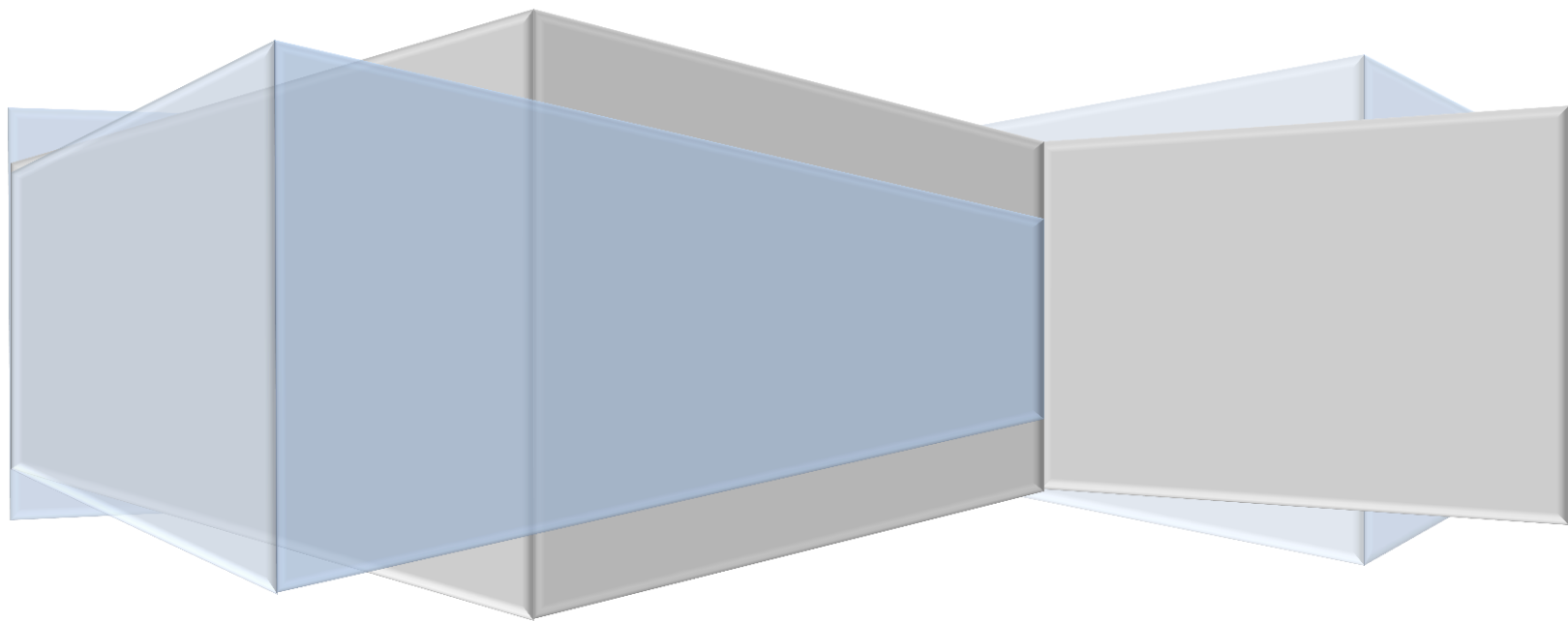



Print Options

November 27, 2012

Nick M. D'Angelo, Sr



AMERICAN IDOL NURSING HOME Admission Record 333 WOODSTOCK LANE Chicago, MD 60660- Phone:(773) 555-4365x

| | | | | | | |
|--|--|---|---|----------|-----------------|---------------------|
| Resident ID - 06-087 | | Nursing Station - EW | Room - Bed 110 - B | Gender F | Fin Class - MCD | Level of Care - SKL |
| Resident Name Adams, Yolanda | Preferred Name Missy | Middle Name Yvette |  | | | |
| Address 750 N. Crybaby Road Chicago IL 60611- County Fulton Phone (847)616-9113 x | Admission Date 12/05/2008 Admitted From HOS Original ADM Date: 10/17/2006 Admission Intent LT Prior Facility Stay Cook County Hospital | SSN # 269-18-6515 MCR # 269186515A MCD # 260015369 Part B Eligible Y | | | | |
| Marital Status D Spouse Crawford Jr., Timothy Father Unknown Mother Unknown | Birth Date 08/27/1931 Age 81 Birth Place Houston, TX Citizenship USA | Race/Ethnicity BLK Religion Baptist Occupation Part-Time Model | | | | |
| Ambulance Donald Martisons Hospital Cook County Hospital | Pharmacy: Jones Pharmacy Funeral Home Gibson Funeral Home (800) 559-1505x | | | | | |

PHYSICIANS

ATTENDING Physician: DAngelo, Nick - Speciality Internal Medicine
Phone Fax

OTHER Physician: Cox, Dr. Perry - Speciality Mummy
Phone (847) 219-6597x Fax

ALTERNATE Physician: Kelso, Dr. Bob - Speciality Family Practice
Phone (847) 219-6597x Fax (-) - x

OTHER Physician: Quincy, Dr. Robert - Speciality Family Practice
Phone (531) 216-511 x Fax

CONTACTS


Crawford Jr., Timothy - SPOUSE
Address IL
Home Phone (847) 446-3283x Work Phone Cell Phone
Medical Responsibility - Y Financial Responsibility - Y Healthcare POA - N Financial POA - N

Crawford, Taylor A - Daughter
Address 1090 Crybaby Road Chicago IL 60611-
Home Phone (847) 205-1557x Work Phone (847) 205-1558x Cell Phone (847) 205-1559x
Medical Responsibility - Y Financial Responsibility - Y Healthcare POA - Y Financial POA - Y

Sharpie, Dan - Attorney

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**AMERICAN IDOL NURSING HOME Admission Record 333 WOODSTOCK LANE Chicago, MD 60660-
Phone: (773) 555-4365x**

| | | | | | | |
|---|---|---|---|----------|---|---------------------|
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| Resident Name Adams, Yolanda | Preferred Name Missy | | Middle Name Yvette | |  | |
| Address 750 N. Crybaby Road Chicago IL 60611- 7616-9113 x | Admission Date 12/05/2008 Admitted From HOS Original ADM Date: 10/17/2006 Admission Intent LT Prior Facility Stay Cook County Hospital | SSN # 269-18-6515 MCR # 269186515A MCD # 260015369 Part B Eligible Y | | | | |
| Resident DOB Crawford Jr., Timothy Unknown | Birth Date 06/27/1931 Age 81 Birth Place Houston, TX Citizenship USA | Race/Ethnicity BLK Religion Baptist Occupation Part-Time Model | | | | |
| Pharmacy: Jones Pharmacy Cook County Hospital | | | Funeral Home: Gibson Funeral Home (800) 559-1505x | | | |

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Home Phone (847) 205-1557x Work Phone (847) 205-1558x Cell Phone (847) 205-1559x
Medical Responsibility - Y Financial Responsibility - Y Healthcare POA - Y Financial POA - Y

Sharpie, Dan - Attorney
Address
Home Phone (303) 555-1212x Work Phone Cell Phone
Medical Responsibility - N Financial Responsibility - N Healthcare POA - N Financial POA - N

| | | |
|---|--|---|
| Resident Diagnosis 781.3 Lack of coordination V57.89 Rehabilitation prog NEC 294.10 Dementia w/o behav dist 344.1 Paraplegia NOS 599.0 Urin tract infection NOS 300.00 Anxiety state NOS 465.9 Acute uri NOS 780.52 Insomnia NOS | Advanced Directives Living Will Organ Donor Autopsy required Pull code <input type="checkbox"/> Final expense insurance <input type="checkbox"/> Registered to Vote | Allergies Bee Sting Penicillin |
| | Insurance Information Laundry We Be Clean Private Insurance Policy # | |
| Smoker - N | RES Handles own HC - N | RES Handles own FIN - N |
| Influenza Vaccine Given: 10/01/2012 | Enamovax Influenza Vaccine Given: 11/01/2012 | |

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Chicago, MD 60660-
 CD Level of Care - SKL
 (800) 559-1505x

Medical Responsibility - Y Financial Responsibility - Y Healthcare POA - N Financial POA - N
Crawford, Taylor A. - Daughter
 Address 1090 Crybaby Road Chicago IL 60611
 Home Phone (847) 205-1557x Work Phone (847) 205-1556x Cell Phone (847) 205-1559x
 Medical Responsibility - Y Financial Responsibility - Y Healthcare POA - Y Financial POA - Y

Sharpie, Dan. - Attorney
 Address
 Home Phone (303) 555-1212x Work Phone Cell Phone
 Medical Responsibility - N Financial Responsibility - N Healthcare POA - N Financial POA - N

| Resident Diagnosis | Advanced Directives | Allergies |
|--|--|-------------------------|
| 781.3 Lack of coordination V57.89 Rehabilitation proc NEC 294.10 Dementia w/o behav dist 344.1 Paraplegia NOS 599.0 Urin tract infection NOS 300.00 Anxiety state NOS 465.9 Acute uri NOS 780.52 Insomnia NOS | Living Will Organ Donor Autopsy required Full code N Final expense insurance Y Registered to Vote | Bee Sting Penicillin |
| Additional Information Laundry We Be Clean | Insurance Information Private Insurance Policy # | |
| Smoker - N | RES Handles own HC - N | RES Handles own FIN - N |
| Influenza Vaccine Given: 10/01/2012 | Pneumovax Influenza Vaccine Given: 11/01/2012 | |

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