

Danilo S. Perlas, M.D., F.A.A.P.



PEDIATRICS & ADOLESCENT MEDICINE
302 CALIFORNIA AVE. SUITE 208
WAHIAWA, HI 96786

DATE: February 25, 2003
PATIENT'S NAME: Ronella Pascual
SPECIMEN SOURCE: Throat

HEMOLYTIC STREPTOCOCCI GROUP A

 POSITIVE

 / NEGATIVE

Test Used: OSOM STREP A TEST by WYNTEK

Test done by: RA Aguirre



FAX COVERSHEET

TO: Dr Perlas

FAX: 621-4594 PHONE: 677-5556

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

Sender: Diane Takamune PHN

DATE: 10/27/02

You should receive 2 page(s) including this coversheet

SUBJECT: Ronny 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.

resday
5:30p.m.

CONSENT FOR RELEASE OF INFORMATION

TO: Dr. Danilo Perlos
(Name of Individual or Organization Giving Information)

ADDRESS: 302 California Ave #208 Wahiawa 96786

I, Deia Pascual THE UNDERSIGNED, REQUEST AND AUTHORIZE THE
(Parent/Legal Guardian/Patient, if 18 yrs. old)

RELEASE OF THE FOLLOWING INFORMATION, _____

all medical records since Aug. 26

Aug. 26, 2002 to Nov. 31, 2002

RELATIVE TO: Penela Pascual
(Name of Patient)

B.D. 12/28/01

ADDRESS: _____

TO: Diane Takamuna, PHN, Central Oahu Nursing Section, PHNB, DOH
(Name of Individual or Organization Receiving Information)

ADDRESS: 410 California Ave. Rm 119 Wahiawa 96786

This information will be used for the following purpose(s) only:

Care management

Should the medical record contain any information pertaining to alcohol and/or drug abuse, psychiatric evaluation, treatments and results, HIV testing and results, infectious diseases including Acquired Immune Deficiency Syndrome (AIDS), I, by initialing the following: CONSENT _____ DO NOT CONSENT _____ to release of this information to the requesting party. I understand that redisclosure of this information by the requesting party is strictly prohibited.

This consent may be withdrawn at any time upon written request of the parent, legal guardian or patient (if 18 years and over) or consent will be valid for the purposes stated above and for a period not to exceed one (1) year.

Deia B. Pascual

(Signature of Parent, Legal Guardian or Patient, if 18 yrs old)

10/22/02

(Date)

Diane Takamuna PHN

(Signature of Agency Representative)

10/22/02

(Date)



FOOD RECORD

Name Kenela Paswel Sex F Birthdate: 12/28/01

Instructions

Write down EVERYTHING you/your child eats or drinks during the next 3 days.

Please tell us:

1. How much you ate/drank of each food.
Example: White rice ½ (measuring) cup.
2. How food was prepared:
Example: fried, baked, boiled, raw, etc.
3. What you added to the food.
Example: mayonnaise 1 Tbsp., shoyu 1 tsp., etc.
4. What the main ingredients were in mixed dishes.
Example: Beef Stew - beef 1/4 cup, carrots ½ cup, potatoes ½ cup.

Before you start, please complete the following:

1. Favorite Foods:
2. Disliked Foods:

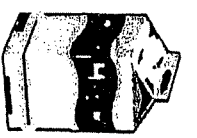


DAY 1

- 8-9-2002

Time	FOOD & DRINKS	Amount	Office Use
7:30	Applesauce (Breastmilk)	1 jar	
11:30	Rice Cereal w/ (Breastmilk) Applesauce	1 jar	
3:00	Oatmeal w/ Applesauce & Bananas (Breastmilk)	1 jar	
7:00	Bananas & Breastmilk	1 jar	

DAY 1 - Sep 2002

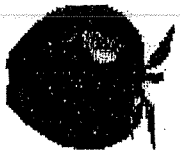


DAY 2 Sep 10 - 2002

	Amount	Office Use
1 jar	1 jar	
1 jar	1 jar	
1 jar	1 jar	

Time	FOOD & DRINKS	Amount	Office Use
7:00	oatmeal w/ Banana & applesauce w/ breadst milk	1 jar	
11:00	Rice cereal w/ applesauce & breadst milk	1 jar	
3:00	Banana w/ breadst milk	1 jar	
8:00	oatmeal w/ Banana & applesauce & breadst milk	1 jar	

Net dinner - 111



DAY 3

8-16-2002

FOOD R

Name Raneta Paswel Sex _____

Time	FOOD & DRINKS	Amount	Office Use
7:00	Banana w/ Breakfast milk	1 Jar	
11:45	Oatmeal w/ Applesauce & Banana	1 Jar	
3:00	Banana w/ Breakfast milk		
8:20	Rice cereal w/ Applesauce & Breakfast milk		

Not done!!!!

Write down EVERYTHING you/your child

Please tell us:

- How much you ate/drank of each food
Example: White rice 1/2 (measuring)
- How food was prepared:
Example: fried, baked, boiled, raw,
- What you added to the food.
Example: mayonnaise 1 Tbsp., sho
- What the main ingredients were in it
Example: Beef Stew - beef 1/4 cup,

Before you start, please complete

- Favorite Foods:
- Disliked Foods:

KAPI'OLANI MEDICAL CENTER
For Women and Children
1319 Punahou Street
Honolulu, Hawaii 96826

NAME: **Pascual, Ronela**
MR #: 58-92-79 ROOM #: PEDSP2410A
DICTATED BY: Nobuaki Inoue MD, Resident
ATTENDING PHYSICIAN: Danilo S Perlas, MD

DISCHARGE SUMMARY

cc: Nobuaki Inoue MD, Resident
Danilo S Perlas, MD

DATE OF ADMISSION: 08/13/2002
DATE OF DISCHARGE: 08/22/2002

PROVISIONAL DIAGNOSIS: Failure to Thrive

PRINCIPAL DIAGNOSIS: Failure to Thrive

COMPLICATIONS: None.

OPERATIONS: None.

CONSULTATIONS:

1. Dr. Wilson, GI
2. Dr. Jones, Child Psychiatry

REASON FOR ADMISSION: Evaluation for poor weight gain.

ADMITTING PHYSICAL FINDINGS: Vital signs: Temperature 99, heart rate 140, respiratory rate 36, blood pressure 102/60. Weight: 5.3 kg, which is <33%. Length: 60 cm, 63%, head circumference is 42.3 cm, 25%. HEENT: Thin hair, scalp with eczematous lesions, mucous membrane is moist, tympanic membranes intact. Heart: Regular rate, no murmur. Lungs: Clear to auscultation. Abdomen soft without distension, no hepatosplenomegaly. Extremities: No edema, good capillary refill. Skin: Eczematous lesion on face, hands and waist. Patient is an 8-month-old girl who was admitted to Kapiolani Medical Center for evaluation for poor weight gain. Patient has only had by breast milk 30 minutes per side, every two to three hours and evaluated as insufficient milk product, started bottle feeding, but patient rejected so switched to NG tube feeding. Patient started to gain weight after admission. CPS was referred by Dr. Jones for possibility of neglect by mother that claimed patient could eat baby food so discontinued NG tube feeding and discharged after asking for PHN assistance. At discharge, patient calorie intake was 1500 kcal/kg/day.

DISCHARGE INSTRUCTIONS: Activity as tolerated. Diet: Baby food ad lib.

MEDICATIONS: None.

CONDITION AT DISCHARGE: Stable.

PLAN FOR FOLLOW UP: Follow up with PMD within one week.

321141

Discharge Summary
Page 1 of 2

CC FOR: Danilo S Perlas, MD

Nobuaki Inoue MD, Resident

Danilo S Perlas, MD

D: 09/21/2002 1:50 A T: 09/23/2002 4:24 P /gbt
Job #: 000012704 Doc #: 321141

321141

Discharge Summary
Page 2 of 2

CC FOR: Danilo S Perlas, MD

NAME: **PASCUAL, RONELA**
MR #: **58-92-79**
ACCOUNT #: 255542730
BD: 12/28/2001 6M
PHYSICIAN: ALAN IKEDA M.D.
LOCATION: P2220BI

KAPIOLANI MEDICAL CENTER
for Women and Children
1319 PUNAHOU STREET, HONOLULU, HI 96826
TEL:(808)983-8626 FAX:(808)983-8710

Imaging Department

07/24/2002 03:33PM CHEST-ROUTINE PA/LAT

REASON FOR EXAM: EVAL HEART SIZE

RESULT: #1. The heart is normal in size. The central lung markings are accentuated. This could be vascular. The peripheral lung fields are clear. The bones are normal.

IMPRESSION: Accentuated central lung markings which may be vascular. the heart is normal in size.

Robert Di Mauro, M.D.
(interpreting physician)

Robert Di Mauro, M.D.
(signing physician)

Date Dictated: 07/24/02
Date Transcribed: 07/24/02 by DKS
Technologist: JY

DANILO PERLAS M.D.
302 CALIFORNIA 208
WAHIAWA, HI 96786