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Joey Orduna Hastings
Clerk of the Court
Transaction # 4482255 : ylloyd

EXHIBIT 2

EXHIBIT 2

WHEN RECORDED MAIL TO:

Don L. Ross, Esq.
Woodburn and Wedge
P.O. Box 2311
Reno, Nevada 89505

NOTICE CONFIRMING APPOINTMENT OF SUCCESSOR TRUSTEE

WHEREAS, H. EUGENE HILLYGUS and SUSAN L. HILLYGUS created a Trust known as THE HILLYGUS FAMILY TRUST (the "Trust") pursuant to that certain trust agreement, dated August 17, 1993 (the "Trust Agreement"), of which H. EUGENE HILLYGUS and SUSAN L. HILLYGUS are Trustees;

WHEREAS, subparagraph 9.1.2 of the Trust Agreement reads, in pertinent part, as follows:

9.1.2. If either H. EUGENE HILLYGUS or SUSAN L. HILLYGUS shall die, or shall for any reason fail to qualify or cease to act as Trustee, the remaining named individual shall act as Trustee. On the death of both Settlor, or upon the incapacity of the Surviving Settlor, ROGER H. HILLYGUS is appointed as Successor Trustee. . . .

WHEREAS, paragraph 12 of the Trust Agreement reads, in pertinent part, as follows:

12. INCAPACITY AND COMPETENCY. A person shall be considered incapacitated in the event such person has been determined to be so by a court of competent jurisdiction; has been certified by two licensed physicians to be unable to properly handle his or her own affairs by reason of physical illness or mental illness; otherwise is unable freely to communicate for a period of 90 days; or if a trustee is prevented by state law from exercising a power or powers granted to such trustee under this Trust Agreement. To the extent a trustee is prevented by state law from exercising a power or powers granted to such trustee under this Trust Agreement, the Successor Trustee shall have the power to exercise such power or powers,

provided such power is not a general power of appointment if held by a Successor Trustee. If a Successor Trustee is prevented from exercising a power or powers because such power or powers would constitute a general power of appointment, the trustee shall appoint an independent trustee, as defined in Code section(c) [sic], to exercise such denied power or powers. A person shall be considered to have regained capacity, as applicable, upon such a determination by a court of competent jurisdiction, upon certification by two licensed physicians that the person is able to properly handle his or her own affairs, is able to freely communicate, or if any state law proscription as to the exercise of a power or powers is removed. The term "incapacity" is intended to be interchangeable with the terms "disability" and "incompetency."

WHEREAS, pursuant to those certain written statements attached hereto and incorporated herein by reference H. EUGENE HILLYGUS and SUSAN L. HILLYGUS, the Settlor and Trustees of the Trust, has each been deemed to be incapacitated.


WHEREAS, the objects of the Trust have not been fully accomplished and it is necessary to the proper administration of the Trust that the Successor Trustee designated in subparagraph 9.1.2 of the Trust Agreement assume responsibility for the Trust as Successor Trustee;

WHEREAS, ROGER E. HILLYGUS is the person designated to serve as the Successor Trustee in subparagraph 9.1.2 of the Trust Agreement; and

WHEREAS, ROGER E. HILLYGUS is competent and desires to serve as Successor Trustee of the Trust pursuant to the provisions of subparagraph 9.1.2 of the Trust Agreement.

NOW, THEREFORE, in accordance with the provisions of subparagraph 9.1.2 of the Trust Agreement, ROGER E. HILLYGUS does hereby accept the appointment as Successor Trustee of the Trust with all the powers, duties and authority granted to such Trustee.

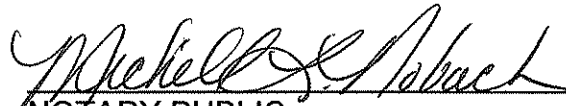
This appointment is hereby accepted
this 21 day of MAY 2014.



ROGER E. HILLYGUS

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

This instrument was acknowledged before me on May 20th 2014, 2014, by
ROGER E. HILLYGUS.



NOTARY PUBLIC





Renown Medical Group Neurology
75 Pringle Way, Suite 401 - Reno, NV 89502-1476
Phone: 775-982-2970 - Fax: 775-982-2972

April 30, 2014

Susan Hillygus
DOB: March 6, 1939

To Whom It May Concern:

The patient suffers from Alzheimer's disease, a progressive and neurodegenerative disorder that has now made her totally and permanently incompetent in matters of medical and financial affairs.

If there are any further questions in regards to her diagnosis and condition, my office can be contacted.

Sincerely,

A handwritten signature in black ink, appearing to read "Jonathan W Spivack".

Jonathan W Spivack, M. D.



May 16, 2014

Susan Hillygus
DOB: March 6, 1939

To Whom It May Concern:

The patient suffers from Alzheimer's disease, a progressive and neurodegenerative disorder that has now made her totally and permanently incompetent in matters of medical and financial affairs.

If there are any further questions in regards to her diagnosis and condition, my office can be contacted.

Sincerely,

Jennifer Grassline APN



Luis E. Palacio, M.D.
 Sports Medicine / Family Medicine
 5070 Ion Drive, Suite 200
 Sparks, NV 89436
 Phone 775-352-5300
 Fax 775-352-5334

5070 Ion Drive, Suite 200, Sparks, NV 89436 Phone: (775) 352-5300 Fax: (775) 352-5361

LAW OFFICES OF
MICHAEL B. SPRINGER, PC

Michael B. Springer
Stephen C. Moss
Jeffrey S. Spencer

9460 Double R Boulevard, Suite 103
Reno, Nevada 89521
(775) 786-7445
Fax: (775) 786-7947

*Also Licensed in California

www.springerlawnevada.com

Via Facsimile [775-657-8501] & First Class Mail

April 25, 2014

Dr. Debra Fredericks, PhD
Integrated Behavioral Healthcare
890 Mill Street, Suite 305
Reno, NV 89502

Re: Competency Evaluation of H. Eugene (Gene) Hillygus

Dear Dr. Fredericks:

I represent H. Eugene (Gene) Hillygus. There is a matter pending in the Probate Department of the local District Court which requires a competency evaluation of Gene and his wife Sue Hillygus. Some of the issues that require the evaluation of a medical professional are:

- *Is the level of competency of Gene or Sue affected by dementia and/or alzheimer's? If so, to what degree?*
- *Is Gene or Sue Hillygus competent to make decisions about managing their personal financial affairs, including changing successor trustees and amending distribution of their estate?*
- *Is Gene or Sue Hillygus competent to make health care decisions?*
- *What decisions, if any, are Gene or Sue competent to make?*
- *What level of assistance is required by Gene and Sue?*

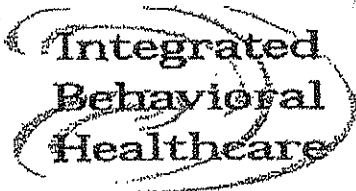
Thank you in advance for your professional assistance in this matter. I can be reached at the address and contact numbers listed above.

Sincerely,


Stephen C. Moss, Esq.

SCM

cc: Chron.
File No. 2819.00



Debra Frederickes PhD, APRN, PMHCNS-BC

890 Mill Street, Suite 305, Reno, NV, 89502

Phone: 775-657-8499; FAX: 775-657-8501, CELL: 560-1278

renomemorycare@gmail.com

5/6/2014

Stephen Moss Esq.
9460 Double R Boulevard
Suite 103
Reno, NV 89521

RE: Herbert Eugene Hillygus; DOB: 6/16/1933

Dr. Mr. Moss,

Thank you for referring Mr. Hillygus for competency evaluation. As you know, this is an 80 year old gentleman who is Trustee of the Hillygus Family Trust. Mr. Hillygus' wife has advanced Alzheimer's Disease. He is currently living at The Villas while his wife lives with their son and daughter-in-law in Dayton, NV. There is some concern over possible financial exploitation by the designated first successor, Mr. and Mrs. Hillygus' son, Roger. The principle question put forth for this competency evaluation is whether Mr. Hillygus is able to function as sole Trustee.

Mr. Hillygus was accompanied by his daughter, Robin Renwick, on three occasions: 4/2/14, 4/29/14, and 4/30/14. Mr. Hillygus along with his daughter were interviewed during our first visit then he returned for cognitive testing and further interview on the 2nd and 3rd visits. The majority of testing was conducted on 4/29/14. When he returned on 4/30/14 to complete testing it was reported that he had visited urgent care that am due to an onset of shingles overnight. Due to this event and the fact that he did not sleep well the night before secondary to shingles pain, only a few tests were administered. However, during the first testing session he was not experiencing any complaints of pain or discomfort. His responses to interview questions remained consistent over all meetings and I believe the assessment of cognitive status was accurate. He provided excellent effort, was pleasant, and I have high confidence in the results. In total, over 5 hours were spent interviewing and administering cognitive testing.

MEDICAL HISTORY:

1.

www.renomemorycare.com
renomemorycare@gmail.com

FAMILY FOCUSED CARE



Debra Fredericks PhD, APRN, PMHCNS-BC

890 Mill Street, Suite 305, Reno, NV, 89502

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renomemorycare@gmail.com

Mr. Hillygus wears glasses and had hearing aids but does not wear them. Has never smoked and drinks alcohol only socially. Primary care physician is Dr. Elliott MD. Review of Dr. Elliott's notes for 1/14/2011 indicates a history of prostate cancer, hypertension, hyperlipidemia, gout, hip replacement, and vascular dementia. He has seen Dr. Aziz and currently is under the care of Dr. Spivack MD, a neurologist. Current medications include Namenda and the 2011 note by Dr. Elliott reports albuterol, Cialis, ameprazole, levothyroxine, avalide, allopurinol, Aricept and verapamil. On 4/30/14 he was prescribed tramadol for shingles pain. Robin places the medications in a weekly med box but at times she finds that he has not taken them correctly.

MRI: Brain MRI was ordered by Dr. Elliott and conducted on 3/27/2013. Results indicate damage to the brain possibly by a previous subarachnoid hemorrhage or amyloid pathology. The brain is shrunken with significant white matter disease.

SOCIAL HISTORY:

Mrs. Hillygus has been diagnosed with Alzheimer's Disease for many years. They have been married for over 50 years. They have 2 grown children, Robin Renwick, and Roger Hillygus. There is another son by a prior relationship, Randy, who is grown and has developed a close relationship with his father. Mr. Hillygus is retired after working as a science teacher then Dean of a community college. The family home was built by his uncle, Claude Farrell in Golden Valley over 35 years ago. Mr. Hillygus names 3 grandchildren, Darla Adams, Landon Renwick, and Stephanie Renwick. There are also 2 great-grandchildren 8 and 2 years old by Darla. Currently, Mr. Hillygus reports a romantic relationship with a "young woman, 79 years old," Sammi, who lives at the Villa. He enjoys swing dancing, watching TV, reading, and participating in the activities provided by The Villa. He reports that he still loves his wife but since she developed Alzheimer's did not want to engage in intimate relations.

The financial situation is at question since both Mrs. Hilligus was declared incompetent to function as co-trustee and Roger is named as first successor trustee. Mr. Hilligus reported that he is currently sole Trustee and cannot recall whom was named as first successor Trustee. When queried regarding his current monthly income he states "I can't say but I never run out of money." He estimates that his and his wife's monthly income may be approximately \$8,000 from \$1,000 investment income and \$7,000 social security and retirement. He estimates the value of his home to be between \$300,000 to \$400,000. He reports that they still carry a mortgage but does not recall what the monthly payment is since Randy took over all financial



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matters when he moved in with them. When pressed for an estimate, he reported that it was possibly \$1,300 per month. He reports his investment portfolio has not been depleted and valued at over \$300,000. He understands that he no longer can manage his financial affairs but is adamant that Roger not be named as Trustee. He believes Roger has some brain damage from the accident that caused his disability in addition to having exploited money that Mr. Hillygus believed was to be exclusively for the care of his wife. He reports that he trusts his daughter, Robin and grand-daughter in making financial and personal decisions on his behalf.

INTERVIEW:

Mr. Hillygus had a difficult time during our conversation maintaining topic. He perseverated over not being able to see his wife and the circumstances surrounding their separation. His understanding of how events unfolded over the past few years is focused on a conviction that a planned trip to Southern California was the source of estrangement between himself and son, Roger. "After that trip I never saw my wife again." According to Mr. Hillygus ("Gene"), after his wife's Alzheimer's Disease began to progress, she became vulnerable to undue influence by their son, Roger. She became completely controlled by their son, Roger. At first, Roger was very helpful, according to Gene, coming over to help with meals, domestic chores and his mother's care. Eventually Roger moved into their home and continued to provide much needed assistance. Gene is unclear how his son could move into their home while still being married. He reported that his son was disabled by an accident at his work, is "brain damaged," and could not work, therefore his time at their home was not questioned and Gene was glad to help him out by providing room and board. He also perseverates over his dislike for his daughter-in-law, Debbie, who he reports is "uneducated, crude, and rude."

It is a strong belief and possibly delusional that Roger "turned my wife against me." According to Mr. Hillygus, Roger engaged in an insidious plan to influence his mother, take over the family estate, and kick Mr. Hillygus out of his own home while isolating his wife. He stated "we had to have the police remove them." He reported that his son often had him sign blank checks and had him placed in a previous assisted living community against his will. "When Roger needed money he came to me and I either gave him money or wrote a check." Many times, according to Mr. Hillygus, he wrote a blank check and later found out that Roger was using money to pay for his and his wife's debts.



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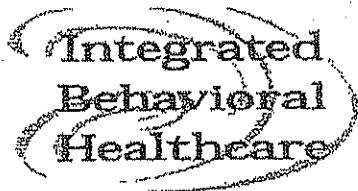
According to his daughter, Robin, there was financial exploitation and emotional manipulation. She relates that Roger did move his wife, Debbie, in with Gene and Sue then relocated Gene out of the home Mr. Hilligus reported that he cooperated with the move but did not understand exactly what was happening at the time then hated the place he had been moved into. "I probably went along with it but he [Roger] made it sound so good....my whole life is turned around." He did not understand that he would be permanently removed from access to his wife and is very resentful of the fact that he is not able to regularly visit his wife. He agrees that his wife does not appear to care for him anymore or want to be with him but states that she has been influenced over time. Apparently other family members intervened after the first placement. Mr. Hillygus was moved back to the family home for a while before finally relocating to The Villas where he is living now and very happy there.

Over and over again, Mr. Hillygus tells a story about the planned trip to California. This trip was planned to visit his wife's brother in San Diego and at the last minute his daughter-in-law was included. He complains about the trip costing over \$1,100. No matter what the topic or question he brings the topic back to this trip and the influence of his son over his wife. He reported that his son often had him sign blank checks and had him placed in a previous assisted living community against his will.

When asked about plans for the future, Mr. Hillygus reported that he would like to stay where he is currently living and his wife should move into an Alzheimer's facility. He states "I'm getting older.... I am moving into a dangerous area....cannot manage everything." He agrees that someone else should take over management of the Trust and wants his daughter, Robin to manage his affairs. "I hope Robin will sell the house and get me out of the finance hole we are in." Although he is estranged from Roger, he still wants him included in the Will "because after all he is still my son." He identified Darla, her husband, and his son Randy as trusted family members. He was able to name all his natural beneficiaries. He believes everyone is named in his current Will and cannot name his current first successor Trustee.

TESTING:

TESTS ADMINISTERED: (1) Partial CERAD battery including 3-trial word list, delayed recall and recognition tasks; Test of Constructional Praxis with delayed recall, (2) Trails Parts A & B, (3) Geriatric Depression Scale, (4) Wisconsin Card Sort, (5) Similarities, Arithmetic, and Visual Puzzles from WAIS-IV were administered on 4/30/14.



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- (1) CERAD: The "Consortium to Establish a Registry for Alzheimer's Disease" (CERAD) provides a comprehensive testing battery that is particularly sensitive in early detection of memory disorders. Two measures were selected from the battery because of their accuracy and sensitivity in identifying memory impairment and neurological deficits. These are the 3-Trial Word List and Test of Constructional Praxis. The client is asked to attempt to memorize 10 words that are read out loud off of cards. These are administered three times. After each trial the client is able to immediately recite what words are recalled. After the third trial, delayed recall at 5 and 15 minutes are measured. During the recognition trial, 20 words are shown one at a time and the client is asked to identify which words were on the original list of 10 memorized words. Test of Constructional Praxis with delayed recall is a test of a type of neurological deficit called "Apraxia" that interferes with learned purposeful movements. In this test, constructional apraxia is the inability to draw objects that results from a lesion in the parietal lobe. Five simple patterns with increasing difficulty are copied then memory for these shapes is tested by asking the client to draw them again from memory.
- (2) Trails Parts A & B is a brief test of visual search speed, scanning, speed of processing, mental flexibility and executive function. It is sensitive in identifying impairments in problem solving and logic common to dementia. It consists of two parts where the client is asked to connect a set of 25 dots as fast as possible while still maintaining accuracy. Part A has numbers and Part B has both numbers and letters. In Part B, the client is asked to draw lines alternating between numbers and letters while keeping both in order.
- (3) Geriatric Depression Scale measures common symptoms of depression in persons over age 65. The brief 15 item test was administered as this version has been standardized and shown to reflect accuracy compared to the longer version. Severe depression can result in significant cognitive impairment that can mimic dementia. It is important to eliminate depression as a source of cognitive changes since this condition is reversible.
- (4) Wisconsin Card Sort: This test measures executive function. It assesses "frontal" lobe functions including strategic planning, problem solving, organized searching, the ability to respond to feedback in shifting problem



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renomemorycare@gmail.com

solving strategy, and goal directed behavior. It also provides a situation where emotional impulsivity and tolerance for frustration can be assessed.

- (5) WAIS-IV: The "Weschler Adult Intelligence Scale" is a highly standardized battery that measures a variety of specific cognitive functions. Three tests were chosen due to their direct relevance to competencies required for contractual capacity. Similarities is a test of abstract verbal reasoning. Arithmetic tests the ability to concentrate and engage in mental mathematics. Visual Puzzles is a test of spatial reasoning.

RESULTS:

- (1) Performance on CERAD demonstrated severe memory impairment. He was able to memorize the words over three trials with the 3rd trial WNL. However, he was only able to recall one word after 5 minute delayed recall with 5 intrusions. Zero words were recalled at 15 minutes. Recognition was poor with 4 errors placing him below the 25th percentile. "Intrusions" are words that are recalled but were not included in the 10 words asked to memorize. Performance on the Test of Constructional Praxis demonstrated apraxia only for the 3-D Cube pattern. Delayed recall for shapes was very poor, below the 25th percentile.
- (2) Geriatric Depression Scale score was 2/15 which reflects no significant depression. He answered "no" to the question asking whether his memory was poor. This demonstrates very poor insight given his performance on the CERAD memory test. However, during our interview he did report that his memory was a problem and that he was getting "too old" to continue managing his own affairs.
- (3) Trails Parts A & B: Part A was completed WNL and Part B was failed. During execution of Part B he had difficulty remembering the sequence of the alphabet and required constant guidance after the first 5 responses.
- (4) Wisconsin Card Sort: Performance was below the 10th percentile in that he was unable to continue the test after 20 responses due to an inability to sustain attention or understand the rules despite accurately completing one matching "set." Performance can be confounded by a very poor memory in that consequences of prior matching attempts must be recalled in order to problem solve. However, he was able to obtain the first matching principle, color, but could not learn or understand the rules of the game despite prompts and repeated explanations.



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(5) WAIS-IV: Performance on Similarities, Arithmetic, and Visual Puzzles were at the 63rd, 25th, and 63rd percentiles respectively. The entire WAIS-IV battery was not administered due to fatigue.

INTERPRETATION: Overall performance on testing demonstrated a range of mildly to profoundly impaired cognition. His short term memory function is profoundly impaired. Ability to problem solve and strategize is severely impaired. However, although he scored very low on mathematical abilities, his ability to understand monetary value is only mildly impaired. His language abilities are overall mildly impaired with moderate anomia.

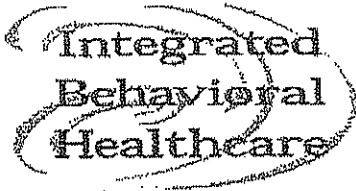
CONCLUSION: Mr. Hillygus demonstrates very limited understanding of his current legal challenges. In my opinion he was very likely subject to undue influence and financial exploitation by his son, Roger. He does not demonstrate contractual capacity. He only demonstrates two of the three elements of testamentary capacity. With regard to decisional capacity, his plans for the future for both himself and his wife appear logical and insightful. I was able to observe medical decision making because he developed shingles after the first day of testing. Although he understood that shingles was a condition that needed treatment he did not understand or remember the treatment and was very confused over the medications that were prescribed.

There are dissociations between discrete cognitive skill areas consistent with Vascular Dementia. In my opinion, he has likely been experiencing impairment of his executive function for many years while his high language skills caused him to appear more highly competent than he actually was.

"Is the level of competency of Gene or Sue affected by dementia and/or Alzheimer's? If so, to what degree?"

In my opinion, Mr. Hillygus has a Vascular Dementia. This conclusion is based upon results of his brain MRI dated 3/27/13, interview, and testing results. His cognitive testing results correlate with the significant damage to his brain as seen on his MRI.

Is Gene or Sue Hillygus competent to make decisions about managing their personal financial affairs, including changing successor trustees and amending distribution of their estate?"



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No. Mr. Hillygus is unable to make decisions regarding the distribution of his estate. In my opinion, however, Roger has unduly influenced both Mr. and Mrs. Hillygus. Although dementia patients do not always understand or actually need to agree with decisions made in their best interest, in this case, it appears that Mr. Hillygus' care needs had been neglected. Given the degree of current impairment he obviously had previous significant impairment extending over 5 years.

"Is Gene or Sue Hillygus competent to make health care decisions?"

In my opinion, Mr. Hillygus is not competent to independently make health care decisions. However, I do believe he is able to participate in these decisions. This was evidenced the second day I saw him as he was able to notify his daughter that he was experiencing pain and needed to see a doctor. Although he is unable to self-manage his medications he was able to understand that he has shingles and needed medications to help with the pain. However, given a less straight forward medical decision I do not believe he would be able to fully comprehend any the full breadth and scope.

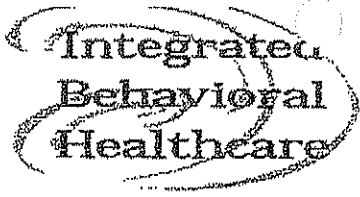
"What decisions, if any, are Gene or Sue competent to make?"

According to the "Problem Behavior Checklist" and "Functional Activities of Daily Living" Mr. Hillygus is able to make independent decisions limited to *Activities of Daily Living* such as dressing, grooming, bathing and such. He is unable to make decisions that require higher order executive functioning.

"What level of assistance is required by Gene and Sue?"

In my opinion, Mr. Hillygus is currently living in an appropriate setting that provides the least restrictive environment. However, he is unable to self-administer his medications. It is unsafe to allow him to self-manage any PRN or "as needed" medications such as pain medications. He requires medication administration, meal preparation, transportation, and assistance with medical care. I do not believe he is at risk for wandering. He enjoys spending time with a romantic interest, especially attending social events and dances at his assisted living community.

In my opinion, Mr. Hillygus is unable to respond to a substantial and immediate risk of physical harm, to an immediate need for medical attention and to a substantial and immediate risk of



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financial loss. It is also my opinion that he has been subjected to undue influence, financial exploitation, and medical neglect by his son, Roger.

Signed 

Debra Fredericks PhD, RNC, APN, PMHCNS-BC

PHYSICIAN'S CERTIFICATE WITH NEEDS ASSESSMENT
(Please answer all questions)

I, Kent Elliott MD, am qualified in the following way to complete this form:
Full Name

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | I am a physician licensed to practice in the State of Nevada. |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | I am a physician who is employed by the Department of Veterans Affairs. |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | I am a person who is otherwise qualified to execute the certificate. My qualifications are as follows: |

SECTION I

I examined Herbert Eugene Hillyard, an adult, on 12 Dec 2013.
Patient's Full Name Date of Exam

This patient's diagnosis and condition is: Vascular Dementia 291.40,
progressive, significant memory impairment

In addition to examining the patient, I reviewed the following documents:

Neurology evaluation Adel A Aziz MD 01/11/2013

I certify that this adult patient is unable to respond (check all that apply):

- To a substantial and immediate risk of physical harm.
- To an immediate need for medical attention.
- To a substantial and immediate risk of financial loss.

Describe immediate risk or need: No current, immediate risk

Does the patient present a danger to himself/herself? Yes No
Does the patient present a danger to others? Yes No
Why or why not?

Risk Danger of wandering, getting lost
Risk for accident driving

Has the patient been subjected to abuse, neglect, or exploitation? Yes No
If yes, explain:

Attached hereto is (check all that apply):

- A copy of my report of the above exam which includes my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity.
- A copy of the patient's chart notes which support and/or detail my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity.
- A letter, signed by me, detailing my findings, opinion and diagnosis regarding the patient and his/her mental condition and/or capacity.

SECTION II

Does the patient need a guardian? Yes No
 Why?

Unable to manage own fiscal or legal affairs

Is the patient capable of living independently with or without assistance? Yes No
 Why or why not?

Due to significant impairment of memory / cognitive ability

SECTION III

The patient's level of needed supervision is as follows:

- Locked Facility
- 24 hour supervision
- Independent living with some supervision
- No supervision
- No supervision when taking medication

My opinion as to the patient's everyday functions is as follows:

Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	
<input checked="" type="checkbox"/>				CARE OF SELF (Activities of Daily Living (ADLs) and related activities)
		<input checked="" type="checkbox"/>		Maintain adequate hygiene, including bathing, dressing, toileting, dental
		<input checked="" type="checkbox"/>		Prepare meals and eat for adequate nutrition
		<input checked="" type="checkbox"/>		Identify abuse or neglect and protect self from harm

Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	
				FINANCIAL
			<input checked="" type="checkbox"/>	Manage and use checks, deposit, withdraw, dispose, invest monetary assets
			<input checked="" type="checkbox"/>	Enter into a contract, financial commitment, or lease arrangement
			<input checked="" type="checkbox"/>	Employ persons to advise or assist him/her
			<input checked="" type="checkbox"/>	Resist exploitation, coercion, undue influence

Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	
				MEDICAL
		<input checked="" type="checkbox"/>		Give/Withhold medical consent
		<input checked="" type="checkbox"/>		Admit self to health facility
			<input checked="" type="checkbox"/>	Make or change an advance directive
			<input checked="" type="checkbox"/>	Manage medications
		<input checked="" type="checkbox"/>		Contact help if ill or in medical emergency

Independent	Needs Support	Needs Substantial Assistance	Needs Total Care	
				HOME AND COMMUNITY LIFE
			<input checked="" type="checkbox"/>	Choose/Establish abode
		<input checked="" type="checkbox"/>		Maintain reasonably safe and clean shelter
			<input checked="" type="checkbox"/>	Drive or use public transportation
			<input checked="" type="checkbox"/>	Make and communicate choices about roommates
		<input checked="" type="checkbox"/>		Avoid environmental dangers such as stove, poisons, and obtain emergency help

SECTION IV

Would the patient's attendance at a hearing be detrimental to him/her? Yes No
If yes, why?

Would attendance at the hearing be detrimental to the physical health of the patient? Yes No
If yes, why?

Is the patient able to appear at a hearing? Yes No
If no, why not?

Would the patient comprehend the reason for a hearing? Yes No

Would the patient contribute to a hearing? Yes No

If you conclude the patient cannot attend the hearing, please do the following:

- Inform the patient that the petitioner is requesting that the court appoint a guardian for him/her.
- Ask the patient for a response to the guardianship petition.
- Inform the patient of his/her right to counsel and ask whether the patient wishes to be represented by counsel in the guardianship proceeding.
- Ask the preferences of the patient for the appointment of a particular person as the guardian.

I certify that the patient has been advised of his/her right to counsel and asked whether he/she wishes to be represented in the guardianship proceeding. _____ (Please initial).

Did not address
K

What was the patient's response to the guardianship petition?

N/A

Does the patient want to be represented by counsel in the guardianship proceeding? UNKNOWN

Yes No

Does the patient have any preferences for the appointment of a particular person as guardian?

Yes No

If yes, what preferences?

UNKNOWN

Are there any conditions that you believe may have limited the responses by the patient?

Yes No

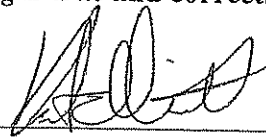
If yes, what conditions?

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Date: 12 JANUARY 2014

Signature:



Address:

Herbert Eugene Hillygus
 12/12/2013 8:15 AM Office Visit
 MRN: 0936589

Description: **80 year old male**
 Provider: **Kent C Elliott, M.D.**
 Department: **North Hills Med Grp**

Reason for Visit	Vitals - Last Recorded		
Medication Problem	BP	Pulse	Temp
	150/88	89	99.3 °F (37.4 °C)
	Resp: 16		
	Ht: 6' (182.9 cm)		
	Wt: 219 lb 2 oz (99.394 kg)		
	BMI	SpO2	
29.72 kg/m2	94%		

BMI Data	
Body Mass Index	Body Surface Area
29.71 kg/m ²	2.25 m ²

Progress Notes

Progress Notes signed by Kent C Elliott, M.D. at 12/12/2013 9:23 AM

Created	Kent C Elliott, M.D.	User Type:	Physician	Created:	12/12/2013 9:16 AM
By:					
Note	Signed	Cosign:	Cosign Not Required	Note Time:	12/12/2013 9:16 AM
Status:					

Subjective:

Herbert Eugene Hillygus is a 80 y.o. male who presents with Medication Problem

HPI Comments: This 80-year-old male is here today for some followup on his dementia and to see if he can get some Viagra or other.

He has currently been moved into a assisted living facility. He states that he is interested in one of the ladies and would like to be able to perform sexually if that comes about. His wife has severe Alzheimer's dementia and is currently living with other family members in Arizona. They have not had sexual relationships in years. He is not on any nitrates or other potentially cross-reacting medications. I have advised he and his son that I will give him the 5 mg tablets, to use once as needed. Not every day. This low dose and show volume indication of function and it should be safe for him. He does have a history of prostate cancer and nuclear seed implantation for treatment which probably is affecting him. I've advised him that this being the case he may not get sexual function back.

He has not been checking home blood pressures. The systolic pressure continues to run just a little bit high. Given his vascular dementia I don't want to lower it too much to my make his dementia worsened so at this point we'll stay with the same medications.

He is on thyroid replacement and it is time for him to get thyroid function studies done to check the efficacy of his medication doses.

His son did bring in a letter from their attorney indicating a need for a letter supporting the fact that with his dementia the patient cannot take care of his own financial and legal affairs. I will be doing this letter as time permits for them. I will also be sending a letter to the DMV indicating that the patient should be withheld from driving due to his dementia at this time.

Review of Systems

Constitutional: Negative for fever.

HENT: Negative for congestion and sore throat.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain and diarrhea.

Neurological: Negative for dizziness, tingling, tremors and headaches.

Objective:BP 150/88 | Pulse 89 | Temp 99.3 °F (37.4 °C) | Resp 16 | Ht 6' (182.9 cm) | Wt 219 lb 2 oz (99.394 kg) | BMI 29.72 kg/m² | SpO₂ 94%**Physical Exam**

Vitals reviewed.

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic.

Right Ear: Tympanic membrane, external ear and ear canal normal.

Left Ear: Tympanic membrane, external ear and ear canal normal.

Nose: Nose normal.

Mouth/Throat: Uvula is midline, oropharynx is clear and moist and mucous membranes are normal. No oropharyngeal exudate, posterior oropharyngeal edema or posterior oropharyngeal erythema.

Eyes: Conjunctivae normal and EOM are normal. Pupils are equal, round, and reactive to light.

Right eye exhibits no discharge. Left eye exhibits no discharge.

Neck: Neck supple. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes. He has no rales.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm and dry.

Psychiatric: His speech is normal and behavior is normal. His affect is labile. Thought content is not paranoid and not delusional. He exhibits abnormal recent memory.

Assessment/Plan:

1. **Dementia, vascular**
As noted in the history section
2. **HTN (hypertension)**
Continue current medications
- COMP METABOLIC PANEL; Future
3. **Erectile dysfunction of nonorganic origin**

As noted in the history section. We will check a testosterone level.

- TESTOSTERONE SERUM; Future
- tadalafil (CIALIS) 5 MG tablet; Take one tab as needed for sexual activity. Maximum of one per day. Dispense: 30 Tab; Refill: 3

4. Personal history of prostate cancer

Will check a testosterone level but his history of prostate cancer treatment may interfere with any return of sexual function

- TESTOSTERONE SERUM; Future
- tadalafil (CIALIS) 5 MG tablet; Take one tab as needed for sexual activity. Maximum of one per day. Dispense: 30 Tab; Refill: 3

5. Hypothyroid

Continue current dosage and check thyroid levels

Please note that this dictation was created using voice recognition software. I have worked with consultants from the vendor as well as technical experts from Renown Health to optimize the interface. I have made every reasonable attempt to correct obvious errors, but I expect that there are errors of grammar and possibly content that I did not discover before finalizing the note.

- TSH; Future
- T4; Future

Goals (5 Years of Data)

None

History

Last reviewed in this visit by Kent C Elliott, M.D. on 12/12/2013 at 9:16 AM

Sections Reviewed

Medical, Surgical, Family, Tobacco, Alcohol, Drug Use, Sexual Activity, ADL

<u>Medical as of</u>	<u>Past Medical History</u>	<u>Date</u>	<u>Comments</u>	<u>Source</u>
12/12/2013	Cancer [239720]		prostate	Provider
	Hypertension [255742]			Provider
	Arthritis [206181]			Provider
	Personal history of prostate cancer [331425]	1/21/2010		Provider
	Erectile dysfunction of nonorganic origin [311896]	1/21/2010		Provider
	HTN (hypertension) [251665]	1/14/2011		Provider
	GERD (gastroesophageal reflux disease) [233182]			Provider

<u>Surgical as of</u>	<u>Past Surgical History</u>	<u>Date</u>	<u>Comments</u>	<u>Source</u>
12/12/2013	OTHER NEUROLOGICAL SURG [SX11071]	1974	lumbar spine	Provider
	OTHER ORTHOPEDIC SURGERY [SX11069]	1975	left shoulder	Provider
	CHOLECYSTECTOMY [51.22]	2007		Provider
	OTHER [SX11058]		prostate radiation seed	Provider

HIP ARTHROPLASTY TOTAL [81.62]	9/29/2009	implants 2002 Performed by BOYDEN, ERIC M at SURGERY TAHOE TOWER ORS	Provider
JOINT INJECTION DIAGNOSTIC [81.26]	9/29/2009	Performed by BOYDEN, ERIC M at SURGERY TAHOE TOWER ORS	Provider
<u>Pertinent Negatives</u> PROSTATECTOMY, RADIAL [SX11064]	<u>Date</u> 9/29/2009	<u>Comments</u>	<u>Source</u>

<u>Family as of</u>	<u>Problem</u>	<u>Relation</u>	<u>Name</u>	<u>Age of Onset</u>	<u>Comments</u>	<u>Source</u>
12/12/2013	Cancer	Neg Hx				Provider
	Diabetes	Neg Hx				Provider
	Heart Disease	Neg Hx				Provider
	Stroke	Neg Hx				Provider

<u>Family Status as of</u>	<u>Relation</u>	<u>Name</u>	<u>Status</u>	<u>Death Age</u>	<u>Comments</u>	<u>Source</u>
12/12/2013	Father		Deceased			Provider
	Mother		Deceased			Provider
	Sister		Deceased			Provider
	Brother		Alive			Provider
	Maternal Aunt		Deceased			Provider
	Maternal Uncle		Deceased			Provider
	Paternal Aunt		Deceased			Provider
	Paternal Uncle		Deceased			Provider
	Maternal Grandmother		Deceased			Provider
	Maternal Grandfather		Deceased			Provider
	Paternal Grandmother		Deceased			Provider
	Paternal Grandfather		Deceased			Provider

<u>Tobacco Use</u>	<u>Smoking Status</u>	<u>Source</u>	<u>Types</u>	<u>Packs/day</u>	<u>Years Used</u>	<u>Comments</u>	<u>Smoking Start Date</u>	<u>Smoking Quit Date</u>	<u>Smokeless Tobacco Status</u>	<u>Smokeless Tobacco Quit Date</u>
as of 12/12/2013	Never Smoker	Provider		0.0	0.0				Unknown	

<u>Alcohol Use</u>	<u>Alcohol Use</u>	<u>Source</u>	<u>Drinks/Week</u>	<u>Alcohol/Wk</u>	<u>Comments</u>
as of 12/12/2013	Yes	Provider			1 GLASS OF WINE/NIGHT

<u>Drug Use</u>	<u>Drug Use</u>	<u>Source</u>	<u>Types</u>	<u>Frequency</u>	<u>Comments</u>
as of 12/12/2013	No	Provider		0.00	

Sexual Activity Sexually Active Source Birth Control Partners Comments
as of
12/12/2013

Social ADL ADL Question Response Comments Source
as of
12/12/2013

Social Doc **None**
as of 12/12/2013

Occupational **None**
as of 12/12/2013

Socioeconomic Marital Status Spouse Name Num of Children Years Education Source
as of
12/12/2013

Married

Language Ethnicity Race
English Non-Hispanic White

Diagnoses

All Flowsheet Templates (all recorded)

Dementia, vascular
290.40
HTN (hypertension)
401.9
Erectile dysfunction of nonorganic origin
302.72
Personal history of prostate cancer
V10.46
Hypothyroid
244.9

Vital Signs Flowsheet

Immunizations

Name	Date	Dose	VIS Date	Route	Site
Influenza Vaccine Adult	11/06/13	0.5 ml	07/26/2013	Intramuscular	Left arm
Given By: Maira A. Romero, Med Ass't		Documented By: Maira A. Romero, Med Ass't 11/06/13			
Manufacturer: SANOFI PASTEUR		Lot#: uh898aa			
Comment:					
Influenza Vaccine Adult	01/14/11	0.25mL	01/14/2011	Intramuscular	Right deltoid
Given By: Rena-Emylee B. Hernandez		Documented By: Rena-Emylee B. Hernandez 01/14/11			
Manufacturer: SANOFI PASTEUR		Lot#: u3740aa			
Comment:					

Immunizations Review History

Reviewed by Maira A. Romero, Med Ass't on 11/06/2013 1049

Medications Ordered This Encounter

	Disp	Refills	Start	End
tadalafil (CIALIS) 5 MG tablet	30 Tab	3	12/12/2013	

Take one tab as needed for sexual activity. Maximum of one per day.

Discontinued Medications

Reason for Discontinue

aspirin (ASA) 325 MG TABS
 benzonatate (TESSALON) 100 MG CAPS
 doxycycline (VIBRAMYCIN) 100 MG TABS
 ibuprofen (MOTRIN) 200 MG TABS
 memantine (NAMENDA) 10 MG TABS
 memantine (NAMENDA) 5 MG TABS
 verapamil SR (CALAN-SR) 120 MG CR tablet

Medications Last Reviewed During Encounter By

KENT C ELLIOTT, M.D. on 12/12/2013 at 9:16 AM

Reviewed Medications

	Ordered On	Taking
Outpatient Medications	4/1/2013	No
Misc. Devices MISC		
allopurinol (ZYLORIM) 300 MG TABS	10/22/2013	No
donepezil (ARICEPT) 5 MG TABS	10/22/2013	No
verapamil ER (CALAN-SR) 180 MG TBCR	10/22/2013	No
Memantine HCl ER 28 MG CP24	11/25/2013	No
omeprazole (PRILOSEC) 20 MG CPDR	11/27/2013	No
levothyroxine (SYNTHROID) 25 MCG TABS	11/27/2013	No
irbesartan-hydrochlorothiazide (AVALIDE) 300-12.5 MG per tablet	11/27/2013	No
tadalafil (CIALIS) 5 MG tablet	12/12/2013	Yes

Orders Placed This Encounter

	Expected By	Expires
Future Orders		
TSH [84443 CPT(R)]		12/12/14
FREE THYROXINE [LAB2894023 Custom]		12/12/14
TESTOSTERONE SERUM [84403 CPT(R)]		6/13/14
COMP METABOLIC PANEL [80053 CPT (R)]		12/12/14

Follow-up and Disposition

Return in about 3 months (around 3/12/2014), or if symptoms worsen or fail to improve.

Level of Service

PR OFFICE/OUTPT VISIT,EST,LEVL IV [99214]

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Quantity
99214	PR OFFICE/OUTPT VISIT,EST,LEVL IV	12/12/2013	Kent C Elliott, M.D.		1
G8482	FLU IMMUNIZE ORDER/ADMIN	12/12/2013	Kent C Elliott, M.D.		1
4040F	PR PNEUMOCOCCAL IMMUNIZATION ORDERED OR ADMI*	12/12/2013	Kent C Elliott, M.D.	8P	1
G8420	PR CALC BMI NORM PARAMETERS	12/12/2013	Kent C Elliott, M.D.		1
1101F	PR PT FALLS ASSESS DOC 0-1 FALLS W/OUT INJ P*	12/12/2013	Kent C Elliott, M.D.	8P	1
G8427	PR DOC MEDS VERIFIED W/PT OR RE	12/12/2013	Kent C Elliott, M.D.		1
1036F	PR CURRENT TOBACCO NON-USER	12/12/2013	Kent C Elliott, M.D.		1

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

Patient-Level Documents:

[Scan on 12/18/2013 7:58 AM by Maira A. Romero, Med Ass't : Physician report DMV 12/18/13](#)
[Scan on 12/16/2013 8:43 AM by Maira A. Romero, Med Ass't : Law offices of michael springer 12/16/13](#)
[Scan on 9/26/2013 9:29 AM by Terri A. Alejandro, Med Ass't : certified letter conformation 09/26/2013](#)
[Scan on 9/20/2013 1:18 PM by Maira A. Romero, Med Ass't : Bennett medical 9/20/13](#)
[Scan on 5/13/2013 7:48 AM by Maira A. Romero, Med Ass't : Cafamaran 5/10/13](#)
[Scan on 5/9/2013 4:02 PM by Maira A. Romero, Med Ass't : catalyst 5/9/13](#)
[Scan on 5/9/2013 12:21 PM by Ashley K. Morgan](#)
[Scan on 5/1/2013 11:16 AM by Gina L McNellis, Med Ass't : MOCA clock](#)
[Scan on 5/1/2013 10:01 AM by Layla Tapia, Med Ass't](#)
[Scan on 5/1/2013 10:00 AM by Layla Tapia, Med Ass't](#)
[Scan on 5/1/2013 10:00 AM by Layla Tapia, Med Ass't](#)
[Scan on 5/1/2013 9:55 AM by Layla Tapia, Med Ass't : Renown Neurology Cancellation Policy](#)
[Scan on 3/27/2013 11:06 AM by Raymond L Kivi, R.N. : MRI SCREENING SHEET](#)
[Scan on 3/27/2013 9:13 AM by Ashley M Springer : payment receipt](#)
[Scan on 3/27/2013 9:09 AM by Ashley M Springer](#)
[Scan on 3/27/2013 9:09 AM by Ashley M Springer : mri screening form](#)
[Scan on 3/15/2013 6:56 AM by Diana S Carrillo](#)
[Scan on 3/6/2013 1:41 PM by Danielle N Collins, Med Ass't : Records Request](#)
[Scan on 3/6/2013 1:40 PM by Danielle N Collins, Med Ass't : Communication Form](#)
[Scan on 7/1/2012 10:12 AM by Mary M Chase](#)
[Scan on 3/29/2011 9:53 AM by Rena-Emylee B. Hernandez, Med Ass't : GI DOS 03/22/2011](#)
[Scan on 3/28/2011 3:00 PM by Rena-Emylee B. Hernandez, Med Ass't : GI DOS 03/22/2011](#)
[Scan on 3/15/2011 10:14 AM by Rena-Emylee B. Hernandez, Med Ass't : GI DOS 03/14/2011](#)
[Scan on 1/14/2011 12:18 PM by Rena-Emylee B. Hernandez, Med Ass't : flu/pneumonia consent 2010 dos 01/14/2011](#)
[Scan on 1/14/2011 10:23 AM by William F. Sutherland](#)
[Scan on 2/17/2010 2:01 PM by Ceilan J. Chaparro, Med Ass't : CatalystRx 2-12-10](#)
[Scan on 1/22/2010 8:36 AM by Kathleen A Wilson, Med Ass't : Catalyst RX PAR Cialis 1/22/10](#)
[Scan on 1/14/2010 12:28 PM by Christina E. Rivera : UN UROLOGY](#)
[Scan on 12/12/2009 9:45 AM by Ceilan J. Chaparro, Med Ass't : Med Care Pharmacy 12-10-09](#)
[Scan on 8/15/2009 2:00 PM by Barbara J. Blansett, Med Ass't : Varicella Zoster Vaccine Dated 8/13/09](#)
[Scan on 7/21/2009 11:58 AM by Sara Johnson, Med Ass't : reno ortopaedic](#)
[Scan on 7/21/2009 10:13 AM by Helen S. Weeks](#)
[Scan on 7/21/2009 10:12 AM by Helen S. Weeks](#)
[Scan on 7/21/2009 10:10 AM by Helen S. Weeks](#)

Print Immunizations[Click to Print](#)**View Immunizations**[Click to View](#)**Print Medications**[Click to Print](#)**View Medications**[Click to View](#)**Print Allergies**[Click to Print](#)**View Allergies**[Click to View](#)**Print Encounter**[Click to Print](#)

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Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

Hillygus, Herbert Eugene (M 0936589)

Encounter Date: 12/12/2013

There are no encounter-level documents.

Herbert Eugene Hillygus
 5/1/2013 10:00 AM Office Visit
 MRN: 0936589

Description: 79 year old male
 Provider: Adel A Aziz, M.D.
 Department: Zzzneurology Med Group

Reason for Visit	Vitals - Last Recorded
Establish Care new pt, possible dementia	BP 150/80 Temp: 98.7 °F (37.1 °C) (Temporal) Resp: 14 Ht: 6' (182.9 cm) Wt: 208 lb (94.348 kg)
	Pulse 75 BMI 28.21 kg/m2 SpO2 95%
	<u>Vitals History Recorded</u>

BMI Data	
Body Mass Index 28.20 kg/m ²	Body Surface Area 2.19 m ²

Progress Notes

Progress Notes signed by Adel A Aziz, M.D. at 5/1/2013 3:07 PM

Created	Adel A Aziz, M.D.	User Type: Physician	Created:	5/1/2013 10:25 AM
By:			Note Time:	5/1/2013 10:25 AM
Note	Signed	Cosign: Cosign Not Required		
Status:				

Subjective:

Herbert Eugene Hillygus is a 79 y.o. male who presents with Establish Care

HPI

Mr. Hillygus is 79 y/o, who brought by his family because of concerns about his memory. His son accompanied him in this visit. The family noticed that he is repeating himself, social inappropriateness like not considering other people personal space, hugging everybody, and at one point he had obsession with some form of Internet cards (which involve check writing). He is able to perform most of his activities of daily living, do most of his shopping, drive his car close to his home, and able to go fishing, although he needs help with his finances, driving longer distances, home repairs. He doesn't lose his way back to home, no headaches, and no focal symptoms like tingling or weakness.

He is taking his medications in his own but not as regular as he should be

Review of Systems

- Constitutional: Negative.
- HENT: Positive for hearing loss.
- Eyes: Negative.
- Respiratory: Negative.
- Cardiovascular: Negative.
- Gastrointestinal: Positive for constipation.
- Genitourinary: Positive for urgency.
- Musculoskeletal: Negative.
- Skin: Negative.
- Neurological: Negative.

Endo/Heme/Allergies: Negative.
Psychiatric/Behavioral: Positive for memory loss.

SH: Retired teacher, no smoking, glass of wine every night
Wife has advanced Alzheimer disease

PMH:
HTN
Hyperlipidemia
Gout
Back surgery,

Family History

Problem	Relation	Age of Onset
• Cancer	Neg Hx	
• Diabetes	Neg Hx	
• Heart Disease	Neg Hx	
• Stroke	Neg Hx	

Objective:

BP 150/80 | Pulse 75 | Temp(Src) 98.7 °F (37.1 °C) (Temporal) | Resp 14 | Ht 6' (182.9 cm) | Wt 208 lb (94.348 kg) | BMI 28.21 kg/m2 | SpO2 95%

Physical Exam

Constitutional: He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Conjunctivae normal and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate and regular rhythm.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Soft. Bowel sounds are normal.

Musculoskeletal: Normal range of motion.

Neurological:

The patient was alert, oriented to person, place, time. he had limited attention and concentration, normal fund of knowledge. Language was intact. MOCA: 22/30

The patient's extraocular muscles were intact. Pupils were equal, round, and reactive to light. No ptosis was noted. Facial sensation was intact bilaterally. Hearing was intact bilaterally. The palate elevated symmetrically. The patient had 5/5 bilaterally to neck turning and shoulder-shrug, and tongue was of normal bulk and strength.

Motor: tone was normal in all extremities. strength: The patient had 5/5 bilateral strength in deltoid, triceps, biceps, wrist extension and flexion, intrinsic hand muscles, as well as hip flexors, knee extensors and flexors, and ankle plantar- and dorsiflexion all were 5/5 bilaterally.

Sensation: was intact to light touch, pinprick, and vibration bilaterally in the upper and lower extremities.

Coordination: The patient's finger-nose-finger was intact. Heel-to-shin was intact. Finger-tapping was intact.

Gait: The patient had a normal gait with intact tandem walking. Deep tendon reflexes were 2/4 bilaterally in biceps, triceps, and brachioradialis. The patient had 2+ bilaterally out of 4 patellar and Achilles reflexes. Plantar reflex was down-going bilaterally.

Assessment:

Mr. Hillygus is 79 y/o male, who brought by his family for evaluation of his cognition. It's evident that the patient has significant memory impairment which is effecting his personal and social life. His dementia has been progressive as per the family, when I reviewed his recent MRI, there was significant small vessel disease burden beside the significant brain atrophy. Patient BP at this visit was significantly elevated. Patient might have Alzheimer disease which might be worsened by some vascular burden.

See diagnoses in encounter report.

Plan:

- Better control of BP (patient is in single BP medication, he might benefit from adding another medication like HCTZ)
 - Patient will be started on Namenda 5 mg daily for now
 - Patient has some lab work done recently which includes (CBC, ESR, CMP, TSH), but he is missing Vit B12, which need to be checked.
 - I will follow up with the patient in 4 months.
 - Patient is on Aspirin and Lovastatin which are needed because of his vascular risk.
- See medications and orders placed in encounter report.

Goals (5 Years of Data)

None

History

Last reviewed in this visit by Adel A Aziz, M.D. on 5/1/2013 at 3:05 PM

Sections Reviewed

Medical, Surgical, Family, Tobacco, Alcohol, Drug Use, Sexual Activity, ADL

<u>Medical</u>	<u>Past Medical History</u>	<u>Date</u>	<u>Comments</u>	<u>Source</u>
as of 5/1/2013	Cancer [239720]		prostate	Provider
	Hypertension [255742]			Provider
	Arthritis [206181]			Provider
	Personal history of prostate cancer [331425]	1/21/2010		Provider
	Erectile dysfunction of nonorganic origin [311896]	1/21/2010		Provider
	HTN (hypertension) [251665]	1/14/2011		Provider
	GERD (gastroesophageal reflux disease) [233182]			Provider

<u>Surgical</u>	<u>Past Surgical History</u>	<u>Date</u>	<u>Comments</u>	<u>Source</u>
as of 5/1/2013	OTHER NEUROLOGICAL SURG [SX11071]	1974	lumbar spine	Provider
	OTHER ORTHOPEDIC SURGERY [SX11069]	1975	left shoulder	Provider
	CHOLECYSTECTOMY [51.22]	2007		Provider
	OTHER [SX11058]		prostate radiation seed implants 2002	Provider

HIP ARTHROPLASTY TOTAL [81.62]	9/29/2009	Performed by BOYDEN, ERIC M at SURGERY TAHOE TOWER ORS	Provider
JOINT INJECTION DIAGNOSTIC [81.26]	9/29/2009	Performed by BOYDEN, ERIC M at SURGERY TAHOE TOWER ORS	Provider
<u>Pertinent Negatives</u>	<u>Date</u>	<u>Comments</u>	<u>Source</u>
PROSTATECTOMY, RADIAL [SX11064]	9/29/2009		

<u>Family</u>	<u>Problem</u>	<u>Relation</u>	<u>Name</u>	<u>Age of Onset</u>	<u>Comments</u>	<u>Source</u>
as of 5/1/2013	Cancer	Neg Hx				Provider
	Diabetes	Neg Hx				Provider
	Heart Disease	Neg Hx				Provider
	Stroke	Neg Hx				Provider

<u>Family Status</u>	<u>Relation</u>	<u>Name</u>	<u>Status</u>	<u>Death Age</u>	<u>Comments</u>	<u>Source</u>
as of 5/1/2013	Father		Deceased			Provider
	Mother		Deceased			Provider
	Sister		Deceased			Provider
	Brother		Alive			Provider
	Maternal Aunt		Deceased			Provider
	Maternal Uncle		Deceased			Provider
	Paternal Aunt		Deceased			Provider
	Paternal Uncle		Deceased			Provider
	Maternal Grandmother		Deceased			Provider
	Maternal Grandfather		Deceased			Provider
	Paternal Grandmother		Deceased			Provider
	Paternal Grandfather		Deceased			Provider

<u>Tobacco Use</u>	<u>Smoking Status</u>	<u>Source</u>	<u>Types</u>	<u>Packs/day</u>	<u>Years Used</u>	<u>Comments</u>	<u>Smoking Start Date</u>	<u>Smoking Quit Date</u>	<u>Smokeless Tobacco Status</u>	<u>Smokeless Tobacco Quit Date</u>
as of 5/1/2013	Never Smoker	Provider		0.0	0.0				Unknown	

<u>Alcohol Use</u>	<u>Alcohol Use</u>	<u>Source</u>	<u>Drinks/Week</u>	<u>Alcohol/Wk</u>	<u>Comments</u>
as of 5/1/2013	Yes	Provider			1 GLASS OF WINE/NIGHT

<u>Drug Use</u>	<u>Drug Use</u>	<u>Source</u>	<u>Types</u>	<u>Frequency</u>	<u>Comments</u>
as of 5/1/2013	No	Provider		0.00	

<u>Sexual Activity</u>	<u>Sexually Active</u>	<u>Source</u>	<u>Birth Control</u>	<u>Partners</u>	<u>Comments</u>
as of 5/1/2013		Provider			

<u>Social ADL</u> as of 5/1/2013	<u>ADL Question</u> **None**	<u>Response</u>	<u>Comments</u>	<u>Source</u>
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<u>Social Doc</u> as of 5/1/2013	<u>**None**</u>
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<u>Occupational</u> as of 5/1/2013	<u>**None**</u>
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<u>Socioeconomic</u> as of 5/1/2013	<u>Marital Status</u> Married	<u>Spouse Name</u>	<u>Num of Children</u>	<u>Years Education</u>	<u>Source</u>
	<u>Language</u> English	<u>Ethnicity</u> Non-Hispanic	<u>Race</u> White		

<u>Diagnoses</u>	<u>All Flowsheet Templates (all recorded)</u>
Dementia - Primary 294.20	Encounter Vitals Flowsheet

Immunizations

Name	Date	Dose	VIS Date	Route	Site
Influenza Vaccine Adult Given By: Maira A. Romero, Med Ass't	11/06/13	0.5 ml	07/26/2013	Intramuscular	Left arm
Manufacturer: SANOFI PASTEUR Comment:			Documented By: Maira A. Romero, Med Ass't 11/06/13 Lot#: uh898aa		
Influenza Vaccine Adult Given By: Rena-Emylee B. Hernandez	01/14/11	0.25mL	01/14/2011	Intramuscular	Right deltoid
Manufacturer: SANOFI PASTEUR Comment:			Documented By: Rena-Emylee B. Hernandez 01/14/11 Lot#: u3740aa		

Immunizations Review History

Reviewed by Maira A. Romero, Med Ass't on 11/06/2013 1049

Medications Ordered This Encounter

	Disp	Refills	Start	End
memantine (NAMENDA) 5 MG TABS (Discontinued) Take 1 Tab by mouth 2 times a day. - Oral	60 Each	3	5/1/2013	12/12/2013

Medications Last Reviewed During Encounter By

ADEL A AZIZ, M.D. on 5/1/2013 at 3:04 PM

Reviewed Medications

	Ordered On	Taking
Outpatient Medications LOVASTATIN PO	9/25/2009	No
ibuprofen (MOTRIN) 200 MG TABS	7/1/2012	Yes
aspirin (ASA) 325 MG TABS	7/1/2012	Yes
donepezil (ARICEPT) 5 MG TABS	3/6/2013	Yes

allopurinol (ZYLOPRIM) 300 MG TABS	3/6/2013	Yes
losartan (COZAAR) 50 MG TABS	3/6/2013	Yes
losartan (COZAAR) 100 MG TABS	3/28/2013	Yes
Misc. Devices MISC	4/1/2013	Yes
memantine (NAMENDA) 5 MG TABS	5/1/2013	Yes

Orders Placed This Encounter

VITAMIN B12 [LCA001503 Custom]

Follow-up and Disposition

Return in about 4 months (around 9/1/2013).

Level of Service

PR OFFICE/OUTPT VISIT,NEW,LEVL IV [99204]

Routing History Recorded

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Quantity
99204	PR OFFICE/OUTPT VISIT,NEW,LEVL IV	5/1/2013	Adel A Aziz, M.D.		1
G8420	PR CALC BMI NORM PARAMETERS	5/1/2013	Adel A Aziz, M.D.		1
G8553	PR 1 RX VIA QUALIFIED ERX SYS	5/1/2013	Adel A Aziz, M.D.		1
G8428	PR MEDS DOCUMENT W/O VERIFICA	5/1/2013	Adel A Aziz, M.D.		1
4004F	PR PATIENT SCREENED TOBACCO USE, RECEIVED CESSATION CONSELING IF USER	5/1/2013	Adel A Aziz, M.D.		1

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

Patient-Level Documents:

- Scan on 12/18/2013 7:58 AM by Maira A. Romero, Med Ass't : Physician report DMV 12/18/13
- Scan on 12/16/2013 8:43 AM by Maira A. Romero, Med Ass't : Law offices of michael springer 12/16/13
- Scan on 9/26/2013 9:29 AM by Terri A. Alejandro, Med Ass't : certified letter conformation 09/26/2013
- Scan on 9/20/2013 1:18 PM by Maira A. Romero, Med Ass't : Bennett medical 9/20/13
- Scan on 5/13/2013 7:48 AM by Maira A. Romero, Med Ass't : Catamaran 5/10/13
- Scan on 5/9/2013 4:02 PM by Maira A. Romero, Med Ass't : catalyst 5/9/13
- Scan on 5/9/2013 12:21 PM by Ashley K. Morgan
- Scan on 5/1/2013 11:16 AM by Gina L McNellis, Med Ass't : MOCA clock
- Scan on 5/1/2013 10:01 AM by Layla Tapia, Med Ass't
- Scan on 5/1/2013 10:00 AM by Layla Tapia, Med Ass't
- Scan on 5/1/2013 10:00 AM by Layla Tapia, Med Ass't
- Scan on 5/1/2013 9:55 AM by Layla Tapia, Med Ass't : Renown Neurology Cancellation Policy
- Scan on 3/27/2013 11:06 AM by Raymond L Kivi, R.N. : MRI SCREENING SHEET
- Scan on 3/27/2013 9:13 AM by Ashley M Springer : payment receipt
- Scan on 3/27/2013 9:09 AM by Ashley M Springer
- Scan on 3/27/2013 9:09 AM by Ashley M Springer : mri screening form
- Scan on 3/15/2013 6:56 AM by Diana S Carrillo
- Scan on 3/6/2013 1:41 PM by Danielle N Collins, Med Ass't : Records Request
- Scan on 3/6/2013 1:40 PM by Danielle N Collins, Med Ass't : Communication Form
- Scan on 7/1/2012 10:12 AM by Mary M Chase
- Scan on 3/29/2011 9:53 AM by Rena-Emylee B. Hernandez, Med Ass't : GI DOS 03/22/2011
- Scan on 3/28/2011 3:00 PM by Rena-Emylee B. Hernandez, Med Ass't : GI DOS 03/22/2011
- Scan on 3/15/2011 10:14 AM by Rena-Emylee B. Hernandez, Med Ass't : GI DOS 03/14/2011
- Scan on 1/14/2011 12:18 PM by Rena-Emylee B. Hernandez, Med Ass't : flu/pneumonia consent 2010 dos 01/14/2011
- Scan on 1/14/2011 10:23 AM by William F. Sutherland
- Scan on 2/17/2010 2:01 PM by Ceilan J. Chaparro, Med Ass't : CatalystRx 2-12-10
- Scan on 1/22/2010 8:36 AM by Kathleen A Wilson, Med Ass't : Catalyst RX PAR Cialis 1/22/10
- Scan on 1/14/2010 12:28 PM by Christina E. Rivera : UN UROLOGY
- Scan on 12/12/2009 9:45 AM by Ceilan J. Chaparro, Med Ass't : Med Care Pharmacy 12-10-09

Scan on 8/15/2009 2:00 PM by Barbara J. Blansett, Med Ass't : Varicella Zoster Vaccine Dated 8/13/09
Scan on 7/21/2009 11:58 AM by Sara Johnson, Med Ass't : reno ortopaedic
Scan on 7/21/2009 10:13 AM by Helen S. Weeks
Scan on 7/21/2009 10:12 AM by Helen S. Weeks
Scan on 7/21/2009 10:10 AM by Helen S. Weeks

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Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.
