

IN THE UNITED DISTRICT CIRCUIT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION
CASE NO. 10-CV-22236-ASG

HOWARD ADELMAN and JUDITH SCLAWY-
ADELMAN, AS CO-PERSONAL
REPRESENTATIVES OF THE ESTATE OF
MICHAEL SCLAWY-ADELMAN,

COPY

Plaintiffs,

vs.

BOY SCOUTS OF AMERICA; THE SOUTH
FLORIDA COUNCIL, INC., BOY SCOUTS
OF AMERICA; PLANTATION UNITED
METHODIST CHURCH; HOWARD K.
CROMPTON, INDIVIDUALLY; AND
ANDREW L. SCHMIDT, INDIVIDUALLY,
Defendants.

2nd of 2
Days

-----/

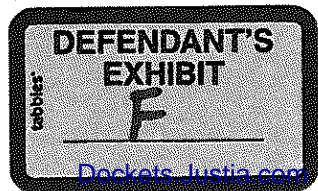
1835 N. Corporate Lakes Boulevard
Weston, Florida
Thursday, April 14, 2011
10:15 a.m.

D E P O S I T I O N
of

RONALD BULLARD, M.D.

taken on behalf of the Plaintiffs pursuant to a
Notice of Taking Deposition.

FRIEDMAN, LOMBARDI & OLSON
C O U R T R E P O R T E R S



1 to see Michael grow, up from literally being five days
2 old until reaching age 17?

3 A. Yes.

4 Q. During that time, have you had the
5 opportunity to get to know Michael from a medical
6 standpoint as a patient over those years?

7 A. Yes.

8 Q. Are you aware of any other doctors that
9 would be in a position to know Michael as well as you
10 and your partners from a medical standpoint?

11 MR. LEVIN: Objection, form.

12 MR. SCHEVIS: Form.

13 THE WITNESS: No, I am not aware of any.

14 BY MR. PELTZ:

15 Q. Doctor, when you have the opportunity to
16 see a patient over many years, in this case,
17 17 years, does that provide a context for you in
18 treating the patient?

19 MR. LEVIN: Objection to form.

20 THE WITNESS: Can you clarify what you
21 mean, a context for?

22 BY MR. PELTZ:

23 Q. Well, when you see a patient, when you saw
24 Michael, would your office have had a context of
25 having seen him many years before without any

FRIEDMAN, LOMBARDI & OLSON

6 YEARS AND OLDER

ESTABLISHED PATIENT

WELL/SPE

03/27/2009 Date Name SCLAWY-ADELMAN, MICHAEL Age 17 years Chart# 202007

Historian parents Phone#

Today's Provider Bullard

SPORTS / CAMP PHYSICAL QUESTIONS

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1. Have you ever been hospitalized overnight? | | <input checked="" type="checkbox"/> |
| 2. Do you ever have trouble breathing or become short of breath during or after exercise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you ever passed out, been knocked out (unconscious), or had a seizure during or after exercise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you ever had chest pain or experienced your heart skipping beats during or after exercise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Has any family member or relative died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever broken any bones or had a major joint injury? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are you missing any paired organs? (Are you missing an eye, ear, lung, kidney, or testicle / ovary?) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Has a physician ever denied or restricted your participation in sports? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Do you have a chronic illness? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

10. Emergency contact: Name _____ Phone _____

Explanation of YES answers above: _____

*Dr. Ronald B. Bullard, M.D.
Pediatric Associates*

Legal Guardian Signature: _____ Date _____

CHIEF COMPLAINT presents to I & P to entire family. On his way to college. Uses PD complaints about health. History.

PATIENT - SOCIAL - FAMILY Hx

Reviewed Heart/Chol. Risk + TB Risk + Anemia +

INTERVAL Hx

Hospitalizations / Surgeries / ER Visits None

Medications (Current / Past) _____

Behavioral / Developmental History WNL Yes No

Tobacco / Alcohol / Drug Use Yes No

PS/OSAS: Frequent Snoring Yes No With pauses Yes No Referred for w/u

Alcohol Yes No Frequency _____ Concerns _____

Other Drugs Yes No Comments _____

ALLERGIES Pediazole

NUTRITIONAL ASSESSMENT

Dietary Intake None Eating Habits / Concerns working on diet / exercise

Multi-Vitamins / Supplements _____ Good Ca Intake

DEVELOPMENTAL ASSESSMENT

School on way to college Work _____

Extra-Curricular Activities _____

Social / Emotional _____



03/27/2009 DATE NAME SCLAWY-ADELMAN, MICHAEL CHART# 202007

PHYSICAL EXAM

Wt. 221 (BMI) _____ Ht. 5'6 1/2 HR 114 BP 133/84 RR 18 Temp 97.4

over APPEARANCE: Alert 100% Active Strong Happy

	Norm	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Teeth/Gingiva	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nose/Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genitalia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neuro	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LABORATORY

Phone# _____
 Hgb _____
 Lead Screen _____
 UA _____
 Cholesterol _____
 Chlamydia Screen _____
 OTHER _____

PROCEDURES

Vision Screen N. Abn.
 Hearing Screen
 PPD _____

IMMUNIZATIONS

menactra
HEPA

ASSESSMENT

1. health
 2. nutrition
 3. _____

PRN
discharge
HePA

Counseling Provided: Vaccines Counseling by Provider (<8yo)
 Other _____

REFERRALS

Dental

RETURN APPOINTMENT

SIGNATURE

PRN
[Signature]

ANTICIPATORY GUIDANCE SAFETY

- Water Safety
- Car Safety / Seat Belt
- Bicycle Safety/ Helmet
- Violence Prevention / Guns
- Sun Protection

NUTRITION / HEALTH

- Diet & Activity
- Dental Care
- Smoking/Alcohol/Drugs
- Sex Education / STD's
- Breast/Testicular Self-Exam

BEHAVIORAL

- Peer Relations
- Limit Setting
- Doubts

08 MAY 13 3:15PM

6 YEARS AND OLDER

ESTABLISHED PATIENT

WELL/SPE

05/13/2008 Date Name SCLAWY-ADELMAN, MICHAEL Age 16 years Chart# 202007

Historian MJM (Person Completing Questionnaire Below)

SPORTS / CAMP PHYSICAL QUESTIONS

	YES	NO
1. Have you ever been hospitalized overnight?	—	✓
2. Do you ever have trouble breathing or become short of breath during or after exercise?	—	✓
3. Have you ever passed out, been knocked out (unconscious), or had a seizure during or after exercise?	—	✓
4. Have you ever had chest pain or experienced your heart skipping beats during or after exercise?	—	✓
5. Has any family member or relative died of heart problems or sudden death before age 50?	—	✓
6. Have you ever broken any bones or had a major joint injury?	—	✓
7. Are you missing any paired organs? (Are you missing an eye, ear, lung, kidney, or testicle / ovary?)	—	✓
8. Has a physician ever denied or restricted your participation in sports?	—	✓
9. Do you have a chronic illness?	—	✓
10. Emergency contact: Name _____ Phone _____	—	✓

Explanation of YES answers above: _____

Legal Guardian Signature: _____ Date _____

CHIEF COMPLAINT cup

PATIENT - SOCIAL - FAMILY Hx

Reviewed Heart/Chol. Risk + - TB Risk + - P/S OSAS + -

INTERVAL Hx

Hospitalizations / Surgeries / ER Visits 0
Medications (Current / Past) 0
Behavioral / Developmental History WNL Yes No
Tobacco / Alcohol / Drug Use Yes No

ALLERGIES Rediazol

NUTRITIONAL ASSESSMENT

Dietary Intake _____
Eating Habits / Concerns _____
Multi-Vitamins / Supplements _____ Good Ca Intake

DEVELOPMENTAL ASSESSMENT

School 11th
Extra-Curricular Activities Boy Scouts
Social / Emotional _____



18 MAY 13 3:15 PM

05/13/2008 DATE NAME SCLAWY-ADELMAN, MICHAEL CHART# 202007

PHYSICAL EXAM

Wt. 200 (BMI) over Ht. 66 3/4 25 1/2 HR 114 B.P. 137/88 RR 18 Temp. 98.6 EC

APPEARANCE: Alert Active Strong Happy

	Norm	Abnormal
Head	✓	normocephalic - no evidence trauma
Teeth/Gingiva	✓	no obvious caries - no lesions
Eyes	✓	PERRLA-EOM intact-sclera white-fundi WNL
Ears	✓	canals clear-TM's not injected-landmarks WNL
Nose/Throat	✓	not injected-not congested
Neck	✓	supple-no lymphadenopathy
Lungs	✓	no distress-no rales-no wheeze-clear B.S.
Heart	✓	regular rhythm-no murmur-S1 & S2 WNL
Abd.	✓	no tenderness-no organomegaly-B.S. WNL
Genitalia	✓	normal male/female Tanner stage LMP
Neuro	✓	motor & sensory intact-DTR's equal-no path reflex
Skin	✓	no rash-no lesions
M/S	✓	no swelling-full ROM-no tenderness
Extremities	✓	all pulses palpable

LABORATORY

Phone#
Hgb
Lead Screen
UA
Cholesterol
OTHER

PROCEDURES

Vision Screen N. Abn.
Hearing Screen
PPD

IMMUNIZATIONS

Tdap
Tdap

ASSESSMENT

1. WC
2.
3.

PLAN

RC

Counseling Provided: Vaccines (<8yo)
 Other

REFERRALS non
Dental

RETURN APPOINTMENT 1/2

SIGNATURE JP

ANTICIPATORY GUIDANCE

SAFETY

Water Safety
 Car Safety / Seat Belt
 Bicycle Safety/ Helmet
 Violence Prevention / Guns
 Sun Protection

NUTRITION / HEALTH

Diet & Activity
 Dental Care
 Smoking/Alcohol/Drugs
 Sex Education / STD's
 Breast/Testicular Self-Exam

BEHAVIORAL

Peer Relations
 Limit Setting
 Handouts

ESTABLISHED PATIENT

SICK

97 SEP 29 8:06 AM

Date Name Selawsky - Adelman, Michael Age 16 1/4 yr Chart# 202007

CC/HPI Historian Dad Phone # U PCP [Signature]

- Current Rx
1. Ø
 2. Ø
 3. Ø

SIGNIFICANT Hx/PAST/SOCIAL/FAMILY

Developmental History WNL Yes No

Behavioral Health Status WNL Yes No

Non-asthmatic Cough 72h

ALLERGIES Pedimzol

ROS

ROS	-	+	COMMENTS
General	<input checked="" type="checkbox"/>		
HEENT	<input checked="" type="checkbox"/>		
Resp		<input checked="" type="checkbox"/>	
Cardiac	<input checked="" type="checkbox"/>		
GI	<input checked="" type="checkbox"/>		
GU	<input checked="" type="checkbox"/>		
Neuro	<input checked="" type="checkbox"/>		
Skeletal	<input checked="" type="checkbox"/>		
Derm	<input checked="" type="checkbox"/>		
Behavior	<input checked="" type="checkbox"/>		

PHYSICAL EXAM

Wt. 257 Ht. _____ B.P. _____ HR _____ RR 24 Temp. 97.3e

Wt. @ last WCC _____ Date of Last WCC _____

APPEARANCE: Alert Active Strong Happy Abnormal

Head	<input checked="" type="checkbox"/>	normocephalic - no evidence trauma	
Teeth/Gingiva	<input checked="" type="checkbox"/>	no obvious caries - no lesions	
Eyes	<input checked="" type="checkbox"/>	PERRLA - EOM intact - sclera white - fundi WNL	
Ears	<input checked="" type="checkbox"/>	canals clear - TM's not injected - landmarks WNL	
Nose/Throat	<input checked="" type="checkbox"/>	not injected - not congested	
Neck	<input checked="" type="checkbox"/>	supple - no lymphadenopathy	
Lungs	<input checked="" type="checkbox"/>	no distress - no rales - no wheeze - clear B.S.	<u>o-c-h-e-e-t</u>
Heart	<input checked="" type="checkbox"/>	regular rhythm - no murmur - S1 & S2 WNL	
Abd.	<input checked="" type="checkbox"/>	no tenderness - no organomegaly - B.S. WNL	
Genitalia	_____	normal male/female Tanner stage _____ LMP _____	
Neuro	_____	motor & sensory intact - DTR's equal - no path reflex	
Skin	_____	no rash - no lesions	
M/S	_____	no swelling - full ROM - no tenderness	
Extremities	_____	all pulses palpable	

PROCEDURES

LABORATORY

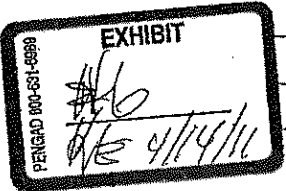
IMMUNIZATIONS

ASSESSMENT

PLAN

Referrals

- Acute
- Bronchitis
 -
 -
- Chronic
-



ventolin QID

Omni 300 QID

clonidine

- Hearing _____
- Vision _____
- Dental _____
- Other _____
- Handouts Yes

Return PPN

Est./patient sick 02 rev. 6/03, 1/04, 1/05, 07/07

Signature [Signature]

Dad refuses will make ADT

PERSONAL HEALTH AND MEDICAL RECORD FORM—Class 3

I. IDENTIFICATION
 Age 16 Sex M
 Name Schwartz, Adelman, Michaels Initial ASMA
 Address 1262 CROSSBILL CT
 City & State WESTON, FL Zip 33327
 Health/Adventure Insurance MEMORIAL HEALTH CARE SYSTEM Policy no. 991049079
IN AN EMERGENCY NOTIFY:
 Name JUDITH SCLAWY Relationship MOTHER
 Address 1262 CROSSBILL CT Home phone 954 299 5187
 City & State WESTON FL 33327 Business phone 954 554 4231
 Personal Physician DR. FLIEGENSPAN Phone 954 299 7020

BOY SCOUTS OF AMERICA
 All Class 3 activities require a health examination within the past 12 months by a licensed health-care practitioner. This includes youth and adult members participating in high-adventure activities, athletic competition, and world jamborees. Actually, this form is to be used by adults 40 years of age or older for all activities requiring a physical examination and applies to all Wood Badge participants/staff regardless of age.

PLEASE TYPE OR PRINT.
 NAME MICHAEL SELAWY-ADELMAN UNIT # 7808 P III
 NOTE: Keep original form for your personal record. Make reproductions for agency use. Be sure information and signatures are legible on reproduced copies. This upper section may be reproduced and carried with you for emergency identification and care.

II. EMERGENCY MEDICAL INFORMATION
 Has or is subject to (check and give details):
 Allergy to a medicine, food, plant, animal or insect toxin PEDIAZOLE
 Any condition that may require special care, medication, or diet
 ADHD (Attention Deficit Hyperactive Disorder)
 Asthma Convulsions Heart trouble Contact lenses
 Diabetes† Fainting spells Bleeding disorders Dentures
EXPLAIN

III. PARENTAL STATEMENT
 Has it ever been necessary to restrict applicant's activities for medical reasons? No Yes / Does applicant take medicine regularly or have special care? No Yes. If yes, explain.
 To the best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.
 Parent or guardian J. Selawy
 Applicant's signature J. Selawy
 Date signed 5/17/08
 Updated 5/17/08 Signed J. Selawy Parent or guardian

IV. IMMUNIZATIONS
 If disease, put "D" and year. Last year given.
 Tetanus _____
 Diphtheria _____
 Pertussis _____
 Measles _____
 Mumps _____
 Rubella _____
 Polio _____
 Chicken Pox _____
 Religious preference _____

V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE
 Approved for participation in:
 Hiking and camping Winter activities
 Competitive sports All activities
 Specify exceptions: _____
 Recommendations (explain any restrictions OR limitations): _____
 Signed _____ Date 5/17/08
 Licensed health-care practitioner
 *Examinations conducted by licensed health-care practitioners will be recognized for BSA purposes. Physicians perform physical examinations on youth and adult members.

VI. MEDICAL HISTORY
 Parent for applicant if 18 or older; fill in sections I, II, III, IV, and VI before seeing a licensed health-care practitioner. Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.
 • Date of most recent complete physical examination (month and year) 5/17 2008
 • Are you aware of any current health problems? No Yes
 • Now under medical care or taking medicines? No Yes
 • Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination? No Yes
 Give dates and full details below for any "yes" answers.

IS THERE DISEASE OF (OR PAST OR PRESENT)

HISTORY OF:	No	Yes	Year	Details/Medicines
Serious illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Serious injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Deformity	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Skin, glands	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Ears, eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Nose, sinuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Teeth, tonsils	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Dentures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Bridge	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Chest, lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Murmur	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Rheumatic fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Stomach, bowels	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Appendicitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Kidneys or urine	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Albumin	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sugar	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Infection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Bed-wetting	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Menstrual problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Hernia (rupture)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Back, limbs, joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sleepwalking	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Nervous condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (explain)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>CLARITIA-D</u>

VII. HEALTH EXAMINATION
 Licensed Health-Care Practitioner:
 The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (foot or afloat) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.
 • Please insist applicant furnish complete medical history (VI) before exam.
 • Review immunizations for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and bivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
 • After completing section VII, summarize any restrictions and/or recommendations in sections II and V, above, and sign.
 Date 5/13/08 VISION: Normal HEARINGS: Normal
 Ht. 169 Wt. 220 Glasses ✓ Abnormal _____
 B.P. 125/81 Pulse 114 Contacts _____
 Check box if normal; circle if abnormal and give details below:
 Growth, development Ears, tonsils Genitourinary
 Skin, glands, hair Respiratory Skeletomuscular
 Head, neck, thyroid Cardiovascular Neuropsychiatric
 Eyes, ears, nose Abdomen, hernia, rings Other (specify) _____
COMMENTS

FOR THOSE ATTENDING PHILMONT OR NATIONAL HIGH-ADVENTURE BASES:
 • The minimum age for all participants is 18 by January 1 of the year of participation, or have completed the seventh grade. No exceptions.
 † Trail food is by necessity a high-carbohydrate, high-calorie diet. It is high in wheat, milk products, sugar, corn syrup, and artificial coloring/flavoring. Dinner meals contain meat. If these food products cause a problem in your diet, you need to bring appropriate substitutions with you and so advise base personnel.
 Note: Licensed health-care practitioners representing high-adventure bases reserve the right to deny access to the trails or other program activity on the basis of a medical evaluation performed at the base after arrival.

Jul 05/09

ESTABLISHED PATIENT

SICK

06 MAR 2007 Date

Name Sclawy-Adelman, Michael Age 14 3/4 yrs Chart# 202007

CC/HPI

Historian parents

E

Current Rx

1. Ø
2. Ø
3. Ø

SIGNIFICANT Hx / PAST / SOCIAL / FAMILY

No Cc's

Enr. L2th

Developmental History WNL Yes No

no temp

ALLERGIES PEDICULE

Behavioral Health Status WNL Yes No

ROS

COMMENTS

	-	+				
General	<input checked="" type="checkbox"/>		Fever	Chills	Headache	Anorexia
HEENT		<input checked="" type="checkbox"/>	<u>Earache</u>	Sore Throat	Glands	Rhinorrhea
Resp	<input checked="" type="checkbox"/>		Congestion	Cough	Wheeze	SOB
Cardiac	<input checked="" type="checkbox"/>		Chest Pain	Palpitation	Color	
GI	<input checked="" type="checkbox"/>		Abd. Pain	Emesis	Diarrhea	Constipation
GU	<input checked="" type="checkbox"/>		Dysuria	↑ Freq.	Discharge	
Neuro	<input checked="" type="checkbox"/>		Headaches	Dizziness	Seizures	Weakness
Skeletal	<input checked="" type="checkbox"/>		Pain	Swelling	Erythema	ROM
Derm	<input checked="" type="checkbox"/>		Rash	Pruritic	Erythema	Ecchymoses
Behavior	<input checked="" type="checkbox"/>		Lethargy	Hyperactivity	School/Home	Attention

PHYSICAL EXAM

Wt. 176 Ht. _____ B.P. _____ HR 98 RR _____ Temp 98.3

APPEARANCE: Alert Active Strong Happy Abnormal

Head	Norm	normocephalic - no evidence trauma
Teeth/Gingiva	<u>✓</u>	no obvious caries - no lesions
Eyes	<u>✓</u>	PERRLA - EOM intact - sclera white - fundi WNL
Ears	<u>X</u>	canals clear - TM's not injected - landmarks WNL
Nose/Throat	<u>✓</u>	not injected - not congested
Neck	<u>✓</u>	supple - no lymphadenopathy
Lungs	<u>✓</u>	no distress - no rales - no wheeze - clear B.S.
Heart	<u>✓</u>	regular rhythm - no murmur - S1 & S2 WNL
Abd.	<u>✓</u>	no tenderness - no organomegaly - B.S. WNL
Genitalia	<u>✓</u>	normal male/female Tanner stage _____ LMP _____
Neuro	<u>✓</u>	motor & sensory intact - DTR's equal - no path reflex
Skin	<u>✓</u>	no rash - no lesions
M/S	<u>✓</u>	no swelling - full ROM - no tenderness
Extremities	<u>✓</u>	all pulses palpable

2011

PROCEDURES

LABORATORY

IMMUNIZATIONS

7/06

ASSESSMENT

PLAN

Referrals

Acute

- a) 20
- b) 20
- c) 20

Chronic



2001 500
2001 320

100

- Hearing _____
- Vision _____
- Dental _____
- Other _____

Handouts

Yes

urn

2

Signature

[Handwritten Signature]

/patient sick 02rev.6/03, 1/04, 1/05

6 YEARS AND OLDER

ESTABLISHED PATIENT

WELL

'05 JUL 28 PM 3:42

Date Name S. Clawy-Adelman, Michael Age 14 yr Chart# 202007

PAST - SOCIAL - FAMILY Hx

Historian Mom

F

Non-Contact

Reviewed Heart/Chol. Risk + TB Risk + P/S OSAS +

INTERVAL Hx

Hospitalizations / Surgeries / ER Visits Ø

Medications (Current / Past) Ø

Developmental History WNL Yes No

Behavioral Health Status WNL Yes No

Tobacco / Alcohol / Drug Use Yes No

ALLERGIES Pedia 201

NUTRITIONAL ASSESSMENT

Dietary Intake nm

Eating Habits / Concerns nm

Multi-Vitamins / Fluoride _____

CHIEF COMPLAINT nm

DEVELOPMENTAL ASSESSMENT

School 92h

Extra-Curricular Activities Swim

Social / Emotional _____



05 JUL 23 PM 3:42

DATE

NAME Sclawy-Adelman, R. Raed

CHART # 202007

PHYSICAL EXAM

Wt. 59 (BMI 21) HT. 64 B.P. 115/62 HR. 99 RR. 22 Temp. 96.9 cc

APPEARANCE: Alert Active Strong Happy

	Norm	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Teeth/Gingiva	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nose/Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genitalia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neuro	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

normocephalic - no evidence trauma
 no obvious caries - no lesions
 PERRLA - ROM intact - sclera white - fundi WNL
 canals clear - TMJs not injected - landmarks WNL
 not injected - not congested
 supple - no lymphadenopathy
 no distress - no rales - no wheeze - clear BS
 regular rhythm - no murmurs - S1 & S2 WNL
 no tenderness - no organomegaly - BS WNL
 normal male/female - Tanner stage - 2 - BMI
 motor & sensor intact - DTRs equal - normal reflex
 no rashes - no lesions
 no swelling - full ROM - no tenderness
 all pulses palpable

LABORATORY

Phone # _____

Hgb _____

Lead Screen _____

Cholesterol 210

OTHER ALCC

PROCEDURES

Vision Screen OK

Hearing Screen

PPD

IMMUNIZATIONS

N80

ASSESSMENT

W/C

PLAN

W/C

1. T/Chol

1. ALCC

Counseling Provided: Vaccines (<8yo)

Other _____

REFERRALS

Dental None

RETURN APPOINTMENT

SIGNATURE

H:/SSS/DA:YSTIBETS:02/REV 6/03:1704; 12/04; 1/05, 2/05

ANTICIPATORY GUIDANCE

SAFETY

- Water Safety
- Car Safety / Seat Belt
- Bicycle Safety / Helmet
- Violence Prevention / Guns
- Sun Protection

NUTRITION / HEALTH

- Diet & Activity
- Dental Care
- Smoking / Alcohol / Drugs
- Sex Education / STD's
- Breast / Testicular Self-Exam

BEHAVIORAL

- Peer Relations
- Limit Setting

Handouts

Yes

6 YEARS AND OLDER

ESTABLISHED PATIENT

WELL

Name Sclawny, Michael

Age 11 1/2 yrs Chart# 202007

Date 02 Sep 2008

F

PAST - SOCIAL - FAMILY Hx :

Reviewed

Heart/Chol. Risk: + -

TB Risk: + -

P/S OSAS + -

INTERVAL Hx:

Hospitalizations / Surgeries / ER Visits: Ø

Medications (Current / Past): Ø

Developmental History WNL: Yes No

Behavioral Health Status WNL: Yes No

ALLERGIES: Pedicular

NUTRITIONAL ASSESSMENT:

Dietary Intake: Ø

Eating Habits / Concerns: _____

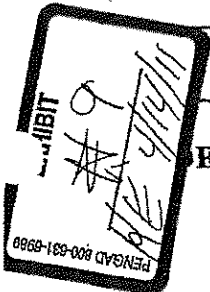
Multi-Vitamins / Fluoride: _____

CHIEF COMPLAINT: ✓ red eye

DEVELOPMENTAL ASSESSMENT:

School: 6th

Extra-Curricular Activities: Karate



Dr. [Name], M.D.

Handwritten notes and initials in the bottom right corner.

PHYSICAL EXAM:

Wt. 127 Ht. 57 1/2 B.P. 112/62 Temp. 98°

APPEARANCE: ALERT ACTIVE STRONG HAPPY

	<u>Normal</u>	<u>Abnormal/Comments</u>
HEENT	<u>X</u>	<u>010 (C) o/r</u>
Teeth	<u>✓</u>	
Neck	<u>✓</u>	
Lungs	<u>✓</u>	
Heart	<u>✓</u>	
Abdomen	<u>✓</u>	
M/S	<u>✓</u>	
Genital/Tanner Staging >5yrs	<u>✓</u>	
Skin	<u>✓</u>	
Neuro	<u>✓</u>	

LABORATORY:

Phone#: _____
Hgb 12.2
U.A. (C)
Cholesterol 264

PROCEDURES:

	N.	Abn.
PPD		
Vision Screen	<input type="checkbox"/>	<input type="checkbox"/> <u>wears glasses</u>
Hearing Screen	<input type="checkbox"/>	<input type="checkbox"/>

DTA
IMMUNIZATIONS:

DT-A

OTHER:

ASSESSMENT:

- T Chol
- T obesity
- _____

PLAN:

Lipid profile at 6 wks
Chlorin B. lin
Clin

ANTICIPATORY GUIDANCE

SAFETY:

- Water Safety
- Car
- Bicycle Safety
- Seat Belt

HEALTH:

- Smoking/ETOH/DRUGS
- Sex Ed & STD's
- Breast/Testicular Exam
- Dental Referral

REFERRALS: Nutritional

RETURN APPOINTMENT: _____

SIGNATURE: [Signature]

BEHAVIORAL:

- Peer Relations
- Limit Setting

[Handwritten notes]

#X3
1598
954

PEDIATRIC ASSOCIATES

EMERALD HILLS MEDICAL SQUARE

4500 Sheridan Street
Hollywood, Florida 33021
Telephone: (954) 966-8000

CENTRAL PARK PLACE

9611 W. Broward Blvd.
Plantation, Florida 33324
Telephone: (954) 424-7000

**PROFESSIONAL CENTRE AT
PEMBROKE PINES MALL**

400 Hiatus Road, Suite 105
Pembroke Pines, FL 33026
Telephone: (954) 431-8000

WESTON MEDICAL PARK

1835 N. Corporate Lakes Blvd.
Weston, Florida 33326
Telephone: (954) 389-7000

ROYAL EAGLE PLAZA

9120-A Wiles Rd.
Coral Springs, Florida 33057
Telephone: (954) 341-0074

MISSION BAY PLAZA

20423 SR 441, Suite F8
Boca Raton, Florida 33498
Telephone: (561) 477-7700

CHAPEL TRAIL PLAZA

18425 W. Pines Blvd.
Pembroke Pines, FL 33029
Telephone: (954) 430-9300

CALIFORNIA CLUB

700 Ives Dairy Rd
N.M.B., FL 33178
Telephone: (305) 855-2300

**CHILDREN'S HEALTHCARE
AT PLANTATION**

4100 S. Hospital Drive
Suite 102
Plantation, Florida 33317
Telephone: (954) 581-3500

BETHESDA HEALTH CITY

10301 Hagen Ranch Road
Suite 760
Boynton Beach, FL 33437
Telephone: (561) 733-4400

MIAMI LAKES

15800 North West 67th Ave.
Suite 301
Miami Lakes, FL 33014
Telephone: (305) 821-8611

PARKWAY

100 N.W. 170 Street
Suite 201
N. Miami Beach, Florida 33169
Telephone: (305) 655-1800

NORTH BROWARD PEDIATRICS

3128 N. Federal Highway
Lighthouse Point, Florida 33064
Telephone: (954) 941-3255

45 STREET PEDIATRICS

2100 45th Street, Suite B-12
West Palm Beach, FL 33407
Telephone: (561) 863-5757

ROYAL PALM BEACH BLVD

1017 N. State Road 7
Royal Palm Beach, FL 33411
Telephone: (561) 798-9417

JUPITER

550 Heritage Drive, Suite 100
Jupiter, FL 33458
Telephone: (561) 627-7930

Laboratory Report

Patient Name: Schwartz, Ebelman *Micho*
Ordering Physician: PIA
Date: 8-13-04
Account#: 202007

Test Ordered	Results	Normal Ranges
<input type="checkbox"/> BUN	_____ mg/dl	5.0 - 18.0 mg/dl
<input type="checkbox"/> Hemoglobin	<u>19.7</u> g/dl	11.0 - 17.2 g/dl
<input type="checkbox"/> Urine HCG	_____	Negative
<input type="checkbox"/> ESR	_____ mm/hr	0-20 mm/hr
<input type="checkbox"/> Mono	_____	Negative
<input type="checkbox"/> Cholesterol	<u>233</u> mg/dl	<190 mg/dl
<input type="checkbox"/> N.Bilirubin	_____ mg/dl	0-1 day < 8 mg/dl, 1-2 days < 12 mg/dl, 3-5 days < 16 mg/dl
<input type="checkbox"/> Glucose	_____ mg/dl	1 week-16yrs.-60-105 mg/dl, > 16 yrs.-70-115 mg/dl
<input type="checkbox"/> Rapid Strep	_____	Negative
<input type="checkbox"/> Fecal Occult Blood	_____	Negative

I.D: 282887.91

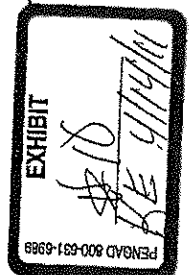
CHOL
233 MG/DL

08-13-04 18:14

08-13-04 18:14

08-13-04 18:14

GLU NEGATIVE
SIL NEGATIVE
AC NEGATIVE
BS 1.310
CLD NEGATIVE
CR 0.4
PRO NEGATIVE
URC 8.2 E.U./DL
MIT NEGATIVE
LEU NEGATIVE



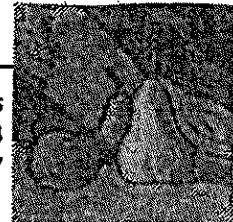
Initials: CS

Family Nutrition Center

OF SOUTH FLORIDA

Lucille Beseler, MS, RD, LD
Carolyn M. Flynn, MS, RD, LD
Lillian Dino, MS, RD, LD

MAIN OFFICE: Northwest Medical Arts
5901 Colonial Drive #108 • Margate, FL 33063
(954) 972-2123 • Fax (954) 972-4567



December 10, 2003

20 2007

Jeffrey Fliegenspan, M.D.
1835 N. Corporate Lakes Blvd.
Weston, Fl. 33326

Reviewed

Date: _____

RE: Michael Sclawy

Time spent with patient: 30 minutes

Dear Dr. Fliegenspan:

On December 9, 2003 I had the pleasure of seeing your patient for a nutrition follow-up. Michael made minimal progress with his weight reduction attempts. His weight today was 145.5 pounds (97th% NCHS) and his height was 61 inches (75th% NCHS). He demonstrated a change in weight and height as follows: 4.5 lb. weight loss.

Evaluation of his usual intake reveals a calorie intake of 2500 calories per day with a fat intake of 29% of total calories. Michael has been working to change problem eating patterns. Problems include portion sizes, and poor intake of fruit/vegetables. This represents a decline in intake. Exercise patterns are poor.

The goal of medical nutrition therapy for Michael continues to be weight reduction. A follow-up appointment was scheduled for six weeks to continue to evaluate Michael's progress. Thank you for the privilege of participating in his care. If you have any questions, please do not hesitate to call.

Sincerely,

Lucille Beseler, MS, RD, LD



ADOLESCENT

ESTABLISHED PATIENT

WELL / SPE

04 AUG 13 PM 2:58

Date Name Sclawy-Aldman, Michael Age 13 YRS Chart# 202007

IMMUNIZATIONS (Record date of most recent shot)

Tetanus 9/2/03 Hepatitis B 5/22/04 MMR 5/22/04 Chickenpox 1/9/02 Da

SPORTS PHYSICAL QUESTIONS (optional)

YES NO
1. Have you ever been hospitalized overnight?
2. Do you ever have trouble breathing or become short of breath during or after exercise?
3. Have you ever passed out, been knocked out (unconscious), or had a seizure during or after exercise?
4. Have you ever had chest pain or experienced your heart skipping beats during or after exercise?
5. Has any family member or relative died of heart problems or sudden death before age 50?
6. Have you ever broken any bones or had a major joint injury?
7. Are you missing any paired organs? (Do you have both eyes, ears, lungs, kidneys, and testes / ovaries?)
8. Has a physician ever denied or restricted your participation in sports?
9. Do you have a chronic illness?

- 10. Emergency contact: Name Phone
Explanation of YES answers above:

Legal Guardian Signature:

Date 8/13/04

ALLERGIES Pediazol

MEDICATIONS

PHYSICAL EXAM

Wt 137 Ht 164 B.P. 118/69 HR 88 RR — Temp. 98.9
APPEARANCE: Alert Active Strong Happy Hearing N Abnl Vision R L

Table with columns for Normal and Abnormal findings. Rows include Head, Teeth/Gingiva, Eyes, Ears, Nose/Throat, Neck, Lungs, Heart, Abd., Genitalia, Neuro, Skin, M/S, and Extremities.

SPORTS PHYSICAL ASSESSMENT

X CLEARED WITHOUT LIMITATION
NOT CLEARED FOR:



RED PENDING:

Reason:

SIGNATURE

Peeler

Printed Name

Peeler