7-30-65
57 Pages

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Johnson, Thomas

155467

J 7-9-64 8-6-64

Dr Hammond
Path.

[front of folder]

NYC MUNICIPAL HOSPITAL CENTER
Neilhas B. Van Etten Hospital
Abraham Jacobi Hospital

NYC.gov/records

Earl Davis - visitor - 8/1/65
166 Mill St. - 13 -
12/5/65 -

Leon 3X Davis
166 Mills St, Patterson, N.J.
emp. - U.S. Rubber Co. - Passaic, N.J.

Minister James 3X McGregor - E. Orange, N.J.
Mosque #25 - Newark. -

Capt John Nash 3X
34 Seymour Ave. - B13-2308

Secretary - ~~Una~~ Edurna McCallum - B1-2-8284
wife of Minister Leo. - 118 Johnson Ave -
Newark. -

Brg. 2X Thomas
288 Hamilton Ave. Patterson -

Willard X McQueen (L.D.)
246 So. Orange Ave. Newark -

Butch 5X Eason
166 Mill St. Patterson, N.J.

Theo. Bolden 6X
166 Mill St Patt. - 6/21/65

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Wm. Reels - 1/20/63
100 Mill St, Patterson -

Wallace Kemp -
523 Main St, Patterson - 1/20/63

All persons in book who are in picture -

NYC.gov/records

SR 1415-125M-703140(61) 114

med

Adm.: 7/9/64
Disch.: 8/6/64

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
SUMMARY SHEET

WARD
NAME JOHNSON, Thomas DIV. AGE SEX RACE OCC. UNIT NO. 155467

Summary of Family Habits and Diseases

Mother had arthritis of hands and arms, type ?, onset ? Both maternal grandparents had arthritis type ?, onset ?, No family history of acute rheumatic fever.

Patient's Habits and Previous Diseases

12 yr. history of intolerance to spicey foods, Gonorrhea 1958 treated with Penicillin.

Onset of Present Illness

Patient had a fourday history of abdominal pain, fever and diarrhea. On day of admission experienced the sudden onset of excruciating right wrist pain and pain in both knees and left instep.

Chief Complaints, Signs and Symptoms on Admission

Entered with abdominal pain, right wrist and bilateral knee pain. X-ray of Chest negative. BP 110/70 T. 104, P. 96. Pharynx benign. Cardiac negative. Chest clear. Abdomen tender no masses, Right wrist tender, swollen red. Knees limited range of motion bilaterally.

Positive Laboratory and X-Ray Findings

ESR 106 - 8, SGOT 120 - 17, SGPT 106 - 12. BSP 17.5% At 45min ASLO 250 = 500, Throat culture: Beta strep. EKG: Nonspecific ST-T wave changes. Latex fixation: Negative. L.E. prep: Suspicious on one occasion, negative X4. IVP: WNL.

Course and Treatment in Hospital

Patient treated with ASA for joint involvement and made dramatic recovery over period of six days. Also treated with Pen Vee for Beta strep in throat.

Complications

Symptoms, Local and General on Discharge

On discharge patient was afebrile, low sed rate and no joint pain. No signs of carditis clinically.

Compare With Those on Admission

Diagnosis, Prognosis Recommendation for Treatment

DISCHARGE DIAGNOSIS
Acute Rheumatic Fever
r/o Rheumatoid arthritis

DISCHARGE MEDICATIONS

ASA 60 grs. OD
Bicillin 1.2 million units per month

Referred to Follow-up-date

Signature of Attending

NYC.gov/records

S.R. 1415–125M-701240(63) 114

Adm.: 7/9/64
Disch.: 8/6/64

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
SUMMARY SHEET

WARD 4E NAME Johnson, Thomas DIV Med AGE 28 SEX M RACE N OCC. UNIT NO. NJ467

Summary of Family Habits and Diseases: mother had arthritis of hands & arms type? onset? Both maternal grandparents had arthritis type? onset? No family hx of acute rheumatic fever.

Patient's Habits and Previous Diseases: 12 yr hx of intolerance to spicy & fatty foods. Gonorrhea 1958 Rxd with PCN

Onset of Present Illness: Pt had 4 day hx of abdominal pain fever diarrhea on day of admission experienced the sudden onset of excruciating (R) chest pain & pain in both knees & wrists

Chief Complaints, Signs and Symptoms on Admission: Entered with abd pain, R chest & bilat knee pain. Admission X-ray neg for chest. BP 110/70 T 104 P 96 R. Pharynx dancing. Cardiac neg. Chest clear. abdom tender & rigid. R chest tender & swollen red. Knees limited range of motion bilat

Positive Laboratory and X-Ray Findings: ESR 106-75 SGOT, SGPT BSP 17.5% ret aft 45 min. ASLO 250-500 U 120-717 V 106-712 ECG non specific ST-T wave changes. throat culture β strep Hct 40% LE PREP → 1 suspicious 4 meq. IVP 10 ml Calcium & phosphorus neg

Course and Treatment in Hospital: Pt treated with ASA for joint involvement & made dramatic recovery over period of 6 days. Also Rxd with penicillin for β strep in throat. Joint involvement + pt free of pain.

Complications: Non specific ST-T wave changes, anemia

Symptoms, Local and General on Discharge: Afebrile discharge pt afebrile, low sed rate, no joint pain. No signs of carditis clinically

Compare With Those on Admission:

Diagnosis, Prognosis Recommendation for Treatment: Dx. 1) Acute Rheumatic Fever
a) R/O Rheumatoid arthritis
Meds ASA 6 gms/day
Bicillin 1.2 mil per mos

Referred to Follow-up-date: Med Clin aug 25
arthritis Clinic Sept 2

Signature of Attending: L Seslove
AH Saligman

S.R. 5002–800M-701240(63) 114

The City of New York
Department of Hospitals

.....HOSPITAL

Chart No. .....

PHYSICAL EXAMINATION

Name.....Admitted.....19.....Ward.....

Local Condition	Nose	Throat	Liver	Skin
General Appearance	Mucous Membranes	Cardio vascular	Spleen	Glandular Systems
Eyes	Tongue	Lungs	Kidneys	Bones—Muscles—Joints
Ears	Teeth	Abdomen	Sexual Organs	Nervous System

Signature.....

NYC.gov/records

A Medical
Temp -

ADMISSION—EMERGENCY SERVICE

(Prepare Admissions and Transfers in duplicate)

Print Patient's Last Name, First Name: Johnson Thomas

Address: 1755 Story Ave

If Minor, Print Parent's Name:

EMERGENCY NO. 155467

DATE | Time ..... A.M. P.M.

Age: 28 | Sex: M | Tel. No.:

Arrived Via: Car | Blue Cross No. | Hosp. Insur. Co.

☐ COMPENSATION ☐ LIABILITY

Print Employer's Name:

Address:

Print Defendant's Name:

Address:

☐ X-RAY FINDINGS ☐ LAB. FINDINGS

WBC 8400
HCT 42

I Consent to Treatment:

Signature of Patient or Parent

WITNESS:

HISTORY (Where, When, How)

Dramatic onset of Rt wrist pain tenderness in this 28 y/o NV → who has had lower quad pain + diarrhea intermittently for 1 wk. (L) instep pain today + cervical pain yesterday also noted.
Fam Hx - chronic deforming arthritis

PHYSICAL EXAMINATION

No recent gc, Hx Sore throats in past - not recent.

P.E. tonsils + pharynx clear
conj + sclerae clear
Cn - neg
Lungs clear
No CVA pain
Diffuse lower abd tenderness
- rebound
Rt wrist - exquisite tenderness + warmth
Tender (L) instep

T	P	R	BP
104 (R)			

DIAGNOSIS

Polyarthralgia
Acute arthritis
R/O Septic Arthritis

TREATMENT AND MEDICATION

NOTIFICATION

Police Pct. | Badge No.

Dep't. of Health (Division)

Medical Examiner

Other

DISPOSITION

☐ Treated & Released | ☐ O.P.D. | Ward admit 4E

Transferred to

I REFUSE TO ACCEPT THE PRESCRIBED TREATMENT; I RELEASE THE HOSPITAL FROM ALL CLAIMS.

Signature of Patient or Parent

WITNESS:

1964 JUL 9 PM 4 50

Brenner ..... M.D.

Signature of Physician in Attendance

File original copies in the Record Room.
Admissions and Transfers—Duplicate copies should accompany patient.
Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.

S.R. 5002 (Reverse side)

NYC.gov/records

Burning in Abd
Temp 103°
Med
B

ADMISSION—EMERGENCY SERVICE

(Prepare Admissions and Transfers in duplicate)

Print Patient's Last Name, First Name: Johnson, Thomas

Address: 1755 Story Ave

If Minor, Print Parent's Name:

EMERGENCY NO. 155467

DATE | Time ..... A.M. P.M.

Age: 29 | Sex: M | Tel. No.:

Arrived Via: car. | Blue Cross No.: | Hosp. Insur. Co.:

☐ COMPENSATION ☐ LIABILITY

Print Employer's Name:

Address:

Print Defendant's Name:

Address:

HISTORY (Where, When, How)

Since yesterday constant burning pain starting in both lower quadrants & shooting down into groin & up into back. Some diarrhea

PHYSICAL EXAMINATION

Pharynx $\bar{0}$
Chest clear
Heart – Tachycardia
Abd – Bowel sounds active all 4 quadrant. Tenderness both lower quadrant esp left
No rebound – Some guarding
RLQ –
Testes non tende – R atrophic

T	P	R	BP
102			

DIAGNOSIS

Viral enteritis
R/o renal stone

☐ X-RAY FINDINGS ☐ LAB. FINDINGS

CBC
BUN 12
Urine

Urine
CBC
KUB
upright } Neg

I Consent to Treatment:

Signature of Patient or Parent

WITNESS:

TREATMENT AND MEDICATION

NOTIFICATION

Police Pct. | Badge No.

Dep't. of Health (Division)

Medical Examiner

Other

DISPOSITION

☐ Treated & Released | ☐ O.P.D. | Ward

Transferred to

I REFUSE TO ACCEPT THE PRESCRIBED TREATMENT; I RELEASE THE HOSPITAL FROM ALL CLAIMS.

Signature of Patient or Parent

WITNESS:

1964 JUL 6 PM 8 24

K Jacobson ..... M.D.
Signature of Physician in Attendance

File original copies in the Record Room.
Admissions and Transfers—Duplicate copies should accompany patient.
Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.

H.R. 5002 (Reverse side)

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WCC

155467

ADMISSION—EMERGENCY SERVICE

NAME Johnson Thomas AGE 26

ADDRESS 177-30 Ursine Rd Stalbins

BX. MUN. HOSP. CNTR.

DATE AND TIME OR TIME STAMP

1960 APR 7 PM 2:58

ARRIVED VIA: AMB..... CAR..... WALK IN.....

BRIEF HISTORY

Stuck wire through finger - pulled out.

COMPENSATION CASE?
If yes, state carefully, employer's name and address.

PHYSICAL EXAMINATION
(Stress affected parts)

Two puncture wounds, no palpable foreign body.

Had T.T in service

IF ACCIDENT, state name, address or license No. of person allegedly at fault.

TEMP..... PULSE.....
State here whether conscious, unconscious, confused, etc.

If alcoholic odor to breath, admitting physician sign here

.....M.D.

EMERGENCY TREATMENT AND MEDICATION

T.T 0.5 cc
Scales

X-RAY ORDERED?
Findings:

DIAGNOSIS

Puncture wounds

NOT ADMITTED (check)
Reason:

ADMITTED TO WARD..... Time.....A.M. P.M.

TRANSFERRED TO ..... HOSPITAL

Time.....A.M. P.M.

.....M.D.
Admitting Physician

This form should accompany patient to ward.
"Non-Admissions" should be filed in Superintendent's Office.
"Transfers" must be prepared in duplicate. Send one with patient and one to Superintendent's Office.
When admitting a minor for possible operation, obtain signed consent from parent on regular form.

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S.R. 5003 (Rev. 1960)–700M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No. _____

_____ HOSPITAL

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC

PE Abd: soft. Bowel sounds good -
rectal neg - no hernia or prostatitis no CVA
tenderness -
Impression: Viral Gastroenteritis -
Rx: Donnatal
Gelusil
Return if sx persist.

Signed

S.R. 5003 (Rev. 1960)-700M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No. 155467

.....HOSPITAL

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Johnson						

SCREENING JUL 8 1964

Complains of burning lower abdom pain → both testicles x 5d. This AM vomited clear fluid & has been nauseated & anorectic for past few d. ↑ frequency of urination ≅ nocturia, hematuria, gravel / dysuria. ≅ spicy & fatty food intolerance, ulce. dis, hematemesis, wt loss. ? hx of 2-3 episodes of melena several mos ago & has now been passing a lot of gas. Constip since Mond (3 d) after taking coregoric. No hx of liver dis, diabetes, ↑ BP. Seen in ER 2d ago ≅ neg* (Urine, CBC & flat plate.)

Now volunteers inform - of many yrs of waking up in AM ≅ burning epigastric sensation relieved by food.

PEx T 100 P 80 R 80 BP 110/70

Lungs - Clear P&A

Car - RSR ≅ (m), ↑

Abd soft ≅ distention. Tenderness on deep palp + ± rebound in both LQ, BS - ↓

Rectal: ≅ masses, tenderness, or stool

Plan ① CBC ② Urinalysis

WBC 10,800 Hct 42 Hb. 13.2

Urine: Clear, acid, 1017 Glu, Alb neg WBC - 2 - 3.

— On day The pain started had episode of watery stool - since Then no BM - but lower abdominal cramping pains.

CONSENT FOR OPERATION

Date _____ 19____

I, _____, bearing the relationship of _____

to patient _____ hereby give consent for the operation

known as _____, with anesthesia, if necessary,

and for any modification of the operation deemed necessary by the surgeon.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

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CONSENT FOR OPERATION

Date _____ 19____

I, _____, bearing the relationship of _____

to patient _____ hereby give consent for the operation

known as _____, with anesthesia, if necessary,

and for any modification of the operation deemed necessary by the surgeon.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

CONSENT FOR RADIOTHERAPY

Date _____ 19____

I, _____, bearing the relationship of _____

to patient _____ hereby give consent for treatment or a

series of treatments by means of intensive fractionated roentgentherapy, radium therapy and radioactive isotopes.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

RELEASE FOR SELF-DISCHARGE AGAINST ADVICE

Date _____ 19____

1, _____, assume all responsibility for the care and custody

of myself ☐ or _____ (Name of Patient) who is my _____ (Specify Relationship) having

demanded my ☐ his ☐ her ☐ discharge from this Hospital contrary to the advice of the Hospital Doctors.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

IDENTIFICATION UPON DISCHARGE

WITNESS: _____ SIGNATURE OF PATIENT: _____

S.R. 5001 (Rev. 1961)–600M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL Chart No. 155467

ADMISSION RECORD

Surname	First	Middle	Sex	Age	Date of Birth	Date Admitted	Ward or Clinic
JOHNSON	THOMAS		M	28		7-9-64	4E
Permanent Address			Nativity		Color W. ☐ N. ☐	Other (Specify)	Marital Status S. M. W. D. L. S.
Occupation			Dates of Previous In-Patient Admissions				

FOR IN-PATIENT SERVICE ONLY

On discharge record the following data; Use Terms and Codes of Standard Nomenclature

Date discharged _____ Condition: Improved ☐ Unimproved ☐ Not Treated ☐ A.O.R. ☐ Died ☐

Final diagnosis: Main Condition _____ Code No. _____

Additional Conditions _____ Code No. _____

_____ Code No. _____

Service _____ Visiting Dr. _____ House Dr. _____

In the following report include: FAMILY HISTORY; hereditary conditions and causes of family deaths.
PREVIOUS HISTORY: habits, occupation, childhood diseases, other diseases, operations and injuries.
PRESENT CONDITION: Date and mode of onset, possible cause, course, and review of systems.
For trauma, include cause and time of injury.

This is the 1st BMHC admission of this 28 yo N ♂ who enters with cc (R) wrist pain, knee pain RDL & lower abdominal pain PI: This past Sunday 4 days PTA pt had onset of lower abdominal pain. PT took 1 meal & had 2 bouts of "diarrhea" watery in nature. He has had no bowel movement since then. No N or V. on that day. Pain increased the following day & pt came to ER complaining of abdominal pain radiating into groin. KUB x-ray neg. BUN 12. Temp 103. Imp viral enteritis. Following morning pt vomited & pain increased. (Vomitus clear) Wednesday 1 day PTA pt was still experiencing constant abdominal pain radiating into groin & lower part of back. Today pt awoke with excruciating R wrist pain, + pain in Both knees R>L, & L ankle & (L) foot. No previous hx of pain in joint, swelling of joints or told of arthritis. Pt never had rheumatic fever, rheumatoid arthritis, gout. Hx of gonorrhea in 1958 hx d with PCN with no sequelae. No recent sore throats or pharyngitis or infections. Wife had TBC 1958 treated at Van Etten, & pt had contact with her then. Chest x-rays all neg. No recent exposure to GC

Date _____ Signature _____

Med Division

Name Johnson, Thomas Admitted 7/9 1964 Ward 4E Chart No. 15367

HISTORY

PE BP 120/80 R16 P96 R. T 104

WDWN negro male complaining of severe pain in R wrist. Head in sling & he keeps it immobile

Skin ∃ spiders ∃ rash ∃ sub Q nodules. 2 macular spots on chest

Head Normocephalic

Ears TM intact canals clear, no tophi

Nose Septum midline

Eyes PERLA EOM full ∃ conjunctivitis, fissures sharp ∃ hem ∃ exudate Sclera clear.

Mouth Pharynx benign Teeth gums benign

Throat Trachea midline Carotid palpable bilat Thyroid not palpable. Vte

Nodes none palpable

Resp. Chest Clear to P&A

Cor RSR ∃ ⓜ ∃ rub ∃ gallops P2=A2

Abdomen Tenderness over RLQ lower quadrant 1/4 quadrant Upper quadrants non tender. No masses palpated. No CVA tenderness. Normal bowel sounds. ∃ Rebound.

GU Testes ⊕ ∃ discharge from urethra Rectal ∃ masses.

Extremities R wrist hot slight swelling exquisitely tender. Pt holds it immobile R forearm swollen warm & tender. ∃ nodes. R popliteal fossa tender to palpation warm to touch limited range of motion of R knee L knee some tenderness not as severe as R. Tenderness over L metatarsals.

Neurological Cranial nerves II-XII intact DTRs not tested. Motor & sensory exam grossly normal

Formulation: 28 yo N ♂ with 4 day hx of lower abdominal

S.R. 5004-1MM-701240(63) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

Chart No. 117467

PROGRESS RECORD

Name Johnson Thomas Admitted 7/9 1964 Ward 4E

Observations and Opinions of Visitings, Consultants and House Staff.
A Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.

Pt has 12 yr hx of intolerance to spicy foods with burning lower abdominal pain relieved with ABI milk. Pt has had no GI complaint for past year

FH. Mother had arthritis of hands & arm. type? onset?
Both grandparents had arthritis type? age of onset?
Father 58 A+W Mother 52 A+W.
5 Bro & sisters 5 arthritis all alive & well.
5 ARF 5 diabetes 5 heart disease (mother had operation for kidney stone 5 gout 5 hemorrhagic diathesis 5 rheumatoid arthritis?

PH Born U.S.A. sleeps well coffee 5 tobacco 5 ETOH
Wgt 178 constant

SH Married 2 yrs. 4 children all alive & well.
Walks on crutches.

PHx No prior hospitalizations
allergy none no drug allergies.

RDS Skin 5 rashes 5 itch.
Head Occasional headache. 5 sore throats
Resp. Neg
Cor. Neg.
GI See p.I. 5 jaundice 5 GB disease 5 liver disease.
GU Neg. 5 colic 5 hematuria
Neuromuscular Neg
Bones & Joints See PI.

Continue Notes on Other Side

Med Division

Name Johnson Thomas Admitted 7/9 1964 Ward 4E Chart No. 157267

HISTORY

Lab chest x ray wnl x ray B lower N.L. EKG wnl fractional NT
ESR 47 WBC 8400 PG1 B2 A30 M6 H42
BUN 11 FBS 110 Cl 112 Na 132 K 5.7

I HAVE BEEN ASSIGNED AS ATTENDING PHYSICIAN TO THE PATIENT AND WILL PERSONALLY MANAGE THE CASE FOR HIS OR HER CARE AND TREATMENT.

Theodore C Salz M.D.

Attending Note

7/10 28y.o. ♂ N admitted c abd pain, fever & polyarthritis. There is no Hx of strep infection or carditis, but I would think the most likely Dx is acute rheumatic fever

Salz

S.R. 5004–1MM-701240(63) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

Chart No. 10467

PROGRESS RECORD

Name Johnson, Thomas Admitted 7/9 1964 Ward 4E

Observations and Opinions of Visitings, Consultants and House Staff.
A Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.

pain intermittent diarrhea & vomiting. Awoke this morning with pain in R wrist L & R knee & L ankle. Temp on admission 104. Pt presents with? polyarticular arthritis, pain tenderness of wrist far greater than knee & foot. Possibility of a monoarticular arthritis with myalgias must be considered. ESR of 47, WBC of 8400 with normal differential does not aid in Dx. Questionable hx of trauma to hand 1 mos PTA may be important for septic arthritis. No hx of gout, RA collagen disease in family. GC hx 1958 & TB hx of wife must also be considered. At this point no definite Dx can be given. Will culture pt & give trial Colchicine.

Impression Acute Polyarticular arthritis? monoarticular
R/O RA
R/O GC arthritis
R/O TB
R/O Septic arthritis
R/O Collagen disease
R/O ARF

K. Sebord M.D.

Continue Notes on Other Side

Med Division HISTORY

Name Johnson Thomas Admitted 7/9 1964 Ward 4E Chart No. 157767

No nodules, tophi
Hot + dry. Head: normocaph. PERLA, EOM intact. c/s clear Fundi neg.
Ears - cerumen Nose - ō Mouth - pharynx benign. No petechiae
Has pain on motion + tenderness over (L) TMJ. Neck: supple.
No masses. Thyroid not ↑. Nodes: shotty post cerv. nodes. (R) epitrochlear
node. Spine: ō Lungs: clear Heart RSR PMI STH ICS MCL.
$P_2 > A_2$ + split. No ⓜ, rub, gallop. Abd: diffuse tenderness
both lower quadrants. No spasm, rebound, BS active. No
masses, LSK. Extrem: exquisitely tender, warm, swollen
(R) wrist c̄ extreme pain on motion. No warmth in knees or
swelling, but pain on motion which seems referred to popliteal
area. No lymphangitic streaks. No CCE. Other joints neg.
Neuro: Babb. Cannot evaluate KJ. Grossly nl. Rectal: ō no
discharge on massage. (L) instep tender.

LAB ESR 50 Hct 42 WBC 8400 P 61 B 2 L 31 M 6
Chest X Ray: neg. EKG: wnl nl PR interval
Urine: ⊖ protein Joint X Rays: neg.

Form: A 28 yo young male c̄ acute arthritis of (R) wrist c̄
Oss objective findings in knees, jaw, preceded by abdom cramps
+ diarrhea. The gross impression is one of monoarticular arthritis
with the Hx of traumatic puncture of (R) palm 1 mo. ago, septic
arthritis must be uppermost in one's mind, even in absence
of leukocytosis. The jaw involvement (if really present) suggests
RA. Gouty arthritis must also be considered. Despite fam
Hx + Hx pleurisy, doubt this is tuberculous. The prodromal
symptomatology suggests a viral disease. Collagen diseases
(SLE, etc.) must be r/o. The laboratory offers no little assistance
at this stage. Stool is not remarkable, but salmonella infection
must be included in differential, esp c̄ relative bradycardia
However, there is no lymphocytosis, nor leukopenia.
Acute Rheumatic Fever is a strong possibility.

S.R. 5004–1MM-701240(63) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

Chart No. 117467

PROGRESS RECORD

Name Johnson Thomas Admitted 7/9 19 64 Ward 4E

Observations and Opinions of Visitings, Consultants and House Staff.
A Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.

7/9 AR Admission Note

The 1st BMHE admission of a 28 yo N painting contractor for CC pain in ® wrist 1 days duration.

PI Pts past medical Hx includes "pleurisy - pneumonia ~1948-50, & also was told by MD he had heart murmur, but has had no pleurisy since & no exercise intolerance; no Hx ARF as child 1958 Gonorrhea, Rxd c̄ Pen. * 1 mo. ago - had puncture wound from nail ® palm

4 days PTA - onset of lower crampy bilateral abdom pain, occ radiating to groin & back c̄ diarrhea x1 day, no BM since The abdom pains have persisted to the present c̄ anorexia

3 days PTA - onset of fever, c̄ occ chills, persisting to the present. 2 days PTA - Vomited watery material x1

This AM - awoke c̄ severe pain in his ® wrist, esp on motion did not notice warmth or swelling. He also notes pain in both knees ® > ⓛ, along c̄ pain in his ankles. During Hx taking, claims he also has pain in ⓛ jaw.

His wife had Tbc. His mother + Grandparents had arthritis ? type. He denies stiff neck, headache, pleurisy (now) cough, sore throat, rashes, bleeding diathesis, anemia, renal Sx or symptoms. No Hx ARF. Rare sore throats. No previous diarrhea or arthritis. No ↑ BP. Occ lower burning abdom pain c̄ spicy food for years, rel. by milk. No fam Hx anemia No wt. loss. No urethral discharge. No night sweats.

PE T 104° P 90 reg R 16 BP 120/80

A WDWN N male, toxic, splinting ® wrist. Skin: few macular spots - one on lower chest. No other rashes. No petechiae

Continue Notes on Other Side

Med Division

Name Johnson Thomas Admitted 7/9 19 64 Ward 4E Chart No. 147767

HISTORY

7/11) Pain decreased yesterday after start of ASA. This morning pt complaining of extreme pain of (R) wrist & (R) knee. Febrile to 101.

K Sislowe

7/16. Pt seen by Dr Sandoon. We feel most likely possibilities are ARF, RD & L.E. Suggest pt be kept on bed rest & ASA, follow ESR clinical symptoms & other lab tests such as LE prep titer fasciotic & FKB. If recent blood cultures drawn yesterday show no growth he suggests that pt receive PCN to eradicate strep in throat. If pt kept on prophylactic pens & has exacerbation of arthritis the possibility of ARF becomes remote. I will continue to watch for signs of carditis & ASA toxicity & any clinical signs of change in pt.

K Sislowe.

7/17 Full movement of (R) wrist & hand with no pain. Will continue to watch lab results in hope of making definite diagnosis.

K Sislowe

7/21. Pt pain free. ESR ↓ No evidence of carditis. Blood cultures show no growth. Pt started on PCN to sterilize throat (+ strep.)

K Sislowe

7/23 BP 110/70 P 78 reg. Feeling well

K Sislowe MD

S.R. 5004–1MM-701240(63) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

Chart No. 147467

PROGRESS RECORD

Name Johnson Thomas Admitted 7/9 19 64 Ward 4E

Observations and Opinions of Visitings, Consultants and House Staff.
A Final Discharge Note Must be Entered on This Sheet. Sign and Date Every Entry.

All body fluids (blood, urine, sputum, stool) have been obtained for culture. Doubt Sickle Cell Disease c Hct 42.
Plan at moment is to give him a trial of Colchicine until AM. Has Hx Gonorrhea, but no discharge.

Imp: 1. Arthritis ? etiology
? Septic ? ARF
? Gout
R/o RA
R/o Collagen Disease (SLE)
Doubt Salmonella infection, Tbc
Doubt GC

Plan: see above, per intern. Antibiotic Rx must be considered in AM. Codeine for pain.

M Kahn

7/11 (Note on other side.)

7/13 Rt feeling better this morn. Still some slight pain in R wrist. Hand still swollen. Knees not painful. Will continue to treat with ASA

K Delaney

7/15. Patient swelling markedly decreased in R wrist. Knee pains no longer present. Heart sounds are good with split 1st sound. no m

K Delaney

Continue Notes on Other Side

.....Division ..... HISTORY

Name..... Admitted.....19..... Ward..... Chart No.....

8/4 IVP. Interpreted as WNL. ESR ↓. Elevated transaminases of concern. will repeat
K Sedlowe

8/5 EKGs pre operative and post operative shows slight ST elevation as T wave with fasciculations. ESRs Pt pain free. will discharge tomorrow
K Sedlowe

8/6 Pt feeling well sedrate & No post complaint no signs of clinical cardiac. will be discharged
K Sedlowe

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S.R. 5004-1MM-701240(63) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

Chart No. 15467

PROGRESS RECORD

Name Johnson Thomas Admitted 7/9 19 64 Ward 4E

Observations and Opinions of Visitings, Consultants and House Staff.
A Final Discharge Note Must Be Entered on This Sheet. Sign and Date Every Entry.

7/24. LE pre-op suspicious repeat ordered. ESR remain low & pt will be OOB today BP 110/40 P 78 reg
Free of pain.
K Seslowe

7/22 BP 100/60 P 78 reg. S pain & stiffness fade
well ESR 16. Waiting for repeat LE prep
K Seslowe

7/28 BP 90/60 p 72 reg pt feeling well S pain
K Seslowe

7/28. Recent EKG changes show nonspecific ST
& wave changes. ? Significance. Will continue
to follow.
K Seslowe

7/30 Pt well S pain (will get EKG's (Trailing & Post P.)
K Seslowe

I HAVE BEEN ASSIGNED AS ATTENDING PHYSICIAN TO THIS PATIENT
AND WILL PERSONALLY RENDER MY SERVICES FOR HIS OR HER CARE
AND TREATMENT.

[redacted] M.D.

8/4. ESR 10. Pt free of pain. No signs of cardiac
clinically. Pt anxious to leave hospital. Mac
Arthur

K Seslowe

Continue Notes on Other Side

S.R. 1566-750M-701240(63) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

JACOBI HOSPITAL

DIVISION OF ROENTGENOLOGY

REPORT OF RADIOGRAPHIC EXAMINATION

Name JOHNSON, THOMAS Ward ER Date 7/6/64

Examination of ABDOMEN Film Nos. 155467

Clinical Diagnosis AGE: 29

Findings:— Supine and upright views of the abdomen reveal the intestinal gas pattern to be within normal limits. There is no evidence of any fluid levels of obstruction. No free air is noted. No abnormal calcifications are noted.

Negative abdomen.

Conclusions:—

L BERNARD PANCER, M.D.

BP

NYC.gov/records

S.R. 1566–750M-701240(63) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

JACOBI HOSPITAL

DIVISION OF ROENTGENOLOGY

REPORT OF RADIOGRAPHIC EXAMINATION

Name JOHNSON, THOMAS Ward 4W Date 7-9-64

Examination of CHEST, RIGHT WRIST Film Nos. 155467

Clinical Diagnosis AGE: 28

Findings:—

Examination of the chest by meansof PA and lateral views fails to reveal any evidence of gross abnormality in the soft tissues or bony structures. B0th pulmonary fields are essentially clear of infiltrates. The heart is within normal limits.

Examination of the right wrist by means of multiple projections fails to reveal any evidence of abnormality in the soft tissues and bony structures.

Conclusions:—

J

P. SPADAVECCHIA, M.D.

P.S.

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REPORT OF ELECTROCARDIOGRAM

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155467

JOHNSON, THOMAS

~~#1554 67~~

AGE: 28, no Dig. 7/14/64.

4 - East

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RSR rate: 75, PR .16, QRS .06.

Low T-wave in lead V5-V6. - Borderline record.

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Dr. A.Baltazar - Dr. H.Adler.

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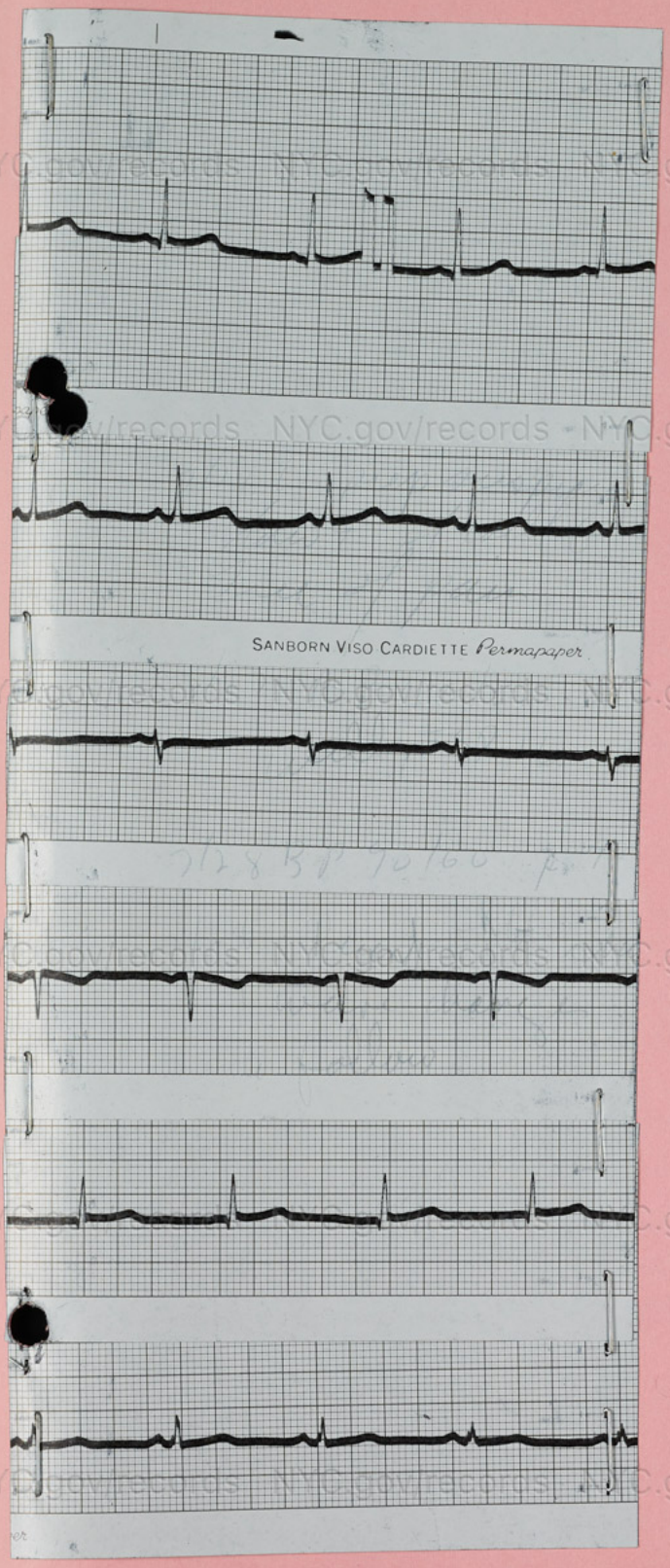

Johnson Thomas #155467
age 28 - 40 - 7-14-64

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REPORT OF ELECTROCARDIOGRAM

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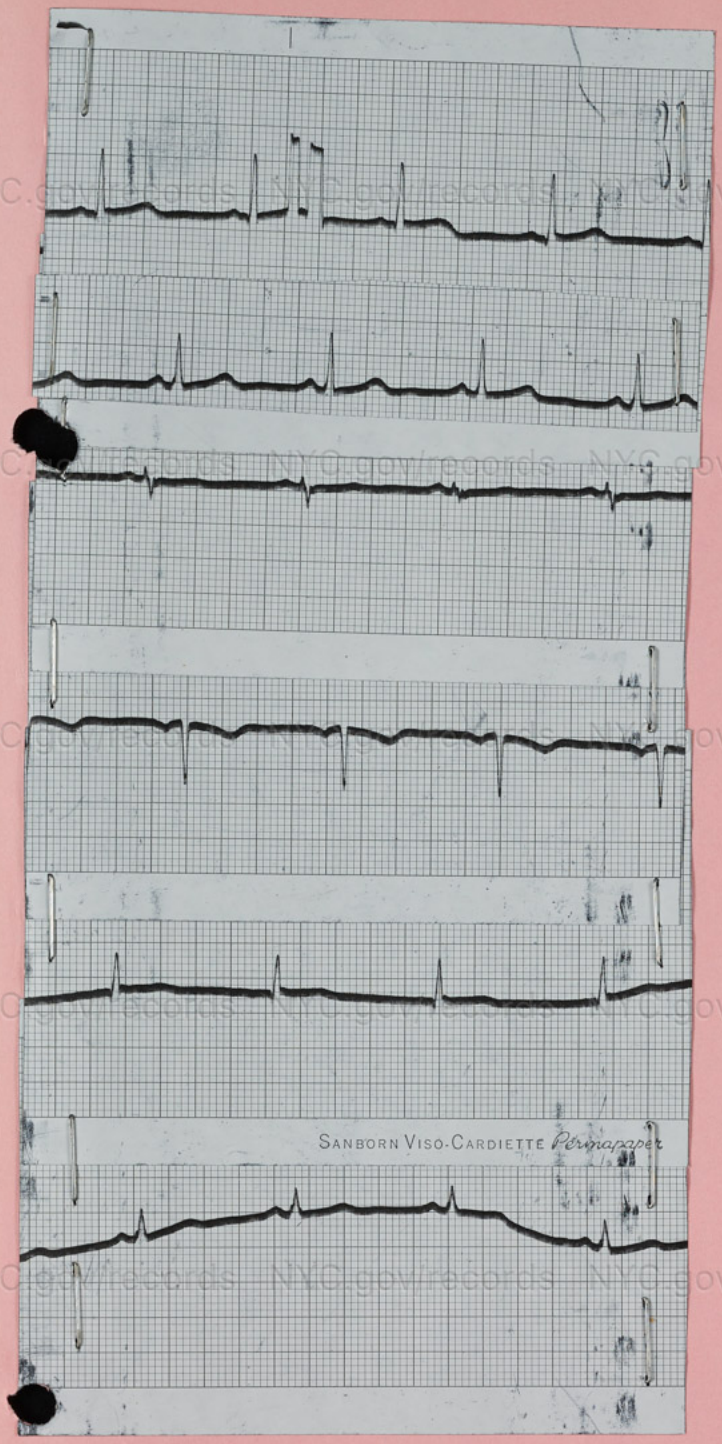
JOHNSON, THOMAS # 1554 67

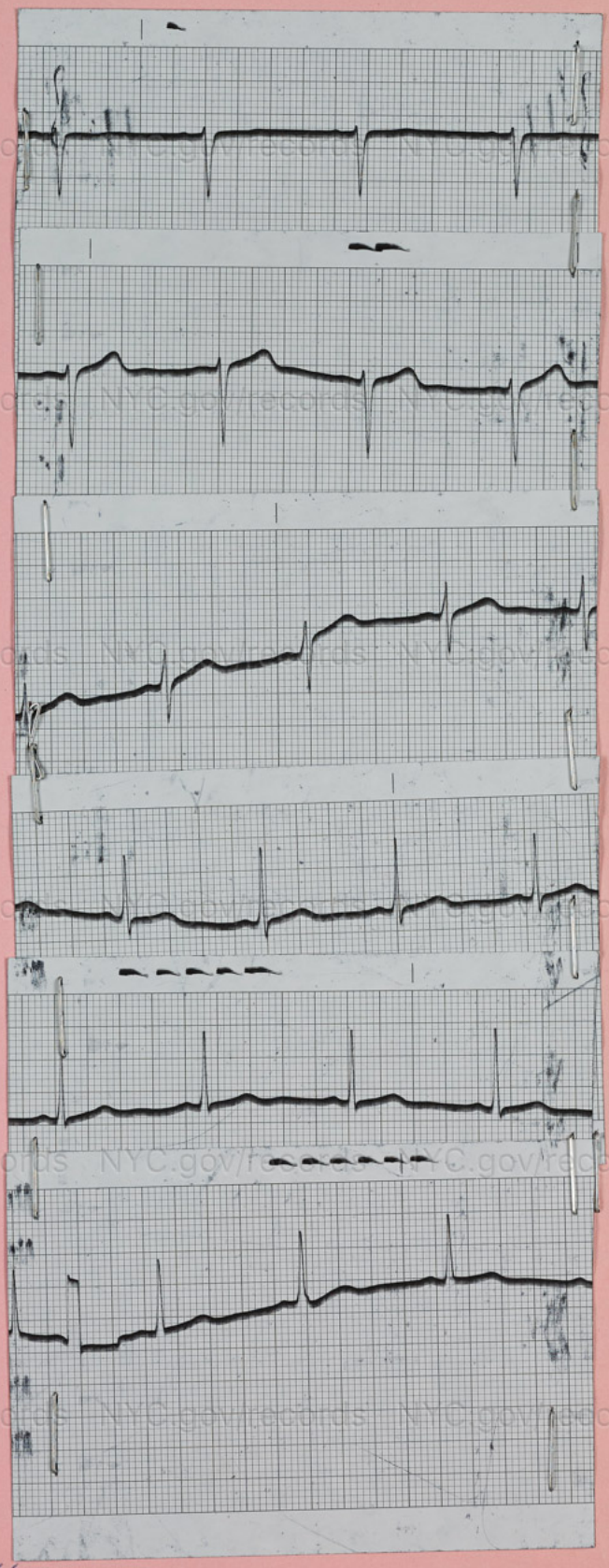
AGE: 28, no Dig. 7/17/64. 4 - East

RSR rate: 66, PR .14, QRS .08.

Since 7/14/64: Low T-waves persist. No change. May be normal for this patient.

Dr. S.V.Moroff - Dr.A.Baltazar.





Johnson, Thomas #155467
age: 28, 4Q 7/17/64

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REPORT OF ELECTROCARDIOGRAM

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JOHNSON, THOMAS # 1554 67

AGE: 28, no Dig. 7/24/64. 4 - East

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RSR rate: 70, PR .14, QRS .06.

Since 7/17/64: T-wave has become inverted in lead 1,AVL, and flattened in V3-V6. Non-specific Abnormality.

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Dr. A.Baltazar - Dr. S.V.Moroff.

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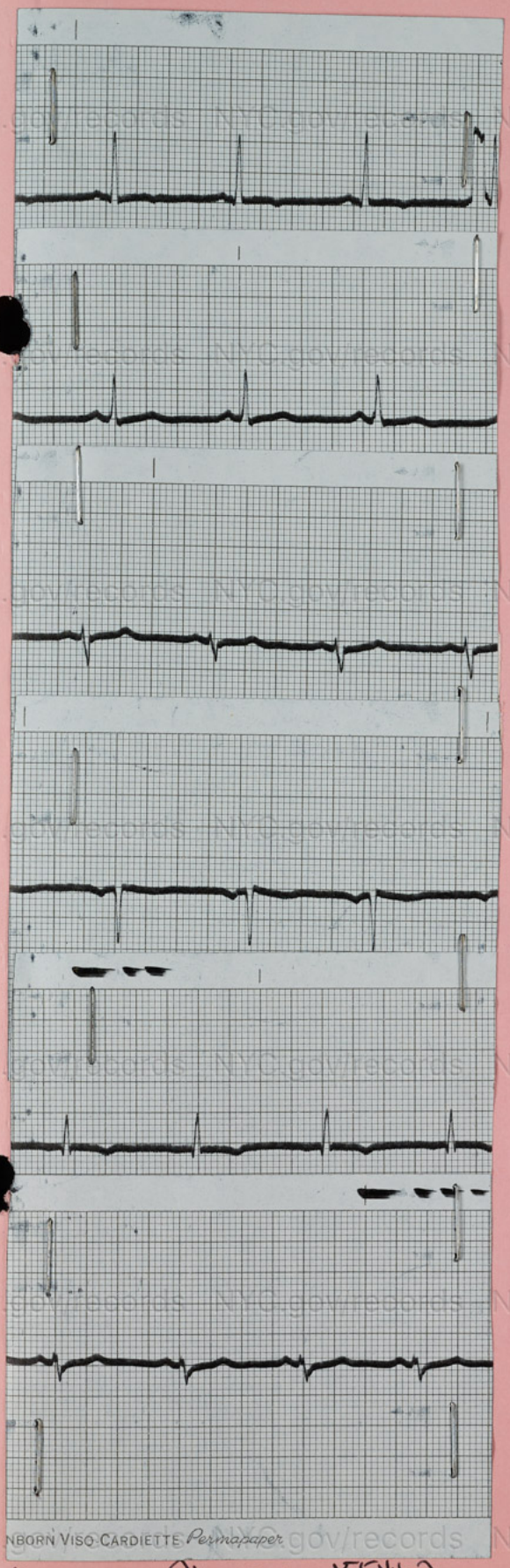

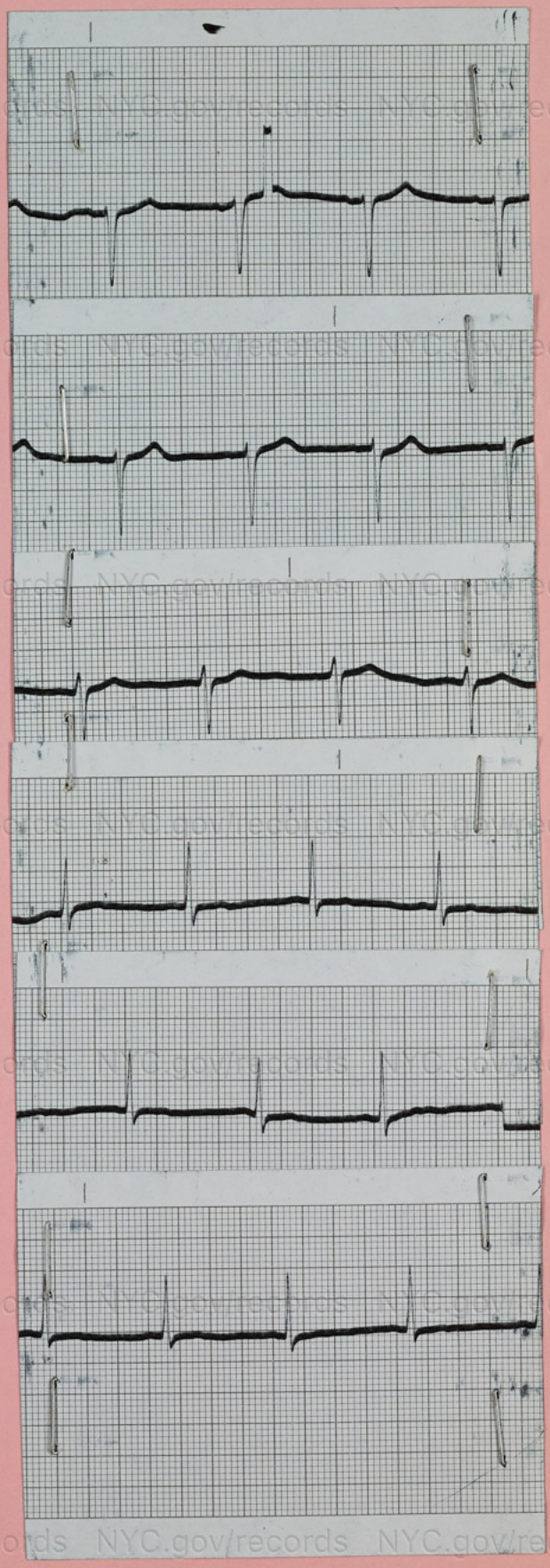

Johnson Thomas 155467
Pge 28 HL July 24 1964

NYC.gov/records

REPORT OF ELECTROCARDIOGRAM

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JOHNSON, THOMAS # 1554 67

AGE: 28, no Dig. 7/28/64. 4 - East

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RSR rate: 75, PR .14, QRS .06.

Since 7/24/64: No significant change; Non-specific T-wave Abnormality.

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Dr. B.B.Galton - Dr. S.V.Moroff.

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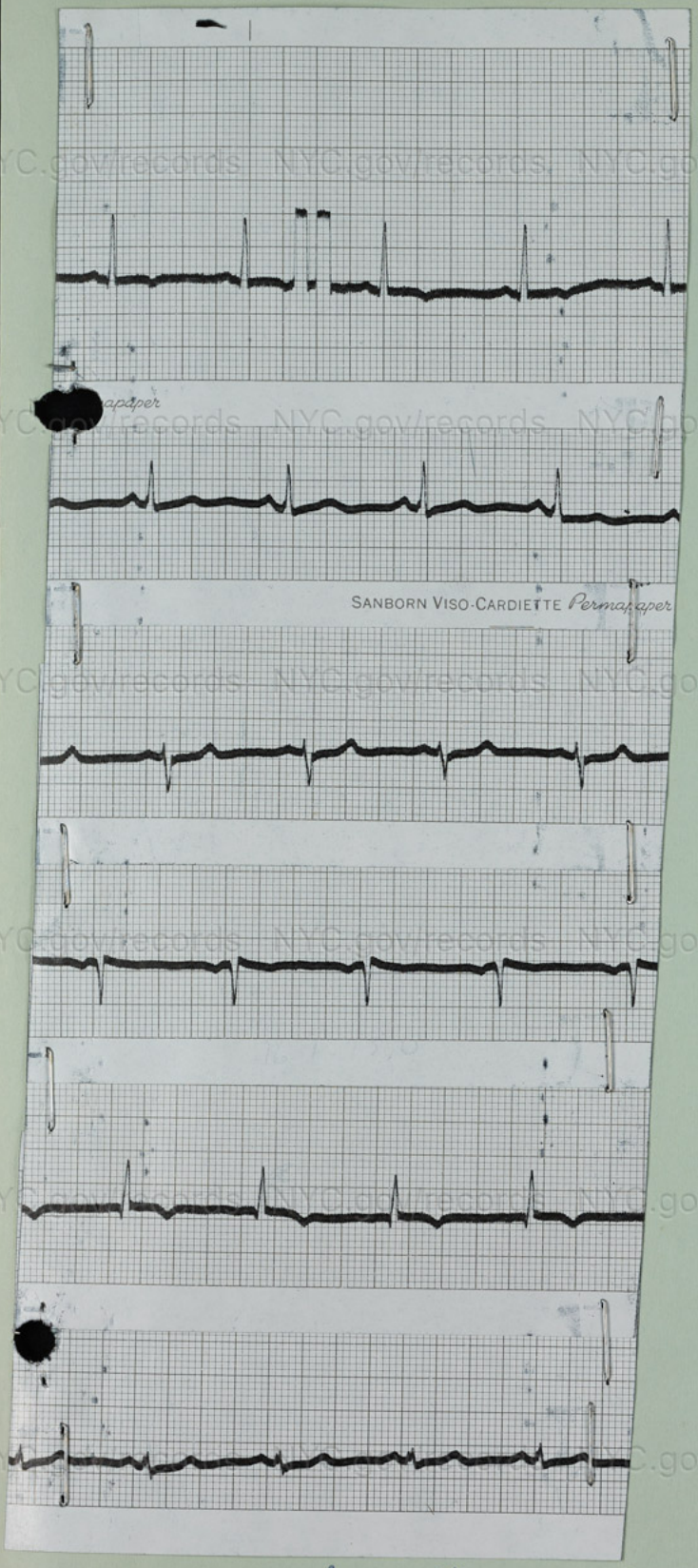
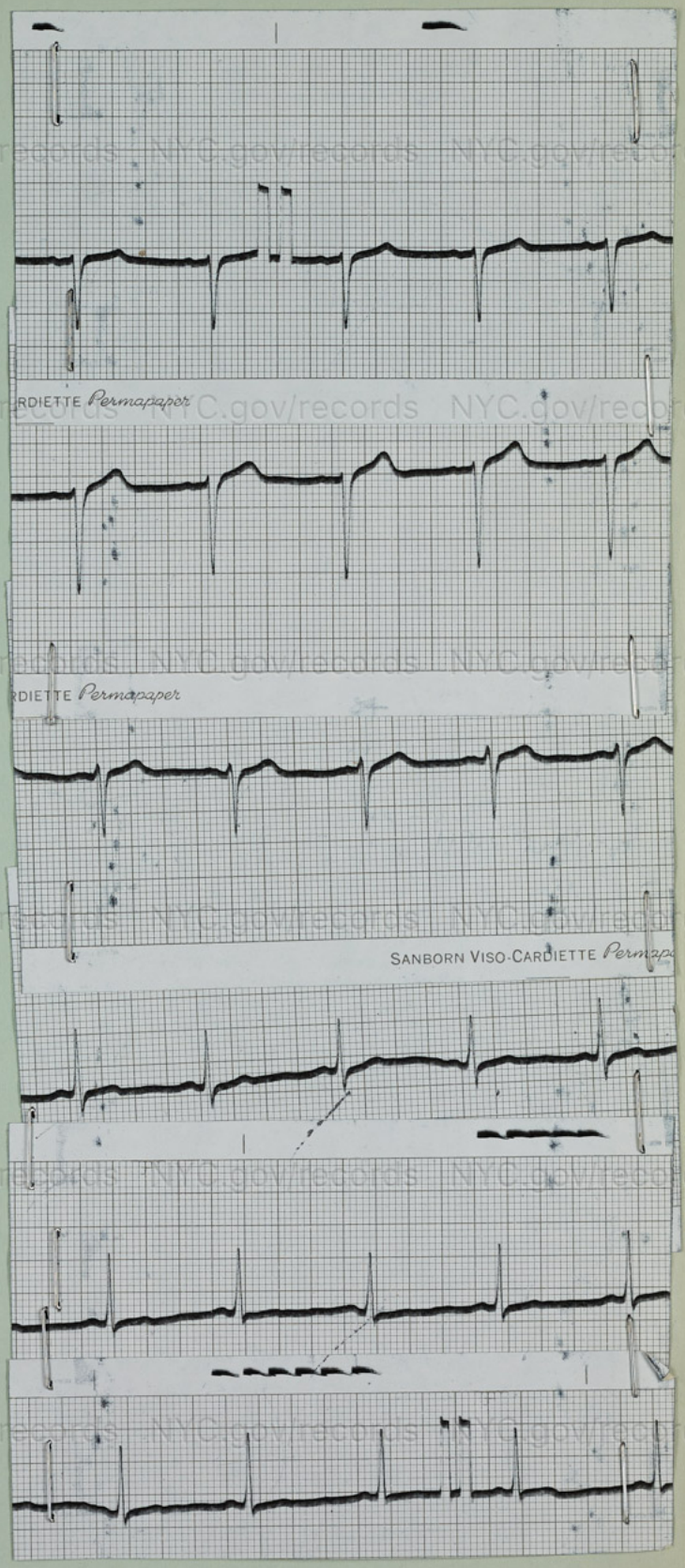
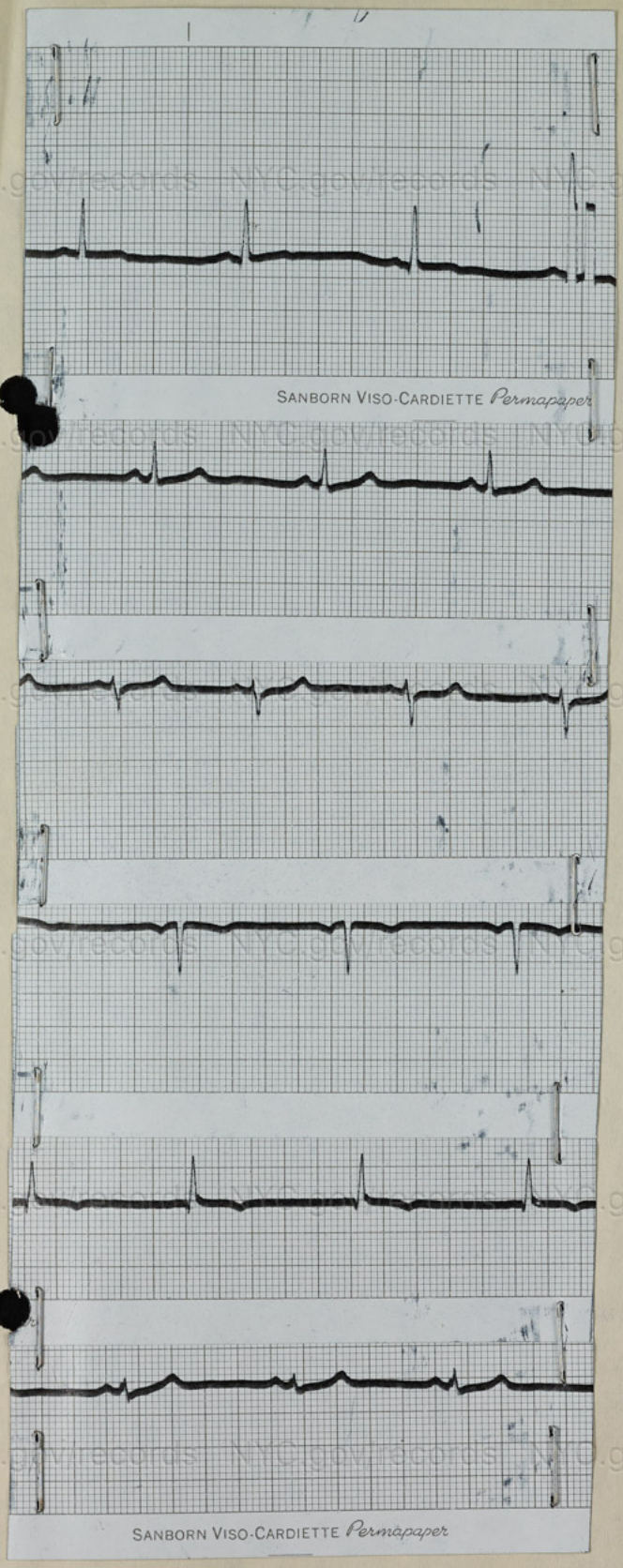
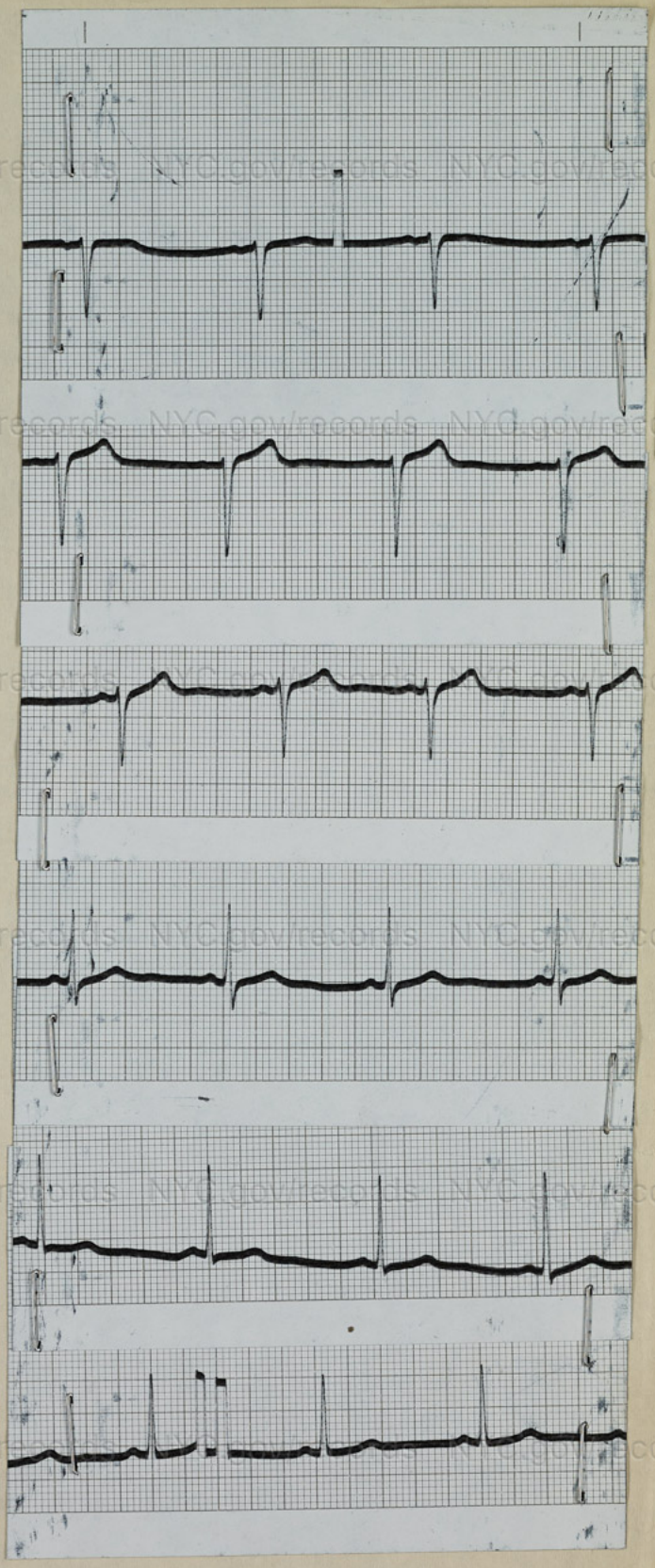




Johnson Thomas # 155467
age 28, 4E - 7-28-64

NYC.gov/records





Johnson, Thomas #155467
age 28, 4l, 7/30/64

FAST

NYC.gov/records

S.R. 2450A (R-53)–250M-217031(58) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name JOHNSON, T Ward ER Chart No. 253575

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

SPECIMEN ☐ casual ☐ 24 hr. ml. ☐ catheterized ml.

Check Examinations Requested

☑ Routine

Color	yellow	WBC	6-8
Appearance	clear		
Reaction	acid	RBC	1-2
p H			
Sp. gr.	1,021	Casts	—
Albumin	neg		
Glucose	neg	Epith Cells	few
Acetone	neg	Crystals	—
Diacetic Acid		Bacteria	—

☐ Concentration—dilution test

Hr. Collected	Sp. Gr.	Vol. ml
Total		

☐ Bile ☐ Urobilinogen ☐ Others (specify)

☐ PSP	1st hour	2d hour	3d hour	Total
Vol. ml				
%				

URANALYSIS Date 10/17 Pathologist

urine

EMERGENCY ROOM
CALL EXT. 258

S.R. 2450C (R-55)—500M-702436 (62) 447

REQUEST FOR LABORATORY EXAMINATION AND REPORT

(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
DUPLICATE

Name JOHNSON THOMAS Ward Chart No. 253575

Doctor Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 6,300 Hb. Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☐ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☒ Hematocrit 43 ☐ Eosin Count

Remarks

8

BLOOD (Morphology) Date 10/17/62 CBC Pathologist

CALL EXT. 258

S.R. 5034—500M-702436 (62) 447

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

.....HOSPITAL

CHART LABORATORY SHEET

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Chart No. 155467

Name..... Ward.....

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report ▲ on this line)

To this sheet are attached the various analysis slips which come from the laboratory. The analysis slips are to be made out in duplicate. The original is gummed along the top and when received at the nurses' station is attached to this chart laboratory sheet by the gummed margin. The first report received is attached at the bottom line of this sheet and others above this, leaving ⅜-inch of earlier report exposed in each case.

NYC.gov/records

S.R. 2450C (R-55)–500M-701240(63) 114

SCREENING

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward OPD Chart No. 155467

Doctor Charyton Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 10,800 Hb. 13.2 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.	
	68				20	9		2	NC

R.B.C. Morphology normal CBC

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets normal

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☐ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit 42 ☐ Eosin Count

Remarks

NY

BLOOD (Morphology) Date 7/8/64 Pathologist

NYC.gov/records

S.R. 2450A (R-53)—800M-702436(62) 447

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

SCREENING

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward OPD Chart No. 155467

Doctor Chayton Lab. No.

Clin. Diagnosis

SPECIMEN ☐ casual ☐ 24 hr. ml. ☐ catheterized ml.

Check Examinations Requested

☒ Routine + Micro

Color	amber	WBC	2-3
Appearance	clear		
Reaction	acid	RBC	
p H			
Sp. gr.	1017	Casts	
Albumin	neg		
Glucose		Epith Cells	
Acetone		Crystals	
Diacetic Acid		Bacteria	

☐ Concentration—dilution test

Hr. Collected	Sp. Gr.	Vol. ml
Total		

☐ Bile ☐ Urobilinogen ☐ Others (specify)

☐ PSP	1st hour	2d hour	3d hour	Total
Vol. ml				
%				

88

URANALYSIS Date 7/8/64 Pathologist

S.R. 5034-500M-701240(63) 114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

.....HOSPITAL

CHART LABORATORY SHEET

Chart No.....

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Name..... Ward.....

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

To this sheet are attached the various analysis slips which come from the laboratory. The analysis slips are to be made out in duplicate. The original is gummed along the top and when received at the nurses' station is attached to this chart laboratory sheet by the gummed margin. The first report received is attached at the bottom line of this sheet and others above this, leaving 3/8-inch of earlier report exposed in each case.

NYC.gov/records

PATIENT Johnson Thomas | CHART NO. 165467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL | WARD 4E

ADDRESS

DOCTOR | LAB. NO. 20

CLINICAL DIAGNOSIS

REPORT:

A.S.L.O. - 250 units

PATHOLOGIST

SPECIMEN OF Bld. | FOR ASLO Titer | DATE 7/10/64

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

PATIENT Johnson

CHART NO. 279420

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4E

ADDRESS

DOCTOR

LAB. NO.

CLINICAL DIAGNOSIS

REPORT:

Platelets 281,000 +

PATHOLOGIST

SPECIMEN OF

FOR

DATE

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

26

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward PE Chart No. 155467

Doctor Leslie Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☑ Prothrombin 11.8 / 11.6 C
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

☐ Glucose Tolerance

	Urine	Blood
Fasting		
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify) P1 98

17

BLOOD CHEMISTRY Specimen with Anticoagulant Date Pathologist

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME	HOSP. NO.	DATE
Johnson, Thomas	155462	7-10

SPECIMEN OF	WARD	LAB. NO.
Blood	4E	10-9

DESCRIPTION OF SPECIMEN

Gr pos. and var. cocci in chains (short) and pairs in one bo

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1.
2.
3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1.
2.
3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				**FURADANTIN**	**100**			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				**GANTRISIN**	**1000**			

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME: Johnson, Thomas | HOSP. NO.: 155467 | DATE: 7/10

SPECIMEN OF: Urine | WARD: 4E | LAB. NO.: 6-24

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1. Over 100,000 Gram + cocci
2. Over 100,000 Gram ~~[illegible]~~ B
3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1.
2.
3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				FURADANTIN	100			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				GANTRISIN	1000			

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

Check Examinations Requested

- [ ] NPN
- [ ] Urea nitrogen
- [ ] Uric acid
- [ ] Creatinine
- [ ] Glucose
- [ ] CO2 Vol. %
- [ ] Chlorides
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [ ] Potassium
  1 ml heparin/6 ml blood
- [ ] Sodium
  1 ml heparin/6 ml blood
- [ ] Urea clearance

23.0 mg/100

1964 JUL 13 AM 11 12

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify) Salicylate

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/13/64 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 135467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

Check Examinations Requested

- [ ] NPN
- [x] Urea nitrogen 14
- [ ] Uric acid
- [ ] Creatinine
- [x] Glucose 132
- [ ] CO2 Vol. % 22.5
- [x] Chlorides 99
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [x] Potassium 1 ml heparin/6 ml blood 3.8
- [x] Sodium 1 ml heparin/6 ml blood 134
- [ ] Urea clearance

1964 JUL 13 AM 10 05

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

A.H

432

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/13/64 Pathologist

S.R. 2450C (R-55)–500M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E. Chart No. 155467

Doctor Keslowe

Clin. Diagnosis Lab. No.

R.B.C. W.B.C. 8800 Hb. 12.2 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

Done 7/13

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes

☐ Clotting time (cap. tube) ☐ Platelets

☑ E.S.R. (Cutler) (Lee-White) mm. in 5 min. Done 7/14 ☐ Bleeding time mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit 38 ☐ Eosin Count

Remarks CBC

BLOOD (Morphology) Date 7/16

Pathologist

8

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 153467

Doctor Deslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 JUL 18 AM 10 07

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Salicylate = 8.0 mg%

35

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/18 Pathologist

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward HE Chart No. 155467

Doctor Sesloma Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 6m Hb. 12.8 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.	

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit ☐ Eosin Count

Remarks

CBC

BLOOD (Morphology) Date 7/18 Pathologist

NYC.gov/records

PATIENT Johnson, Thomas | CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL | WARD 4E

ADDRESS

DOCTOR | LAB. NO. 2

CLINICAL DIAGNOSIS

REPORT:

Salmonella Group A - neg
Salmonella Group B - neg
Salmonella Group C - 1:160
Salmonella Group D - 1:40
Proteus OX-19 - neg
Brucella - 1:40

PATHOLOGIST

SPECIMEN OF Blood | FOR Febrile Agg. | DATE 7/10/64

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

PATIENT Johnson Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL Jacobi

WARD 4E

ADDRESS

DOCTOR Seslowe

LAB. NO.

CLINICAL DIAGNOSIS

REPORT:

V.D.R.L. Non-reactive

PATHOLOGIST

SPECIMEN OF Blood

FOR STS.

DATE 7/10

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

S.R. 5034-500M-701240(63) 114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

CHART LABORATORY SHEET

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Chart No. 155467

Name Johnson, Thomas Ward 4 East

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

To this sheet are attached the various analysis slips which come from the laboratory. The analysis slips are to be made out in duplicate. The original is gummed along the top and when received at the nurses' station is attached to this chart laboratory sheet by the gummed margin. The first report received is attached at the bottom line of this sheet and others above this, leaving 3/8-inch of earlier report exposed in each case.

NYC.gov/records

S.R. 2450A (R-53)–750M-701031(60) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson T Ward 4E Chart No. 155467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

SPECIMEN ☑ casual ☐ 24 hr. ml. ☐ catheterized ml.

Check Examinations Requested

☐ Routine

Color	Yellow	WBC	
Appearance	Clear		
Reaction	alk	RBC	
p H			
Sp. gr.	1.007	Casts	
Albumin			
Glucose	neg	Epith Cells	
Acetone		Crystals	
Diacetic Acid		Bacteria	

☐ Concentration—dilution test

Hr. Collected	Sp. Gr.	Vol. ml
Total		

☐ Bile ☐ Urobilinogen ☐ Others (specify)

☐ PSP	1st hour	2d hour	3d hour	Total
Vol. ml				
%				

Urinalysis

50

URANALYSIS Date 7/14 Pathologist

S.R. 2450D (R-55)–350M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson T Ward 4E Chart No. 55467

Doctor Lab. No.

Clin. Diagnosis

Check Examinations Requested

1964 JUL 10 AM 9 47

- ☐ Icterus index
- ☐ V.D.B. direct
  - indirect
- ☐ Calcium
- ☐ Phosphorus
- ☐ Chlorides
- ☐ Alk phosphatase
- ☐ Acid phosphatase
- ☐ Cephalin floc
- ☐ Thymol turbidity
- ☒ Uric acid 6.3
- ☐ Total proteins
- ☐ Alb/Glob
- ☐ Chol/Esters
- ☐ Amylase
- ☐ Lipase
- ☐ Bilirubin 5 min
  - 15 min
  - 30 min
- ☐ Bromsulfalein
- ☐ Protein bound iodine
- ☐ Bromides
- ☐ Others (Specify)

BLOOD CHEMISTRY Clotted Specimen Date Pathologist

12

2

NYC.gov/records

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward H6 Chart No. 155464

Doctor Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 12,000 Hb. 12.0 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.	

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☐ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit ☐ Eosin Count

Remarks

cbc

BLOOD (Morphology) Date 7/11/64 Pathologist

4

NYC.gov/records

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Johnson, Thomas Ward 4E Chart No. 155467

for Sedlane Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 12,300 Hb. 12.4 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

Done 7/13

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. 106 mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit 40 ☐ Eosin Count

Remarks

C.B.C., Salicylates

BLOOD (Morphology) Date 7-14-64 Pathologist

6

3

PATIENT Johnson Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4E

1964 JUL 11 AM 9 47

ADDRESS

DOCTOR

LAB. NO.

CLINICAL DIAGNOSIS

REPORT:

Salicylates 31.2 mg %

PATHOLOGIST

SPECIMEN OF Blood

FOR Salicylates

DATE 7/11/64

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

5

NYC.gov/records

PATIENT Johnson Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4R

ADDRESS

DOCTOR Seslowe

LAB. NO. 5-11

CLINICAL DIAGNOSIS

REPORT:

PATHOLOGIST

SPECIMEN OF	FOR	DATE
Throat Swab	C+S	

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

6

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME: JOHNSON | HOSP. NO.: B5467 | DATE: 7/10

SPECIMEN OF: THROAT | WARD: 4E | LAB. NO.: 11

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1.

2.

3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1. Rare Beta Strep

2.

3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				FURADANTIN	100			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				GANTRISIN	1000			

7

NYC.gov/records

S.R. 2450C (R-55)–500M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Ward 4 E Chart No. 279420

Doctor KAM Lab. No.

Clin. Diagnosis Ca Esophagus

R.B.C. W.B.C. 8000 + Diff. Hb. 12.0 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.
	88				3	8		1

R.B.C. Morphology Sl anisc.

Check Any of Following Examinations Requested

- ☐ Reticulocytes
- ☒ Platelets
- ☐ Clotting time (cap. tube) (Lee-White)
- ☐ Bleeding time
- ☐ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.
- ☐ Fragility Hemolysis begins at % Complete at %
- ☐ Clot retraction begins at Complete at
- ☐ Sickling
- ☒ Hematocrit 41
- ☐ Eosin Count

Remarks

4 27

BLOOD (Morphology) Date Pathologist

NYC.gov/records

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

DUPLICATE

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

R.B.C. _____ W.B.C. _____ Hb. _____ Gm. _____ % Color Index _____

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.	

R.B.C. Morphology

Check Any of Following Examinations Requested

- ☐ Reticulocytes
- ☑ Platelets 95,000
- ☐ Clotting time (cap. tube) (Lee-White)
- ☐ Bleeding time
- ☐ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.
- ☐ Fragility Hemolysis begins at % Complete at %
- ☐ Clot retraction begins at Complete at
- ☐ Sickling
- ☐ Hematocrit
- ☐ Eosin Count

Remarks

BLOOD (Morphology) Date 7/10/64 Pathologist

9

Johnson 4E 278420

Platelets #27

210,000

27

NYC.gov/records

S.R. 2450 E—100M-405021 (63) 447

Original

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

OUT

HEMATOLOGY
B.M.H.C., N.Y.

Date _____

Group & Rh _____

Patient _____
Print

Service _____ Ward _____ Chart # _____

1964 JUL 6 PM 4 46

☐ Whole Blood ☐ Red cells Others _____ Amount _____ mi

# on Bottle	Group & Rh	DONORS	# on Bottle	Group & Rh

Filled by _____ Received by _____

Date _____ Time _____ AM PM

REQUISITION ON BLOOD BANK FOR PREPARED BLOOD

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas. Ward 4E Chart No. 155467

Doctor Sestaire.

Clin. Diagnosis _____ Lab. No. _____

Check Examinations Requested

- [ ] NPN
- [ ] Urea nitrogen
- [x] Uric acid
- [ ] Creatinine
- [ ] Glucose
- [ ] CO2 Vol. %
- [ ] Chlorides
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [ ] Potassium
  1 ml heparin/6 ml blood
- [ ] Sodium
  1 ml heparin/6 ml blood
- [ ] Urea clearance

1964 JUL 10 AM 9 57

- [ ] Glucose Tolerance

	Urine	Blood
Fasting		
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Ca, + P.
8.9 2.9 2.8

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/10 Pathologist

12

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Lesline Lab. No.

Clin. Diagnosis

EMERGENCY LABORATORY
1964 JUN 3 AM 10 21

Check Examinations Requested

- [ ] NPN
- [x] Urea nitrogen 11
- [ ] Uric acid
- [ ] Creatinine
- [x] Glucose 110
- [ ] CO2 Vol. %
- [x] Chlorides 112
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [x] Potassium 1 ml heparin/6 ml blood 132
- [ ] Sodium 1 ml heparin/6 ml blood 5.7
- [ ] Urea clearance

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify) 30

BLOOD CHEMISTRY Specimen with Anticoagulant Date Pathologist

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor Seslowe

Clin. Diagnosis _____ Lab. No. _____

Check Examinations Requested

- [ ] NPN
- [x] Urea nitrogen 14
- [ ] Uric acid
- [ ] Creatinine
- [x] Glucose 114
- [x] CO2 Vol. % 25.5
- [x] Chlorides 94-92
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [x] Potassium 1 ml heparin/6 ml blood 4.1-4.1
- [x] Sodium 1 ml heparin/6 ml blood 131
- [ ] Urea clearance

54 JUL 10 AM

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify) electrolytes

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/10 Pathologist

NYC.gov/records

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward 4E Chart No. 155-467

Doctor Seslowe Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 12500 Hb. 12.0 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.	
	75				13	12			

R.B.C. Morphology normal

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets adq

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. 76 mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit 38 ☐ Eosin Count

Remarks

CBC

M

BLOOD (Morphology) Date 7/10 Pathologist

3

14

S.R. 2450C (R-55)–500M-703140(61) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward Chart No. 155467

Doctor K Jacobson Lab. No.

Clin. Diagnosis Drug Rash

R.B.C. W.B.C. 8,400 diff Hb. Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

1964 JUL 9 PM 6 14

EMERGENCY LABORATORY

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☐ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☑ Sickling ☐ Hematocrit ☐ Eosin Count

Remarks 42

EMERGENCY ROOM
CALL EXT. 258

BLOOD (Morphology) Date Pathologist

NYC.gov/records

S.R. 5034-500M-701240(63) 114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

CHART LABORATORY SHEET

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Chart No. 155467

Name Johnson, Thomas Ward 4E

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

To this sheet are attached the various analysis slips which come from the laboratory. The analysis slips are to be made out in duplicate. The original is gummed along the top and when received at the nurses' station is attached to this chart laboratory sheet by the gummed margin. The first report received is attached at the bottom line of this sheet and others above this, leaving 3/8-inch of earlier report exposed in each case.

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Jes Ward 4E Chart No. 135467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 JUL 22 AM 11 02

☐ Glucose Tolerance

	Urine	Blood
Fasting		
½ hour		
1 hour		
2 hour		
3 hour	26 mgm %	
4 hour		
5 hour		

Others (Specify)

Salicylate

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/22 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or o.p.d.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas ard 4E Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- [ ] NPN
- [ ] Urea nitrogen
- [ ] Uric acid
- [ ] Creatinine
- [ ] Glucose
- [ ] CO2 Vol. % 18.0 mgm%
- [ ] Chlorides
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [ ] Potassium 1 ml heparin/6 ml blood
- [ ] Sodium 1 ml heparin/6 ml blood
- [ ] Urea clearance

1964 JUL 21

- [ ] Glucose Tolerance

	Urine	Blood
Fasting AM 10 24		
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify) Salicylates

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/21 Pathologist

PATIENT Sobrosky Thomas | CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

DUPLICATE

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL _____ WARD 4E

ADDRESS _____

DOCTOR _____ LAB. NO. 3-6

CLINICAL DIAGNOSIS _____

REPORT:

PATHOLOGIST

SPECIMEN OF	FOR	DATE
Urine	Ed Lab	4/4/67

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 6200 Hb. 12.8 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.
	57				35	8		1

R.B.C. Morphology Normal

Check Any of Following Examinations Requested

- [ ] Reticulocytes
- [ ] Platelets Normal
- [ ] Clotting time (cap. tube) (Lee-White)
- [ ] Bleeding time
- [x] E.S.R. (Cutler) mm. in 5 min. 34 mm. in 1 hr.
- [ ] Fragility Hemolysis begins at % Complete at %
- [ ] Clot retraction begins at Complete at
- [ ] Sickling
- [ ] Hematocrit 40
- [ ] Eosin Count

Remarks CBC

BLOOD (Morphology) Date 7/20 Pathologist

30

PATIENT Johnson Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL Jacobi

WARD 4 E.

ADDRESS

DOCTOR

LAB. NO.

CLINICAL DIAGNOSIS L. E. TESTS

REPORT:

L. E. CELLS susp.

FLUORESCENT ANTINUCLEAR ANTIBODIES ~~+~~ susp (Repeat again)

PATHOLOGIST

SPECIMEN OF Blood

FOR Le Prep

DATE 7/16

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

susp. 4

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. % 14
- ☐ Chlorides
- ☐ Prothrombin mgm %
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 JUL 20 AM 11 08

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Salicylates

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/20 Pathologist

NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME	HOSP. NO.	DATE
~~Jackson~~ Johnson, T.	1554167	7/15

SPECIMEN OF	WARD	LAB. NO.
Urine	4E	3-6

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☑ NO SIGNIFICANT GROWTH

1.

2.

3.

FINAL CULTURE RESULTS ☑ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1.

2.

3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				**FURADANTIN**	100			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				**GANTRISIN**	1000			

S.R. 2450A (R-53)-750M-701031(60) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson T Ward 4E Chart No. 155467

Doctor Lab. No.

Clin. Diagnosis

SPECIMEN ☒ casual ☐ 24 hr. ml. ☐ catheterized ml.

Check Examinations Requested

☐ Routine

Color	Yellow	WBC	
Appearance	clear		
Reaction	alk	RBC	
p H			
Sp. gr.	1014	Casts	
Albumin	0		
Glucose	neg	Epith Cells	
Acetone		Crystals	
Diacetic Acid		Bacteria	

☐ Concentration—dilution test

Hr. Collected	Sp. Gr.	Vol. ml
Total		

☐ Bile ☐ Urobilinogen ☐ Others (specify)

☐ PSP	1st hour	2d hour	3d hour	Total
Vol. ml				
%				

URANALYSIS Date 7/23 Pathologist RBA

PATIENT JOHNSON THOMAS

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

DUPLICATE

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4E

ADDRESS

DOCTOR ~~Hoot~~ Seslowe

LAB. NO. 6-24

CLINICAL DIAGNOSIS

REPORT:

PATHOLOGIST

SPECIMEN OF Urine

FOR C/S

DATE 7/10

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME: Johnson, Thomas | HOSP. NO. 155467 | DATE 7/10

SPECIMEN OF: Urine | WARD 4E | LAB. NO. 6-24

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1. Over 100,000 Gram + cocci
2. Over 100,000 Gram ~~+ cocci~~ − B
3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1. Over 100,000 Enterco
2. Over 100,000 Pseudomonas
3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS	S			FURADANTIN	100			
	METHICILLIN	5	R			STREPTOMYCIN	2	R		
	TETRACYLINE	5	R			KANAMYCIN	5	S		
	CHLORAMPHENICOL	5	R			COLISTIN	2			
	ERYTHOMYCIN	2	S			GANTRISIN	1000	R		

NYC.gov/records

PATIENT Johnson Thomas | CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL | WARD 4E

ADDRESS

DOCTOR | LAB. NO. 11

CLINICAL DIAGNOSIS

REPORT:

Latex Fixation — Neg

PATHOLOGIST

SPECIMEN OF Bld. | FOR Latex Fixation | DATE 7/10/64

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

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S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson, Thomas Ward HE. Chart No. 155467

Doctor Deslowe Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 7500 Hb 12.8 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

Done July 13

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) Done July 14 ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit 38 ☐ Eosin Count

Remarks CBC

BLOOD (Morphology) Date 7/17 Pathologist

10

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4 E Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Salicylate = 19 mg%

B

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/17 Pathologist

NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME	HOSP. NO.	DATE
~~Jackson~~ Johnson, T.	155-4167	7/15

SPECIMEN OF	WARD	LAB. NO.
Urine	4E	3-6

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☑ NO SIGNIFICANT GROWTH

1.

2.

3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1.

2.

3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				**FURADANTIN**	**100**			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				**GANTRISIN**	**1000**			

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- [ ] NPN
- [ ] Urea nitrogen
- [ ] Uric acid
- [ ] Creatinine
- [ ] Glucose
- [ ] CO2 Vol.% 20.5 mg%
- [ ] Chlorides
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [ ] Potassium
  1 ml heparin/6 ml blood
- [ ] Sodium
  1 ml heparin/6 ml blood
- [ ] Urea clearance

1964 JUL 16 AM

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Salicylates 0.75 Mg%

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/16 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4C Chart No. 185467

Doctor Leslem Lab. No.

Clin. Diagnosis

Check Examinations Requested

- [ ] NPN
- [ ] Urea nitrogen
- [x] Uric acid 2.2
- [ ] Creatinine
- [ ] Glucose
- [ ] CO2 Vol. %
- [ ] Chlorides
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [ ] Potassium
  1 ml heparin / 6 ml blood
- [ ] Sodium
  1 ml heparin / 6 ml blood
- [ ] Urea clearance

1964 JUL 15 AM 10 29

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

4117

AN

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7-15-64 Pathologist

S.R. 5034–500M-701240(63) 114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

CHART LABORATORY SHEET

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Chart No. 155467

Name Johnson, Thomas Ward 4 East

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

To this sheet are attached the various analysis slips which come from the laboratory. The analysis slips are to be made out in duplicate. The original is gummed along the top and when received at the nurses' station is attached to this chart laboratory sheet by the gummed margin. The first report received is attached at the bottom line of this sheet and others above this, leaving 3/8-inch of earlier report exposed in each case.

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Peslouse Lab. No.

Clin. Diagnosis

Check Examinations Requested

54 JUL 24 AM 11 00

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

☐ Glucose Tolerance

	Urine	Blood
Fasting		
½ hour		
1 hour		
2 hour		
3 hour		4.4
4 hour		
5 hour		

Others (Specify)

~~Stephl Slow~~ TT

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/24 Pathologist

288

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4 E. Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- [ ] NPN
- [ ] Urea nitrogen
- [ ] Uric acid
- [ ] Creatinine
- [ ] Glucose
- [ ] CO2 Vol. % 27 mgm %
- [ ] Chlorides
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [ ] Potassium
  1 ml heparin/6 ml blood
- [ ] Sodium
  1 ml heparin/6 ml blood
- [ ] Urea clearance

1964 JUL 24 AM 10 27

- [ ] Glucose Tolerance

	Urine	Blood
Fasting		
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify) Salicylate

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/24 Pathologist

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Sestone Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 7200 Hb. 12.8 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.
		diff done			7/20/64			

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. 16 mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☑ Hematocrit 39.5 ☐ Eosin Count

Remarks CBC

4

BLOOD (Morphology) Date 7/24 Pathologist

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S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 6200 Hb. 14.0 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.
	59				39	2		

R.B.C. Morphology SL Chise

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets Adq.

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. 18 mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☑ Hematocrit 43 ☐ Eosin Count

Remarks CBC

BLOOD (Morphology) Date 7/27 Pathologist M 33

PATIENT Johnson. Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4E

ADDRESS

DOCTOR Bes

LAB. NO.

CLINICAL DIAGNOSIS

REPORT: L. E. TESTS

L. E. CELLS neg.

FLUORESCENT ANTINUCLEAR ANTIBODIES neg.

PATHOLOGIST

SPECIMEN OF

FOR Le prep

DATE 7/23

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME: Johnson Thomas | HOSP. NO.: 155467 | DATE: 7/10

SPECIMEN OF: Urine | WARD: 4 S | LAB. NO.: 6-24

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1. Over 100,000 Gram + Cocci
2. Over 100,000 Gram Neg. Bacilli
3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1. Over 100,000 Entero.
2. can't be identified - Please send
3. another Urine specimen

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS	S			FURADANTIN	100			
	METHICILLIN	5	~~R~~			STREPTOMYCIN	2	R		
	TETRACYLINE	5	R			KANAMYCIN	5	S		
	CHLORAMPHENICOL	5	R			COLISTIN	2			
	ERYTHOMYCIN	2	S			GANTRISIN	1000	R		

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME	HOSP. NO.	DATE
Johnson, Thomas	155462	7-10

SPECIMEN OF	WARD	LAB. NO.
Blood	4E	10-9

DESCRIPTION OF SPECIMEN

gr pos. and var. cocci in chains (short) and pairs in one bo

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1.
2.
3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1. α strep in one bottle
2.
3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS	S			**FURADANTIN**	**100**			
	METHICILLIN	5				STREPTOMYCIN	2	R		
	TETRACYLINE	5	S			KANAMYCIN	5	R		
	CHLORAMPHENICOL	5	S			COLISTIN	2			
	ERYTHOMYCIN	2	S			**GANTRISIN**	**1000**			

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME	HOSP. NO.	DATE
Johnson, Thomas	155467	7-14

SPECIMEN OF	WARD	LAB. NO.
Blood	4E	15-8

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1.

2.

3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1.

2. No Growth

3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				**FURADANTIN**	**100**			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				**GANTRISIN**	**1000**			

NYC.gov/records

PATIENT Johnson, Thomas

CHART NO. 155469

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4E

ADDRESS

DOCTOR

LAB. NO 15-8

CLINICAL DIAGNOSIS

REPORT:

PATHOLOGIST

SPECIMEN OF Blood

FOR Culture & Sens

DATE 7-14

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

PATIENT Johnson, Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4-R

ADDRESS

DOCTOR

LAB. NO. 15-7

CLINICAL DIAGNOSIS

REPORT:

PATHOLOGIST

SPECIMEN OF Blood

FOR Culture & Sensitivity

DATE 7-14-64

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

PATIENT Johnson, Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

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HOSPITAL Jacobi

WARD 48

ADDRESS

DOCTOR Sesleme

LAB. NO.

CLINICAL DIAGNOSIS

REPORT:

A.S.L.Q. - 500 units

PATHOLOGIST

SPECIMEN OF Blood

FOR ASLO, Titer

DATE 1-14-64

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

PATIENT Johnson, Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

ORIGINAL

HOSPITAL

WARD 4E

ADDRESS

DOCTOR

LAB. NO. 15-6

CLINICAL DIAGNOSIS

REPORT:

PATHOLOGIST

SPECIMEN OF Blood

FOR Culture & Sens

DATE 7-14

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME: Johnson, Thomas | HOSP. NO. 155467 | DATE 7-14

SPECIMEN OF: Blood | WARD: 4E | LAB. NO. 15-7

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1.

2.

3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1.

2. No Growth

3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				**FURADANTIN**	**100**			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				**GANTRISIN**	**1000**			

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor Sea Lab. No.

Clin. Diagnosis

Check Examinations Requested

- [ ] NPN
- [x] Urea nitrogen 18
- [ ] Uric acid
- [ ] Creatinine
- [x] Glucose 92
- [ ] CO2 Vol. % 24
- [x] Chlorides 102
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [x] Potassium 1 ml heparin/6 ml blood 4.7
- [x] Sodium 1 ml heparin/6 ml blood 137
- [ ] Urea clearance

1964 JUL 22 AM 10 21

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

a H

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/22 Pathologist

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4 E. Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

AM 10 06 27

23 mg %

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Salicylates

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/27 Pathologist

NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records

BRONX MUNICIPAL HOSPITAL
BACTERIOLOGY

NAME: Johnson, Thomas
HOSP. NO.: 155467
DATE: 7-14
SPECIMEN OF: Blood
WARD: 4E
LAB. NO.: 15-6

DESCRIPTION OF SPECIMEN

DESCRIPTION OF SMEAR

☐ NO SIGNIFICANT BACTERIA SEEN

PRELIMINARY CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH

1.
2.
3.

FINAL CULTURE RESULTS ☐ NO SIGNIFICANT GROWTH ☐ NORMAL FLORA

1.
2. No Growth
3.

SENSITIVITIES		MCG	1	2	3		MCG	1	2	3
S = SENSITIVE R = RESISTANT ± = EQUIVOCAL	PENICILLIN	2 UNITS				**FURADANTIN**	**100**			
	METHICILLIN	5				STREPTOMYCIN	2			
	TETRACYLINE	5				KANAMYCIN	5			
	CHLORAMPHENICOL	5				COLISTIN	2			
	ERYTHOMYCIN	2				**GANTRISIN**	**1000**			

S.R. 2450C (R-55)–500M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor Ses

Clin. Diagnosis Lab. No.

R.B.C. W.B.C. 6300 Hb. 14.0 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

Diff done July 20

R.B.C. Morphology

Check Any of Following Examinations Requested

- ☐ Reticulocytes
- ☐ Clotting time (cap. tube) (Lee-White)
- ☐ Platelets
- ☑ E.S.R. (Cutler) mm. in 5 min. 23
- ☐ Bleeding time mm. in 1 hr.
- ☐ Fragility Hemolysis begins at % Complete at %
- ☐ Clot retraction begins at Complete at
- ☐ Sickling
- ☐ Hematocrit 42
- ☐ Eosin Count

Remarks CBC

BLOOD (Morphology) Date 7/22

Pathologist

18

NYC.gov/records

S.R. 5034-500M-701240(63) 114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

CHART LABORATORY SHEET

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Chart No. 155467

Name Johnson, Thomas Ward 4E

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

To this sheet are attached the various analysis slips which come from the laboratory. The analysis slips are to be made out in duplicate. The original is gummed along the top and when received at the nurses' station is attached to this chart laboratory sheet by the gummed margin. The first report received is attached at the bottom line of this sheet and others above this, leaving 3/8-inch of earlier report exposed in each case.

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Leslaure Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify) 5m = 70.0%

BSP 5 + 45'

62-63

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/31/62 Pathologist

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Leslowe Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 4500 Hb. 140 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

Done 1/21

R.B.C. Morphology

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets

☐ Clotting time (cap. tube) (Lee-White) Done ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. 7/21 mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☐ Hematocrit 45 ☐ Eosin Count

Remarks

CBC W

9

BLOOD (Morphology) Date 7/31/61 Pathologist

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 JUL 31 AM 10 14

B

17 mg %

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Salicylate

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/31/64 Pathologist

S.R. 2450A (R-53)—800M-702436(62) 447

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Lab. No.

Clin. Diagnosis

SPECIMEN ☐ casual ☒ 24 hr. ml. ☐ catheterized ml.

Check Examinations Requested

☒ Routine

1934 JUL 29 AM 10 02

Color	WBC		
Appearance			
Reaction	RBC		
p H			
Sp. gr.	Casts		
Albumin			
Glucose	Epith Cells		
Acetone	Crystals		
Diacetic Acid	Bacteria		

☐ Concentration—dilution test

Hr. Collected	Sp. Gr.	Vol. ml
	Total	

☐ Bile ☐ Urobilinogen ☐ Others (specify)

☐ PSP	1st hour	2d hour	3d hour	Total
Vol. ml				
%				

24 hr. urine for total urinary Creatine

1.2 Gm

Creatinine

1009

820

URANALYSIS Date 7/29 Pathologist

Total Urinary Creatine

S.R. 2450D (R-55)–350M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Ward 4C Chart No. 155467

Doctor Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ Icterus index
- ☐ V.D.B. direct
- indirect
- ☐ Calcium
- ☐ Phosphorus
- ☐ Chlorides
- ☐ Alk phosphatase
- ☐ Acid phosphatase
- ☐ Cephalin floc
- ☐ Thymol turbidity
- ☐ Uric acid
- ☐ Total proteins
- ☐ Alb/Glob
- ☐ Chol/Esters 101
- ☐ Amylase
- ☐ Lipase
- ☐ Bilirubin 5 min
- 15 min
- 30 min
- ☐ Bromsulfalein
- ☐ Protein bound iodine
- ☐ Bromides
- ☐ Others (Specify) A H

2+

BLOOD CHEMISTRY Clotted Specimen Date Pathologist

PATIENT Johnson Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL

WARD 4E

ADDRESS

DOCTOR

LAB. NO. 24

CLINICAL DIAGNOSIS

REPORT:

ASLO - 500 units

PATHOLOGIST

SPECIMEN OF

FOR ASLO

DATE 7/31/44

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

NYC.gov/records

PATIENT Johnson Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL Jacobi

WARD 4E.

ADDRESS

DOCTOR

L. E. TESTS

LAB. NO.

CLINICAL DIAGNOSIS

REPORT:

L. E. CELLS Negative

FLUORESCENT ANTINUCLEAR ANTIBODIES Negative

6

PATHOLOGIST

SPECIMEN OF Bld.

FOR L E Prep.

DATE 9/28/64

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

5

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Sesslove Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☑ Prothrombin 16.8/13.0c
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

☐ Glucose Tolerance

	Urine	Blood
Fasting		
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)
Pl 79

23

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/29/60 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor Deslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

64 JUL 29 AM 10 24

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Ceph Flor
2+

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/29/64 Pathologist

101

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E. Chart No. 135467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

Check Examinations Requested

- [ ] NPN
- [x] Urea nitrogen 17
- [ ] Uric acid
- [ ] Creatinine
- [x] Glucose 92
- [x] CO2 Vol. % 29.5
- [x] Chlorides 107 – 110
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [x] Potassium 1 ml heparin/6 ml blood 4.9 – 4.8
- [x] Sodium 1 ml heparin/6 ml blood 144 – 143
- [ ] Urea clearance

1964 JUL 28 AM 9 40

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

035

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/28/64 Pathologist

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor Leslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine Serum 1.5
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 JUL 29 AM 10 16

130

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/29/64 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Deslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- [ ] NPN
- [ ] Urea nitrogen 22.4
- [ ] Uric acid 17.9
- [ ] Creatinine 14.7
- [ ] Glucose 5.6
- [ ] CO2 Vol. % 39.4
- [ ] Chlorides
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [ ] Potassium
  1 ml heparin/6 ml blood
- [ ] Sodium
  1 ml heparin/6 ml blood
- [ ] Urea clearance

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

Protein Electrophoresis

T.P. 7.3

A·H

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/20 Pathologist

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson, Thomas Ward 4E. Chart No. 155467

Doctor _____ Lab. No. _____

Clin. Diagnosis _____

R.B.C. _____ W.B.C. 5300 Hb. 13.6 Gm. _____ % Color Index _____

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.

Done July 27

R.B.C. Morphology _____

Check Any of Following Examinations Requested

- ☐ Reticulocytes
- ☐ Platelets
- ☐ Clotting time (cap. tube) (Lee-White) Done July 27
- ☐ Bleeding time
- ☑ E.S.R. (Cutler) mm. in 5 min. mm. in 1 hr.
- ☐ Fragility Hemolysis begins at % Complete at %
- ☐ Clot retraction begins at Complete at
- ☐ Sickling
- ☑ Hematocrit 42
- ☐ Eosin Count

Remarks CBC

BLOOD (Morphology) Date 7/28/64

Pathologist

23

PATIENT Johnson Thomas

CHART NO. 155467

REQUEST FOR LABORATORY EXAMINATION AND REPORT

ORIGINAL

(Return duplicate in laboratory—Return gummed copy to ward or O.P.D.)

HOSPITAL Jacobi

WARD 4 E.

ADDRESS

DOCTOR Seslowe

LAB. NO.

CLINICAL DIAGNOSIS L. E. TESTS

REPORT:

L. E. CELLS negative

FLUORESCENT ANTINUCLEAR ANTIBODIES negative

3

PATHOLOGIST

SPECIMEN OF Blood

FOR LE Prep

DATE 7/30

SPECIFY TEST

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

S.R. 2450 (Rev. 63)-1MM-701240(63) 114

12

NYC.gov/records

S.R. 5034-500M-701240(63) 114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

CHART LABORATORY SHEET

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Chart No. 155467

Name Johnson, Thomas Ward 4 East

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

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NYC.gov/records

SPINAL FLUID

MONTH DAY YEAR	INITIALS	INITIAL PRESSURE	APPEARANCE	ORGANISMS SEEN	TOTAL RBC	TOTAL WBC	% PMN	% LYMPH	SUGAR MG. %	PROT. MG. %	CHLORIDES MEQ./L	SEROLOGY	CULTURE

ADDIS COUNT PER 12 HOUR SPECIMEN

DATE	AMOUNT (ML)	SPG	ALB (GM)	WBC	RBC	CASTS

MISCELLANEOUS (TUBERCULIN, ABSOLUTE EOSINOPHILE COUNT, GASTRIC ANALYSIS. P.S.P., TOURNIQUET TEST, HYPOTONIC FRAGILITY, BONE MARROW, ETC.)

USE CLIN. PATH. SHEET "B" FOR BLOOD CHEMISTRY, FECES, BACT., T.B. AND AGGL.

ASLO 7/14/64 500 units : PCP 7 22 4 / BT 7.9
α 2/14.7 α, 5.6 α2 39.4
7/29 Urine creatine 24 hr 1.29 gm.
Serum creatine 1.5
7/31 Salylate 17 mg %
7/28 LE prep Neg FA Neg
7/30 LE prep Neg FA Neg
7/31 ASLO 500 units

BRONX MUNICIPAL HOSPITAL CENTER

CLINICAL PATHOLOGY

A

Johnson Thomas
PATIENT PRINT LAST NAME FIRST NAME

1334/67
HISTORY NUMBER

4E Med 7/9/61
LOCATION SERVICE DATE

URINE (CATHETER SPECIMENS TO BE ENTERED IN RED INK)
USE EXTRA LINES FOR ADDITIONAL REMARKS

MONTH DAY YEAR	INITIALS	CHARACTER COLOR	SP GR	REACT	PROTEIN	SUGAR	ACETONE	BILE	UROBILIN-OGEN	PER HPF CENTRIFUGED			MISCELLANEOUS
										RBC	WBC	CASTS	

BLOOD (USE EXTRA LINE FOR DESCRIPTION OF SMEAR. INDICATE TRANSFUSION ON SEPARATE LINE CHRONOLOGICALLY. 100% HGB EQUALS 14.5 GRAMS) **Patient's Blood Group** [ ] **RH** [ ]

MONTH DAY YEAR	ESR MM/HR.	HGB GRAMS	RBC MILL'NS	HEMAT-OCRIT	WBC THOU-SAND	PMN		LYM	MON	EOS	BAS	META MYEL	MYELO-CYTES	PRO-MYELO	PLATE-LETS	RETICS
						MATURE	BANDS									
8/3	~~5~~			42	55	61	1	33	3	1	1					
8/3	8															

NYC.gov/records

SPINAL FLUID

MONTH DAY YEAR	INITIALS	INITIAL PRESSURE	APPEARANCE	ORGANISMS SEEN	TOTAL RBC	TOTAL WBC	% PMN	% LYMPH	SUGAR MG. %	PROT. MG. %	CHLORIDES MEQ./L	SEROLOGY	CULTURE

ADDIS COUNT PER 12 HOUR SPECIMEN

DATE	AMOUNT (M1)	SPG	ALB (GM)	WBC	RBC	CASTS

MISCELLANEOUS (TUBERCULIN, ABSOLUTE EOSINOPHILE COUNT, GASTRIC ANALYSIS, P.S.P., TOURNIQUET TEST, HYPOTONIC FRAGILITY, BONE MARROW, ETC.)

USE CLIN. PATH. SHEET "B" FOR BLOOD CHEMISTRY, FECES, BACT., T.B. AND AGGL.

7/10 Tine test neg 48 hrs - positive 4 days — Item imp

7/11 throat swab Rose beta strep

7/11 Salicylates 31.2 mg %

7/13 23.0 mg %

7/10 ASLO 250

Heterophile 1:14

Febrile agglutinins Sal group C 1:160, Brucella 1:40 Group D 1:40

7/15 Salicylates 33 mg %

7/10 stool culture, no growth

7/14 Blood cultures: no growth

7/16 Salicylates 20.5 mg %

7/10 Latex Fixation neg.

7/10 Urine Culture >100,000 pseudomonas >100,000 Enterococcus

7/14 Urine culture no growth

7/17 Salicylates 19 mg %

7/18 Salicylates 8.0 mg %

7/20 " 14

7/21 LE Prep susp. Fl lent susp.

7/22 Salicylates 26 mg %

7/24 Sal 27 mg %

7/23 LE Prep Neg

7/27 Fl ante, nuc, ant, - Neg

7/27 Salicylates 23 mg %

BRONX MUNICIPAL HOSPITAL CENTER

PATIENT PRINT LAST NAME FIRST NAME: Johnson Thomas

HISTORY NUMBER: 155467

CLINICAL PATHOLOGY

A

LOCATION: 4E SERVICE: Med DATE: 7/9/64

URINE (CATHETER SPECIMENS TO BE ENTERED IN RED INK)
USE EXTRA LINES FOR ADDITIONAL REMARKS

MONTH DAY YEAR	INITIALS	CHARACTER COLOR	SP GR	REACT	PROTEIN	SUGAR	ACETONE	BILE	UROBILIN-OGEN	PER HPF CENTRIFUGED RBC	WBC	CASTS	MISCELLANEOUS
7/10		yel clear			0	0	0						
7-10	mw	yellow clear	1007	acid	0	0	0	0		0	5.6	0	–
7/14		yel clear	1007	acid	0	0	0			0	0	0	
7/23		yel clear	1014	alk	0	0	0			0	0	0	

BLOOD
(USE EXTRA LINE FOR DESCRIPTION OF SMEAR. INDICATE TRANSFUSION ON SEPARATE LINE CHRONOLOGICALLY. 100% HGB EQUALS 14.5 GRAMS)

Patient's Blood Group: ☐ RH: ☐

MONTH DAY YEAR	ESR MM/HR.	HGB GRAMS	RBC MILL'NS	HEMAT-OCRIT	WBC THOU-SAND	PMN MATURE	PMN BANDS	LYM	MON	EOS	BAS	META MYEL	MYELO-CYTES	PRO-MYELO	PLATE-LETS	RETICS
7/10	47			42	8400	61	2	31	6	0	0				ok	
7/10	76				12500	75		13	12						adq	
7/11		12.0			12000											
7/13		12.0		37	9.2	74	1	17	3						200000	
7/14	106			40	12.5										–	
7/16		12.2		38	8.8											
7/17		12.4		38	7.5											
7/18					6.8											
7/20	34	12.			6.2											
7/21	41			42	6.3											
7/24	16			34.5	7.2											
7/27	18			43		59		39	2						adq	
7/26				42	5.3											
7/31				43	4.5											
8/2				42												

NYC.gov/records

FECES

MONTH DAY YEAR	GUAIAC	MONTH DAY YEAR	GUAIAC	MONTH DAY YEAR	OVA PARASITES, BILE, ETC.
7/15	neg				
7/19	neg				
7/22	neg				
7/28	neg				
8/5	neg				

BACTERIOLOGY (TO INCLUDE ALL SMEARS AND CULTURES, EXCEPT SPINAL FLUID AND A.F.B.)

DATE OF SPEC.	MATERIAL	REPORT
7/15	Urine	No growth

ACID FAST BACILLI

DATE OF SPEC	MATERIAL	SMEAR	CULT. No.	CULTURE REPORT

SEROLOGY

MONTH DAY YEAR	WIDAL	DATE	WEIL FELIX (OX 19)	BRUCELLA	HETEROPHILE	COLD AGGLUTININS	STS	CRP	ASO
	H O	7/10					Neg		
	H O								
	H O								

NYC.gov/records

BRONX MUNICIPAL HOSPITAL CENTER

CLINICAL PATHOLOGY

B

PATIENT PRINT LAST NAME FIRST NAME: Johnson Thomas

HISTORY NUMBER: 155467

LOCATION: 4E SERVICE: Med DATE: 7/9/64

BLOOD CHEMISTRY

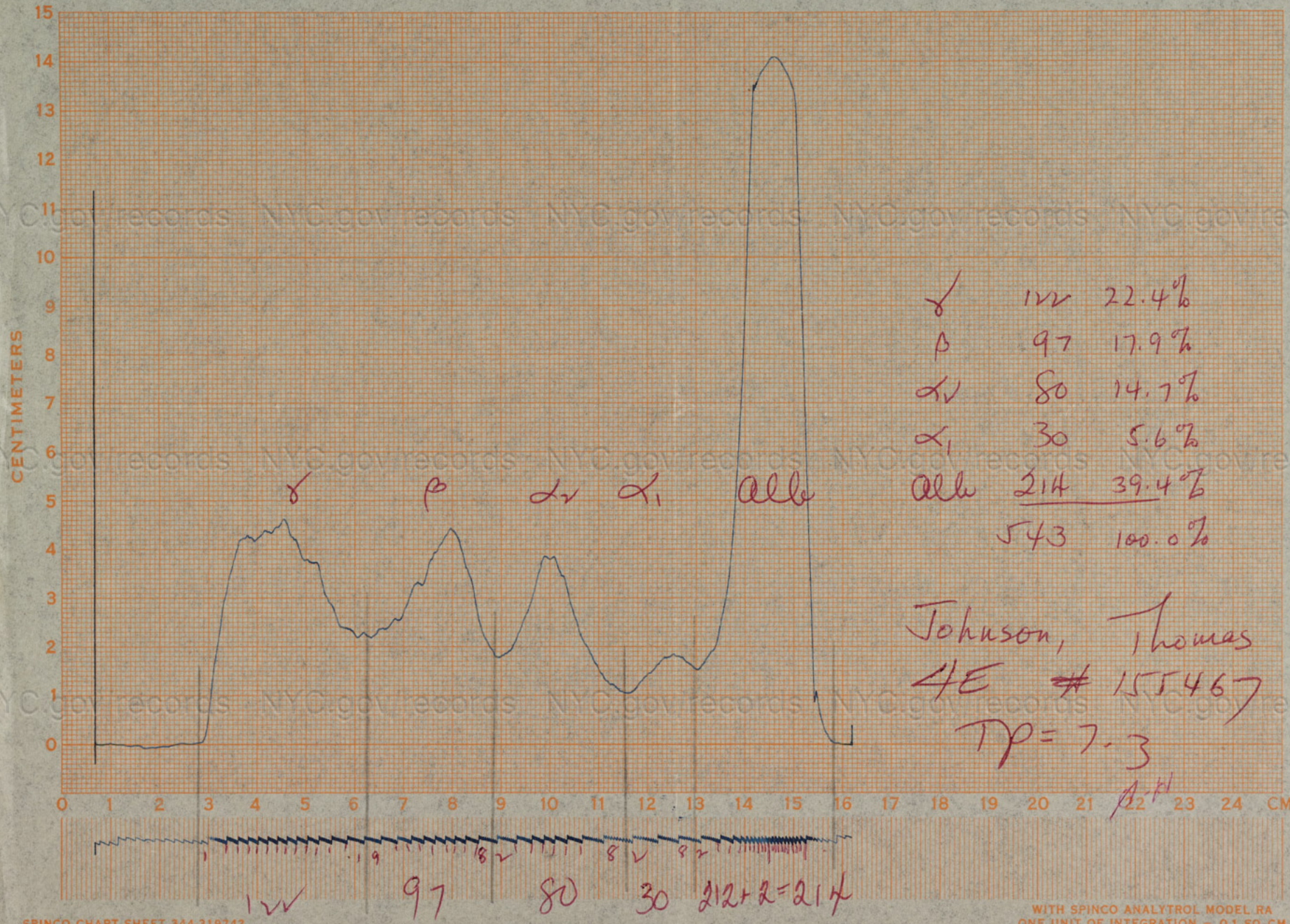
MONTH DAY YEAR	UREA N MG. %	SUGAR MG. %	CO_2 COMB. POWER M. MOLS.	CHLORIDES MEQ./L	SODIUM MEQ./L	POTASSIUM MEQ./L	CA. MG. %	PHOS MG. %	ALK. P-TASE UNITS	BILIRUBIN TOT. MG. %	BILIRUBIN DIRECT MG. %	BILIRUBIN INDIRECT MG. %	THY. TURB. UNITS	CEPH FLOC.	BSP % RET.	CHOLESTEROL TOTAL MG. %	CHOLESTEROL ESTERS MG. %
7/10	11	110		112	132	5.7	4.9	2.9									
7/10	14	114	25	94	131	4.1											
7/13	14	132	22.5	99	134	3.8											
7/22	18	92	24	102	137	4.7											
7/24													4.4	Neg			
7/28	17	92	29.5	107	144	4.9								27			
7/31														27	5 min 70% 25 min 17.5%		
8/3	18	112	23.5	105	142	4.4	9.3	3.4	2.1								
8/5														45	20%		
														5	17.5%		

MONTH DAY YEAR	PROTHROMBIN TIME PATIENT	PROTHROMBIN TIME CONTROL	TOT. PROT. GMS. %	ALB. / GLOB.	AMYLASE UNITS	URIC ACID MG. %	MONTH DAY YEAR	MISCELLANEOUS BLOOD CHEMISTRY UREA CLEARANCE	MISCELLANEOUS BLOOD CHEMISTRY GAMMA GLOBULIN
7/14	11.8	11.6				6.3			
7/16	16.4	13.0				2.2			

	ACID P-TASE UNITS	CREATININE MG. %	IRON MG. %	SGOT	SGPT
8/3				95	106
7/31				120	100
8/5				11	12

REMARKS:

FILTERS 7.1 RUN No. 395
SLIT WIDTH 1.5 STRIP No. 2
CAM No. B5 DATE 7-20-64
SAMPLE Serum



γ	112	22.4%
β	97	17.9%
α2	80	14.7%
α1	30	5.6%
alb	214	39.4%
	543	100.0%

Johnson, Thomas
4E # 155467
TP = 7.3
A.H.

SPINCO CHART SHEET 344-319742

WITH SPINCO ANALYTROL MODEL RA
ONE UNIT OF INTEGRATION = 0.1 SQ. CM.

NYC.gov records

S.R. 5006-600M-701240(63) 114

RECORD ACTION USING FOLLOWING SYMBOLS:
A–Administered
T–Transferred to Treatment list, etc.
R–Request made
D–Discontinued

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Jacobi Hospital

DOCTORS' ORDER SHEET

Ward 4 East

Chart No. 155467

Name Johnson, Thomas

ORDERED Date	By Whom	Diets, Standing and Special Orders, Including Laboratory	DISPOSITION Action A	T	R	D	By Whom
7/14	Sedlowe	Urine for R+M.	✓				
7/15	Sedlowe	Cut Phenobarb cut codeine	✓				
7/16	Sedlowe	Give pt glass of milk with each dosage of ASA cut amphogel.	✓				
7/18	Sedlowe	1) New orders for ASA, ASA 15 gr. q6h c̄ glass of milk. 2) Weekly wgt	✓	✓	✓		E Seeg 15
7/18	Sedlowe	ASA 15 gr q4h c̄ glass of milk	✓				Martin
7/20	Sedlowe	Pen Vee 200,000 q.i.d.		✓			
7/22	Sedlowe	Urine for R+M		✓			
7/24	Sedlowe	OOB		✓			E Seeg 15
7/24	Sedlowe	Change ASA adult 15 gr ASA q6h.					E Seeg 15
~~7/27~~	~~Sedlowe~~	~~24 hr urine for total urinary creatinine~~					
7/27	Sedlowe	24 hr urine for total urinary creatine 8 AM 7/28 – 7/29.					F. Mueller
7/30	Sedlowe	NPO ~~c̄ breakfast morning~~ after 12 midnight until after EKG taken in morning (Pt can take oral meds)					E Seeg 15
7/31	Sedlowe	DC Pen Vee 1.2 million bicillin q.o.d.					

S.R. 5006-600M-701240(63) 114

RECORD ACTION USING FOLLOWING SYMBOLS:
A–Administered
T–Transferred to Treatment list, etc.
R–Request made
D–Discontinued

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
Jacobi Hospital
DOCTORS' ORDER SHEET

Ward 4 S.E.
Chart No. 155467

Name Johnson, Thomas

ORDERED Date	ORDERED By Whom	Diets, Standing and Special Orders, Including Laboratory	DISPOSITION Action A	T	R	D	By Whom
7/9	Sedlowe	Codeine 60 mg IM	Given				
7/9	Sedlowe	Codeine 30 mg IM	Given				
		Vital Sign q1h.		✓			
		TPR q4h		✓			
7/10	Sedlowe	Codeine 30 mg IM	✓				F. Sanders
		Bed Rest.		✓			
		Bland Diet.		✓			F. Sanders
7/10	Sedlowe	Force Fluid.		✓			
		Colchicine 1.2 mg stat. then					
		.6 mg q1h.		✓			
		Codeine 30 mg IM ~~stat~~	✓				F. Sanders.
7/10	Sedlowe	Sippy I diet					
7/10	Sedlowe	20 gr ASA stat & repeat		7/12 20			E Sery is
		20 gr ASA in 3 hrs. thy					
		15 gr ASA q4h. with each					
		dose of ASA give 30 cc amphogel + H2O					
7/10	Sedlowe	Discontinue colchicine		✓			E Martin
7/11	Sedlowe	Phenobarbital 60 mg TID					
		Seconal 100 mg po hs x 1 repeat PRN					Smair
7/12	Sedlowe	Urinalysis for routine		✓			
		Codeine 30 mg IM (stat)	Given 12 30		✓		Smair
		then Codeine 30 mg IM q4h PRN			✓		
7/11	Satinsky	change codeine to					
		30 mg PO q3h prn					Smair

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S.R. 5006-600M-701240(63) 114

RECORD ACTION USING FOLLOWING SYMBOLS:
A–Administered
T–Transferred to Treatment list, etc.
R–Request made
D–Discontinued

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

.....Hospital

Ward 4E

Chart No. 1532/67

DOCTORS' ORDER SHEET

Name Johnson Thomas

ORDERED Date	ORDERED By Whom	Diets, Standing and Special Orders, Including Laboratory	DISPOSITION Action A	T	R	D	By Whom
7/21	Sedlow	~~Salicylates~~					
7/22	Sedlow	CBC ESR Salicylates					
		BUN FBS Electrolyte					
7/22	Sedlow	~~LE Prep. CBC~~					
7/24	Sedlow	RBC ESR Hct Salicylates					
		Cephalex Thyroid					
7/25							
7/26							
7/27		CBC ESR Hct Salicylates					
7/28	Sedlow	~~LE Prep CBC Hct ESR~~					
		~~BUN FBS Electrolyte~~					
		~~Serum creatinine~~					
7/29		Ceph Flex, serum creatinine					
		Protime					
7/30	Sedlow	~~LE PREP CBC ESR~~					
7/31		BSP Salicylate ASLO					
		SGOT SGPT CBC ESR					
7/8/1		~~SGOT SGPT CBC ESR CBC Hct~~					
8/2		~~CBC Hct~~					
8/3		~~CBC ESR Hct BUN FBS~~					
		Electrolyte BSP alk phos Ca. P. SGOT SGPT					

S.R. 5006–600M-701240(63) 114

RECORD ACTION USING FOLLOWING SYMBOLS:
A–Administered
T–Transferred to Treatment list, etc.
R–Request made
D–Discontinued

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Jacobi Hospital

Ward 4E

Chart No. 155467

DOCTORS' ORDER SHEET

Name ~~Thomas~~ Johnson, Thomas

ORDERED Date	By Whom	Diets, Standing and Special Orders, Including Laboratory	DISPOSITION Action A	T	R	D	By Whom
7/10		~~BUN FBS Electrolytes CBC ESR~~					
		~~LE Prep. ASO Titer STS~~					
		~~Uric acid Ca P~~					
		~~Urine Examination. Sickle prep.~~					
		~~Febrile agglutinins Platelets~~					
		~~Heterophile antibodies~~					
7/11		~~CBC Salicylates Salicylates~~					
7/12		~~Salicylates Salicylates~~					
7/13		~~Salicylates CBC, Electrolytes~~					
		~~BUN FBS~~ (LE PREP.) Tue & Thru					
		~~Sickle prep.~~					
7/14	Sedlowe	CBC Salicylates ~~ESR~~					
7/14		ASLO titer					
7/15	Sedlowe	Salicylates. ~~TP + AG ratio~~					
		~~Uric acid. Pro time~~					
7/16	Sedlowe	CBC ESR. Salicylates					
		Sickle E prep.					
7/17	Sedlowe	CBC ESR Salicylates					
		~~Hb electrophoresis~~					
7/18	Sedlowe	CBC ESR Salicylates					
7/19	~~Sedlowe~~	C					
7/20	Sedlowe	~~BUN, Sodium Electrophoresis~~					
		Salicylates ESR, CBC					

S.R. 5006—600M-702436(62) 447

RECORD ACTION USING FOLLOWING SYMBOLS:
A–Administered
T–Transferred to Treatment list, etc.
R–Request made
D–Discontinued

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

....Hospital

DOCTORS' ORDER SHEET

Ward..............................

Chart No..............................

Name ....

ORDERED		Diets, Standing and Special Orders, Including Laboratory	DISPOSITION				
			Action				
Date	By Whom		A	T	R	D	By Whom

NYC.gov/records

S.R. 5006—600M-702436(62) 447

RECORD ACTION USING FOLLOWING SYMBOLS:
A–Administered
T–Transferred to Treatment list, etc.
R–Request made
D–Discontinued

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Jacobi Hospital

Ward 4B

Chart No. 155467

DOCTORS' ORDER SHEET

Name Johnson Thomas

ORDERED		Diets, Standing and Special Orders, Including Laboratory	DISPOSITION				
			Action				By Whom
Date	By Whom		A	T	R	D	
8/4	Sesbrook	~~LFPRBP~~					
8/5	Sesbrook	~~SGOT. SGPT. BSP~~					

NYC.gov/records

S.R. 5033–400M-701018(58)
114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

HOSPITAL

1. ALLOW SUFFICIENT SPACE BETWEEN ITEMS TO PROVIDE A BLANK LINE FOR EACH ADMINISTRATION IN THE 24-HOUR PERIOD.
2. INDICATE "AM" OR "PM" AFTER THE TIME.
3. AT THE END OF 7 DAYS DRAW A LINE UNDER THE LAST ENTRY AND REDATE ON THE NEXT LINE.
4. RECORD PERTINENT REACTIONS TO MEDICATION ON THE "NURSES NOTE" (S.R. 5005 AND 5005A).

MEDICATION RECORD

CHART NO. 152467

NAME Johnson, Thomas ADMITTED 7/9 1964 WARD 4E

MEDICATION	DATE: 7-16 TIME – INIT.	DATE: 7/17 TIME – INIT.	DATE: 7/18 TIME – INIT.	DATE: 7/19 TIME – INIT.	DATE: 7/20 TIME – INIT.	DATE: 7/21 TIME – INIT.	DATE: 7/22 TIME – INIT.
ASA 9ss q4h	2	2 – TS	2 BM				
q4h tc amp. Dec	6 BM	6 – TS	6				
Amphogel	10 ZR	10 ET	10 ES				
ch. to 1 glass milk	2 ZR	2 ET	2 ES				
c̄ aspirin 7/16	6 Kly	6 P.M.	6				
	10 Kly	10 P.M.	10				
mom 3cc. po. +		10 9pm ES.	10 ~~pm~~ ES				
8cc. Cascara. pRN.							
ASA 15gr. q6h.			10				
c̄ a glass of			Changed				
milk			~~10~~				
			4 Kly				
			10 Kly				
ASA 15gr q4h				2 ES			
c̄ glass milk				6			
				10			
				2			
				6 ~~Kly~~	ERROR		
				10 Kly			
					10 ES	2 BM	2-TS
ASA 15gr. q4h					2pm ES	6 BM	6-TS
c̄ glass milk					6 P.M.	10 ET	10 ZR
					10 P.M.	2 ET	2 ZR
Seconal po hs					10 P.M.	6 Kly	6 Kly
100 mg.						10 Kly	10 Kly

(Over)

S.R. 5033-400M-701018(58)
114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

B.M.H.C. HOSPITAL

1. ALLOW SUFFICIENT SPACE BETWEEN ITEMS TO PROVIDE A BLANK LINE FOR EACH ADMINISTRATION IN THE 24-HOUR PERIOD.
2. INDICATE "AM" OR "PM" AFTER THE TIME.
3. AT THE END OF 7 DAYS DRAW A LINE UNDER THE LAST ENTRY AND REDATE ON THE NEXT LINE.
4. RECORD PERTINENT REACTIONS TO MEDICATION ON THE "NURSES NOTE" (S.R. 5005 AND 5005A).

MEDICATION RECORD

CHART NO. 157269

NAME Johnson, Thomas ADMITTED 7/9 1964 WARD 4E

MEDICATION	DATE: 7/9 TIME - INIT.	DATE: 7/10 TIME - INIT.	DATE: 7/11 TIME - INIT.	DATE: 7/12 TIME - INIT.	DATE: 7/13 TIME - INIT.	DATE: 7/14 TIME - INJT.	DATE: 7/15 TIME - INIT.
Codeine 60 mg IM stat.	7:30 PM						
Codeine 30 mg IM stat	9:25 PM	1 AM - JS 4:30 AM - JS	12:20 ET				
Colchicine 1.2 mg po. Stat.		4:30 AM - JS					
Colchicine .6 mg q 1h.		5:30 - JS 6:30 - JS 7:30 ES 8:30 ES 9:30 - c̄ Hold.	DC				
ASA 30 gr. in STAT + Again in 3 hrs		12:20 pm ES 3:20 pm ES					
ASA 15 gr. q 4h. + Amphogel 30 cc c each dose.		7 PM Km 11 PM Km 3 AM	2 AM BM refused BM	2 - JS 6 - JS	2 - JS 6 - JS	2 - JS 6 - JS	2 MA 6 MA
			10 AM 2 AM 6 P.M. 10 P.M.	10 AM 2 AM 6 P.M. 10 P.M.	10 ES 2 ES 6 Km 10 Km	10 CM 2 CM 6 Km 10 Km	10 CM 2 CM 6 Km 10 Km
Phenobarbital 60 mg po + IV			10 AM 2 AM 6 P.M.	10 AM 2 AM 6 P.M.	10 ES 2 ES 6 Km	10 CM 2 CM 6 Km	10 CM 2 CM 6 Km
Codeine 30 mg po q 3 h prn			3:30 PM AM	6:30 PM P.M.			

(Over) 9:30 P.M. P.M. 10:30 P.M. P.M. Km

S.R. 5033—500M-702436(62)
447

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

1. ALLOW SUFFICIENT SPACE BETWEEN ITEMS TO PROVIDE A BLANK LINE FOR EACH ADMINISTRATION IN THE 24-HOUR PERIOD.
2. INDICATE "AM" OR "PM" AFTER THE TIME.
3. AT THE END OF 7 DAYS DRAW A LINE UNDER THE LAST ENTRY AND REDATE ON THE NEXT LINE.
4. RECORD PERTINENT REACTIONS TO MEDICATION ON THE "NURSES NOTE" (S.R. 5005 AND 5005A).

MEDICATION RECORD

CHART NO. 153767

NAME Johnson Thomas ADMITTED 7/9 1964 WARD 4E

MEDICATION	DATE: 7-21 TIME-INIT.	DATE: 7/22 TIME-INIT.	DATE: 7/23 TIME-INIT.	DATE: 7/24 TIME-INIT.	DATE: 7/25 TIME-INIT.	DATE: 7/26 TIME-INIT.	DATE: 7-27 TIME-INIT.
Ben vee 200,000	10 Et	10 ~~ER~~	10 ES	10 Et	10 ES	10 ES	10
Units qid P.O.	2 Et	~~2~~	2 ES	2 Et	2 ES	2 ES	2
	6 Ky	6 Ky	6 Ky	6 P.M.	6 P.M.	6 Ky	6 P.M.
	10 Ky.	10 Ky.	10 Ky.	10 P.M.	10 P.M.	10 Ky	10 P.M.
ASA 15gr. q4h.			2-Es	10 Et			
c glass milk.			6-~~Es~~	2 Et			
			10 ES				
			2 ES				
			6 Ky				
			10 Ky				
Seconal 100 mg	10 Ky	10 Ky	10 Ky	10 P.M.	10 P.M.	10 ~~P.M.~~	10 P.M.
hs.							
					4 AM BM	4 AM BM	4 AM BM
ASA 15gr. q6h.					10 ES	10 ES	10
c glass milk					4 P.M.	4 Ky	4 P.M.
					10 P.M.	10 Ky	10 P.M.

(Over)

S.R. 5033—500M-702436(62)
447

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

.....HOSPITAL

1. ALLOW SUFFICIENT SPACE BETWEEN ITEMS TO PROVIDE A BLANK LINE FOR EACH ADMINISTRATION IN THE 24-HOUR PERIOD.
2. INDICATE "AM" OR "PM" AFTER THE TIME.
3. AT THE END OF 7 DAYS DRAW A LINE UNDER THE LAST ENTRY AND REDATE ON THE NEXT LINE.
4. RECORD PERTINENT REACTIONS TO MEDICATION ON THE "NURSES NOTE" (S.R. 5005 AND 5005A).

MEDICATION RECORD

CHART NO.....

NAME Johnson, Thomas ADMITTED.....19..... WARD.....

MEDICATION	DATE: 7/28 TIME-INIT.	DATE: 7/29 TIME-INIT.	DATE: 7/30 TIME-INIT.	DATE: 7/31 TIME-INIT.	DATE: 8/1/64 TIME-INIT.	DATE: 8/2/64 TIME-INIT.	DATE: 8/3/64 TIME-INIT.
ASA. 15 grains	4-ES	4 BM	4 BM	4-ES	4 BM	4 AM BM	4 AM BM
q6H, c milk	10-CM	10-ET	10 ES	10 ES	10 CM	10 CM	10 MY
	4 Ky	4 Ky	4 Ky	4	4 Ky	4 Km	4 Ky
	10 Km	10 Km	10 Ky	10	10 Ky	10 Km	10 Km
Pen Vel 200,000 u	10 CM	10 CT	10 ES	10 ES			
q.i.d	2 CM	2 CT	2 ES	2 ES			
	6 Ky	6 Ky	6 Km				
	10 Km	10 Ky	10 Km				
Seconal 100 mg HS	10 Ky	10 Km	10 Km	10 Ø	10 Km	10 Km	10 Km
Bicillin 1.2 mil u				ES			
	8/4	8/5	8/6				
A.S.A 15 grns	4 EK	4 EK	4				
Q.6.H c	10 MY	10 CM	10 CM				
milk	4 Ky	4 Ky	4				
	10 Ky	10 Km	10				
Seconal 100 mg PO HS	10 Km	10 Km					

(Over)

S.R. 5007-1MM-703140(61) 114

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

ADULTS TEMPERATURE CHART

Jacobi HOSPITAL

Name JOHNSON THOMAS Chart No. 155467 Admitted 7-9 Ward 4E

19 64 Weeks in Hosp.

Month. July

Day of Month. 9 10 11 12 13 14 15

Hour of Day. 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11

Blood Pressure and Weight to be Recorded on Temperature Chart

PULSE	TEMP.
160	107°
150	106°
140	105°
130	104°
120	103°
110	102°
100	101°
90	100°
80	99°
	98.6°
70	98°
60	97°
50	96°

Weight

Respiration

	9	10	11	12	13	14	15
DIET							
BATH							
BED, CH., AMB.							
Codein	90 mg	✓	✓	✓			
colchicine		4.2 mg					
ASA	-	105 gr	90 gr	90 gr	90 gr	90 gr	90 gr
Phenobarb 60 IV				✓	✓	✓	✓
STOOL—INC.							
VOIDED—INC.							
Nurses' Notes							

*When more extensive notes are indicated check (✓) Nurses' Notes and continue on Nurses' Notes—S.R. 5005 or S.R. 5005A.

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S.R. 5007—1MM-702436(62) 447

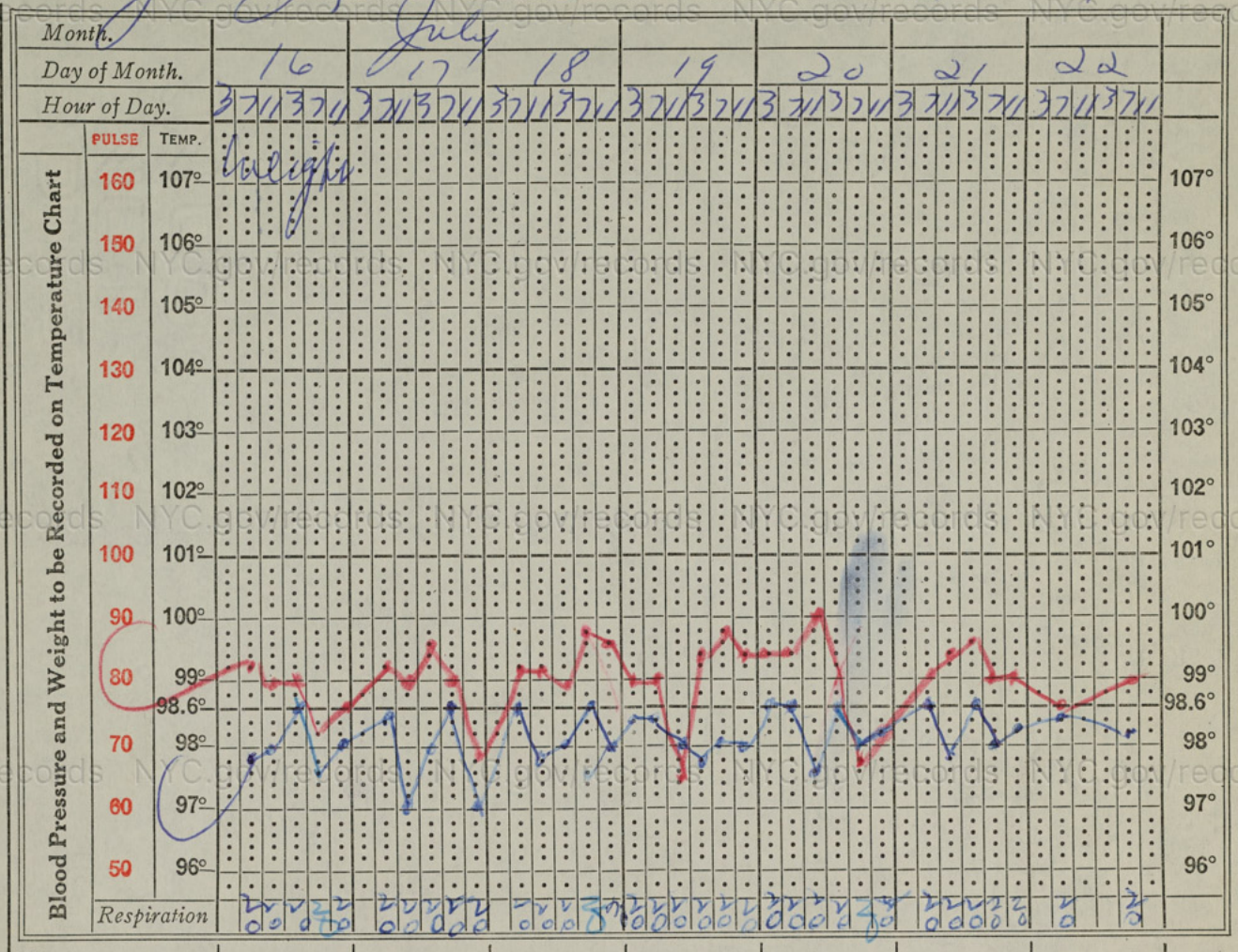
THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

ADULTS TEMPERATURE CHART

19 64

Weeks in Hosp.

Name Johnson, Thomas HOSPITAL Gracie Chart No. 1552671 Admitted 7/9 Ward 4E



	16	17	18	19	20	21	22
Diet							
Bath							
Bed, Ch., Amb.							
90gr ASA	✓	✓		30gr	90gr	90gr	90gr
Chlorbutanol 30 TID	✓	✓	✓				
60gr ASA Per Vill			✓			✓	✓
60gr							
Stool—inc.							
Voided—inc.							
Nurses' Notes							

*When more extensive notes are indicated check (✓) Nurses' Notes and continue on Nurses' Notes—S.R. 5005 or S.R. 5005A.

NYC.gov/records

S.R. 5007—1MM-702436(62) 447

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

ADULTS TEMPERATURE CHART

19 64

Weeks in Hosp.

Name: Johnson, Thomas HOSPITAL: Jacobi Admitted: 7/9 Ward: FE Chart No.: NJ 467

Month: July

Day of Month: 23, 24, 25, 26, 27, 28, 29

Hour of Day: 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11 3 7 11

Blood Pressure and Weight to be Recorded on Temperature Chart

PULSE	TEMP.
160	107°
150	106°
140	105°
130	104°
120	103°
110	102°
100	101°
90	100°
80	99°
	98.6°
70	98°
60	97°
50	96°

Respiration: 20 20 20 20 20 20 20 20 20 20 20 20 20 20

Twilight

	23	24	25	26	27	28	29
Diet							
Bath							
Bed, Ch., Amb.							
ASA	✓ 60gr	60gr	60gr	60gr	60gr	60gr	60gr
Ren Dec	✓	✓	✓	✓	✓	✓	✓
Stool—inc.							
Voided—inc.							
Nurses' Notes							

*When more extensive notes are indicated check (✓) Nurses' Notes and continue on Nurses' Notes—S.R. 5005 or S.R. 5005A.

NYC.gov/records

S.R. 5007—1MM-702436(62) 447

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS
ADULTS TEMPERATURE CHART

19 64

Jacobi HOSPITAL

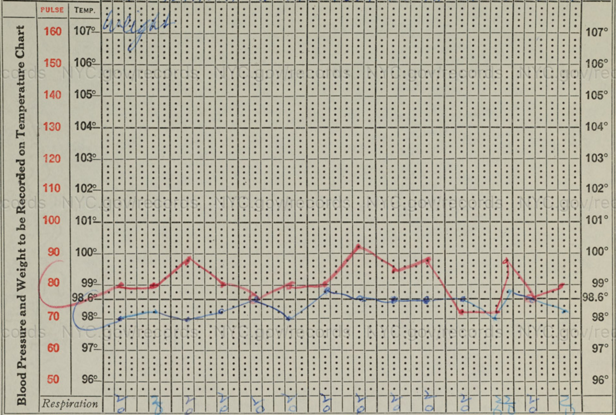
Chart No. 150467

Weeks in Hosp.

Name Johnson, Thomas Admitted 7/9 Ward 4C

Month	July				Aug		
Day of Month	30	31	1	2	3	4	5
Hour of Day	3 7 11 3 7 11	3 7 11 3 7 11	3 7 11 3 7 11	3 7 11 3 7 11	3 7 11 3 7 11	3 7 11 3 7 11	3 7 11 3 7 11

Weight



Diet		X-RAY TAKEN	AUG 3 1964				
Bath							
Bed, Ch., Amb.				IVP	IVP		
ASA	60	60	60	60	60	60	60
Pen Oil	Last	Started ✓					
Bicillin 1.2							
Stool—inc.							
Voided—inc.							
Nurses' Notes							

*When more extensive notes are indicated check (✓) Nurses' Notes and continue on Nurses' Notes—S.R. 5005 or S.R. 5005A.

NYC.gov/records

S.R. 5007—1MM-702436(62) 447

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

ADULTS TEMPERATURE CHART

19 64

Weeks in Hosp.

Jacobi HOSPITAL Chart No. 15,746 7

Name Johnson, Thomas Admitted 7/9 Ward 4E

Month.	Aug																																															
Day of Month.	6						7						8						9						10						11						12											
Hour of Day.	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11	3	7	11

Blood Pressure and Weight to be Recorded on Temperature Chart

PULSE	TEMP.
160	107°
150	106°
140	105°
130	104°
120	103°
110	102°
100	101°
90	100°
80	99°
	98.6°
70	98°
60	97°
50	96°
Respiration	

Weight

Respiration: 30

Diet	
Bath	
Bed, Ch., Amb.	
Stool—inc.	
Voided—inc.	
Nurses' Notes	

*When more extensive notes are indicated check (√) Nurses' Notes and continue on Nurses' Notes—S.R. 5005 or S.R. 5005A.

S.R. 5038—75M-225209(63) 447

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

RECORD OF VITAL SIGNS

Jacobi HOSPITAL U.S. Grant CHART NO. 1137467

Name Johnson, Thomas Admitted 7/9/64 Ward E

DATE	TIME A.M. P.M.	BLOOD PRESSURE	TEMP.	PULSE	RESP.	REMARKS	SIGNATURE
7-10-64	1 AM	110/60		88	20		BM
	3 AM	130/60		90			"
	4 AM	110/60		96	20		BM
	6 AM	110/60		90	20		BM
	8 AM	130/70		80	20		C Miller
	2 PM	130/70		80	20		C Miller
	7 PM	120/70		80	20		[illegible]
	[illegible]	110/70		80	20		[illegible]
7-11-64	12 mid	110/70		80			BM
	4	100/60		80	20		BM

NYC.gov/records

NAME Johnson, Thomas ADMITTED 7/9 19 64 WARD 4E

Date	Time	*	NURSES' NOTES
7/31	7-3		OOB all day. Appears to feel well. C Miller
8/3	7-3:30		OOB ab lib. no complaints to x-ray for U.P. in pm. McCollum
8/5	7-3:30		Discharged for home in apparently good health. C Miller

*Record here Feedings and Diets of Infants

NYC.gov/records

S.R. 5005—300M-702436 (62) 447

THE CITY OF NEW YORK—DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL CHART No. 155467

NURSES' NOTES

NAME Johnson, Thomas ADMITTED 7-9 19 64 WARD 4E

ADMITTING UNIT

Admitted at	Arrived Via	Examined by Dr. (name)	Admitting Diagnosis	General Condition
7 A.M. / P.M.	Amb. ☐ Taxi ☐ Auto ☐ Walk ☐	Brenner	R/O Septic Arthritis	Good ☐ Fair ☐ Poor ☐ Crit. ☐

Child Baptized	Clothes	Property	Bathed	Bruises, Bedsores, Etc.
Yes ☐ No ☐	Listed ☐ Taken Home ☑ Destroyed ☐	Listed ☐ Taken Home ☐ None ☑	Yes ☐ No ☐	Yes ☐ No ☐ Area:

Property Taken to Ward (Itemize): 1 pr shoes, 1 pr shorts

Taken to Ward No. at A.M. / P.M. by (name of employee)

WARD

Admitted at	By (name)	Placed in Bed	Assigned to Bed	Body	Pediculi
7:30 A.M. / P.M.	K Martin	☐	☐	Clean ☐ Fairly Clean ☑ Dirty ☐	Observed ☐ Not Obs. ☑

Property Received on Ward (Itemize)	Dr. (name)	Notified at	Dr. (name)	Responded at
Same as above	Seslowe	A.M. / P.M.	on ward	A.M. / P.M.

PATIENT'S COMPLAINTS AND NURSE'S OBSERVATION INCLUDING BRUISES, ETC.

Pt arrived on ward in bed c̄ generalized pain in joints placed in Rf room seen & attended by Dr Seslowe. Medicated

Date	Time	*	NURSES' NOTES
			X1 for pain K Martin
			T 106 - 84 - 20 special pain in (R) arm
			Xray's taken K Martin
7/11	7-3		Having severe pain in rt hand - Eating nothing but ~~not~~ taking fluids well - alert much, moaned - medicated for pain x2 M Main
7/12	7-3		seems relieved today - not asking for any Codeine today - apparently aspirin is beginning to help him - In better spirits today M Main
7/15	11-7		Sleeping for short intervals - uncomplaining Complaining of pain in Rt hand - elevated on pillow Restless
7/23	11-7.		Slept - awaken for medication no Complaints - J Sanders

I assume full responsibility for any property or money taken to and kept on the ward.
Patient's Signature unable to sign
Witnessed by [illegible]

*Record here Feedings and Diets of Infants

NYC.gov/records

CONSENT FOR OPERATION

Date _____ 19____

I, _____, bearing the relationship of _____

to patient _____ hereby give consent for the operation known as _____, with anesthesia, if necessary, and for any modification of the operation deemed necessary by the surgeon.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records NYC.gov/records

CONSENT FOR OPERATION

Date _____ 19____

I, _____, bearing the relationship of _____

to patient _____ hereby give consent for the operation known as _____, with anesthesia, if necessary, and for any modification of the operation deemed necessary by the surgeon.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

CONSENT FOR RADIOTHERAPY

Date _____ 19____

I, _____, bearing the relationship of _____

to patient _____ hereby give consent for treatment or a series of treatments by means of intensive fractionated roentgentherapy, radium therapy and radioactive isotopes.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

RELEASE FOR SELF-DISCHARGE AGAINST ADVICE

Date _____ 19____

1, _____, assume all responsibility for the care and custody of myself ☐ or _____ (Name of Patient) who is my _____ (Specify Relationship) having demanded my ☐ his ☐ her ☐ discharge from this Hospital contrary to the advice of the Hospital Doctors.

SIGNED: _____

WITNESS: _____ ADDRESS: _____

IDENTIFICATION UPON DISCHARGE

WITNESS: _____ SIGNATURE OF PATIENT: _____

S.R. 5001 (Rev. 1961)–600M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

_____ HOSPITAL Chart No. 155467

ADMISSION RECORD

Surname	First	Middle	Sex	Age	Date of Birth	Date Admitted	Ward or Clinic
Johnson	Thomas		M	29			

Permanent Address	Nativity	Color	Other (Specify)	Marital Status
1755 Stony Ave		W. ☐ N. ☐		S. M. W. D. L. S.

Occupation

Dates of Previous In-Patient Admissions

FOR IN-PATIENT SERVICE ONLY

On discharge record the following data; Use Terms and Codes of Standard Nomenclature

Date discharged _____ Condition: Improved ☐ Unimproved ☐ Not Treated ☐ A.O.R. ☐ Died ☐

Final diagnosis: Main Condition _____ Code No. _____

Additional Conditions _____ Code No. _____

_____ Code No. _____

Service _____ Visiting Dr. _____ House Dr. _____

In the following report include: FAMILY HISTORY; hereditary conditions and causes of family deaths.
PREVIOUS HISTORY: habits, occupation, childhood diseases, other diseases, operations and injuries.
PRESENT CONDITION: Date and mode of onset, possible cause, course, and review of systems.
For trauma, include cause and time of injury.

Med. AUG 25 1964

Pt. discharged Aug 8th for 4E after
bout of migratory polyarthritis treated c̄ ASA. Discharged
c̄ ESR 8, asymptomatic. Took 3 ASA qid or 5 id (3.6
3 days ago when he stopped because of nausea.
Has had slight posterior knee pain. Pt. walks with cane
because of "weakness"
PE: feels febrile. No evidence joint inflammation, effusion.
Imp: Post rheumatic fever, doing well
? Psych. overlay

Plan: Start ASA tabs ii qqid c̄ meals or milk
Arth. clinic 9/2 as planned
RTC Nov.

KDavis

Date _____ Signature _____

S.R. 5003 (Rev. 1960)-700M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Jamaica HOSPITAL

Chart No. 135407

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Johnson	Thomas					

SCREENING NOV 12 1964

Bicillin 1.2 M.U. I.M. Acm.

Wed 11/17/64

Somewhat improved but still complains of pain in the knees on weight-bearing.
No physical findings.
Continue ASA
Return March

Thayer

NYC.gov/records

S.R. 5003 (Rev. 1960)-700M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

.....HOSPITAL

Chart No. 155467

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Johnson	Thomas					

Adm 9/2/69 189½

28 YO WM discharged 8/6/69 with ?Dx of ARF
Pt had polyarthritis & culture of throat grew out
β-Hem Strep + ASLO 500. Pt developed polyarthritis
involving knees, wrists & ankles. WBC was
completely neg + tentative Dx was ARF.
EKG changes equivocal.

Since discharge pt. has pain in knees but no
swelling or warmth, no rashes, no G-C infection,
no wt. loss.

PE → ulcerations. Not only (+) finding are
presence of small amount of fluid in both knees.
Knees are not warm & there is no limitation
of range of motion.

Plan: ① Follow at 6 week intervals & repeat
Lab tests
② Continue ASA + Penicillin Prophylaxis

JB Lee

NYC.gov/records

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT

NELSON A. VOORHEES
DISTRICT SUPERVISOR

LOUIS SALZMAN
ASSISTANT DISTRICT SUPERVISOR

SEP 21 ENT'D

DIVISION OF VOCATIONAL REHABILITATION
NEW YORK DISTRICT OFFICE
200 PARK AVENUE SOUTH
(AT EAST 17TH STREET)
NEW YORK 3, N. Y.
SPRING 7-7010

September 18, 1964

Dr. Maurice N. Sholtzow,
Executive Physician
Abraham Jacobi Hospital
Pelham Parkway & Eastchester Road
Bronx, New York

Re: Clinic # 155467

Dear Dr. Sholtzow:

Thomas A. Johnson of 1041 Bryant Avenue, Bronx, New York has been referred to us for assistance. He is 28 years of age and has disabilities of all body joints.

We understand that he last visited your hospital on 9/2/64, and we would appreciate your sending us a medical report of the case, using the enclosed form. This information will assist us in considering his application.

Thank you for your cooperation.

Sincerely yours,

Theo Friedman

Theo. Friedman
INTAKE SUPERVISOR

TF:JJ
Encl.

NYC.gov/records

Form R-3c 9

Return to

NEW YORK STATE EDUCATION DEPARTMENT
DIVISION OF VOCATIONAL REHABILITATION

MEDICAL REPORT ORTHOPEDIC [redacted] DISABILITIES

Name of patient JOHNSON, Thomas A. Hospital No.

Address 1041 Bryant Avenue, Bronx, New York Date of birth 28

To Physician, Hospital or Clinic:

The information requested concerning this patient is to be used to help us determine his (her) eligibility for rehabilitation services, to determine work limitations and to determine whether any medical or surgical treatment will increase the range of employability. All information will be held strictly confidential.

Patient reports the following disability(ies): ALL BODY JOINTS

Acw

Date 9/18/64 *Signature of Rehabilitation* [redacted] INT. THEO. FRIEDMAN/JJ

HISTORY AND PRESENT COMPLAINTS:

Pain in knees, no swelling or warmth.

DATE OF MOST RECENT EXAMINATION: 9 2 64.

EXAMINATION FINDINGS:

Small amounts of fluid in both knees. Knees are not warm and there is no limitation of range of movement.

T-1267-Mr63-15,000 (2B1-321)

NYC.gov/records

DIAGNOSIS

Past:- Acute Rheumatic Fever. (July - August 64)

PROGNOSIS as to improvement in physical condition:

With treatment

Without treatment

PHYSICAL LIMITATIONS RESULTING FROM DISABILITY:

8 25-64 "Pt. walks with cane, because of 'weakness'."

RECOMMENDATIONS:

TREATMENT:

① Medication ASA, Penicillin prophylaxis

② Clinic followup every 6 weeks.

WORKING CONDITIONS AND ACTIVITIES TO BE AVOIDED:

No reference in our records.

PROSTHESIS: Is a prosthesis indicated? ..... Is patient now using a satisfactory prosthesis? .....

If so, describe: (Cane - using a self-prescribed)

If not, please specify type required:

USE OF PUBLIC TRANSPORTATION: Can and does patient use public transportation? .....

If not, explain:

No reference

Bronx Municipal Hospital Center
Pelham Parkway & Eastchester Road
Bronx 61, New York

Miss Esther E. Austin
Acting Hosp. Admin.
BY
Elio F. Vieira, M.D./Exec. Phy.

Physician's address Jacobi Hosp. BMHC

Date 10 · 12 · 64 taken from the records

Signature of physician

(Attach additional sheets if necessary to furnish complete information.)

NYC.gov/records

S.R. 5002–500M-326123(64) 114

The City of New York
Department of Hospitals .....HOSPITAL

Chart No. .....

PHYSICAL EXAMINATION

Name.....Admitted.....19.....Ward.....

Local Condition	Nose	Throat	Liver	Skin
General Appearance	Mucous Membranes	Cardio vascular	Spleen	Glandular Systems
Eyes	Tongue	Lungs	Kidneys	Bones—Muscles—Joints
Ears	Teeth	Abdomen	Sexual Organs	Nervous System

Signature.....

NYC.gov/records

ADMISSION—EMERGENCY SERVICE

(Prepare Admissions and Transfers in duplicate)

Print Patient's Last Name, First Name: Robinson, Thomas

Address: 1755 Story Ave

If Minor, Print Parent's Name:

EMERGENCY NO. 155467

DATE | Time ..... A.M. P.M.

Age: 28 | Sex: M | Tel. No.:

Arrived Via: Bus | Blue Cross No. | Hosp. Insur. Co.

☐ COMPENSATION ☐ LIABILITY

Print Employer's Name

Address

Print Defendant's Name

Address

☐ X-RAY FINDINGS ☐ LAB. FINDINGS

I Consent to Treatment:

Signature of Patient or Parent

WITNESS:

HISTORY (Where, When, How)

PHYSICAL EXAMINATION

T	P	R	BP

DIAGNOSIS

Investigation Pending

TREATMENT AND MEDICATION

NOTIFICATION

Police Pct. | Badge No.

Dep't. of Health (Division)

Medical Examiner

Other

DISPOSITION

☐ Treated & Released | ☐ O.P.D. | Ward

Transferred to

I REFUSE TO ACCEPT THE PRESCRIBED TREATMENT; I RELEASE THE HOSPITAL FROM ALL CLAIMS.

Signature of Patient or Parent

WITNESS:

1964 OCT 8 AM 9 41

.....M.D.

Signature of Physician in Attendance

File original copies in the Record Room.
Admissions and Transfers—Duplicate copies should accompany patient.
Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.

S.R. 5002 (Reverse side)

NYC.gov/records

S.R. 5002-800M-701240(63) 114

The City of New York
Department of Hospitals .....HOSPITAL

Chart No. .....

PHYSICAL EXAMINATION

Name.....Admitted.....19.....Ward.....

Local Condition	Nose	Throat	Liver	Skin
General Appearance	Mucous Membranes	Cardio vascular	Spleen	Glandular Systems
Eyes	Tongue	Lungs	Kidneys	Bones—Muscles—Joints
Ears	Teeth	Abdomen	Sexual Organs	Nervous System

Signature.....

NYC.gov/records

ADMISSION—EMERGENCY SERVICE

(Prepare Admissions and Transfers in duplicate)

Print Patient's Last Name, First Name: Johnson Thomas

Address: 1757 Story Ave

If Minor, Print Parent's Name:

EMERGENCY NO. 155467

DATE | Time ..... A.M. P.M.

Age: 28 | Sex | Tel. No.

Arrived Via | Blue Cross No. | Hosp. Insur. Co.

☐ COMPENSATION ☐ LIABILITY

Print Employer's Name

Address

Print Defendant's Name

Address

HISTORY (Where, When, How)

Fell Sunday - twisted foot.

☐ X-RAY FINDINGS ☐ LAB. FINDINGS

(R) foot - neg

PHYSICAL EXAMINATION

Tenderness over (R) 1st & 2nd metatarsal.

I Consent to Treatment:

Signature of Patient or Parent

WITNESS:

TREATMENT AND MEDICATION

NOTIFICATION

Police Pct. | Badge No.

Dep't. of Health (Division)

Medical Examiner

Other

T	P	R	BP

DIAGNOSIS

R/O Fx - Metatarsal

1964 OCT 6 PM 2 4

DISPOSITION

☐ Treated & Released | ☐ O.P.D. | Ward

Transferred to

I REFUSE TO ACCEPT THE PRESCRIBED TREATMENT; I RELEASE THE HOSPITAL FROM ALL CLAIMS.

Signature of Patient or Parent

WITNESS:

Zeuerman M.D.

Signature of Physician in Attendance

File original copies in the Record Room.
Admissions and Transfers—Duplicate copies should accompany patient.
Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.

S.R. 5002 (Reverse side)

NYC.gov/records

S.R. 5003 (Rev. 1960)–300M-615351(64) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No. _____

.....HOSPITAL

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC

NYC.gov/records

S.R. 5003 (Rev. 1960)–300M-615351(64) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

Chart No. 155467

.....HOSPITAL

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD OR CLINIC
Johnson	Thomas					

Birth 12/2/64 wt 192 lb

SCREENING FEB 1 5

Bruise 1-2 M U Ms

NYC.gov/records

S.R. 5002-800M-703140(61) 114

The City of New York
Department of Hospitals .....HOSPITAL

Chart No. .....

PHYSICAL EXAMINATION

Name.....Admitted.....19.....Ward.....

Local Condition	Nose	Throat	Liver	Skin
General Appearance	Mucous Membranes	Cardio vascular	Spleen	Glandular Systems
Eyes	Tongue	Lungs	Kidneys	Bones—Muscles—Joints
Ears	Teeth	Abdomen	Sexual Organs	Nervous System

Signature.....

NYC.gov/records

Rt lower quad pain

ADMISSION—EMERGENCY SERVICE

(Prepare Admissions and Transfers in duplicate)

Print Patient's Last Name, First Name: Johnson Thomas

Address: 1755 Story Ave

If Minor, Print Parent's Name:

EMERGENCY NO. ~~253595~~ 15546

DATE | Time ..... A.M. P.M.

Age: 26 | Sex: N | Tel. No.:

Arrived Via: Bus | Blue Cross No. | Hosp. Insur. Co.

☐ COMPENSATION ☐ LIABILITY

Print Employer's Name

Address

Print Defendant's Name

Address

HISTORY (Where, When, How)

Patient developed epigastric pain yesterday which migrated to RLQ and then to the (R) testes. He has had diarrhea and nausea but no vomiting

☐ X-RAY FINDINGS ☐ LAB. FINDINGS

LBC WBC 6,300 Hct 43

URINE yel, clear, and

UBC ~~[illegible]~~ ACA 0 WBC 6-8

RBC 1-2 cast 0 epithelial cell

PHYSICAL EXAMINATION

abdomen - soft no tenderness organs or masses

genitalia - (R) testes atrophic

rectal - diffuse tenderness - not prostate.

T	P	R	BP
100 R	88		

I Consent to Treatment:

Signature of Patient or Parent

WITNESS:

TREATMENT AND MEDICATION

NOTIFICATION

Police Pct. | Badge No.

Dep't. of Health (Division)

Medical Examiner

Other

DIAGNOSIS

Urinal entritis

DISPOSITION

☐ Treated & Released | ☐ O.P.D. | Ward

Transferred to

I REFUSE TO ACCEPT THE PRESCRIBED TREATMENT; I RELEASE THE HOSPITAL FROM ALL CLAIMS.

Signature of Patient or Parent

WITNESS:

1962 OCT 17 PM 4:29

BX. MUN. HOSP. CNTR.

M Goldberg ..... M.D.

Signature of Physician in Attendance

File original copies in the Record Room.
Admissions and Transfers—Duplicate copies should accompany patient.
Clinic Referrals—Send duplicate copies to the O.P.D. if requested by clinic doctor.

S.R. 5002 (Reverse side)

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Sestoure Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

AUG 5 AM 9 5

36

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

SGOT – SGPT
17 12

BLOOD CHEMISTRY Specimen with Anticoagulant Date 8/5/64 Pathologist

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, T Ward 4E Chart No. 155469

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 AUG 5 AM 11 30

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

BSP 45 min
20.0 %

29

BLOOD CHEMISTRY Specimen with Anticoagulant Date 8/5 Pathologist

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 AUG 5 AM 11 38

28

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

BSP 5 min 117.5%

BLOOD CHEMISTRY Specimen with Anticoagulant Date 8/5/62 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Leslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

AUG 3 AM 10 39

105

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

SGOT – SGPT
95 106

BLOOD CHEMISTRY Specimen with Anticoagulant Date 8/3/64 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Leslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium
  1 ml heparin/6 ml blood
- ☐ Sodium
  1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 JUL 31 AM 10 12

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

SGOT / SGPT
120 / 100

63

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/31/64 Pathologist

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Leslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 AUG 3 AM 10 39

☐ Glucose Tolerance

	Urine	Blood
Fasting		
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Ca 9.3

PO4 3.4

Others (Specify)

alk phos 2.1

TEST

BLOOD CHEMISTRY Specimen with Anticoagulant Date 8/3/64 Pathologist

S.R. 2450C (R-55)–500M-701240(63) 114

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

Name Johnson, Thomas Ward 4E Chart No. 155467

Doctor Leslowe Lab. No.

Clin. Diagnosis

R.B.C. W.B.C. 5500 Hb. 13.6 Gm. % Color Index

Schilling cells	Seg.	Staff	Young	Myelo.	Lymph.	Mono.	Baso.	Eosin.
	61	1			33	3	1	1

R.B.C. Morphology normal

Check Any of Following Examinations Requested

☐ Reticulocytes ☐ Platelets appear normal

☐ Clotting time (cap. tube) (Lee-White) ☐ Bleeding time

☑ E.S.R. (Cutler) mm. in 5 min. 8 mm. in 1 hr.

☐ Fragility Hemolysis begins at % Complete at %

☐ Clot retraction begins at Complete at

☐ Sickling ☑ Hematocrit 42 ☐ Eosin Count

Remarks

CBC

BLOOD (Morphology) Date 8/3/66 Pathologist

41

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson, T Ward 4E Chart No. 155469

Doctor Seslowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- ☐ NPN
- ☐ Urea nitrogen
- ☐ Uric acid
- ☐ Creatinine
- ☐ Glucose
- ☐ CO2 Vol. %
- ☐ Chlorides
- ☐ Prothrombin
- ☐ Vitamin C
- ☐ Fibrinogen
- ☐ Potassium 1 ml heparin/6 ml blood
- ☐ Sodium 1 ml heparin/6 ml blood
- ☐ Urea clearance

1964 JUL 31 AM 11 20

☐ Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

BSP 45 min 17.5%

A dN

80

BLOOD CHEMISTRY Specimen with Anticoagulant Date 7/31 Pathologist

NYC.gov/records

S.R. 2450B (R-55)–600M-701240(63) 114

REQUEST FOR LABORATORY EXAMINATION AND REPORT
(Retain duplicate in laboratory—Return gummed copy to ward or O.P.D.)

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS
ORIGINAL

Name Johnson Thomas Ward 4E Chart No. 155467

Doctor Sestowe Lab. No.

Clin. Diagnosis

Check Examinations Requested

- [ ] NPN
- [x] Urea nitrogen 18
- [ ] Uric acid
- [ ] Creatinine
- [x] Glucose 112
- [x] CO2 Vol. % 23.5
- [x] Chlorides 108
- [ ] Prothrombin
- [ ] Vitamin C
- [ ] Fibrinogen
- [x] Potassium 1 ml heparin/5 ml blood 4.4
- [x] Sodium 1 ml heparin/5 ml blood 142
- [ ] Urea clearance

- [ ] Glucose Tolerance

Fasting	Urine	Blood
½ hour		
1 hour		
2 hour		
3 hour		
4 hour		
5 hour		

Others (Specify)

BLOOD CHEMISTRY Specimen with Anticoagulant Date 8/3/66 Pathologist

NYC.gov/records

S.R. 5034-500M-701240(63) 114

THE CITY OF NEW YORK — DEPARTMENT OF HOSPITALS

Jacobi HOSPITAL

CHART LABORATORY SHEET

Chart No. 155467

FOR FORMS S.R.2450 S.R.2450A-B-C-D

Name Johnson, Thomas Ward 4E

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report ▲ on this line)

To this sheet are attached the various analysis slips which come from the laboratory. The analysis slips are to be made out in duplicate. The original is gummed along the top and when received at the nurses' station is attached to this chart laboratory sheet by the gummed margin. The first report received is attached at the bottom line of this sheet and others above this, leaving ⅜-inch of earlier report exposed in each case.

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Johnson, Theresa 155 467

Orth 3/3/65

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