

**Speech-Language Pathology
Outpatient Progress Note**

Rehabilitation Institute of Chicago

Patient Name: Decker, Ted
 RIC Number: 1357819
 Physician: Harvey
 Diagnosis: Stroke/Aphasia
 Precautions: 0
 Insurance provider: Self Pay

Treatment Interval: 7/15/06 to 7/16/06 Number of Sessions this interval: 1
 Onset of Treatment: 6/1/05 Sessions since Onset of Treatment: 27 + 11 = 38

FIM / Wee FIM Items	Previous Status	Current Status	RICFAS Items	Previous Status	Current Status
Comprehension (V B)	4	4	Reading Comprehension	3	3
Expression (V B)	2	2	Written Expression	2	2
Problem Solving	0	0	Speech Production	0	0
Memory	0	0	Chewing/Swallowing	7	7
Social Interaction	5	5	Money Management	0	0

FIM / Wee FIM (circle) RICFAS Key	Key / Performance Descriptors
5 = Standby Prompt (25%-49%) 2 = Max. Prompt (25%-49%) 4 = Min. Prompt (75%-90%) 1 = Total Assist (< 25%) 3 = Mod. Prompt (50%-74%) 0 = Refusal, Not Evaluated	AC = Auditory Comprehension OE = Oral Expression RC = Reading Comprehension WE = Written Expression SP = Speech Production SW = Swallowing LIG = Long Term Goal STG = Short Term Goal C = Cuing - = No Change NA = Not Addressed

Current Goals	Goal Met (Y/N)	Progress (↑ ↓)	New Goals
① OE/imitation of 3-5 syllable words/shor phrases 5x each min 80% accuracy	N		① OE/imitation of 4-5 syllable words or short phrases
② OE of 2-3 sentence paragraph via oral reading 80% accuracy	Y		② OE of 2 paragraphs via oral reading 80% accuracy + less than 4 total errors
③ OE of 10 items in an abstract category (strategical + min 80%)	N		③ OE of 1 sentence (3 words given) word to word in sentence 80% accuracy + 80% accuracy
④ 80% accuracy w/ 5-7 word sentences to describe a picture (improvements and/or limitations, Why goals not met):	N		④ OE of 12 sentences in response to a question Long Term Goals were reviewed and remain as previously stated: <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, see revisions above) in person information feedback & work + review.

Objective Findings/Interpretation (Improvements and/or limitations, Why goals not met):
 At next 2/4 goals this month. He continued to use strategies given during the previous 2 wks in a non-structured setting. Current skill needed for next - we is a good strategy for p to use to oral explanation.

Patient Goals: To communicate wants/needs.
 Plan of Care: Continue Speech Therapy 3 times per week for 6 weeks to address oral explanation per written explanation.
 Discharge Therapy Other:

Therapist: Melissa R. Remy, MSW, SLP Date: 7/16/06 Additional Documentation Attached: Yes/No, Page 3/3

Referring Physician: I agree with the treatment plan outlined above
 Revise Plan of Care as follows:

Physician Signature: _____ Date: _____



Rehabilitation
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Speech-Language Pathology
Daily Documentation

Patient Name: Reade, Ted
 RIC Number: 1359819 / V-11619337
 Date: 10/16/05

Date	Goal # 1	Goal # 2	Goal # 3	Goal # 4	Goal #	Patient/Family Teaching Provided	Pain Assessment	Interdisciplinary Care Provided	Total Minutes of Therapy Provided	Comments	Therapist's Initials
9/15/05	5/5 - 1/5 7/10 - 1/10	84% miss	DND	70% acc.		+	0		45		MLP
9/16/05	10/10 - 8/10 100% miss	85% miss	DND	70% acc.		+	0		45		MLP
9/17/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/18/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/19/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/20/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/21/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/22/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/23/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/24/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP
9/25/05	3 syllables - 80% miss	85% miss	DND	75% miss		+	0		45		MLP

Signature: MLP

Additional Comments: 9/26/05 - cx-11 2005



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Speech-Language Pathology Daily Documentation

Patient Name: Banks, Ted
 RIC Number: 1359817 N14P8337
 Date: 10/16/05

Date	Goal #	Goal #	Goal #	Goal #	Goal #	Patient/Family Teaching Provided	Pain Assessment	Interdisciplinary Care Provided	Total Minutes of Therapy Provided	Comments	Therapist's Initials
10/16/05	4 syllables 60% min. max. 2	2	3	4	we		0		45		ABP
10/20/05	65% min. max. 2					Parent's strategies	0		45	Session spent working on functional communication related to personal/visiting information. His attention was lacking but strategies to avoid it were for + next person ABP noted.	
10/26/05	4 syllables 70% min. max. 2					Parent's difficulty	0		45		



**Rehabilitation
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Chicago**

**Speech-Language Pathology
Outpatient Progress Note**

Treatment Interval: _____ to _____
 Onset of Treatment: _____
 Number of Sessions this Interval: _____
 Sessions since Onset of Treatment: _____

Patient Name: _____
 ICD Number: _____
 Physician: _____
 Diagnosis: _____
 Precautions: _____
 Insurance provider: _____

FIM / Wee FIM Items	Previous Status	Current Status
Comprehension: A V B		
Expression: V NV B		
Problem Solving		
Memory		
Social Interaction		

RICFAS Items	Previous Status	Current Status
Reading Comprehension		
Written Expression		
Speech Production		
Listening/Understanding		
Money Management		

FIM / Wee FIM (circles)	RICFAS Key
7 = Complete (100%)	5 = Severe Prompt (50-75%)
6 = Modified (75-95%)	4 = Min. Prompt (75-90%)
a. head/eye set	3 = Mod. Prompt (50-75%)
b. self cue	2 = Indep. Prompt (25-45%)
c. syllable device	1 = Total Assist (<25%)
d. extra time	0 = Not Evaluated

Key / Performance Descriptors
AC = Auditory Comprehension
OE = Oral Expression
RC = Reading Comprehension
WE = Written Expression
SP = Speech Production
SM = Spelling
LTG = Long Term Goal
STG = Short Term Goal
C = Coding
- = No Change
MA = Not Addressed

Current Goals	Goal Met (Y/N)	Progress (1-4)	New Goals
Objective Findings/Interpretation (improvements and/or limitations, Why goals not met):			Long Term Goals were reviewed and remain as previously stated: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, see revisions above.)
Patient Goals:			
Plan of Care: <input type="checkbox"/> Continue Speech Therapy _____ times per week for _____ weeks to address _____			
<input type="checkbox"/> Discharge Therapy <input type="checkbox"/> Other: _____			
Therapist: _____ Date: _____			Additional Documentation Attached: Yes/No _____
Referring Physician: <input type="checkbox"/> I agree with the treatment plan outlined above			
<input type="checkbox"/> Revise Plan of Care as follows: _____			
Physician Signature: _____ Date: _____			



Rehabilitation Institute of Chicago

Date: 9/8/85

Fax #:

Dear Dr. Harvey:

Patient Name: Baxter, Ted MRN: 1357819 DOB: 11

Your patient was: Seen for Evaluation Seen for Recheck Discharged
By: Occupational Therapy Physical Therapy Speech Therapy
Location of Therapy/Department: RIC 345 East Superior RIC Arthritis RIC Pain
 RIC Northshore RIC/CSSOR RIC Hyde Park RIC Chatham

Clinical Impression

Evaluation Findings Progress/Gains:
1. Pt has made progress + met 4/4 goals. Increased spontaneous oral expression noted. 1st imitation of longer
 Deficit Findings: length words/phrases, ↑ oral reading, ↑ AC + RC, ↑ NG.
1. Continued Buccal Speech - Moderate.
2.

Plan of care:

Continue therapy: Frequency 3x/week x Duration 8 weeks For: _____
New goals: ① Repetition of 5 syllable words or short phrases.
② Oral reading 2-3 sentences
 Discharge therapy DWG to describe pictures & cues for
 Recommendations/Referrals: grammar/syntax.

Sincerely,

Therapist: Melissa D. Perino, M.S.C.S.P.

Confirmation of Medical Necessity to be completed by physician. Please sign and fax to 312-239-1212.

I agree with the above care: _____

Revise plan of care as follows: _____

Physician Signature: [Signature] Date: 9/9/85



Rehabilitation Institute of Chicago

Speech-Language Pathology Outpatient Progress Note

Patient Name: Baxter, Ted
 RIC Number: 135788
 Physician: Honoring Stacey Aplean
 Diagnoses: Stroke
 Precautions: 0
 Insurance provider: Self pay

Treatment Interval: 8/22/08 to 9/16/08 Number of Sessions this interval: 8
 Onset of Treatment: 6/1/08 Sessions since Onset of Treatment: 22

FIM / Wee FIM Items	Previous Status	Current Status
Comprehension (V B)	4	4
Expression (V B)	2	2
Problem Solving	0	0
Memory	0	0
Social Interaction	5	5

RICFAS Items	Previous Status	Current Status
Reading Comprehension	2	3
Written Expression	0	0
Speech Production	0	0
Chewing/Swallowing	7	7
Money Management	0	0

FIM / Wee FIM (circle) RICEFAS Key
5 = Standby Prompt (50%)
4 = Mt. Prompt (75%-90%)
3 = Mod. Prompt (50%-74%)
2 = Max. Prompt (25%-49%)
1 = Total Assist (< 25%)
0 = Refused, Not Evaluated

Key / Performance Descriptors
AC = Auditory Comprehension
OE = Oral Expression
RC = Reading Comprehension
WE = Written Expression
SP = Speech Production
SW = Swallowing
LTO = Long Term Goal
STG = Short Term Goal
C = Cuing
- = No Change
NA = Not Addressed

Current Goals	Goal Met (Y/N)	Progress (↑/↓/→)	New Goals
① OE/initiation of 2-3 syllable words or short phrases 5x each with mod C + 80% accuracy	Y	↑	① OE/initiation of 3-5 syllable words/short phrases 5x each 2 min C + 80% accuracy
② OE of 5-10 word functional phrases/sentences w/ oral reading 2 min cues + 80% accuracy	Y	↑	② OE of 2-3 sentence paragraphs w/ oral reading 2 min C + 50% accuracy
③ OE of 8-10 words in a category 2 min cues + 80% accuracy	Y	↑	③ OE of 10 words in an abstract category 2 min C + 80% accuracy
④ 80% accuracy OE of 5-7 word sentences & pictures w/ written cues	Y	↑	④ 80% accuracy OE of 5-7 word sentences & pictures w/ written cues

Objective Findings: Interpretation (Improvements and/or limitations, Why goals not met):
 PT met 4/4 goals. Progress due to pt motivation + good use of strategies. Also, pt had good response to cues. Continued to recommend due to continued progress.

Patient Goals: To improve OE for daily communication of wants/needs
 Plan of Care: Continue Speech Therapy 3 times per week for 8 weeks to address speech, oral delivery
 Discharge Therapy Other:

Therapist: Melissa B. Purovich-SR Date: 9/16/08 Additional Documentation Attached: Yes (No) N/A
 Referring Physician: I agree with the treatment plan outlined above
 Revise Plan of Care as follows:
 Physician Signature: _____ Date: _____



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Speech-Language Pathology Daily Documentation

Patient Name: Baxter, Ted
 RIC Number: 1397279
 Date: 9/18/05

Date	Treatment Provided	Goal # 1	Goal # 2	Goal # 3	Goal # 4	Goal #	Patient/Family Teaching Provided	Pain Assessment	Interdisciplinary Care Provided	Total Minutes of Therapy Provided	Comments	Therapist's Initials
9/18/05	35 min 60% (D)	Goal # 1 2-3 sec H.	Goal # 2 5-10 word phrases &	Goal # 3 Categorizing	Goal # 4 R/des.	Goal #				45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP
9/18/05	35 min 60% (D)									45		MWP

Signature: M. Lee d. Pennington, M.S., SLP
 Initials Signature: MLP

Additional Comments:



Rehabilitation Institute of Chicago

Date: 8/4/05

Fax #:

Dear Dr. Harvey

Patient Name: Baxter, Ted MR#: 135787 DOB: 11

Your patient was: Seen for Evaluation Seen for Recheck Discharged
By: Occupational Therapy Physical Therapy Speech Therapy
Location of Therapy/Department: RIC 245 East Superior RIC Arthritis RIC Pain
 RIC Northshore RIC/CSSOR RIC Hyde Park RIC Chatham

Clinical Impression

Evaluation Findings Progress/Gains:

Continued work under Bloom's Aphasia
Improved repetition of 1+2 syllable words, oral reading
Dedict. Findings: 75% AC, 75% word retrieval.
1. Transient aphasia - reduced self monitoring of verbal output at conversational level, but improved at word phrase-sentence level.
2. Plans to reappear to word & use of strategies.

Plan of care:

Continue therapy: Frequency 3x/week Duration 6 weeks

New goals: Repetition of 7th length words, oral reading of 7th length sentences, OE of sentence to picture description, word retrieval.

Discharge therapy word retrieval.
 Recommendations/Referrals:

Sincerely,
Therapist: Melissa L. Ramirez, MS, SLP

Confirmation of Medical Necessity to be completed by physician. Please sign and fax to 312-238-1212.

Agree with the above care: _____

Revise plan of care as follows: _____

Physician Signature: [Signature] Date: 8/10/05



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Speech-Language Pathology Daily Documentation

Patient Name: Baxter, Ted
 RIC Number: 1357819
 Date: 8/14/85

Date	Goal #	Goal #	Goal #	Goal #	Parent/Family Teaching Provided	Pain Assessment	Interdisciplinary Care Provided	Total Minutes of Therapy Provided	Comments	Therapist's Initials
8/13/85	2 syllables 70% min 85% max	80% min 5-8 words		80% min Pick up description not used 7/82	+	0		45		mbp
8/14/85	1 syllable - 80% 2 syllables - 80% 3 syllables - 40% + 60% max	DAD		90% min 70% max	+	0		30	Categories = Aug & words not used	mbp

Signature: M. L. ...
 Initials: ...
 Signature: ...
 Initials: ...

Additional Comments:



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Speech-Language Pathology Daily Documentation

Patient Name: Baxter, Ted
 ROC Number: 135987
 Date: 8/19/05

Goal #	Goal #	Goal #	Goal #	Goal #	Goal #	Comments
1 CE 1-2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	2 Goal 1 CE 1-2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	3 Goal 2 Goal 1 CE 1-2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	4 Goal 3 Goal 2 Goal 1 CE 1-2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	5 Goal 4 Goal 3 Goal 2 Goal 1 CE 1-2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	6 Goal 5 Goal 4 Goal 3 Goal 2 Goal 1 CE 1-2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	7 Goal 6 Goal 5 Goal 4 Goal 3 Goal 2 Goal 1 CE 1-2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Additional Comments:

7/13/05 - appointments cancelled 2: medical procedure - breast (see)



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Speech-Language Pathology Outpatient Progress Note

Patient Name: Baxter, Ted
 ROC Number: 13598A
 Physician: Henny
 Diagnosis: Stroke/Aphasia
 Precautions: 0
 Insurance provider: Self Pay

Treatment Interval: 7/10/15 to 8/14/15 Number of Sessions this Interval: 10
 Onset of Treatment: 4/1/15 Sessions since Onset of Treatment: 12 = 13

FIM / Wee FIM Items	Previous Status	Current Status	FIM / Wee FIM (circle) RCFAS Key	Key / Performance Descriptors
Comprehension (V B)	3	4	5 = Standby Prompt (80-9%)	AC = Auditory Comprehension
Expression (V B)	1	2	4 = Verbal Prompt (75%-80%)	OC = Oral Expression
Problem Solving	0	0	1 = Total Assist (< 25%)	RC = Reading Comprehension
Memory	0	0	3 = Mod. Prompt (50%-74%)	WE = Written Expression
Social Interaction	4	5	Not Evaluated	SP = Speech Production
			d. extra time	SW = Spontaneous

Current Goals	Goal Met Progress (Y/N)	Notes
① OE limitation of 1-2 syllable words sketch mod @ + 80% accuracy	Y	① OE/imitation of 2 + 3 syllable words or phrases phase. 5x each mod @ + 80% accuracy
② OE of 1-3 word functional words/phrases via oral reading mod @ + 80% accuracy	Y	② OE of 5-10 word functional phrases/phrases via oral reading in dialogues + 80% accuracy
③ 80% accuracy OE of opposites given channel - tanks in mind cards	Y	③ OE of 80 words in a category concrete in use of strategies + mind @.
		④ 80% accuracy OE of 5 word sentences to look for a picture. 2x mod @ + 100% accuracy

Objective Findings/Interpretation (improvements and/or limitations, Why goals not met):
 Pt met 3/3 goals. Pt continued to make progress towards goals. Progress due to ability to use strategies + response to school. Pt continues to utilize written expression to supplement verbal output.

Patient Goals: 10 ↑ communication of needs
 Plan of Care: Continue Speech Therapy 3 times per week for 16 weeks to address above.
 Discharge Therapy Other.

Therapist: Melissa Elwood, MSW-SLP Date: 8/14/15 Additional Documentation Attached: Yes/No 3 pages in

Referring Physician: I agree with the treatment plan outlined above
 Reverse Plan of Care as follows:

Physician Signature: _____ Date: _____



Rehabilitation Institute of Chicago

e: 7/7/05

Dr. Harvey

Client Name: Baxter, Ted MRN: 1359219 DOB: 11

Current patient was: Seen for Evaluation Seen for Recheck Discharged

Therapy: Occupational Therapy Physical Therapy Speech Therapy

Location of Therapy/Department: RIC 345 East Superior RIC Arthritis RIC Pen

RIC Northshore RIC/CSSOF: RIC Hyde Park RIC Chatham

Initial Impression

Evaluation Findings Progress/Gains: Due to good response to cues + motivation.

1. Increasing ability to self monitor at word level. Increased im. factor of

2. CR words - progressed to im. factor of blends + 2 syllable words.

Deficit Findings: By words: use of some words to self cue + express word verbally.

1. Continued mod. severe Apraxia - apraxia - paraphrasias

2. 2 frequent jargon during longer utterances

Difficulty = ch sands, ch sands + specific blends in words.

Plan of care:

Continue therapy: Frequency: 3x/week Duration: 45 minutes For _____

New goals: Imitation of monosyllable blends - skr + tr - difficult +
Oral reading of 2-syllable words.

Discharge therapy

Recommendations/Referrals

Sincerely, Melissa M. Pennard, M.S.W. - ST
Therapist:

Confirmation of Medical Necessity to be completed by physician. Please sign and fax to 312-239-1212.

I agree with the above care _____

I revise plan of care as follows _____

Physician Signature: [Signature] Date: 7/11/05



Rehabilitation
Institute of
Chicago

Speech-Language Pathology
Outpatient Progress Note

Presenting Issue: 6/16/05 to 6/16/05 Number of Sessions this interval: 1
 Date of Referral: 6/16/05 Session since onset of treatment: 9

Patient Name: Baxter, Ted
 PIC Number: R2287A
 Physician: Henry Lopez
 Diagnosis: Stroke / Aphasia
 Precautions: None
 Insurance provider: SNIP

Area / Measure	Pretest Status	Current Status
Comprehension (V B)	1	2
Problem Solving	0	0
Reading	0	0
Social Interaction	4	4

Area / Measure	Pretest Status	Current Status
Reading Comprehension	1	2
Speech Production	0	0
Money Management	0	0

Area / Measure (copy)	Pretest Status	Current Status
7 = Complete (90-95%)	5 = Severe Prompt (80-90%)	2 = Mod. Prompt (25%-49%)
6 = Modified 1	4 = Min. Prompt (75%-80%)	1 = Total Assist (<25%)
a. Repeats aid	b. self cue	c. auxiliary device
d. extra time	3 = Mod. Prompt (50%-74%)	0 = Refused / Not Evaluated

Area / Measure (copy)	Pretest Status	Current Status
AC = Auditory Comprehension	OE = Oral Expression	LTG = Long Term Goal
RC = Reading Comprehension	WE = Written Expression	STG = Short Term Goal
SP = Speech Production	SM = Speech Modulation	C = Change
	SN = Spontaneity	- = No Change
		NA = Not Addressed

Current Goals	Goal Met / Progress	New Goals
① Intake CR combinations 5X each = 80% accuracy = more visual reading strategy used.	Y	DOE Limitation of 1-3 syllable words 5X each = mod @ 80% accuracy.
② OE of 1-3 word functional words/phrases Vts end reading 2 word OE accuracy.	N	② Discharge Goal #2. Y
③ Accuracy of 5-7 word phrases question Y related to concepts = mod @	Y	③ Discharge Goal Y
④ Goal OE of concepts given choice test = mod @	Y	④ Discharge Goal Y

Objective Findings/Interpretation (improvements and/or limitations, Why goals not met):
 Pt met 3 goals established under program to reach other goals set. He goal discharge 12 not at priority at this time + pt. He function is better than goal. This appears to be due to pt activation not out of setting along with good program for word. A long written expression especially as a way to strategy to read related self care.
 Patient Goals: 10 7 functions on written communication.
 Plan of Care: X Continue Speech Therapy 3 times per week for 10 weeks to address above goals.

Discharge Therapy Other: _____
 Therapist: M. L. Pineda, JSC-SP Date: 7/16/05 Additional Documentation Attached: Yes (10) AP
 Referring Physician: I agree with the treatment plan outlined above
 Reverse Plan of Care as follows: _____
 Physician Signature: _____ Date: _____



Rehabilitation
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Chicago

Speech-Language Pathology
Daily Documentation

Patient Name: Baxter Ted
RIC Number: 1359819
Date: 7/6/05

Goal #	Goal #	Goal #	Goal #	Goal #							Comments
1 CVL 5x each word	2 Automated word	3 end loading	4 AC	5 Close							
6/15/05 70% acc word	1-10 = 4/10 1/10 = 8/10 1/10 = 9/10 1/10 = 10/10	80% acc. E mix E mix	DND								
6/16/05 70% acc word	1-10 = 4/10 1/10 = 8/10 1/10 = 9/10 1/10 = 10/10	65% acc E mix E mix	DND								
6/17/05 70% acc word	1-10 = 4/10 1/10 = 8/10 1/10 = 9/10 1/10 = 10/10	73% acc E mix E mix	DND								
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6/27/05 70% acc word	1-10 = 4/10 1/10 = 8/10 1/10 = 9/10 1/10 = 10/10	75% acc E mix E mix	DND								
6/28/05 70% acc word	1-10 = 4/10 1/10 = 8/10 1/10 = 9/10 1/10 = 10/10	75% acc E mix E mix	DND								
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Signature: Melissa D. Roney
Additional Comments:

PREPARED BY HANCOCK HANCOCK

To: Robert Goodall
From: Kelly Baxter
5 pages total

Hi Robert,

Thanks for your help.

Please let me know if you have
any questions - 312-654-9949.

Regards
Kelly

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 4, 2005
Claim Number: 084-... HA

1130 MCS,PC7,I,BA,T125,058,153
TED W BAXTER
55 E ERIE ST APT 2305
CHICAGO, IL 60611-2250

000019487 03 MB 0.718



You are entitled to monthly disability benefits beginning October 2005.

The Date You Became Disabled

We found that you became disabled under our rules on April 21, 2005.

However, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is October 2005.

What We Will Pay And When

- You will receive \$4,098.00 around December 10, 2005.
- This is the money you are due for October 2005 and November 2005.
- Your next payment of \$2,133.00, which is for December 2005, will be received on or about the third Wednesday of January 2006.
- After that you will receive \$2,133.00 on or about the third Wednesday of each month.

The day we make payments on this record is based on your date of birth.

Enclosure(s):
Pub 05-10153
Pub 05-10058



084- HA

Page 3 of 4

Do You Disagree With The Decision?

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Social Security Claim". It contains more information about the appeal.

Things To Remember For The Future

Doctors and other trained staff decided that you are disabled under our rules. But, this decision must be reviewed at least once every 3 years. We will send you a letter before we start the review. Based on that review, your benefits will continue if you are still disabled, but will end if you are no longer disabled.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.



084- HA

Page 2 of 4

Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive(s) may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums. We must also round down to the nearest dollar.

Beginning Date	Benefit Amount	Reason
October 2005	\$2,049.60	Entitlement began
December 2005	\$2,133.60	Cost-of-living adjustment

Other Social Security Benefits

The benefit described in this letter is the only one you can receive from Social Security. If you think that you might qualify for another kind of Social Security benefit in the future, you will have to file another application.

Your Responsibilities

The decisions we made on your claim are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away.

We have enclosed a pamphlet, "What You Need To Know When You Get Disability Benefits". It will tell you what must be reported and how to report. Please be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.

A provider of employment or vocational rehabilitation services may contact you about getting help to go to work. The provider may be a State vocational rehabilitation agency or a provider under contract with the Social Security Administration.

If you go to work, special rules allow us to continue your cash payments and health care coverage. For more information about how work and earnings affect disability benefits, call or visit any Social Security office and ask for the following publications:

- Social Security - Working While Disabled...How We Can Help (SSA Publication No. 05-10095).
- Social Security - If You Are Blind--How We Can Help (SSA Publication No. 05-10052).

084- HA

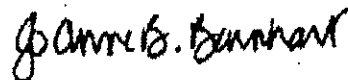
Page 4 of 4

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-312-353-8765. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
THIRD FLOOR
77 WEST JACKSON BLVD
CHICAGO, IL 60604

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.



Jo Anne B. Barnhart
Commissioner
of Social Security

Sun Life Assurance Company of Canada

Long Term Disability Claim

Section E - Attending Physician's Statement



1. Information About the Patient

To be completed by the Physician and returned to Sun Life Assurance Company of Canada. Please PRINT clearly. Return to:
 Sun Life Assurance Company of Canada
 Group LTD Claims, SC 3208
 1 Sun Life Exec. Park
 P.O. Box 81830
 Wellesley Hills, MA 02481
 Fax: (781) 304-5537

The patient is responsible for any costs associated with the completion of this form!

Name of Patient (first, middle initial, last) <i>Ted W Baxter</i>	Social Security Number <i>0181</i>	Date of Birth (m/d/y) <i>11/11</i>	
Street Address <i>55 E Erie St + 2305</i>	City <i>Chicago</i>	State <i>IL</i>	Zip Code <i>60611</i>
Employer Name <i>Citadel Investment Group - prior</i>	Group Policy Number		

2. History

A. When did symptoms first appear or accident happen? <i>4-21-05</i>	B. Date Disability Commenced
C. Has patient ever had same or similar condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, when?	
D. Is condition due to injury or sickness arising out of the patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
E. If condition is due to automobile accident, indicate state in which accident occurred <i>No</i>	
F. Names and Addresses of Other Treating Physicians (if applicable)	
G. Patient's Height <i>5'9</i>	Patient's Weight <i>168</i>

3. Diagnosis

* Include current X-Rays, EKGs, MRIs, laboratory data and any other clinical findings.

A. Diagnosis Including Any Complications and ICD9 Code(s) <i>MCA embolic CVA</i>	
B. Objective Findings* <i>Aphasia</i>	
C. Subjective Symptoms <i>Aphasia</i>	
D. If pregnancy, what is expected date of delivery?	E. If pregnancy, what was actual date of delivery?
F. Please describe any complications that would extend this disability longer than a normal pregnancy	

4. Treatment for this Condition

Include surgery, therapeutic modalities, psychological intervention and medications prescribed, if any.

A. Date of First Visit <i>6/6/05</i>	B. Date of Last Visit <i>7/21/05</i>	C. Date of Last Examination <i>9/2/05</i>
D. Frequency of Treatment <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Other If other, please specify <i>Every 3 months</i>		
E. Nature of Treatment <i>Monitor treatment, monitor therapy</i>		

8. Cardiac (if applicable)

- A. Functional Capacity (American Heart Association)
- Class 1 (No Limitation)
 - Class 2 (Slight Limitation)
 - Class 3 (Marked Limitation)
 - Class 4 (Complete Limitation)
- B. Therapeutic Class (Activity)
- No Restriction
 - Slight Restriction
 - Moderate Restriction
 - Marked Restriction
 - Complete Restriction
- C. Blood Pressure - Last Visit 110/70

9. Mental Impairment (if applicable)

- Class 1 Patient is able to function under stress and engage in interpersonal relations (no limitation)
- Class 2 Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitation)
- Class 3 Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitation)
- Class 4 Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitation)
- Class 5 Patient has significant loss of psychological, physiological, personal and social adjustments (severe limitation)

A. Do you believe this patient is competent to endorse checks and direct the use of proceeds thereof?..... Yes No

B. What is the patient's current DSM-IV-R diagnosis?

Axis I:
Axis II:
Axis III:
Axis IV:
Axis V:

10. Work Capabilities

- A. Is patient capable of working within these limitations?..... Full time Part time
- B. Is patient capable of another occupation on a full-time basis?..... Yes No
- On a part-time basis?..... Yes No

11. Prognosis

- A. How long will these limitations apply?
- Full-time work? 3 weeks or less One Month 1 - 2 Months
- 2 - 3 Months 4 - 6 Months Permanently
- Part-time work? 3 weeks or less One Month 1 - 2 Months
- 2 - 3 Months 4 - 6 Months Permanently

B. If you expect a fundamental change in limitations, please describe.

Pt. with Aphasia

5. Progress

A. Has Patient Recovered Unchanged Improved Retrogressed

B. Is Patient Ambulatory Bed Confined House Confined Hospital Confined

C. If unchanged or retrogressed, please explain

D. Has patient been hospital confined? Yes No

E. If yes, give name and address of hospital

6. Limitations

A. In a normal day, the patient may:

1. Stand/Walk None 1 - 4 hours 4 - 6 hours 6 - 10 hours

2. Sit 1 - 3 hours 3 - 5 hours 5 - 10 hours

3. Drive 1 - 3 hours 3 - 5 hours 5 - 10 hours

B. Patient may use hands for repetitive actions such as:

	Simple Grasping	Firm Grasping	Fine Manipulating
RIGHT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LEFT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

C. Patient may use feet for repetitive movement as in operating foot controls..... Yes No

D. During the day, is the patient able to:

	67 - 100%	34 - 66%	1 - 33%	0%
1. Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Twist Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Push	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pull	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Crawl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Grasp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Reach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Maximum lifting is 20 pounds

F. Can the employee work an 8 hr. day with the above restrictions?..... Yes No
If not, how many hours could they work with the above restrictions? _____

7. Physical Impairment

- Class 1 No limitation of functional capacity; capable of heavy work* No Restrictions (0 - 10%)
- Class 2 Medium manual activity* (15 - 30%)
- Class 3 Slight limitation of functional capacity; capable of light work* (35 - 55%)
- Class 4 Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity (60 - 70%)
- Class 5 Severe limitation of functional capacity; incapable of minimum (sedentary*) activity (75 - 100%)

* As defined in the U.S. Department of Labor Dictionary of Occupation Titles

12. Vocational Rehabilitation

- A. Have you reviewed the material and substantial duties of the patient's occupation? Yes No
- B. Would vocational counseling and/or vocational rehabilitation be recommended? Yes No
- C. Would job modification enable patient to work with impairment? Yes No
If yes, how?

13. Remarks

Pt with Aphasia. Great difficulty communicating, following commands etc

14. Information About the Attending Physician

Name of Attending Physician (First, Middle & Last, Dr.) CERENEE SULLIVAN, MD, SC		Degree/Specialty	
Physician's Street Address 200 S. Michigan Avenue		City	State
Physician's Email Address		Telephone Number 312-922-2500	Fax Number
Physician's Tax ID Number			

I understand that some states require Sun Life Assurance Company of Canada to notify me that any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Attending Physician's Signature* <i>[Signature]</i>	Date (m/d/y) 12/28/05
--	---------------------------------

* A stamp or signature of a person other than the examining physician is not acceptable.

Prepped by
Tara Ferguson



Sun Life Assurance
 Company of Canada
 SC 3208
 One Sun Life Executive Park
 Wellesley Hills, MA 02481-5699
 1-800-247-6875

CLAIMANT ACTIVITY QUESTIONNAIRE

Name: Ted W Baxter Control Number:

Policy :

Please check the activities you do and how often you do them. If you need help with any of these activities, please explain below. If "Never" is checked, please explain why. If these activities have changes due to your condition, please explain why in the last column.

Activity	Several Times/Day	Daily	Weekly	Monthly	Never	Description/Example
Drive					✓	Dr. Doesn't advise driving
Cook					✓	forgets how to turn off stove
Clean House					✓	too fatigued to help
Do Yard Work					✓	live in condo
Shop				✓		
Read	✓					Doesn't understand everything
Childcare					✓	Don't have children
Repair Things					✓	Confusion
Grooming		✓				with some help
Play Cards/Games					✓	doesn't understand instructions
Attend Sporting Events						we went to a bulls game - not monthly
Attend Church				✓		Sometimes too tired
Visit Relatives				✓		
Visit Friends				✓		
Talk to Neighbors			✓			But they don't understand Ted
Talk on Phone					✓	
Hobbies (name)			✓			Watching sports
Other Activities (name)					✓	
Volunteer Activities					✓	None
Pay Bills/Handle Finances					✓	Confuses numbers + can't read
Dine out/Go to Movies			✓			
Attend School/Classes					✓	Can't read, write or spell.

Additional Comments or Remarks:

Ted cant fill in this form so I am doing it for him.
 Since Im his wife, I am with him all the time
 Kelly Baxter

Activities of Daily Living

1. What do you do on a typical day? Please include things like household chores, hobbies, entertainment activities, etc. Please be as specific as possible, and give examples.
 - Read the newspaper but only comprehends some of it. Watches ESPN, showers. Helps me fold the laundry but I have to put it in the washer + dryer. He can't remember how to work them.
 - How long do these activities take? Have any of these changed because of your condition? If so, how? Newspaper takes all day to read a few sections + still doesn't understand all of what he's reading. Folding laundry takes longer because of the weakened right side.

2. Who prepares and cooks your meals? Kelly (me)
 - - - If yourself, how often and what types of food do you cook? —
 - If you do not prepare your meals, please explain why. His apraxia really interferes with the process of cooking.

3. What shopping do you do? Where do you shop and how often? Ted will sometimes go to the grocery store with me but not often + only for short periods of time.
 - If you do not do your own shopping, please explain why not. Ted doesn't know what to buy at the store. Last week I asked him to find the green beans - he couldn't read the label on the packaging + handed me snap peas, green beans + pea pods. He didn't know which ones were the beans even though they were labeled "green beans".

4. What household chores do you do? (Example: cleaning, cooking, laundry, etc.)
 - Some laundry, helps me with a few dishes but he's so tired just from trying to get some words out that he doesn't have a lot of energy.
 - If you do not do household chores or need help with them, please explain why. He doesn't know what products are used for what because he can't read the bottles + he gets confused on the cleaning process.

5. How frequently do you go out of your home? Daily for short amounts of time
 - What prevents you from leaving your house more frequently? Tires easily + can't communicate with people so he's limited on activities.

- When you go out, do you:

Walk Ride the bus _____ Drive a car _____ Other (explain) _____

- Where do you typically go? Therapy, restaurants, movies, Starbucks =

- If you need help to go out, please explain why. Ted can't speak to the level ^{for understanding} that is needed to communicate with the "regular" world so I need to help him with everything.

6. How often do you get together with family, friends, neighbors, co-workers or others? What do you do? Usually get together with family for holidays. We eat and watch tv.

- How has this changed since your condition started? Talking to neighbors, friends, etc is very difficult since Ted has global aphasia. They don't understand what he's saying + he doesn't always understand them. Many friends + family have stopped calling us.

7. Who depends on you for care? (Example: spouse, children, parents, pets, etc.) What assistance do you provide them? He walks our dog sometimes but it's only for a few minutes until the dog goes to the bathroom. He can't take care of anyone - even with the dog I tell him what to do.

- Has this changed since your condition began? If so, please explain. Yes - He did everything before - as far as financially, took himself to the Drs - was very independent - can't be independent without his speech or comprehension.

8. Do you feel that you have a problem with alcohol or drug abuse?

No

- If yes, what help or treatment have you sought for the problem? When? Where?

- If yes, what effect does it have on your ability to work?

- When did it become a problem for you?
9. How many hours a day do you spend watching television? 4 weekdays - 6 hrs or more on the weekends
- What programs do you watch? sports, news
 - How has your television viewing changed since your condition began?
Ted watches more TV since he doesn't work & can't interact with people.
10. How many hours a day do you sleep? 10+
- When do you sleep? 9 hours at night plus a nap during the day
 - Has this changed because of your condition? yes
 - If yes, please describe how it has changed.
Ted use to sleep 5-6 hours a day. Now he is always tired.
11. Has your condition affected your ability to care for your personal needs?
- If so, please describe: yes
I need to tell Ted when to get a haircut, help him with some of his personal care - he forgets to do certain grooming tasks & doesn't understand why they're important.
12. What other activities of daily living have changed since your condition began?
- Can't call phone company, cable company, bank - any phone calls that would relate to ~~be~~ finances or household bills he can't make. I need to take him to all Dr's appts, schedule all of them, do all the insurance work, he can't drive. I take him to get his haircut. He needs me to help with everything.

Prepped by
Tara Ferguson



Sun Life Assurance
Company of Canada
SC 3208
One Sun Life Executive Park
Wellesley Hills, MA 02481-5699
1-800-247-6875

January 19, 2006

Kelly S. Baxter
55 East Erie St.
Unit #2305
Chicago IL 60611

Re: Policy No. 067534-GD-Long Term Disability
Control # 230605-00981-00
Claimant: Ted Baxter

Dear Mrs. Baxter:

This is in follow up to my conversation today with you concerning Mr. Baxter's recent Social Security Disability award and the resulting offset under his Long Term Disability Policy.

Thank you for providing us with a copy of the Social Security Disability Income award letter. Based on this information we have recalculated the amount of long term disability benefits due under the above-referenced Group Policy.

Please note some important provisions as they pertain to Mr. Baxter's Policy:

Reduction in Benefits

The Employee's Long Term Disability Benefit will be reduced by the sum of all Other Income which may become available to the Employee from time to time, during the period of Disability.

Other Income includes:

- any amount of income provided for the Employee and his dependents for his same or subsequent disability under the Social Security Act. Dependent benefits are not included if the Employee is divorced and the dependent benefits are being paid directly to the divorced spouse or to the children not in custody of the Employee.

If a lump sum payment is provided to the Employee in substitution for or instead of any item of Other Income, the Employee shall be deemed to be receiving the monthly equivalent of the income to which he would have been entitled had there not been a lump sum payment, but not to exceed in total the amount of the lump sum payment.

Page 2
Ted Baxter
January 19, 2006

Benefits have been recalculated as follows:

Basic LTD Benefits:	\$15,000.00
Social Security Offset October 2005:	\$ 2,133.00
Recalculated Net Benefit:	\$12,867.00

Please see the below breakdown by month. The below calculation covers the period that we have provided long term disability benefits to you. This period covers from when you have been receiving both Long-Term Disability benefits and Social Security Disability Income at the same time. According to our records, we paid the following long-term disability benefits to you :

<u>Period Covered</u>	<u>We Paid</u>	<u>We Should Have Paid</u>
10/01/05 – 10/31/05	\$ 15,000.00	\$ 12,867.00
11/01/05 – 11/30/05	\$ 15,000.00	\$ 12,867.00
<u>12/01/05 - 12/31/05</u>	<u>\$ 15,000.00</u>	<u>\$ 12,867.00</u>
Totals	\$ 45,000.00	\$ 38,601.00

Total Paid = \$ 45,000.00

Total Should Have Paid = \$38,601.00

Overpayment = \$6,399.00

As discussed today, you have agreed to allow us to take the overpayment amount from the current monthly benefit due for January 2006 in the amount of \$6,399.00, leaving the remaining net benefit for the month in the amount of \$6,468.00.

Mr. Baxter will begin receiving the new monthly benefit of \$12,867.00 in February 2006. If you should have any further questions, please contact me directly at 1-877-260-9778 x7107.

Sincerely,

Robert Goodall
Claim Consultant
Group Long Term Disability
SC 3208

NO.: 298575L-01

CT#: 03162428

PO BOX 494

TEAM: 4501

OHANA HE 68101-0494

ENSI
(888)296-1891

RECORDS REQUEST

PLEASE RETURN THIS FORM
WITH COPIES OF RECORDS

NAME: TED BAXTER

DATE: 1/09/2006

ADDRESS: IL

CO. NAME: SUN LIFE FINANCIAL

D.O.B.: 11

ACCT. NO.: 5766

CASE NO.: 230605-00981

-00

S.S. NO.: 084-50-3725

FACILITY: MICHIGAN AVE INTERNISTS
ADDRESS: 200 S MICHIGAN AVE STE#830
CHICAGO, IL 60604

REQUESTER: RGOODALL

PHONE NO: 312/922-3815

FAX NO: 312/922-7449

DESK: 4 TEAM: 4501

U/W TEAM: HH

*****PLEASE RETURN THIS COVERSHEET WITH RECORDS*****

* SPECIAL INSTRUCTIONS:

ALL TREATMENT NOTES, CONSULTS AND TEST R
ESULTS FROM JULY 2005-CURRENT.

These documents may contain confidential health information that is privileged and legally protected from disclosure by federal law including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in this correspondence is strictly prohibited. If you have received this information in error, please notify the sender immediately and destroy these documents.

NAME Mr. Ted Baxter
ADDRESS 174 W/Shoes

DATE 11-10-05

Still improving, pt does not think foot was
Gait is out of sync. Complaining little and
more spontaneous Laugh Gase

Meds
none 110/65 124/60
+ none Exam Smb

Sp C1-V1 residual aphasia
Some Vascular
Sp embolic event
Sp chronic MED
IUC Filt.
Gen

John A. [unclear]

IV 2 + milk
D

NAME Ted Baxter

ADDRESS

DATE 6/6/05

41

4/21/05 while sitting in wife hotel while on case

Appt. Taken to Swenson 9A + 52, 1 case

PHH

Eventually seen by M. Tase, long cr. mea

M. Tase + B. W. H. + T. B. S. L.

Various visits

Various case, Crime completed by OVS ->

S/P TUC RITM

file shut out of committee due to hemorrhage

P. S. H.

transformation possible.

4

M. V. N. H. M.

110/02 M60

Identical

Print clear

med spec

by clear

c. m. j. y.

M. V. S. J.

2-10-02

Med

Lipid profile

ASA

if you want to see...
M. V. S. J., left...
M. V. S. J.

Name Ted Baxter 11- Date 6/7/05
Pharmacy & Number 847-256-0881 Doctor TS
RX Amoxicillin 500mg #4 RF PMW

Take #4 2 hours

Per. Dr. Wayne Dentist

201-394-5385

initials SK @ 3:05pm 6/7/05

6/8/05 mailed letter for insurance company to pt. — A. King

Name Ted Baxter 11-17-63 Date 6/21/05
Pharmacy & Number 847-256-2908 Doctor TS
RX Amoxicillin 500mg RF (12)
#4

Per. Dr. Wayne Dentist

201-394-5385 Kelly

initials SK @ 10:35am 6/21/05

NAME

Teed Baxter

ADDRESS

DATE

7/7/65

TD (long ASD) closure next week and concerned
 about "hump" (C) side of neck. not sure how
 long it has been there. (F)(L) (L)
 & can ache. Recent teeth clean & ? problem (R) side

Exam My body

Thyroid glands in

Throat area

neck lymph

Several shirts (C) and down inside L14
no bands

Up Adenomyoma - left breast

✓ L14, L11

no. 12 found

or to proceed ASD down glab 1 on

DS



Quest on Demand™

PATIENT INFORMATION
BAXTER, TED

REPORT STATUS **Final**

QUEST DIAGNOSTICS INCORPORATED

DOB: 11 Age: 41
GENDER: M

ORDERING PHYSICIAN
SULLIVAN, TERENCE

SPECIMEN INFORMATION
SPECIMEN: WX203317K
REQUISITION: 0001994
LAB REF NO: CC0912

ID: BAXTE000

CLIENT INFORMATION
22440685
TERENCE P. SULLIVAN, MD
200 S MICHIGAN AVE STE 830
CHICAGO, IL 60604-2402

COLLECTED: 09/12/2005 15:05
RECEIVED: 09/12/2005 21:39
REPORTED: 09/13/2005 00:20

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				
TRIGLYCERIDES	80		<150 MG/DL	CB
CHOLESTEROL, TOTAL	125		<200 MG/DL	CB
HDL CHOLESTEROL	62		> OR = 40 MG/DL	CB
LDL-CHOLESTEROL	47		<130 MG/DL (CALC)	CB
CHOL/HDLRATIO	2.0		<5.0 (CALC)	CB
COMPREHENSIVE METABOLIC PANEL				CB
GLUCOSE	97		65-99 MG/DL	
			FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	18		7-25 MG/DL	
CREATININE	1.2		0.5-1.4 MG/DL	
BUN/CREATININE RATIO	15		6-25 (CALC)	
SODIUM	140		135-146 MMOL/L	
POTASSIUM	4.3		3.5-5.3 MMOL/L	
CHLORIDE	104		98-110 MMOL/L	
CARBON DIOXIDE	26		21-33 MMOL/L	
CALCIUM	9.4		8.5-10.4 MG/DL	
PROTEIN, TOTAL	7.2		6.0-8.3 G/DL	
ALBUMIN	4.3		3.5-4.9 G/DL	
GLOBULIN	2.9		2.2-4.2 G/DL (CALC)	
ALBUMIN/GLOBULIN RATIO	1.5		0.8-2.0 (CALC)	
BILIRUBIN, TOTAL	0.6		0.2-1.5 MG/DL	
ALKALINE PHOSPHATASE	48		20-125 U/L	
AST	20		2-50 U/L	
ALT	20		2-60 U/L	

*9/13/05
4:12 PM*

Performing Laboratory Information:

CB QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE IL 60191 Laboratory Director: ANTHONY V. THOMAS, M.D.

tz

BAXTER, TED - WX203317K

Page 1 - End of Report

06/23/2005
00:49

NORTHWESTERN MEMORIAL HOSPITAL
PATHOLOGY LABORATORIES
CHICAGO, ILLINOIS 60611

EPISODE REPORT
PAGE: 1

NAME: BAXTER, TED (M41Y)
MRN : 102324522
ACCT: 75426361
SSN : 084-

LOC: DIAGNOSTIC TESTING CENTER

DR: SULLIVAN, TERENCE P. (1557)
200 S. MICHIGAN, 805
CHICAGO, IL
606040000

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

ANA-8 PROFILE
ANTI-DNA ANTIBODY
Sm QUANTITATIVE

NEGATIVE [NEG]
[<20] UNITS

3

REFERENCE RANGE:
<20 UNITS = NEGATIVE
20-39 UNITS = WEAK POSITIVE
40-80 UNITS = MODERATE POSITIVE
>80 UNITS = STRONG POSITIVE
[<20] UNITS

RNP/Sm QUANTITATIVE

3

REFERENCE RANGE:
<20 UNITS = NEGATIVE
20-39 UNITS = WEAK POSITIVE
40-80 UNITS = MODERATE POSITIVE
>80 UNITS = STRONG POSITIVE
[<20] UNITS

SSA(Ro) QUANTITATIVE

4

REFERENCE RANGE:
<20 UNITS = NEGATIVE
20-39 UNITS = WEAK POSITIVE
40-80 UNITS = MODERATE POSITIVE
>80 UNITS = STRONG POSITIVE
[<20] UNITS

SSB(La) QUANTITATIVE

2

REFERENCE RANGE:
<20 UNITS = NEGATIVE
20-39 UNITS = WEAK POSITIVE
40-80 UNITS = MODERATE POSITIVE
>80 UNITS = STRONG POSITIVE
[<1.0] UNITS

HISTONE SEMI-QUANTITATIVE

0.5

REFERENCE RANGE:
<1.0 UNITS = NEGATIVE
1.0-1.5 UNITS = WEAK POSITIVE
1.5-2.5 UNITS = MODERATE
POSITIVE
>2.5 UNITS = STRONG POSITIVE

Asterisk (*) = OUT OF NORMAL RANGE.

BAXTER, TED

CONTINUED

PAGE: 1

06/23/2005
00:49

NORTHWESTERN MEMORIAL HOSPITAL
PATHOLOGY LABORATORIES
CHICAGO, ILLINOIS 60611

EPISODE REPORT
PAGE: 2

NAME: BAXTER, TED (M41Y)
MRN : 102324522
ACCT: 75426361
SSN : 084

LOC: DIAGNOSTIC TESTING CENTER

DR: SULLIVAN, TERENCE P. (1557)
200 S. MICHIGAN, 805
CHICAGO, IL
606040000

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

ANA-8 PROFILE

Sc1-70 QUANTITATIVE

(CONTINUED)

[<20]

UNITS

5

REFERENCE RANGE:

<20 UNITS = NEGATIVE
20-39 UNITS = WEAK POSITIVE
40-80 UNITS = MODERATE POSITIVE
>80 UNITS = STRONG POSITIVE

[<20]

UNITS

Jo-1 QUANTITATIVE

4

REFERENCE RANGE:

<20 UNITS = NEGATIVE
20-39 UNITS = WEAK POSITIVE
40-80 UNITS = MODERATE POSITIVE
>80 UNITS = STRONG POSITIVE

Asterisk (*) = OUT OF NORMAL RANGE.

BAXTER, TED

END OF REPORT

PAGE: 2

06/22/2005
00:49

NORTHWESTERN MEMORIAL HOSPITAL
PATHOLOGY LABORATORIES
CHICAGO, ILLINOIS 60611

EPISODE REPORT
PAGE: 1

NAME: BAXTER, TED (M41Y)
MRN : 102324522
ACCT: 75426361
SSN : 084-

LOC: DIAGNOSTIC TESTING CENTER

DR: SULLIVAN, TERENCE P. (1557)
200 S. MICHIGAN, 805
CHICAGO, IL
606040000

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

FACTOR V LEIDEN

Negative for the Factor V Leiden mutation.

ASSAY DESCRIPTION: After DNA isolation, the DNA is hybridized with probes specific for both the normal and abnormal Factor V (bp 1691) gene. When these probes bind to the appropriate DNA sequence the probe is digested and a fluorescent molecule is released. The fluorescence is read using a scanner to determine the presence of normal and abnormal genes.

This test was developed and its performance characteristics determined by the Northwestern Memorial Hospital Pathology Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration. Since reagents and or equipment that are not FDA approved are utilized for this testing, these results should only be used adjunctively for patient management.

Asterisk (*) = OUT OF NORMAL RANGE.

BAXTER, TED

END OF REPORT

PAGE: 1

06/21/2005
00:49

NORTHWESTERN MEMORIAL HOSPITAL
PATHOLOGY LABORATORIES
CHICAGO, ILLINOIS 60611

EPISODE REPORT
PAGE: 1

NAME: BAXTER, TED (M41Y)
MRN : 102324522
ACCT: 75426361
SSN : 084-

LOC: DIAGNOSTIC TESTING CENTER

DR: SULLIVAN, TERENCE P. (1557)
200 S. MICHIGAN, 805
CHICAGO, IL
606040000

ODTC

M29716 COLL: 06/20/2005 09:18 REC: 06/20/2005 09:31 PHYS: BURKE, ALLAN M.

C-REACTIVE PROTEIN

<0.5

[<0.8]

MG/DL

HOMOCYSTEINE

8.20

[4.5-12.5]

UMOL/L

Asterisk (*) = OUT OF NORMAL RANGE.

BAXTER, TED

END OF REPORT

PAGE: 1



QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.323.5917

SPECIMEN INFORMATION
SPECIMEN: WX918614H
REQUISITION: 8908132

COLLECTED: 07/07/2005
RECEIVED: 07/07/2005 20:17 CT
REPORTED: 07/08/2005 02:44 CT

PATIENT INFORMATION
BAXTER, TED

DOB: 11 AGE: 41
GENDER: M FASTING: U
SSN:
ID:
PHONE:

REPORT STATUS FINAL REPRINT

ORDERING PHYSICIAN
SULLIVAN, TERENCE

CLIENT INFORMATION
C22440685 2300000
TERENCE P. SULLIVAN, MD
200 S MICHIGAN AVE STE 830
CHICAGO, IL 60604-2402

Test Name	In Range	Out of Range	Reference Range	Lab
LD		75 L	100-250 U/L VERIFIED BY REPEAT ANALYSIS	CB
COMPREHENSIVE METABOLIC PANEL				CB
GLUCOSE	76		65-99 MG/DL FASTING REFERENCE INTERVAL	
UREA NITROGEN (BUN)	13		7-25 MG/DL	
CREATININE	1.2		0.5-1.4 MG/DL	
BUN/CREATININE RATIO	11		6-25 (CALC)	
SODIUM	140		135-146 MMOL/L	
POTASSIUM	3.7		3.5-5.3 MMOL/L	
CHLORIDE	105		98-110 MMOL/L	
CARBON DIOXIDE	24		21-33 MMOL/L	
CALCIUM	9.4		8.5-10.4 MG/DL	
PROTEIN, TOTAL	7.1		6.0-8.3 G/DL	
ALBUMIN	4.3		3.5-4.9 G/DL	
GLOBULIN	2.8		2.2-4.2 G/DL (CALC)	
ALBUMIN/GLOBULIN RATIO	1.5		0.8-2.0 (CALC)	
BILIRUBIN, TOTAL	0.6		0.2-1.5 MG/DL	
ALKALINE PHOSPHATASE	46		20-125 U/L	
AST	28		2-50 U/L	
ALT	32		2-60 U/L	
CBC (INCLUDES DIFF/PLT)				CB
WHITE BLOOD CELL COUNT	6.5		3.8-10.8 THOUS/MCL	
RED BLOOD CELL COUNT	4.47		4.20-5.80 MILL/MCL	
HEMOGLOBIN	13.9		13.2-17.1 G/DL	
HEMATOCRIT	40.3		38.5-50.0 %	
MCV	90.0		80.0-100.0 FL	
MCH	31.0		27.0-33.0 PG	
MCHC	34.5		32.0-36.0 G/DL	
RDW	13.8		11.0-15.0 %	
PLATELET COUNT	172		140-400 THOUS/MCL	
ABSOLUTE NEUTROPHILS	2964		1500-7000 CELLS/MCL	
ABSOLUTE LYMPHOCYTES	2516		850-3000 CELLS/MCL	

BAXTER, TED - WX918614H

Page 1 - Continued on Page 2

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18-FRS
07/08/05 01:26 8921442 11/13

SUN BAXTER 000558



**Quest
Diagnostics**

QUEST DIAGNOSTICS INCORPORATED

REPORTED: 07/08/2005 02:44 CT

**PATIENT INFORMATION
BAXTER, TED**

**DOB: 11/ AGE: 41
GENDER: M FASTING: U**

REPORT STATUS FINAL REPRINT

**ORDERING PHYSICIAN
SULLIVAN, TERENCE**

Test Name	In Range	Out of Range	Reference Range	Lab
HARD COPY TO FOLLOW				
ABSOLUTE MONOCYTES	787		200-950 CELLS/MCL	
ABSOLUTE EOSINOPHILS	195		15-500 CELLS/MCL	
ABSOLUTE BASOPHILS	39		0-200 CELLS/MCL	
NEUTROPHILS	45.6		%	
LYMPHOCYTES	38.7		%	
MONOCYTES	12.1		%	
EOSINOPHILS	3.0		%	
BASOPHILS	0.6		%	

PERFORMING LABORATORY INFORMATION

**CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191
Laboratory Director: ANTHONY U. THOMAS, M.D., CLIA: 14B0417052**

BAXTER, TED - WX910614H

Page 2 - End of Report

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QUEST
07/08/05 00:26 #32142 12/13

SUN BAXTER 000559

Prepped by
Tara Ferguson



Sun Life Assurance
Company of Canada
SC 3208
One Sun Life Executive Park
Wellesley Hills, MA 02481-5699

1-800-247-6875

October 9, 2006

Kelly S. Baxter
55 East Erie St.
Unit #2305
Chicago IL 60611

Re: Policy No. 067534-GD-Long Term Disability
Control # 230605-00981-00
Claimant: Ted Baxter

Dear Mrs. Baxter:

This is in follow up to our recent conversation concerning Mr. Baxter's continuing claim of Total Disability under the above referenced Long Term Disability Contract.

In order to initiate our evaluation of his continuing claim of Total Disability, we are requesting that you and Mr. Baxter's physician complete the enclosed forms.

Please complete and return the enclosed Disability Information Update, Supplemental Information Questionnaire, Claimant Activity Questionnaire and Authorization forms on behalf of Mr. Baxter. The Attending Physician's Statement form should be forwarded to his current attending physician to complete and return to our office.

For your convenience, a self addressed stamped envelope is enclosed. Should you have any questions regarding this matter, please feel free to call me at 1-877-260-9778, extension 7107.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Goodall".

Robert Goodall
Claim Consultant
Group Long Term Disability
SC 3208

Enclosure

(If an APS was ordered please scroll down to attach authorization)

Applicant Information

Last Name: BAXTER
First Name: TED
Middle Initial:
Street Address: 55 EAST ERIE ST,
City: CHICAGO
State: IL
Zip Code: 60611
SSN: 084
DOB: 1
Work Number: () - ext:
Home Number: () -

Policy Information

Policy Number: 230605-00981-00
Policy Amount:
Additional Information:
Team ID:
UW/Clerk:

Service Ordered

Attending Physician Statement

SUCCESS

Facility/Physician Name: MICHIGAN AVENUE INTERNIST
1880993
Phone Number: (312) 922 - 3815 ext:
Address: 200 SOUTH MICHIGAN AVE.,
Address Line 2:
City: CHICAGO
State: IL
Zip Code: 60604
Account Number: 1300012138001
Agent Name:
Agent ID:
Agent Phone Number:

Special Instructions: ALL TREATMENT NOTES, LAB/TEST RESULTS FOR THE PERIOD OF 1/06-CURRENT DATE.

Attach Scanned Authorization (Optional)

Additional Insured New Order Additional APS

Exit WebEdi



SECURE

(If an APS was ordered please scroll down to attach authorization)

Applicant Information

Last Name: BAXTER
First Name: TED
Middle Initial:
Street Address: 55 EAST ERIE ST,
City: CHICAGO
State: IL
Zip Code: 60611
SSN:
DOB:
Work Number: () - ext:
Home Number: () -

Policy Information

Policy Number: 230605-00981-00
Policy Amount:
Additional Information:
Team ID:
UW/Clerk:

Service Ordered

Attending Physician Statement SUCCESS

Facility/Physician Name: NORTHWESTERN NEUROLOGY AS
2116210
Phone Number: (312) 944 - 0063 ext:
Address: 150 EAST HURON STE 803
Address Line 2:
City: CHICAGO
State: IL
Zip Code: 60611
Account Number: 1300012138001
Agent Name:
Agent ID:
Agent Phone Number:

Special Instructions: REQUEST ALL TREATMENT NOTES, TEST/LAB RESULTS AND CONSULTATIONS FOR THE PERIOD OF AUGUST 2005-CURRENT DATE.

Attach Scanned Authorization (Optional)

Additional Insured

New Order

Additional APS

Exit WebEdi

(If an APS was ordered please scroll down to attach authorization)

Applicant Information

Last Name: BAXTER
First Name: TED
Middle Initial:
Street Address: 55 EAST ERIE ST,
City: CHICAGO
State: IL
Zip Code: 60611
SSN: 084
DOB:
Work Number: () - ext:
Home Number: () -

Policy Information

Policy Number: 230605-00981-00
Policy Amount:
Additional Information:
Team ID:
UW/Clerk:

Service Ordered

Attending Physician Statement SUCCESS

Facility/Physician Name: REHABILITATION INSTITUTE
1792972
Phone Number: (312) 238 - 1668 ext:
Address: 345 E SUPERIOR RM 1682
Address Line 2:
City: CHICAGO
State: IL
Zip Code: 60611
Account Number: 1300012138001
Agent Name:
Agent ID:
Agent Phone Number:

Special Instructions: ALL TREATMENT NOTES, LAB/TEST RESULTS AND DISCHARGE SUMMARY FOR THE PERIOD OF 2/06 THROUGH THE CURRENT DATE.

Attach Scanned Authorization (Optional)

Additional Insured New Order Additional APS

Exit WebEdi

(If an APS was ordered please scroll down to attach authorization)

Applicant Information

Last Name: BAXTER
First Name: TED
Middle Initial:
Street Address: 55 EAST ERIE ST,
City: CHICAGO
State: IL
Zip Code: 60611
SSN: 084
DOB:
Work Number: () - ext:
Home Number: () -

Policy Information

Policy Number: 230605-00981-00
Policy Amount:
Additional Information:
Team ID:
UW/Clerk:

Service Ordered

Attending Physician Statement

SUCCESS

Facility/Physician Name: SULLIVAN MD T
1984436
Phone Number: (312) 922 - 2500 ext:
Address: 200 S MICHIGAN AVE STE 83
Address Line 2:
City: CHICAGO
State: IL
Zip Code: 60604
Account Number: 1300012138001
Agent Name:
Agent ID:
Agent Phone Number:

Special Instructions: REQUEST ALL TREATMENT NOTES, TES/LAB RESULTS FOR 8/05-CURRENT DATE.

Attach Scanned Authorization (Optional)

Additional Insured New Order Additional APS

Exit WebEdi

(If an APS was ordered please scroll down to attach authorization)

Applicant Information

Last Name: BAXTER
First Name: TED
Middle Initial:
Street Address: 55 EAST ERIE ST, #2305
City: CHICAGO
State: IL
Zip Code: 60611
SSN: 340
DOB:
Work Number: (6) - ext:
Home Number: () -

Policy Information

Policy Number: 230605-00981-00
Policy Amount:
Additional Information:
Team ID:
UW/Clerk: OGOODALL

Service Ordered

Attending Physician Statement SUCCESS

Facility/Physician Name: TABER MD J
2470381
Phone Number: (847) 570 - 2570 ext:
Address: 2650 RIDGE AVE BURCH BUIL
Address Line 2:
City: EVANSTON
State: IL
Zip Code: 60201
Account Number: 1300012138001
Agent Name:
Agent ID:
Agent Phone Number:

Special Instructions: ALL TREATMENT NOTES, LAB/TEST RESULTS AND CONSULTATIONS FOR THE PERIOD OF 11/05-CURRENT DATE.

Attach Scanned Authorization (Optional)

Additional Insured New Order Additional APS

Exit WebEdi



CASE# N531577-01
TEAM# 4501
DESK# 6
DATE 10/10/2006

RECORDS REQUEST

RETURN FAX#: (800)723-8564

**INSURANCE
BENEFITS
PENDING**

NAME: TED BAXTER
SSN: 084-50-3125
DOB: 11
STATE: IL

COMPANY: SUN LIFE FINANCIAL
ACCT#: 005766
POLICY#: 230605-00981
-00

FACILITY: REHABILITATION INSTITUTE OF CHICAGO
ADDRESS: 345 E SUPERIOR ST RM 1682
CITY/ST: CHICAGO, IL 60611
PH#: (312)238-1668

REQUESTER:
U/W TEAM:

SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH RECORDS
ALL TREATMENT NOTES, LAB/TEST RESULTS AND DISCHARGE SUMMARY FOR THE PERIOD OF 2/
06 THROUGH THE CURRENT DATE.

****PLEASE RETURN THIS COVERSHEET WITH RECORDS****

RETURN TO: P.O. Box 494
TEAM: 4501

Omaha NE 68101-0494
PHONE: (888)296-1891

These documents may contain confidential health information that is privileged and legally protected from disclosure by federal law including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in this correspondence is strictly prohibited. If you have received this information in error, please notify the sender immediately and destroy these documents.

Rehabilitation Institute of Chicago Superior Street Outpatient 345 East Superior Chicago, IL 60611 (312) 238-1000	Name:	BAXTER, TED
	RIC MR #	M001359819
Recheck Report Number: 0814-0182	Account#:	V00016192723
	DOB	11/ Sex M
	Dictating Provider:	RICHARD L HARVEY MD

DATE OF SERVICE: 08/14/2006

REASON FOR VISIT:
Followup recheck.

HISTORY OF PRESENT ILLNESS:

Mr. Baxter is a 42-year-old gentleman, who had a paradoxical emboli resulting in a left middle cerebral artery stroke. Mr. Baxter was an inpatient at the Rehabilitation Institute of Chicago between April 29 and May 27, 2005. Since then, he has gone to the University of Michigan Aphasia Group for intensive speech therapy. Also, he has received day rehabilitation, occupational therapy, physical therapy and speech therapy. On February 15, 2006, he had a seizure. Since then he has been on anti-seizure medications and has been doing well.

He presents today to ask whether or not he can be cleared for driving.

CURRENT FUNCTIONAL STATUS:

Independent with all self care and mobility needs.

CURRENT MEDICATIONS:

Lipitor 10 mg daily, aspirin 325 mg daily, Aricept 10 mg daily, Keppra 500 mg daily and tapering, and Lamictal (dosage unknown).

PHYSICAL EXAMINATION:

The patient weighs 168 pounds. Blood pressure 105/69, respirations 18, heart rate 59. In general, he is in no apparent distress. Cardiac examination was not performed. Pulmonary: Nonlabored breathing. Musculoskeletal: No clubbing, cyanosis or edema. The patient has full active and passive range of motion at shoulders, elbows, wrists, hips and ankles bilaterally. Neurologic: All visual fields intact. Reaction time intact. Decreased rapid alternating movements in the right fingers. Otherwise, all other limbs have intact rapid alternating movements. Comprehension intact. Some mild decreased fluency. Difficulty with repetition.

ASSESSMENT/PLAN:

Mr. Baxter is a 42-year-old gentleman with a history of a left middle cerebral artery stroke with residual aphasia.

From a physical and cognitive standpoint, he will be cleared for driving. However, we will defer to his neurologist Dr. J. Taber to clear him from a seizure standpoint.

He should follow up with Dr. Richard L. Harvey on an as-needed basis.

cc: Dr. Terrence Sullivan, Internal Medicine

TED BAXTER
MR# M001359819

0814-0182

Page 1 of 2

SUN BAXTER 000570

Dr. Jesse. Taber, Department of Neurology, Evanston Northwestern

Dictated not read by: Dr. Joan Le

Reviewed and edited by: Dr. Richard Harvey

JL/Bdio

D: 08/14/2006 12:46 T: 08/14/2006 13:00 J: 354805

TEACHING PHYSICIAN ADDENDUM:

-
- I saw and examined the patient with the resident.
 - I saw this patient separately from the resident. I discussed this patient with the resident.
 - I agree with the resident's findings and plan of care.
 - I have revised the resident's findings and plan of care as documented in my note.
 - Please see my separate note for key elements of this visit.
 - Please see my note below for key elements of this visit.
-

This patient has left MCA stroke and seizure disorder. His most significant residual deficit is a Broca aphasia with severe conduction defects. His motor recovery has been impressive. He is interested in driving a car. On examination he demonstrates good reaction time, adequate strength bilaterally, good RAMS in right upper and lower limb. His visual fields are intact and he does not have extinction to DSS. I can confidently clear him to drive from a functional standpoint in that I believe he can operate a motor vehicle physically, observe the rules of the road and react appropriately for safety. No formal drivers evaluation is required. I will defer to Dr. Taber, his neurologist, regarding safety to drive from the standpoint of seizure risk. Mr. Baxter has not had a seizure in over 6 months. The patient can return on my OP clinic as needed.

<Electronically signed by RICHARD L HARVEY MD>	08/15/06
Providing Clinician	Date

Prepped By: Christina

- Personal and Confidential.

- Raised Seal Present on:

- Referenced enclosure was not found.

- This document was manually split.
Index to circled acct.
- This document was received damaged.
- Death Certificate is an original
- Please split clone.
- This document received with prepaid envelope:

UPS FEDEX DHL PO

Notes:

Adjustments <ul style="list-style-type: none">○ Manual Check Request/CHES○ Manual Check request/Non-CHES○ Rehab Earnings○ Social Security○ SS Award○ SS Reimbursement○ Unassigned○ WCB (Workman's Comp)○ Unassigned	Medical Docs <ul style="list-style-type: none">○ Clinical notes○ FCE (Functional Capacity Evaluation)○ IME (Independent Medical Evaluation)○ Other Medical○ Medical Bills○ Unassigned
General Docs <ul style="list-style-type: none">○ Authorization○ Change of Address○ EFT Forms○ Job Description○ Notice of Return to Work○ Proof of Age○ Request for Name Change○ Unassigned (Personal Profiles, etc)	Rehab Docs <ul style="list-style-type: none">○ External vendor Correspondence○ Rehab Bills○ Rehab Correspondence○ Rehab FCE○ Rehab third Party Document○ Unassigned○ Rehab Visit Report○ Unassigned
General Docs File Owner <ul style="list-style-type: none">○ Complaints○ Correspondence○ Notice of Death○ Unassigned	Calculation Worksheet <ul style="list-style-type: none">○ Generic Calculation Worksheet○ Rehab Worksheet○ SS Worksheet○ Unassigned
Investigation Docs <ul style="list-style-type: none">○ Activities Check/Bill○ Surveillance/Bill○ Surveillance Request○ Unassigned	New Claim Docs <ul style="list-style-type: none">○ Attending Physician Statement○ Complete Claim Package○ Employee Statement○ Employer Statement○ Notice of Claim○ Other New Claim Documents○ Partial claim Package○ Sun Advisor○ Transitional Claim Package
Legal Docs File Owner <ul style="list-style-type: none">○ Court Order (includes Child Support)○ Demand○ Full and Final Release○ Legal Appeal○ Power of Attorney (POA)○ Subrogation○ Unassigned	