

Grace General Hospital  
REGISTRATION APPLICATION  
PATIENT'S CLINICAL CIRCUMSTANCES  
Wed 28 Dec 2005 7:09 PM

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Patient Name: BOUCHARD, LIONEL  
DOB: 22/01/1924  
Service: MED  
Admit Phys: JOSHUA, JULIAN  
Diagnosis: CONFUSION  
Sex: M  
Admit Date: 28/12/2005  
MRUN: 37-29-40  
Visit #: 0628424  
Rm-Bed: ER-04  
Staff Initials: SL

CLINICAL CIRCUMSTANCES:  
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Clinical Circumstance Type                      Description  
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OA - OTHER ALLERGIES

CATS

OA - OTHER ALLERGIES

SMOKE

MED - MEDICATION ALLERGY

NONE KNOWN

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in compliance with  
The Personal Health Information Act

1. COPD/Asthma, possibly secondary to environmental/occupational exposure. He is a non-smoker.
2. Hypertension.
3. Peripheral edema.
4. TUR.
5. Bi-lateral hernia repair.

**FAMILY HISTORY:** Patient has a strongly positive family history for ischemic heart disease. Father died at age 46, secondary to MI. Mother aged 61, secondary to MI, and two brothers have undergone bypass surgery. Patient has undergone 3 previous stress tests, most recently in March of 2005, with no definitive ischemic changes.

**MEDICATIONS:**

1. Diltiazem ER 240 mg po od.
2. Lasix 60 mg po od.
3. Ramipril 10 mg po od.
4. Terazicin 2 mg po od.
5. Advair 500 discus bid.
6. Enteric coated ASA 81 mg po od.
7. Decadron, tapering course, currently 4 mg po bid.

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**ALLERGIES:** None known.

**SOCIAL HISTORY:** Patient lives alone. He is a retired heavy equipment operator. He has 2 sons and 6 daughters.

**PHYSICAL EXAMINATION:** Patient was examined on December 28th at 2030 hours. He is alert and responds appropriately, but is very vague. He is afebrile. CNS - pupils equal and reactive, cranial nerves grossly intact. No facial asymmetry, no focal deficits. Head & neck - healing occipital scalp laceration, oozing serosanguinous fluid. No C-spine tenderness or nuchal rigidity. Faint right carotid bruit. Respiratory - lungs clear. Cardiovascular - faint systolic murmur, aortic area and apex. GI - abdomen mildly distended, no tenderness or masses. Normal bowel sounds. Extremities - 1+ peripheral edema, no calf tenderness, 4+ pedal pulses.

**ASSESSMENT:**

1. Confusion, post head injury, likely secondary to concussion. This may also be partly steroid induced.

J. Joshua, M.D.

TR: dp

DD: 12/28/2005, DT: 12/28/2005 (MM/DD/YYYY)

H I S T O R Y                      A N D                      P H Y S I C A L