

GEORGETOWN

REHABILITATION SERVICES

1138 Lexington Road, Suite 100
Georgetown, Kentucky 40324
Phone: 502-570-3732
Fax: 502-570-3735

COVER SHEET

TO: _____

Todd K. McGrath

FAX NO.: _____

FROM: _____

Georgetown Comm Hospital Therapy Dept

PHONE NO.: _____

502 570-3732

DATE: _____

NO. OF PAGES FOLLOWING: _____

Comments: _____

Hernandez, M
sacral wound

21

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Intake Date: 6.17.25Evaluation Date: 6/19/25

Georgetown Hospital Therapy Visit Log / Insurance Verification

Patient's Name: Hernandez, Molly DOB: 6.8.1967 Phone: 859 420-9091Diagnosis: Sacral decub ulcer Physician: Balbaugh Fax: 502 863-2764
deconditioningPrimary Ins: UHCicare In network

Secondary Ins: _____

Policy #: 130629228

Policy #: _____

Deductible: \$ 257⁰⁰ Met: \$ _____

Deductible: \$ _____ Met: \$ _____

% of Co-Ins: 80 %/ 20 %

% of Co-Ins: _____ %/ _____ %

OOP: \$ 9350⁰⁰ Met: \$ _____

OOP: \$ _____ Met: \$ _____

Copay: \$ 0

Copay: \$ _____

Pre-Cert Required?: Y Phone: 877 842-3210 Website: _____Visit Info: NO Prior auth #1399 - follow UHC guidelines
Sec Ins printout

# of Visits Approved	Start Date	End Date	Auth/Confirmation #

Visit Log

Date	Visit #	Date	Visit #	Date	Visit #

NPI: 1326107319

UPIN: 180101

Tax ID: 621757921

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GEORGETOWN
REHABILITATION SERVICES
A Department of Georgetown University Hospital

Referral Form

1138 Lexington Road • Suite 100 • Georgetown, KY 40324
Phone: 502.570.3732 Fax: 502.570.3735

Name: Molly Hernandez Phone: (659) 420-9091

ICD-10 Code: L89.90, R53.81

Diagnosis: Sprawl Decub Ulcer, Decub. Healing

Precautions: _____ Onset Date: _____

☐ **Occupational Therapy:**

<input type="checkbox"/> Evaluate and treat as indicated	<input type="checkbox"/> Therapeutic exercise
<input type="checkbox"/> ADL re-training	<input type="checkbox"/> AROM <input type="checkbox"/> AAROM
<input type="checkbox"/> Adaptive equipment: _____	<input type="checkbox"/> PROM <input type="checkbox"/> Stretch
<input type="checkbox"/> Functional re-training	<input type="checkbox"/> Strengthen
<input type="checkbox"/> Modalities as indicated	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Work hardening / conditioning

☐ **Splinting:** _____

☒ **Physical Therapy:**

<input checked="" type="checkbox"/> Evaluate & treat as indicated	<input type="checkbox"/> Soft tissue mobilization
<input type="checkbox"/> Balance re-training	<input type="checkbox"/> Therapeutic exercise
<input type="checkbox"/> Deep friction massage	<input type="checkbox"/> AROM <input type="checkbox"/> AAROM
<input type="checkbox"/> Electrical stimulation	<input type="checkbox"/> PROM <input type="checkbox"/> Stretch
<input type="checkbox"/> Gait training	<input type="checkbox"/> Strengthen
<input type="checkbox"/> Weight bearing status: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hot packs / cold packs	<input type="checkbox"/> Traction
<input type="checkbox"/> Iontophoresis 0.4 Dexamethasone	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Manual Therapy as indicated	<input type="checkbox"/> Work hardening / conditioning
<input type="checkbox"/> Neuromuscular re-training	<input checked="" type="checkbox"/> Wound care Dressings: _____

☐ **Speech & Language Therapy:**

<input type="checkbox"/> Evaluation - Feeding / Swallowing	<input type="checkbox"/> Therapy - Cognitive Training
<input type="checkbox"/> Evaluation - Speech / Language	<input type="checkbox"/> Therapy - Feeding / Swallowing
<input type="checkbox"/> Modified Barium Swallow	<input type="checkbox"/> Therapy - Speech / Language

☐ **Other:** _____

Frequency & Duration: _____ times per week for _____ weeks

Additional Notes: _____

 6/16/25
Provider Signature Date

Allergies oxyCODONE, Dilaudid

PT Wound Evaluation and Treatment Note * Jun-24-2025 1730 (Signed)

Electronically signed by **Meagan Wilson PT** on 2025-06-24 1751

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	Other* wound treatment	KBI3953
Has your safety or thoughts of harming yourself changed since your last visit?	No	KBI3953
Rehab Outpatient Summary List		
Diagnosis and Precautions	Sacral wounds	KBI3953
Medical and Surgical History	arthritis HTN HLD anxiety	KBI3953
Medications	bactrim and cednifir for next few days, probiotics, anxiety meds, HTN meds, HLD meds, muciprocin ointment	KBI3953
Allergies	NKDA, pt reports she did have blisters develop from the Curad bandages she was using that had medicine on them.	KBI3953
Visit Number	2 2 per medical necessity UHC Medicare RA 7/19/25	KBI3953
Subjective	Patient and daughter report they had some issues with the tape on the sacral wounds. She continues to have pain and sensitivity on her behind. There is a new area of pain and swelling above her bottom.	KBI3953

GEORGETOWN COMMUNITY HOSPITAL

Name HERNANDEZ MOLLY B
 Attending BALBAUGH ANDREW PETE
 Primary BALBAUGH ANDREW PETE

Admitted Jun-19-2025
 Discharged -
 Chief Complaint SACRAL DECUB
 ULCER, DECONDITIONING

DOB Jun-08-1967
 Encounter 1152222
 MRN 154949

Allergies oxyCODONE, Dilaudid

Occupation	Disabled*	KBI3953
Functional Status	Mod ind, motorized WC Single cane with short distances Portable oxygen, 3 L, NC	KBI3953
Do you want to document pain details?	No	KBI3953
Type of Wound	Pressure Ulcer 4 pressure ulcers from hospital stay	KBI3953
*PUSH Tool 3.0 (Standard)		
Length x Width (in cm2) 3 (Corresponds with Site on the Anatomical Man)	(04) 1.1 to 2.0 Superior L glute medial cleft	KBI3953
Exudate Amount 3	(01) Light	KBI3953
Tissue Type 3	(01) Epithelial Tissue; (02) Granulation Tissue; (03) Slough	KBI3953
PUSH Score Total 3	Score Total: 9	KBI3953
Length x Width (in cm2) 2 (Corresponds with Site on the Anatomical Man)	(06) 3.1 to 4.0 Inferior L glute into gluteal cleft	KBI3953
Exudate Amount 2	(01) Light	KBI3953
Tissue Type 2	(03) Slough; (02) Granulation Tissue; (01) Epithelial Tissue	KBI3953
Length x Width (in cm2) 1 (Corresponds with Site on the Anatomical Man)	(02) 0.3 to 0.6 Inferior L/R glute (inferior to sphincter) x 2 open wounds	KBI3953
Exudate Amount 1	(01) Light	KBI3953
Tissue Type 1	(02) Granulation Tissue; (01) Epithelial Tissue	KBI3953
PUSH Score Total - Site 1	Score Total: 30	KBI3953
Culture Obtained	No	KBI3953
Is there granulation of the wound?	Yes*	KBI3953
Granulation %	25 after debridement	KBI3953
Patient Goals	heal wounds completely	KBI3953
Problem List	Diabetes Co-morbidities Currently not smoking Decreased mobility Deconditioning from recent hospitalization	KBI3953

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Problem List	Portable oxygen, 3 L, NC	KBI3953
Comments	4 wounds: 1. L superior glute, 2.0 x 1.8 cm2. Depth .2 cm. Rounded shape. 2. L inferior glute cleft/fold 3 x4.0 cm 2- irregular shape and irregular borders. Depth .1 cm. 3. L inferior glute cleft (inferior to sphincter) .3x.3 cm, Depth 4 cm. (more depth this date, increased tunneling) 4. R inferior glute cleft (inferior to sphincter .4x.4 cm2. Depth 3 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	KBI3953
Long Term Goals	1) Patient will demonstrate full wound closure	KBI3953
Assessment Patient Would Benefit from Skilled Physical Therapy to address-(Check all that Apply)	Selective Debridement; Dressing Changes; Wound Cleansing; Non Selective Debridement; 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 required Mod A to transfer from her hover chair ambulate to transfer to mat in room. Patient's daughter, son, and granddaughter was present during entire treatment. Treatment completed with patient in R side lying on mat, pillows at head and B knees for comfort. Superior L glute wound and inferior wound cleaned in similar manner. Peri wound area is less red and irritated, however she is very tender to palpation and touch. Wounds cleansed with saline and patted dry. Sterile forceps used to debride scant slough, however slough is thick and adherent to wound bed. Wounds measured, see comments. No depth, no undermining, no odor this date, and there is scant epithelial tissue scattered throughout middle of wound bed. Patient reports stinging with therahoney, will trial silvabsorb. Applied to both wound beds to assist with autolytic debridement and topped with Vasa gauze to help buffer irritation from bandage. Topped with sacral mepilex. Inferior wounds also treated in similar manner. Both cleansed with saline. See comments for depth. Both exhibits tunneling, L wound exhibits more depth today. Silvabsorb applied to	KBI3953

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Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.	wounds. Both packed with prisma to provide collagen support. Topped with short strip of hypafix tape. Tape applied in a way to allow BM clearance from sphincter. Daughter observed again today, will trial Silvabsorb at home. Patient has follow up in 1 week, on 7/1/25. PT is referring patient to home health company. Notes set this date to assess if patient is candidate for home health. Discussed also, supplies sent to her home if home health does not work out.	KBI3953
Rehabilitation Fall Risk Assessment		
Rehabilitation Fall Risk Assessment (Check all that apply)	Unsteady Gait (With or Without Assistive Device); Current Complaint of Weakness; Difficulty Breathing	KBI3953
Fall Risk Interventions	Recommend Use of Assistive Device (Wheelchair, Walker, etc.); Hands on Assistance will be provided with Ambulation	KBI3953