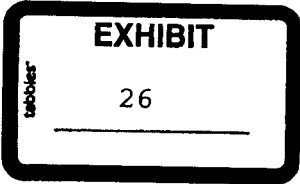


AVERY, STEVEN  
07/09/1982 43Y M  
ATT: Vogel-Schwartz, Laura  
PCP:  
REG: 11/09/05 ED

M: 12149  
F: 10139479

Adm Date <b>11-9-05</b>	ED Rm#: <b>1300</b>	<input type="checkbox"/> ED <input type="checkbox"/> UC <input type="checkbox"/> Worker's Comp	Transport <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> W/C <input type="checkbox"/> Stretcher <input type="checkbox"/> Carried	Treatment Prior <input checked="" type="checkbox"/> None <input type="checkbox"/> See run sheet <input type="checkbox"/> Yes (what) Acuity 1 2 3 4 5 6	Phone # <b>PLMD</b> Or Call Dr.
Allergies <input type="checkbox"/> Latex <input type="checkbox"/> Environmental <b>NKA</b>		Immunizations Childhood _____ Tetanus _____	Advance Directives <input type="checkbox"/> Yes <input type="checkbox"/> No		Records <input type="checkbox"/> ABG's on <input type="checkbox"/> Acute Chest Pain Panel <input type="checkbox"/> Basic Metabolic Panel (BMP) <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> BNP <input type="checkbox"/> CBC <input type="checkbox"/> Comprehensive Metabolic Panel (CMP) <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> Quart Serum HCG <input type="checkbox"/> RST <input type="checkbox"/> Monoclonal <input type="checkbox"/> Stool C&S <input type="checkbox"/> O&P <input type="checkbox"/> UA <input type="checkbox"/> C&S <input type="checkbox"/> Urine HCG <input type="checkbox"/> T & S <input type="checkbox"/> T & C <input type="checkbox"/> EKG <input type="checkbox"/> Accu v
Weight	Height	VA R L	wicor. O.U.	GCS Score	Initial Nursing Assessment - See back for codes EENT Neuro CardVas Resp GI Nutr GU Integ MusSkel NeuVas PsySoc DomVio LMP Preg Hx G F
Temp (O) (R)	Pulse	Resp	BP	O <sub>2</sub> on	Pain Level
<b>PMH:</b> <input type="checkbox"/> COPD <input type="checkbox"/> CHF <input type="checkbox"/> DM <input type="checkbox"/> CAD <input type="checkbox"/> HTN <input type="checkbox"/> Asthma <input type="checkbox"/> Smoker <input type="checkbox"/> ETOH <b>Chief Complaint:</b> <i>Torso Pain</i> <i>She accompanied by police for evaluation (who remains in the room throughout the exam) as stated in the attached search warrant for documentation of wounds including but not limited to scratches, bruises, &amp; bite marks and to obtain DNA Swabs. Exam was changed into a just set of clean scrubs prior to the exam. ERND present in room for history and exam. Body examined. See attached body diagram, buccal swabs obtained for DNA and released to Sgt. Bill Lyon, Calumet County Sheriff's Dept. by Dr. Gutschall RN.</i> <b>Headaches</b>					
<b>Physician Notes:</b> MD Time _____ <b>Medications:</b> See list <input type="checkbox"/> See flow sheet <b>Medication/Treatment:</b> _____ <b>Route &amp; Site:</b> _____ <b>Time:</b> _____ <b>Initials:</b> _____ <b>Response:</b> _____					
<b>Learning Needs Assessment:</b> Scoring scale: P=Poor A=Average G=Good Verbal comprehension: <b>A</b> pr SO Written comprehension: <b>A</b> pr SO Understanding of own needs: <b>A</b> pr SO <b>Learning Barriers:</b> (if barrier present, circle and note intervention(s)) Physical: _____ Culture / Religion: _____ Emotional / Distractions: _____ Reading: _____ Cognitive: _____ Financial: _____ Language: _____ Hearing / Vision: _____ Age issues: _____ Motivation: _____					
<b>Outcomes (1-5 see back):</b> <input checked="" type="checkbox"/> Verbalized understanding <input type="checkbox"/> Return demonstration <input type="checkbox"/> Other teaching method: _____ <b>Diagnosis:</b> <b>Evidence Collection</b>					
<b>Condition:</b> <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Critical <input type="checkbox"/> Expired at: _____ <b>Disposition:</b> <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> AMA <input type="checkbox"/> LWBS <input type="checkbox"/> Admit to: _____ <input type="checkbox"/> Care of deceased <b>Method:</b> <input checked="" type="checkbox"/> Walk <input type="checkbox"/> W/C <input type="checkbox"/> Carried <input type="checkbox"/> Cart <b>Personal Belongings:</b> (if admitted) <input type="checkbox"/> None <input type="checkbox"/> Cano Walker WC <input type="checkbox"/> Contacts Glasses <input type="checkbox"/> Dentures U L F <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Jewelry / Watch <input type="checkbox"/> Meds <input type="checkbox"/> Wallet / Purse <input type="checkbox"/> Prosthesis <b>Belongings sent with:</b> _____ <b>Discharge Instructions:</b> _____					
<b>Disch. Date:</b> 11/9/05 <b>Disch. Time:</b> 1400 <b>Accompanied by:</b> _____ <b>Report given to:</b> _____ <b>Physician's Signature:</b> _____ <input type="checkbox"/> Dictated					





AVERY, STEVEN

07/09/1962 43Y M

ATT: Vogel-Schwartz, Laura

PCP:

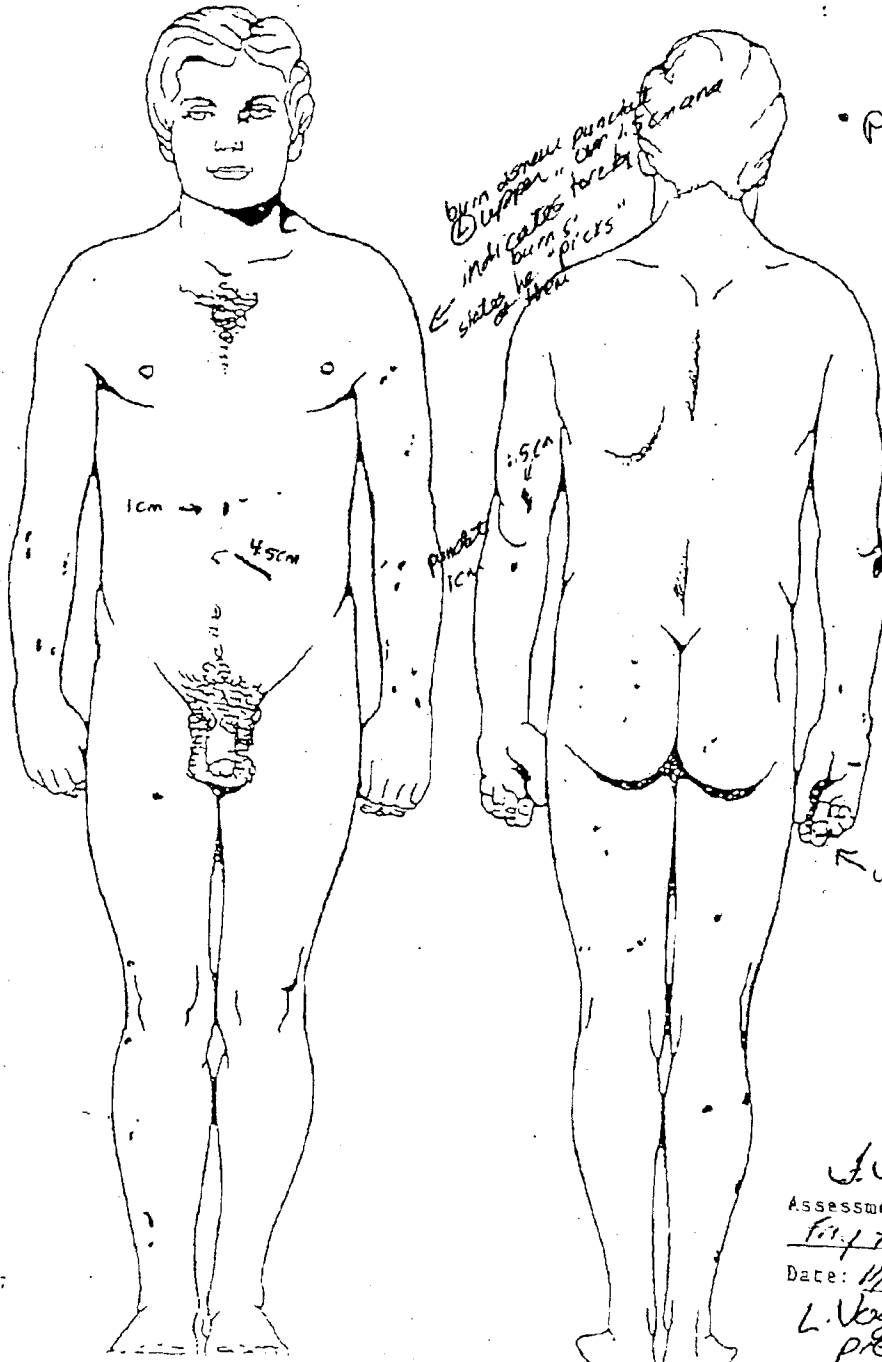
REG: 11/09/05 ED

M: 12149

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ADDENDUM H

BODY GRAMS DOCUMENTATION FORM



burn around duct  
blister on 1st femoral  
indicates burn's  
sites he "picks"

• patient is much pt  
small cm to  
subcm lesions  
as noted on  
diagram

← ulnar aspect @ middle  
finger 4.5cm burn

J. Gutted RN

Assessment done by:

L. Vogel Schwartz RN

Date: 11/9/05 Time: 1350

L. Vogel Schwartz MD  
present & transcribed

**Aurora Medical Center\***  
Sexual Assault Treatment Center

Wisconsin

AVERY, STEVEN  
07/09/1962 43Y M M: 121 49  
ATT: Vogel-Schwartz, Laura F: 10139479  
PCP:  
REG: 11/09/05 ED

**FORENSIC EVIDENCE**

**CRIME LAB SPECIMENS**

- Pubic Hair Combing  Yes  No
- Underwear  Yes  No
- Buccal Swab  Yes  No
- Finger Swabs - L hand  Yes  No
- Finger Swabs - R hand  Yes  No
- Fingernail Swabs - L hand  Yes  No
- Fingernail Swabs - R hand  Yes  No
- Penile Swabs - Shaft  Yes  No
- Penile Swabs - (Glans) head  Yes  No
- Blood
  - Grey Top Tube  Yes  No
  - Violet Top Tube  Yes  No
  - Blood Stain Specimen Card  Yes  No
  - Gold Top Tube (HIV)  Yes  No

**COLLECTED FROM**

- Perpetrator
- Victim
- DNA Testing
- Other Suspect

Room used for evidence collection: \_\_\_\_\_

RN changed into fresh scrub clothes:  Yes  N/A

DNA evidence dried in room: \_\_\_\_\_

**LABS:**

- GC:  Culture, Site \_\_\_\_\_  LCR
- Chlamydia:  Culture, Site \_\_\_\_\_  LCR

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Law Enforcement Agency**

- Law Enforcement Officers present in room during collection of evidence Detective/Officer Bill Tyson  
(Name)
- Milwaukee, Police Department Detective/Officer \_\_\_\_\_  
(Name)
- Suburban Police Department Detective/Officer \_\_\_\_\_  
(Name)
- Sheriff's Department Detective/Officer \_\_\_\_\_  
(Name)

Evidence Collected By: Fay L. Fritsch / J. Gutroch  
Nurse's Name (print only) Nurse's Signature

Total items bagged for crime lab 1 Date: 11/9/05 Time: 2:40 PM 744 1357

Evidence Release to Security at 1357 (Time) on 11/9/05 (Date)

Bill Tyson



**FORENSIC EVIDENCE**

White - Medical Records/Yellow - In Bag/Pink - Outside  
REORDER # IS X6449 J.AHC (Rev. 2/02)