that abuse drugs or alcohol? *No*
Does anyone force you to do things you do not want to do? *No*
Is there someone who takes your things without permission? *No*

GRAHAM, Lawrence **DOB:** 02/05/1957 (68 yo M) **Acc No.** 91165 **DOS:** 08/21/2025

Tobacco Use:
Tobacco Use/Smoking
Are you a *nonsmoker*
Screening performed
Date *08/21/2025*
Drugs/Alcohol:
Drugs
Have you used drugs other than those for medical reasons in the past 12 months? *Yes*
Marijuana? *Yes*
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? *4 or more times a week (4 points)*
How many drinks did you have on a typical day when you were drinking in the past year? *3 or 4 drinks (1 point)*
How often did you have 6 or more drinks on one occasion in the past year? *Weekly (3 points)*
Points *8*
Interpretation *Positive*
Alcohol Counseling Performed
Date performed: *08/21/2025*

Medications: Taking Doxycycline , Taking Amoxicillin , Taking Ezetimibe 10 MG Tablet 1 tablet Orally Once a day, Taking Ambien(Zolpidem Tartrate) 5 MG Tablet 1 tablet at bedtime as needed Orally Once a day, Taking hydroCHLOROthiazide 12.5 MG Tablet 2 tablets Orally Once a day, Taking Benadryl 25 MG Tablet 1 tablet at bedtime as needed Orally Once a day, Taking Metoprolol Succinate ER 25 MG Tablet Extended Release 24 Hour 1 tablet Orally Once a day, Taking asprin 81 mg 1 daily , Taking Meloxicam 15 MG Tablet 1 tablet Orally Once a day, Taking Cyanocobalamin 1000 MCG/15ML Liquid 15 mL Orally Once every 3 months, Taking Vitamin D 3 1000 IU Soft Gel 1tablet PO Once a day, Taking Magnesium 400 MG Capsule 1 tablet with a meal Orally Once a day, Taking Atorvastatin Calcium 80 MG Tablet 1 tablet Orally Once a day, Taking Clobetasol Propionate 0.05 % Ointment 1 application Externally Twice a day, Medication List reviewed and reconciled with the patient

Allergies: Band-Aid: skin irritation, Lisinopril: Anaphylaxis - Allergy - Criticality High - Onset Date 07/02/2023, Bee Sting: Anaphylaxis - Allergy - Criticality High - Onset Date 07/02/2023.

Objective:

Vitals: BP: **114/70 mm Hg**, Ht: 71 in, Ht-cm: 180.34 cm, Wt: **254.9 lbs**, Wt-kg: **115.62 kg**, BMI: **35.55 Index**, HR: **74 /min**, RR: **17**, Oxygen sat %: **96 %**, Pain scale: **5 1-10**.

Examination:
Wound Care::
Wound 1
Wound Location *Left lateral lower leg clusters*
Epithelialization Pre procedure *None Present*
Epithelialization Post procedure *None Present*
Tunneling *No*
Undermining *No*
Classification *Full thickness without exposed support structure*
Signs of Infection *no*
Exudate Amount *Medium*
Exudate Type *Serosanguineous*
Foul Odor after Cleansing *No*
Wound Margin *Distinct, outline attached*
Slough/Fibrin *Yes*
Necrotic Type *Yellow Fibrin/Slough, Wet/Hydrated*
Texture *Localized Edema*
Moisture *No Abnormality*
Color *Hemosiderin Staining*

GRAHAM, Lawrence **DOB:** 02/05/1957 (68 yo M) **Acc No.** 91165 **DOS:** 08/21/2025

Temperature *No Abnormality (Patient Warm)*
Tenderness on Palpation *No*

General Examination:

GENERAL APPEARANCE: Alert and no acute distress. Well nourished, well developed.
HEAD: Normocephalic, face symmetric.
EYES: Conjunctiva clear, no discharge .
NOSE: Nares patent, no discharge.
CARDIAC: Regular rate and rhythm. .
LUNGS: normal respiratory effort.
MUSCULOSKELETAL: Normal strength and tone. .
Extremities Trace pitting edema lower extremities.
PERIPHERAL PULSES: Good capillary refill.
NEUROLOGIC: Alert and Oriented.
PSYCH: Mood/affect within normal limits.
SKIN: **No rashes**.
WOUND See wound care documentation.

Assessment:

Plan:

Procedures:

Wound Care:

Wound 1: Left lateral lower leg cluster.
Wound Debridement
Wound Size: *Length=4.7 cm x Width=6.8 cm x Depth=0.1 cm*
Anesthetic: *Topical lidocaine 2%*
Type of Debridment: *non selective, Mechanical*
Cutting Instrument: *guaze*
Deepest Layer of Tissue Removed: *dermis*
Description of Tissue Removed: *slough, exudate, non viable, devitalized*
Viable Bleeding Tissue Encountered: *Yes*
Pain Control: *Good, Patient reports no significant pain*
Subsequent Wound Debridment: *Yes*
Wound Size Post Procedure: *Length= 4.7cm x Width= 6.9cm x Depth= 0.1cm*
Primary dressing *Apply Triad zinc to open areas as the primary dressing*
Secondary dressing *Cover with 4x4, wrap lightly with Kerlix rolled gauze and secure with tape*
Dressing change frequency *daily*
Compression: *Patient to use own compression stockings*
Return Visit: *One week For nursing visit*

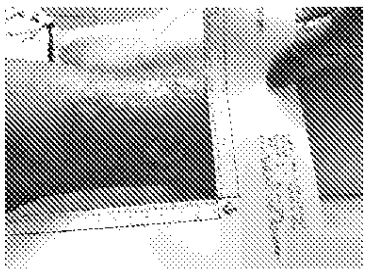
Billing Information:

Visit Code:
Procedure Codes:

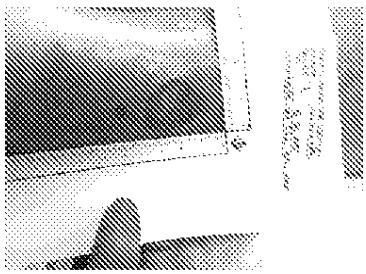
Images

GRAHAM, Lawrence **DOB:** 02/05/1957 (68 yo M) **Acc No.** 91165 **DOS:** 08/21/2025

mobile_08/21/2025 11:59:14



mobile_08/21/2025 12:23:35



Electronically signed by Rachel VandenBerg , DO on 08/25/2025 at 03:51 PM EDT
Sign off status: Pending
Disposition and Communication:

Provider: Rachel A Vandenberg, DO **Date:** 08/21/2025