

ROBERT D. BART, JR., M. D.
KAPIOLANI MEDICAL CENTER FOR WOMEN AND CHILDREN
1319 PUNAHOU ST. - SUITE 999
HONOLULU, HAWAII 96826-1096

November 3, 2003

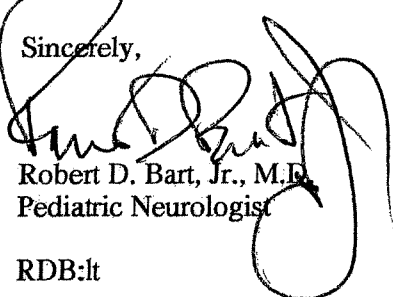
Michele Shimizu, M.D.
56-119 Pualalea
Kahuku HI 96731

Re: PASCUAL, Ronela #25571
BD: 12/28/01
Examined: 10/29/03

Dear Dr. Shimizu:

I saw Ronela and her foster parents today. Hopefully, you've received a copy of the EEG report. The EEG performed one week ago was normal. While a normal EEG does not entirely exclude seizures, it does have a roughly 94% reliability, and makes seizures relatively unlikely. Her foster mother did say that she had one 5-second episode which she could not modify or interrupt. On the other hand, the rest of them have been so fleeting that it was hard for them to tell. Ronela is coming along nicely from a developmental standpoint. She has had some somewhat counterproductive behaviors that her foster parents are going to discuss with her public health nurse and her CPS social worker. Our plan at this time is to not put her on medication. We will continue to monitor the situation. Her foster parents will keep a log. I'll see her back in four months, sooner if there are problems. I will keep you informed.

Sincerely,



Robert D. Bart, Jr., M.D.
Pediatric Neurologist

RDB:lt

cc: CPS-Att:

SW

RECEIVED

NOV 14 2003

CLAIRE M. WILSON, M.D.
PEDIATRIC GASTROENTEROLOGY AND NUTRITION
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN
1319 PUNAHOU STREET, SUITE 620
HONOLULU, HAWAII 96826

May 13, 2003

Michele Shimizu, M.D.
North Shore Health Center
59-119 Pualalea Street
Kahuku, Hawaii 96731

Re: **PASCUAL, Ronela**
Birthdate: 12/28/01


Dear Michele:

I understand you are now Ronela's primary care provider. Apparently, she was moved from one foster home to another, and has been with her current foster parents for about five weeks. She is eating well three times a day plus snacks. For example, she gets cereal with fruit for breakfast, a Gerber meal for lunch, and what her parents are having in a chopped up version for dinner. She drinks two cans of PediaSure a day and 8 ounces of whole milk. She also gets two cups of juice a day and 8 ounces of water. Her only water now is in a bottle. She's had no vomiting, diarrhea, constipation, coughing or choking with feeds, or urine problems. She is on no medications. She seems to have adapted well to the routine of her new home.

Ronela's weight today was 8.52 kg (18 lbs. 12 oz.), up only 70 g since seen here about two months ago. Her height today was 76.5 cm, up 3 cm, and her head circumference was 45.8 cm, up 0.4 cm. Her temperature was 98.1 tympanic. She was well-nourished looking, quite active and interactive. She does have some eczema on her knees. Her lungs were clear. Her abdomen was soft and non-tender with no masses, distention or hepatosplenomegaly.

Ronela has barely gained weight since I saw her two months ago, but as above, she's had significant social events in the interim. She seems to have settled into her new home well. I recommended they stop the juice and PediaSure and give her the foods as above plus 24 ounces a day of whole milk. I'll plan to see her back again in two months or sooner if the need arises (her family lives in _____). Please let me know if you have any questions.

Sincerely,


Claire M. Wilson, M.D.

CMW:pt

cc: CPS

✓
RECEIVED
MAY 23 2003

TRANSACTION REPORT

JUL-18-2003 10:17 AM

FOR: DR.DANILO S. PERLAS

808 621 4594

SEND

DATE	START	RECEIVER	PAGES	TIME	NOTE
JUL-18	10:16 AM	5895233	1	49"	OK

DIAGNOSTIC LABORATORY SERVICES, INC.
650 IWILEI ROAD * SUITE 300 * HONOLULU, HI 96817

Date: July 14, 2003

Patient: PASCUAL, RONELA
PASCUAL, M/M

ACCT :
DOB : 12/28/2001
DOS : 01/13/2003

070703:**JYL M/R C-IFS

PT ID:

PERLAS, DANILO S. MD
302 CALIFORNIA AVE.
SUITE 208
WAHIAWA HI 96786

Account:

Laboratory services were rendered to your patient, and DLS has been unsuccessful in obtaining the necessary information to file an insurance claim, mail any billing statement due to incorrect address or contact the patient by telephone. Can you please provide the following information within **10 working days** in receipt of this letter.

☒ New/Updated Address: _____

☒ Phone Number (H) _____ (WK) _____

_____ Patient Date of Birth _____

☒ Insurance Membership Number, Address If Applicable

☒ Effective Date of Insurance: _____

_____ Parent(s)/Guardian(s) Name: _____

_____ Other:

If you have any questions or need further assistance, please call the Business Office at (808) 589-5102
Outer island toll free: 1-800-655-4176
Mainland/Guam: 1-800-555-2357 Fax: (808) 589-5233

Your cooperation and continued patronage is sincerely appreciated.

THANK YOU FOR YOUR ASSISTANCE
Billing Department 96786

Patient rep.: JYL



FAX COVERSHEET

TO: Dr Danilo Perlas

FAX: 621-4594

PHONE: 622-6556

FROM: CENTRAL OAHU PHN SECTION (Wahiawa PHN Office)
910 California Ave., Rm 119, Wahiawa, HI 96786 (Ph: 622-6445/Fax: 622-6474)

Sender: Diane Takamine PHN

DATE: 4/7/03

You should receive 2 page(s) including this coversheet

SUBJECT: Ronela Pascual BD 12/28/01

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

WARNING: This message is intended only for the use of the individual to which it is addressed and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distributed or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us at the above address via the U.S. Postal Service. Thank you.

STATE OF HAWAII
Department of Human Services

FAMILY AND ADULT SERVICES DIVISION

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

I, Dr. D. Perlas, hereby give my permission to

in their records about Ronela Pasquel to give the following information

my ward (check as appropriate) to the DEPARTMENT OF HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION

The information to be reviewed/released is limited to the following:
medical records -
all medical records since 2/28/03 including well + sick visit records, immunization records, etc.
case management for Ronela

This information is to be used for case management for Ronela

(3) Check one of the following:
☒ This consent is good until 10/6/03 (not to exceed 90 days from date signed) OR

☐ FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:
I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to disclose the information to the following service provider:

1.

(7) Signature of applicant/recipient/legal guardian 4/6/03 Date

(8) Address of applicant/recipient

Sound Security No. or Birthdate of Applicant/Recipient

STATE OF HAWAII
Department of Human Services

FAMILY AND ADULT SERVICES DIVISION

CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN
SERVICES, FAMILY AND ADULT SERVICES DIVISIONI, Dr. D. Perlas, hereby give my permission to

(1) Name of applicant/recipient/legal guardian

Dr. D. Perlas (621-4594)

(2) Individual/agency or organization

to give the following information

in their records about me and/or my family and/or ☒ my ward (check as appropriate) to the DEPARTMENT OF
HUMAN SERVICES, FAMILY AND ADULT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) medical records for Ronela PascualMail copy to: Michelle Shimizu, MD56-119 Pualea St293-9231Kohala, HI 96731This information is to be used for case planning, medical care

(4) State purpose

(5) Check one of the following:

☒ This consent is good until 10/3/03 (not to exceed 90 days from date signed) OR

(6) month/day/year

☐ FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1.

(7) Signature of applicant/recipient/legal guardian

Date

4/3/03

(8) Address of applicant/recipient

Social Security No. or Birthdate
of Applicant/Recipient

Complete TWO (2) copies:

Original - Individual/agency, Copy - Case record

DHS 1466 (6/94)

Please mail
asap as Ronela has
an appointment.

CLAIRE M. WILSON, M.D.
PEDIATRIC GASTROENTEROLOGY AND NUTRITION
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN
1819 PUNAHOU STREET, SUITE 904
HONOLULU, HAWAII 96826

March 12, 2003

Danilo Perlas, M.D.
302 California Avenue, Suite 208
Wahiawa, Hawaii 96786

Re: **PASCUAL, Ronela**
Birthdate: 12/8/01

Dear Danny:

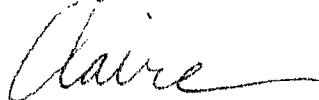
I saw Ronela again on 3/12/03, not having seen her since last summer. She's now 14-1/2 months of age. She's eating a variety of foods and drinks whole milk six to eight 8-ounce bottles a day. Her urine output and stools have been normal. Her only medication is one for oral thrush, which she's been on for a few days only. She has not had recurrent thrush problems. She's developed no new medical problems since last seen.

Ronela's weight was 8.45 kg or 18 lbs. 9 oz. plotting at the 3rd percentile (having been less than the 3rd percentile before), and her length was 73.5 cm plotting between the 10th and 25th percentiles. Her weight for length was between the 10th and 25th percentiles. Her head circumference was 45.4 cm, 25th to 50th percentile, and her temperature was 98.8 tympanic. She was well-developed, well-nourished, and in no distress. Her lungs were clear. Her abdomen was soft and non-tender with no masses, distention or hepatosplenomegaly.

Ronela is doing well overall except she's drinking way too much milk. I recommended decreasing her to 16-24 ounces of whole milk a day and if she's thirsty beyond that point giving her water instead of juice (they're not giving her juice now). We also talked about weaning her from bottle to cup. I gave them written instructions on all of this, and I'll plan to see her back again in a month.

Thanks very much again for allowing me to participate in her care. Please let me know if you have any questions.

Sincerely,



Claire M. Wilson, M.D.

CMW:pt

cc: Wahiawa WIC Program ✓
Central Oahu PHN
Diane T Sax 622-6474

CLAIRE M. WILSON, M.D.
PEDIATRIC GASTROENTEROLOGY AND NUTRITION
KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN
1319 PUNAHOU STREET, SUITE 904
HONOLULU, HAWAII 96826

March 12, 2003

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302 California Avenue, Suite 208
Wahiawa, Hawaii 96786

Re: **PASCUAL, Ronela**
Birthdate: 12/8/01

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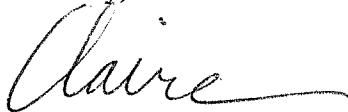
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