

CJF

## Unity Health Care Consultation Request

[Redacted]		9/20/21
Referring Provider Signature	Date	
[Redacted]	[Signature]	
Referring Provider Name	pager/phone #	
(Stamp or print clinic name, address, telephone # and fax below.)		

PATIENT NAME (LAST, FIRST) Warrell, Christopher		
<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE	ID NUMBER 377183	
OTHER _____		
DATE OF BIRTH [Redacted]	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS (STREET, CITY, APT)		
STATE, ZIP	PHONE	
SOCIAL SECURITY #	MEDICAL RECORD #	

SPECIALIST NAME Halt	AUTHORIZATION #	NUMBER OF VISITS AUTHORIZED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> _____
SPECIALIST ADDRESS		PHONE
DIAGNOSIS 1. @ finger 5th metacarpal neck 2. Fracture ICD 815.09	<input type="checkbox"/> INITIAL CONSULTATION	<input checked="" type="checkbox"/> FOLLOW-UP EVALUATION
	APPOINTMENT DATE	APPOINTMENT TIME AM / PM
REASON FOR REFERRAL So you & I @ 5th metacarpal fx in 05/2021. Initially referred and recommended for surgery. Still awaiting date for surgery. pls consider.		
[Redacted]		
CONSULTANT'S REPORT		
CONSULTANT SIGNATURE ▶	PROVIDER #	DATE
FOR OFFICE USE ONLY <input type="checkbox"/> Mail Referral to Pt. <input type="checkbox"/> Call Pt. to Pick Up Referral <input type="checkbox"/> Fax Referral to Consultant <input type="checkbox"/> Pt. Waiting _____ <input type="checkbox"/> Patient Will Pick Up Referral on (date) Other: _____		

NOTE: Consultant, please mail all correspondence/findings to the address listed above for the Health Center. Thank You!

AJI-4

Form 117

MR R04/02

White Copy - Consultant

Yellow Copy - Unity Chart

**Central Detention Facility**

1901 D Street, SE Washington, DC 20003

Fax:

September 20, 2021

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Chronic Care Clinic

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**09/10/2021 - Chronic Care Clinic: f/u cutaneous lymphoma**

**Provider: Margaret Crenshaw - MD**

**Location of Care: Correctional Treatment Facility**

**Chronic Care**

Current Medications: METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE)

Take 1 tab P.o bid.

ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) Take 2 tabs po BID as needed for pain;

Route: ORAL

**HPI**

**Current Problems:**

EPIDERMOID CYST (ICD-706.2) (ICD10-L72.0)

URINARY HESITANCY (ICD-788.64) (ICD10-R39.11)

LOWER BACK PAIN (ICD-724.2) (ICD10-M54.5)

PREDIABETES (ICD-790.29) (ICD10-R73.03)

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE (ICD-204.80) (ICD10-C85.10)

SQUAMOUS CELL CARCINOMA OF THE HEAD, NECK AND BASE OF TONGUE, 2007 (ICD-199.1) (ICD10-C80.1)

HX OF COVID-19 (ICD10-U07.1)

HYPERTENSION (ICD-401.9) (ICD10-I10)

**Current Medications:**

METOPROLOL TARTRATE 25 MG ORAL TABLET (METOPROLOL TARTRATE) Take 1 tab P.o bid.

ACETAMINOPHEN 500 MG ORAL TABLET (ACETAMINOPHEN) Take 2 tabs po BID as needed for pain;

Route: ORAL

**Current Allergies:**

\* PERCOCET: HIVES (Critical)

**#. Primary cutaneous follicular b cell lymphoma**

-recurrent, with lesions now on face, neck, and upper chest

**-following with HUH oncology with recommendation for: repeat skin bx, bone marrow bx and PET/CT for interim staging**

**---skin bx completed, awaiting pathology**

-pt took down dressing as recommended yesterday, sutures still in place (due for removal next week)

**---bone marrow biopsy was completed 6/2021 and is WNL**

**---PET/CT scans done 6/2021 and significant for new "mildly active" submandibular and cervical lymphnodes c/f possible lymphomatous/tumor involvement**

**---given PET findings, seen by ENT with rec for US-guided FNA with interventional radiology which was scheduled completed, pathology pending**

-pt reports no changes today other than continued persistent itching which did not improve with prev trial of antihistamine

[--additional history--]

-initially dx 2007 and tx w rituximab with subsequent recurrence and repeat tx w rituximab c/b

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Chronic Care Clinic

**CHRISTOPHER WORRELL**

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development of an allergic vs infusion reaction

-recurrence dx again in 2019 with recommendation from onc at that time for repeat chemotherapy which the patient declined

-opted instead for treatment with an alternative medicine provider who prescribed topical rapamycin and naltrexone

-this regimen has not been continued as it is not evidence based and pt was instead referred to HUH oncology as above

**#. hepatitis testing**

-pt requesting screening for hepatitis

-states he is concerned he was exposed to hep A

-is currently asymptomatic

-denies nausea, vomiting, diarrhea, abd pain, fever

**#. HTN, h/o tachycardia**

-on metoprolol reported h/o HTN and tachycardia

-BP and HR have been consistently WNL

-today, pt states he is only taking metoprolol once a day because he is worried about low blood pressure

-is asymptomatic --denies SOB, DOE, dizziness, and fatigue

**#. L shoulder pain**

-working with PT

**#. R 5th metacarpal neck fracture**

-seen by Dr. Wilson (ortho hand) and rec'd for surgical repair

-awaiting OR date

**ROS:** Denies fever, chills, CP, SOB, DOE, nausea, vomiting, diarrhea, and joint pain

**Vital Signs**

Height: 75 in.

Weight: 263 lbs.

BMI: 32.99

Temperature: 97.5 degrees F

Temp Site: Tympanic

Respirations: 16

Pulse Rate: 80

Rhythm: Regular

Blood Pressure: 119/84 mm Hg

(mm Hg)

Pulse Ox: 99%

**Physical Exam**

**General Appearance**

Comfortable, NAD

**Respiratory**

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Chronic Care Clinic

**CHRISTOPHER WORRELL**

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Home: 377183

**Effort:** Normal

**Musculoskeletal**

**Gait & Station:** Normal

**Mental Status and Exam**

**Mood & Affect:** Normal

**Assessment and Plan**

**Assessment/Plan:**

FOLLICULAR B CELL LYMPHOMA WITH RECURRENCE - Unchanged.

-skin and lymph node biopsies have now been completed

-awaiting pathology

-onc f/u pending

**SCREENING FOR HEPATITIS.**

-pt c/f hep A exposure, asymptomatic

-will screen as below with plan for vaccine if non-immune given high -risk

-HCV negative on intake

Orders: Hep A Ab, Total; HBsAg Screen; Anti-HBs; Hep A Ab, IgM

**HYPERTENSION.**

-BP has been well-controlled and occ low, asymptomatic

-unclear indication for metoprolol

-will d/c and re-eval at next visit

Risks, benefits, and alternatives to treatment plan discussed.

Follow-up: for suture removal in 1 weeks.

Problems reviewed today.

Medications reviewed today.

Allergies reviewed today.

Directives reviewed today.

**New Orders:** Hep A Ab, Total [006726]

HBsAg Screen [006510]

Anti-HBs [006395]

CBC With Diff [005009]

Hep A Ab, IgM [006734]

**Process Orders**

Check Orders Results:

LabCorp: ABN not required for this insurance.

Tests Sent for requisitioning (September 10, 2021 9:19 AM):

09/10/2021: LabCorp -- Hep A Ab, Total [006726] (signed)

09/10/2021: LabCorp -- HBsAg Screen [006510] (signed)

09/10/2021: LabCorp -- Anti-HBs [006395] (signed)

09/10/2021: LabCorp -- CBC With Diff [005009] (signed)

09/10/2021: LabCorp -- Hep A Ab, IgM [006734] (signed)

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Chronic Care Clinic

**CHRISTOPHER WORRELL**

Home: 377183

Male DOB: [REDACTED]

377183

Electronically Signed by Margaret Crenshaw - MD on 09/10/2021 at 2:47 PM

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September 20, 2021

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Urgent Care

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**06/10/2021 - Urgent Care: Patient Return Ortho (Wilson)**

**Provider: Charles Sarbeng - DNP**

**Location of Care: Correctional Treatment Facility**

**Patient Return**

Hospital: HUH

Return Type: Outside Consultation

Comments: patient returned from HUH ortho with Dr Wilson. Report

Diagnosis: right small finger metacarpal diaphyseal fracture sustained 21/2 weeks ago.

Recommended surgical fixation. Obtain pre-op labs, cbc, bmp, covid test, urine drug screen, ekg, cxt, call orthopedic clinic at (202)-865-1183 for any question.

referral generated

labs ordered

covid screening, EKG and CXR pending surgery date

**Process Orders**

Check Orders Results:

LabCorp: ABN not required for this insurance.

Tests Sent for requisitioning (June 10, 2021 1:54 PM):

06/10/2021: LabCorp -- CBC With Diff [005009] (signed)

06/10/2021: LabCorp -- Basic Metab Panel [322758] (signed)

**Electronically Signed by Charles Sarbeng - DNP on 06/11/2021 at 9:30 AM**

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## Howard University Hospital

<b>WORRELL, CHRISTOPHER</b>		MRN 1337101	Gender M	DOB [REDACTED]
Phone [REDACTED]	SSN [REDACTED]	Account # [REDACTED]	Patient Class [REDACTED]	Attending 999979 EDHUPH PHYSICIAN
Admitted			Discharged	

Admitting: Primary Care

Referring: Consulting:

## Problems

Date	Code	Description	Type
No Records to Display			

Report Information		HAND, RIGHT, COMPLETE (Radiology)	Status:	Final
Report ID:	c5988ef0-234e-e87e-b77d-767b39d0f5eb	Ordered By:	904292 MICHEAL TESFAZION	Ordered/Requested On:
Result Report/Status Change:	2021-05-16	Ordered by Physician ID:		Body Site:
Collected On:		Priorly:		Specimen Source:
Copy To:		Received On:		Interpreter:
Observed On:	2021-05-16			

## Narrative

EXAMINATION: HAND, RIGHT, COMPLETE  
EXAM DATE: May 16 2021  
CPT: 73130

Clinical History: FALL,,

Study: WRIST, RT COMPLETE, 3 views and right hand, 3 views.

FINDINGS: Right hand, 3 views.

There is displaced transverse fracture of the fifth metacarpal bone distal waist region with angulation. There is evidence of old trauma of the fourth metacarpal bone with foreshortening. There are focal intramedullary lucencies through the shaft of the fourth metacarpal bone. This is compatible with prior screw and plate placements. There is diffuse soft tissue swelling of the thenar region. The joint spaces are intact. No foreign body is identified.

Impression: There is displaced transverse fracture of the distal waist of the region of the fifth metacarpal bone.

Evidence of prior fracture with foreshortening of the fourth metacarpal bone.

Signed by: Estelle Cooke-Sampson, M.D. Signed Date 5/17/2021 1:01 AM

## Unrestricted

READING MD: ESTELLE COOKE-SAMPSON MD  
REVIEWING MD: ESTELLE COOKE-SAMPSON MD  
REVIEWED/SIGNED ON: May 17 2021 1:01A  
TRANSCRIBED BY: May 17 2021 1:01A

## Howard University Hospital

<b>WORRELL, CHRISTOPHER</b>		MRN 1337101	Gender M	DOB [REDACTED]
Phone [REDACTED]	SSN [REDACTED]	Account # [REDACTED]	Patient Class [REDACTED]	Attending 999979 EDHJH PHYSICIAN
Admitted			Discharged	

Admitting:

Primary Care:

Referring:

Consulting:

## Problems

Date	Code	Description	Type
No Records to Display			

## Report Information

Report ID	Code	Description	Status	Final
Report ID:	c2e1af8e-748a-0105-736c-7396da82977b	Ordered By:	904292 MICHEAL TESFAZION	Ordered/Requested On:
Result Report/Status Change:	2021-05-17	Ordered by Physician ID		Body Site:
Collected On:		Priority:		Specimen Source:
Copy To:		Received On:		Interpreter:
Observed On:	2021-05-17			

## Narrative

EXAMINATION: HAND, RIGHT, COMPLETE  
EXAM DATE: May 17 2021  
CPT: 73130

Clinical History: Post reduction.

Technique: Frontal, oblique and lateral views of the right hand were submitted for evaluation utilizing a portable technique.

Findings: A partial cast has been placed to stabilize a previously described acute angulated fracture through the distal shaft of the fifth metacarpal bone (see prior report dated 5/16/2021). There is minimal to no change in the appearance of the fracture fragments. Please correlate clinically.

Impression: As above.

Signed by: Bonnie Davis, M.D. Signed Date 5/17/2021 5:23 PM

## Unrestricted

READING MD: BONNIE DAVIS MD  
REVIEWING MD: BONNIE DAVIS MD  
REVIEWED/SIGNED ON: May 17 2021 5:23P  
TRANSCRIBED BY: May 17 2021 5:23P



## Howard University Hospital

<b>WORRELL, CHRISTOPHER</b>		MRN 1337101	Gender M	DOB [REDACTED]
Phone [REDACTED]	SSN [REDACTED]	Account # [REDACTED]	Patient Class [REDACTED]	Attending 999979 EDHUPH PHYSICIAN
Admitted		Discharged		

Admitting: Primary Care:  
Referring: Consulting:

## Problems

Date	Code	Description	Type
No Records to Display			

Report Information		WRIST, RT COMPLETE (Radiology)		Status	Final
Report ID:	a0a5aff1-bbca-317f-1832-390e4f928361	Ordered By:	904292 MICHEAL TESFAZION	Ordered/Requested On:	
Result Report/Status Change:	2021-05-16	Ordered by Physician ID:		Body Site:	
Collected On:		Priority:		Specimen Source:	
Copy To:		Received On:		Interpreter:	
Observed On:	2021-05-16				

## Narrative

EXAMINATION: WRIST, RT COMPLETE  
EXAM DATE: May 16 2021  
CPT: 73110

Clinical History: FALL,,

Study: WRIST, RT COMPLETE, 3 views and right hand, 3 views.

FINDINGS: Right hand, 3 views.

There is displaced transverse fracture of the fifth metacarpal bone distal waist region with angulation. There is evidence of old trauma of the fourth metacarpal bone with foreshortening. There are focal intramedullary lucencies through the shaft of the fourth metacarpal bone. This is compatible with prior screw and plate placements. There is diffuse soft tissue swelling of the thenar region. The joint spaces are intact. No foreign body is identified.

Impression: There is displaced transverse fracture of the distal waist of the region of the fifth metacarpal bone.

Evidence of prior fracture with foreshortening of the fourth metacarpal bone.

Signed by: Estelle Cooke-Sampson, M.D. Signed Date 5/17/2021 1:01 AM

Unrestricted

READING MD: ESTELLE COOKE-SAMPSON MD  
REVIEWING MD: ESTELLE COOKE-SAMPSON MD  
REVIEWED/SIGNED ON: May 17 2021 1:01A  
TRANSCRIBED BY: May 17 2021 1:01A

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Fax:

September 20, 2021

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Urgent Care

**CHRISTOPHER WORRELL**

Male DOB: [REDACTED]

377183

Home: 377183

**05/17/2021 - Urgent Care: Patient Return: HUH ER**

**Provider: Cheikhna Aidara - PA**

**Location of Care: Correctional Treatment Facility**

**Vital Signs**

Height: 75 in.

Temperature: 97.8 degrees F

Temp Site: Oral

Respirations: 20

Pulse Rate: 77

Rhythm: Regular

Blood Pressure: 116/87 mm Hg

(mm Hg)

Pulse O<sub>2</sub>: 96%

**Patient Return**

Hospital: HUH

Return Type: Emergency Department

Medications: None

Records Received: Yes

Comments: Consult sheet with recommendations received.

Referrals Written: Yes

Comments: Follow up with Dr Wilson in a week.

Follow-Up: Chronic Care Clinic, Outside Clinic

Scheduled: Yes

Comments: Patient recommended to follow up in two days with Ortopedic Dr Wilson.

**Electronically Signed by Cheikhna Aidara - PA on 05/17/2021 at 5:11 AM**

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