

DELRAY MEDICAL CENTER
5352 Linton Boulevard
Delray Beach, FL 33484

Name: BERNSTEIN, ELIOT TR
MRN: 000188764
ACCT: 012940564

RICHARD H KIM, MD
ADM: 06/04/2013

Consultation

DATE OF CONSULTATION: 06/04/2013

CHIEF COMPLAINT: Syncope.

HISTORY OF PRESENT ILLNESS: The patient is a 49-year-old gentleman who was at dinner at a friend's house. His wife apparently told a joke. He began laughing and then coughing. He then thinks he passed out. He apparently had urinary incontinence. He fell and hit his head on a marble floor. He sustained a subarachnoid hemorrhage. He also complains of chest discomfort now. Cardiology consultation is requested.

ALLERGIES: IODINE which has apparently caused anaphylaxis in the past.

PAST MEDICAL HISTORY: Borderline hypertension. No history of diabetes, myocardial infarction, CVA. He does have hyperlipidemia. He is now vegetarian.

FAMILY HISTORY: Mother and father both have had myocardial infarction at a premature age.

PAST SURGICAL HISTORY: Facial reconstruction, lower extremity surgery secondary to trauma in his late teens.

SOCIAL HISTORY: Still smokes 3 cigarettes a day, used to smoke 40, social alcohol.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers, chills or sweats.

VISION: No double vision, blurry vision or cataracts.

HEENT: No hearing loss or tinnitus.

LUNGS: No wheezing, cough or hemoptysis.

GASTROINTESTINAL: No nausea or vomiting.

GENITOURINARY: No hematuria or dysuria.

CENTRAL NERVOUS SYSTEM: No strokes or seizures.

ENDOCRINE: No diabetes or thyroid.

HEMATOLOGIC: No anemia or leukemia.

CARDIOVASCULAR: No chest pain or pressure, but he does complain his chest pain as described above.

PHYSICAL EXAMINATION:

GENERAL: Pleasant, well-developed, well-nourished gentleman, in no acute distress.

VITAL SIGNS: 98.4, 69, 144/75.

Work Type: Consultation
T001

Work Type Code: CON
Page: 1

DATE 07/18/2013

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441345 m/r: Paul Geribon

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Consultation

HEENT: Anicteric sclerae. Mucous membranes are moist.
NECK: Supple, no jugular venous distention, no carotid bruits.
CARDIAC: Regular rate and rhythm.
LUNGS: Lung fields are clear to auscultation.
ABDOMEN: Soft, nontender.
EXTREMITIES: No clubbing, cyanosis or edema. His left chest wall is clearly extremely tender to palpation.

ASSESSMENT:

1. Atypical musculoskeletal chest discomfort.
2. Syncope.
3. Subarachnoid hemorrhage.
4. Family history of _____ heart disease.
4. Tobacco abuse.
5. Hypertension
5. Borderline hyperlipidemia.

PLAN: Check echo color Doppler study when he can tolerate pain on his left chest. This is clearly not cardiac pain, but musculoskeletal. Syncope is probably vagal posttussive. Monitor on tele. We will be happy to follow this patient with you.

Richard H. Kim, MD

TR:RHK/HN
DD:06/04/2013 13:12 EDT
DT:06/04/2013 20:03 EDT
Dictation ID: 9462482/Confirmation #: 3900064
R:

Authenticated by RICHARD H KIM MD [1397] on 06/07/2013 at 13:03:19

Work Type: Consultation
T001

Work Type Code: CON
Page: 2

DATE 07/18/2013

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DELRAY MEDICAL CENTER

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

PT NAME: BERNSTEIN, ELIOT I

DOB: 09/30/1963

LOCATION: ER

ACCT. # 012940564

DR. ROYCRAFT, EDWARD L

MR # 000188764

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONTRAST

Abbrv: CTHD1

INDICATION: Trauma

A CT scan of the brain was performed from the base of the skull through the vertex without intravenous contrast.

No prior images are available for comparison.

The ventricles and CSF spaces appear normal. This addendum is made of a cavum the cecum, normal anatomic variant. There is no mass or mass effect present. Small amount of subarachnoid blood is seen within sulci within the a right temporal lobe in right sylvian fissure. Brain parenchyma is normal in attenuation. There is no evidence of acute infarct or intracranial hemorrhage. The mastoid air cells, paranasal sinuses and orbits appear normal.

IMPRESSION:

1. Small amount of subarachnoid blood within sulci right temporal lobe and right sylvian fissure likely posttraumatic
2. No midline shift or mass effect.
3. No evidence of infarct or hydrocephalus.

Edward Roycraft, MD was notified of critical results at 12:27 a.m. on June 4, 2013

*** Final ***

Dictated By: THAME, CRAIG (06/04/2013 00:26)

Signed By: THAME, CRAIG (06/04/2013 00:28)

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

PT NAME: BERNSTEIN, ELIOT TR I

DOB: 09/30/1963

LOCATION: TI 0282-A

ACCT. # 012940564

DR. ROYCRAFT, EDWARD L

MR # 000188764

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

ADDENDUM:

Trauma over read:

Quality assurance review of the head and cervical spine CT examinations was performed and is in agreement with the initial interpretation of mild right-sided subarachnoid hemorrhage. The cervical spine is intact, as reported.

Final assessment: No discrepancy.

*** Addendum ***

Dictated By: MARTELLO, RICHARD (06/04/2013 10:55)

Signed By: MARTELLO, RICHARD (06/04/2013 10:57)

INDICATION: Trauma

A CT scan of the brain was performed from the base of the skull through the vertex without intravenous contrast.

No prior images are available for comparison.

The ventricles and CSF spaces appear normal. This addendum is made of a cavum the cecum, normal anatomic variant. There is no mass or mass effect present. Small amount of subarachnoid blood is seen within sulci within the a right temporal lobe in right sylvian fissure. Brain parenchyma is normal in attenuation. There is no evidence of acute infarct or intracranial hemorrhage. The mastoid air cells, paranasal sinuses and orbits appear normal.

IMPRESSION:

1. Small amount of subarachnoid blood within sulci right temporal lobe and right sylvian fissure likely posttraumatic
2. No midline shift or mass effect.
3. No evidence of infarct or hydrocephalus.

Edward Roycraft, MD was notified of critical results at 12:27 a.m. on June 4, 2013

*** Final ***

Dictated By: THAME, CRAIG (06/04/2013 00:26)

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

PT NAME: BERNSTEIN, ELIOT TR I

DOB: 09/30/1963

LOCATION: TI 0282-A

ACCT. # 012940564

DR. ROYCRAFT, EDWARD L

MR # 000188764

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

Signed By: THAME, CRAIG (06/04/2013 00:28)

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

PT NAME: BERNSTEIN, ELIOT TR I

DOB: 09/30/1963

LOCATION: TI 0282-A

ACCT. # 012940564

DR. PACKER, EVAN

MR # 000188764

ORDER # 714507263

06/04/2013

MRA HEAD W/O CONTRAST

Abbrv: MRAHD1

MRA brain without gadolinium

HISTORY: Subarachnoid hemorrhage

FINDINGS: Study performed utilizing 3-D MIPS. The circle of Willis appears normal with no occlusion or stenosis. No aneurysm or AVM identified. Specifically in the region of the right MCA trifurcation there is no aneurysm identified. No AVM. In the posterior circulation there is robust intracranial vertebral sterile flow with a normal basilar artery. The right posterior vertebral artery is supplied by the large posterior communicating artery from the right ICA.

IMPRESSION: Normal study

*** Final ***

Dictated By: ROBERTSON, STEPHEN (06/04/2013 16:24)

Signed By: ROBERTSON, STEPHEN (06/04/2013 16:26)

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

RADIOLOGY REPORT
5352 LINTON BOULEVARD
AREA CODE (561) 495-3170

DELRAY BEACH, FL

PT NAME: BERNSTEIN, ELIOT TR I

DOB: 09/30/1963

LOCATION: TI 0282-A

ACCT. # 012940564

DR. STAFF, PHYSICIAN NOT ON

MR # 000188764

ORDER # 714820363

06/05/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

BERNSTEIN, ELIOT TR I

INDICATION: Evaluate brain.

CT scan of the brain was performed from the base of the skull through the vertex without intravenous contrast.

Comparison is made to prior exam dated June 4, 2013 crit

Previously identified subarachnoid blood within sulci of the right temporal lobe and right sylvian fissure has significantly decreased. No new area of hemorrhage is present. There is no midline shift the there is no mass effect present. No parenchymal hematoma is seen. Incidental note is made of a cavum septum pellucida. Brain parenchyma normal in attenuation. Mastoid air cells, paranasal sinuses and orbits are normal.

IMPRESSION:

1. Decrease in volume of subarachnoid blood within the sulci of the right temporal lobe and right sylvian fissure.
2. No midline shift or mass effect.

*** Final ***

Dictated By: THAME, CRAIG (06/05/2013 05:39)

Signed By: THAME, CRAIG (06/05/2013 05:43)

DATE 07/18/2013

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7/10/13
16:11:53

DELRAY MEDICAL CENTER
5352 LINTON BLVD. DELRAY BEACH FL 33484
ADMISSION
RECORD-F01

PATIENT NO: 012940564 ADMIT DT/TIME: 6/04/13 02:10 M/R NO: 000188764
NS/RM/BED/ACM: TI 282 A 17 RESISTANT ORG:
DISCH DT/TIME: 6/05/13 13:30 BY: ARAS
PATIENT NAME: BERNSTEIN, ELIOT TR T TITLE:
MAILING ADDR: 2753 NW 34TH ST SOCIAL SECURITY: 361622566
CITY/STATE: BOCA RATON FL 33434 3459 PHONE: (561) 245-8588
PHYSICAL ADR: 2753 NW 34TH ST NPP: 2.0 DATE: 12/08/03
CITY/STATE: BOCA RATON FL 33434 3459 PHONE: (561) 245-8588
OCCUPATION: UNKNOWN LANGUAGE: EN FC: 80
POB: ADMT PHYS: 1173- RODRIGUEZ EUGENIO HSV: 37
DOB: 9/30/1963 ADMT PHYS PHONE: (561) 330-4695 RLG: PAR:
AGE: 49 Y RACE: WHI ATTEND PHYS: 1173- RODRIGUEZ EUGENIO MS: S
SEX: M REF PHY: 1173-RODRIGUEZ EUGENIO PHN: 561 330-4695 SMK: N
PCP PHY: - PHN: VAL: PT: 1
ETHNICITY:NON FLAG: FATHER'S DOB: MOTHER'S DOB:

EMER CONTACT: CANDICE BERNSTEIN REL: SPOUSE
ADDRESS: 72753 NW 34TH ST PHONE: (561) 245-8588
CITY/STATE: BOCA RATON FL 33434 1111
NEAREST RELT: REL:
ADDRESS: PHONE: ()
CITY/STATE: RESEARCH ID:

GUARANTOR: BERNSTEIN, ELIOT I REL: SELF
ADDRESS 1: 2753 NW 34TH ST PHONE: (561) 245-8588
ADDRESS 2: SOCIAL SECURITY: 361622566
CTY/STE/ZIP: BOCA RATON FL 33434 3459 OCC: AF:
PAYOR NAME 1: BCBS-FL INS. PLAN ID: 07033 SRV/TYPE: ALLIP
PLAN NAME: BC FL PPO/ADVANTAGE 65/PPC/BLE CHO IPA:
BILL C/O NAME: BC FL PPC AUTH #: 10251606
BILL ADDRESS: P.O. BOX 1798 CERT-SSN-HIC-ID#: QCB6046973501
CTY/STE/CNTRY: JACKSONVILLE FL 32231 0014 BILL PHONE: (800) 275-2583
BILLING NAME: GP #: 509415
INSURED: BERNSTEIN, ELIOT I SEX/REL: M SELF
EMPLOYER: MSP: TRACKING#:
ADDRESS: EMP PHONE: () 000-0000
CITY/STATE: 00000 0000 ESC: 1
PAYOR NAME 2: INS. PLAN ID:
PLAN NAME:
BILL C/O NAME: CERT-SSN-HIC-ID#:
BILL ADDRESS: AUTH #:
CTY/STE/CNTRY: BILL PHONE: () 000-0000
BILLING NAME: GP #:
INSURED: SEX/REL:
EMPLOYER: TRACKING#:
ADDRESS: EMP PHONE: () 000-0000
CITY/STATE: ESC:

SPAN CODE: PRIOR VISIT: 6/09/13
FROM/TO DATE: PRIOR HOSPITAL:
CONDITION CD CONDITION CD OCCURRENCE CD/DATE OCCURRENCE CD/DATE
P7 05 6/03/13
11 6/03/13

CHIEF COMPLAINT DESCRIPTION: ADMIT DIAGNOSIS CODE: 780.2
SAH
COMMENTS: ER ADMIT TO TICU
1ST ORIGINAL-CHART COPY 2-PHYSICIAN COPY 3-MEDICAL RECS. COPY 4-UTIL. REV.

DATE 07/18/2013

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