

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

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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.

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Work Type: Consultation  
T001

Work Type Code: CON  
Page: 1

DATE 07/18/2013

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ADM: 06/04/2013

Consultation

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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.

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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

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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 CONT

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

PT NAME: BERNSTEIN, ELIOT TR I

LOCATION: TI 0282-A

DR. ROYCRAFT, EDWARD L

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

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

DELRAY BEACH, FL

DOB: 09/30/1963

ACCT. # 012940564

MR # 000188764

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)

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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

PT NAME: BERNSTEIN, ELIOT TR I

LOCATION: TI 0282-A

DR. ROYCRAFT, EDWARD L

ORDER # 714438281

06/04/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

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

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

DELRAY BEACH, FL

DOB: 09/30/1963

ACCT. # 012940564

MR # 000188764

DATE 07/18/2013

PRINTED BY: MariaGeribon

DELRAY MEDICAL CENTER

PT NAME: BERNSTEIN, ELIOT TR I

LOCATION: TI 0282-A

DR. PACKER, EVAN

ORDER # 714507263

06/04/2013

MRA HEAD W/O CONTRAST

Abbrv: MRAHD1

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

DELRAY BEACH, FL

DOB: 09/30/1963

ACCT. # 012940564

MR # 000188764

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

PT NAME: BERNSTEIN, ELIOT TR I

LOCATION: TI 0282-A

DR. STAFF, PHYSICIAN NOT ON

ORDER # 714820363

06/05/2013

CT HEAD OR BRAIN W/O CONT

Abbrv: CTHD1

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

DELRAY BEACH, FL

DOB: 09/30/1963

ACCT. # 012940564

MR # 000188764

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

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:  
 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 ADDR: 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/BLUE 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

SAU  
COMMENTS: ER ADMIT TO TICU  
1ST ORIGINAL-CHART COPY 2-PHYSICIAN COPY 3 MEDICAL REGS COPY 4 UTILITY REV

DATE 07/18/2013

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