

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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MRS: 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	HEV	DISCHARGE DATE		SOCIAL SECURITY NO.		MEDICAL RECORD NUMBER	
1164688	08/12/25 00:00		83	/	PHY			404-90-2689		000067009	
PATIENT NAME		(FIRST)	(INITIAL)	BIRTHDATE	AGE	RACE	SEX	MS	MADEN/PREV NAME		REL
TAYLOR		ROBYN	B	02/11/1961	64	W	F	S			U
PATIENT ADDRESS						COUNTY		OCCURRENCE CODE / DATE			
229 DELAWARE DR						SCOTT		35 2025-08-12			
EMPLOYER (Name, Address)											
ACCIDENT DATE	ACCIDENT HOUR	ACCIDENT STATE CODE		ACCIDENT DESCRIPTION				PATIENT TELEPHONE NUMBER			
	00							(502) 316-3029			
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)											
TAYLOR ROBYN B		229 DELAWARE DR				GEORGETOWN		KY 40324			
GUARANTOR TELEPHONE NUMBER		GUARANTOR SOCIAL SECURITY NUMBER				RELATIONSHIP TO PATIENT					
(502) 316-3029		404-90-2689				SELF					
GUARANTOR EMPLOYER (Name, Address)								TELEPHONE NUMBER			
INSURANCE INFORMATION											
PRIMARY INSURANCE		ADDRESS						TELEPHONE NUMBER			
MDMC HUMANA		PO BOX 14601 LEXINGTON KY						(800) 444-9137			
INSURED'S NAME		SEX	PAT REL	POLICY #		GROUP NAME		GROUP NUMBER			
TAYLOR ROBYN		F	18	H94072956		405124601					
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			
LYONS ANDREA L				LYONS ANDREA L				CRAWFORD JILL E			
ADMITTING DIAGNOSIS								PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER			
LE WOUND								NR/			
COMMENTS											

08/05/25

08:49

GC1000/081513



FACESHET

Discharge Placement Request (continued)

Sharp, Amber M, RN at 08/06/25 0833 (continued)

Contact Person (Rel.)	Home Phone	Work Phone	Mobile Phone
CAMPBELL, PAM (Relative)	859-699-8499	--	859-699-8499

Insurance Information

HUMANA MEDICAID KY/HUMANA MEDICAID KY

Subscribe Taylor, Robyn

r:

Group#: Y8515008

Authorizat 212925572

ion#:

Phone: 800-444-9137

Subscriber#: H94072956

Precert#: --

Effective --

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
229 DELAWARE DR
GEORGETOWN KY 40324
Phone: 502-316-3029

MRN: 8914952518
DOB: 2/11/1961
SSN: 404-90-2689
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

Urgency: Routine

Referral Type: Consultation [3]

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
 Attending LYONS ANDREA L
 Primary CRAWFORD JILL E

Admitted Aug-12-2025
 Discharged -
 Chief Complaint LE WOUND

DOB Feb-11-1961
 Encounter 1164688
 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

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	B LE cellulitis	KBI3953
Medical and Surgical History	Admission All Progress	KBI3953

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Allergies TETRACYCLINE

Medical and Surgical History

KBI3953

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Allergies TETRACYCLINE

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, foresimide, 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
*PUSH Tool 3.0 (Standard)		
Length x Width (in cm2) 3 (Corresponds with Site on the Anatomical Man)	(06) 3.1 to 4.0 R LE 4x4 cm2 patch at medial malleolus 1.2x1.0 cm2 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 cm2) 2 (Corresponds with Site on the Anatomical Man)	(05) 2.1 to 3.0 L LE 2x2 cm2 patch at lateral malleolus	KBI3953

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Allergies TETRACYCLINE

Length x Width (in cm2) 2 (Corresponds with Site on the Anatomical Man)	1x1 cm2 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 cm2 patch at lateral malleolus 1x1 cm2 patch at Achilles R LE 4x4 cm2 patch at medial malleolus 1.2x1.0 cm2 patch at her Achilles	KBI3953
Is the Patient Being Seen for Non-Wound Physical Therapy?	No	KBI3953
Short Term Goals	1) Patient will remain complaint 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.	<p>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.</p> <p>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. Silvasorb 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.</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	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>Jill Crawford, MD</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>	KBI3953

Meagan With PT, DPT 8/12/25