

FILED

4/12/2023

SMB

PC SCANTHOMAS G. BRITTON
CLERK, U.S. DISTRICT COURTUnited States District Court
Northern District of IllinoisLippert et al.
Plaintiffs,

-vs-

Jeffreys et al.,
Defendants.

Case No. 10-CV-04603

Honorable
Jorge L. Alonso
District Judge Presiding.

SCANNED AT PON CC

EMAILED 4/12/23 (date)

BY HZ (initials)

30 (# of pages)

Motion for Preliminary Injunction

Now comes the class member Joe N. Sherrad, acting on his own behalf, and request this Honorable Court to enter a preliminary injunction, or enforce ~~the~~ the consent decree, and order the defendants to provide Sherrad with the emergency medical attention that he needs. In support thereof, Sherrad states as follows:

1. Joe N. Sherrad is a 58 year old class member who has been incarcerated within the Illinois Department of Corrections (IDOC) for the past 30 years and at the Pontiac Correctional Center (Pontiac) for the past 18 years.

2. Sherrod has been on several medications to control his high blood-pressure since 2007. On January 6, 2023, two Nephrologist at the University of Illinois Medical Center at Chicago (UIC) diagnosed Sherrod with stage II Chronic Kidney Disease (CKD) and related metabolic acidosis. The UIC doctors recommended bicarbonate supplementation. (See Exhibit A, Nephrology Report dated 1/6/23, p. 8) Metabolic acidosis is a build up of waste products in the blood when the kidneys can no longer properly filter out the blood.

3. On August 11, 2022, two UIC Rheumatologist diagnosed Sherrod with Glucocorticoid-induced Osteoporosis and recommended calcium 1200mg daily, Vitamin D 800 IU daily and DEXA. (See Exhibit B, Rheumatology Report date 8/11/22, p. 14)

4. The UIC specialist (Nephrologists and Rheumatologists) determined that the above stated vitamins and supplements are necessary to slow down the progression of Sherrod's CKD and osteoporosis. However, the Defendants never provided Plaintiff with said vitamins and supplements and still

has not done so to this very day.

5. Over the past three weeks Sherrod's condition has deteriorated substantially. Sherrod is presently experiencing: (1) severe chest pains (my heart is pounding in my chest); (2) very light headed and dizzy; (3) extremely weak and off balance; and sharp constant pain in left side of head and numbness of left arm. Sherrod feels like he had or is about to have a serious heart attack or stroke.

6. Sherrod has followed the established procedures to request medical attention by filling out numerous sick call request slips and turning them in to medical personnel. Nevertheless, Plaintiff has not received any medical attention at all. On Friday, April 7, 2023, Sherrod was so weak, lightheaded and dizzy he fell down twice in his cell and hurt his right hip and knee. Sherrod informed the 8 gallery officer and cellhouse Lieutenant who contacted the health care unit. Sherrod still was not given any medical attention. Sherrod has been completely out of his blood-pressure medication for 10 days and have submitted several request for a refill but has not received a refill.

7. Sherrad is being denied all medical treatment at Pontiac. Sherrad is at a substantial risk of having a serious/fatal heart attack or stroke. Consequently, Sherrad is requesting this Honorable Court to order the defendants to:

- (1) provide him with some medical attention and attempt to identify and treat the cause of his various symptoms;
- (2) provide him with a refill of his bloodpressure medication; and
- (3) provide him with the recommended vitamins and supplements needed to slow down the progression of his CKD, metabolic acidosis and osteoporosis.

Wherefore, Sherrad request that he be granted a preliminary injunction, enforcement of the consent decree or any other prompt relief the Court deems reasonable, just and proper.

Respectfully requested

Joe N. Sherrad N/3582
Pontiac MI

UI HOSPITAL
833 S Wood St, Suite B52
CHICAGO IL 60612-7232

Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

8/11/2022 - Office Visit in GBO: Rheumatology Clinic (continued)

Clinical Notes (continued)

- PCV23 (Pneumovax):

Hepatitis B - If non-immune, consider vaccinating prior to starting anti-TNF therapy.

Zoster - Live vaccine contraindicated in moderate/high dose immunosuppression. Recombinant zoster vaccine safety/efficacy not studied in moderate/high dose immunosuppression.

The above plan of care, diagnosis, orders, and follow-up were discussed with the patient. Questions related to this recommended plan of care were answered.

Thank you for referring this delightful patient to me. Please feel free to contact me with any questions.

☒ Reviewed or ordered clinical lab tests ☒ Reviewed or ordered radiology test
☒ Reviewed and summarized old records. ☒ Requested outside medical records.

Greater than 50% of this 60 minute visit was spent with direct patient care including counseling regarding Medications Lab/imaging results Medical condition / prognosis / potential treatments.

Education Provided

Education/Instructions given to: ☒ Patient ☐ Spouse ☐ Parent ☐ Other

Barriers to Learning: ☒ None ☐ Yes (identify):_

Content: ☒ Refer to note above ☐ Other (identify):_

Evaluation/Outcome: ☒ Verbalized understanding ☐ Demonstrated understanding ☐ Other:_

Author: Nayanika Challa, MD
Staffed with: Dr. Al-Awqati

Electronically signed by Nayanika Challa, MD at 8/11/2022 9:22 AM
Electronically signed by Mina Al-Awqati, MD at 8/12/2022 2:27 PM

Ex. A

**Consent for Treatment and Authorization**

Patient Label

Your consent and authorization for treatment

I am aware that this consent covers the care and treatment that I will receive at the University of Illinois Hospital & Health Sciences System (UI Health).

UI Health is run by the Board of Trustees of the University of Illinois. This consent will cover all services and claims processing for care at UI Health. I agree that this consent will expire when services, claims and cost sharing relating to my treatment are filed, processed and paid-in-full-plus-three (3)-years-from-final-payment-received-to-allow-for-any-post-payment-audits-and-claims-review. I understand that if I have previously signed a consent form with greater restrictions, this consent form replaces that prior consent, unless otherwise noted.

Consenting for treatment

I consent to treatment and care for myself, or as legal guardian of the patient in question.

I am aware that the treatment and care at UI Health may come from people in its training programs. These people may include resident doctors, medical students and other health students. These students are in training and approved to give medical care. These people may interview me, examine me, or observe me. They might also perform diagnostic tests or healing procedures on me. They will do these things while being supervised by experienced clinicians.

I am aware that my care may include an HIV test.

If I want to refuse the test, I must tell my health professional. If I refuse an HIV test, I will still receive the other services that I need and are right for me.

I am aware that my care and treatment might include any of the following services.

- Emergency treatment or services
- Laboratory procedures
- Imaging services
- Medical or surgical treatments or procedures
- Anesthesia or hospital services

I am aware that I will be asked to sign another consent for any procedures that may have substantial risks.

I am aware that medicine and surgery are not exact sciences.

I agree that no one has made guarantees to me about the results of the services I will receive. This includes the results of any diagnosis, treatment, surgery, test or exam that has been done.

I agree to give any information asked of me to the best of my knowledge.

That includes financial, family and medical history information. I also agree that the information I have already given is true, correct and complete.

I know I can refuse to consent to any procedure or treatment.

This includes any medical or surgical procedures or other kinds of treatments.

When my care includes out-of-network providers

In keeping with the Fair Patient Billing Act:

- I am aware that I may get separate bills for services by healthcare providers who are connected to UI Health.
- Some hospital staff may not be a part of the same insurance plan and network as the hospital.
- I may have more financial burden for services given by UI Health providers who are not a part of my insurance plan.
- If I have questions about benefits and coverage, I will ask my insurance plan.

About my personal belongings

I am aware that the hospital has lockboxes I can use.

I know that I can keep my valuables there if I wish. My personal property is my obligation. This includes my eyeglasses, hearing aids, dentures, jewelry, cash, credit cards, personal electronics and all other valuables.

I hereby release UI Health from responsibility and liability for those valuables and items of personal property.

About payments and costs of my care

I agree to pay UI Health for all services and supplies provided to me.

I will pay them at the established rates. This includes any deductible, co-payment, or charges not covered by third-party payers.



3 4 4 8 E

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UI-3448-E Rev 08-20

IDOC Pontiac Med Recs 001287

UI HOSPITAL
833 S Wood St, Suite B52
CHICAGO IL 60612-7232

113580
Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 1/6/2023

01/06/2023 OFFICE VISIT IN DOC Nephrology Renal Numbun

Clinical Notes

Progress Notes

Yadwinder Sidhu, MD at 1/6/2023 1340

Attestation signed by Julia Jennifer Brown, MD at 1/6/2023 4:00 PM

Attending addendum: I saw and evaluated the patient. I reviewed the pertinent history, exam findings, and labs. I discussed the assessment and plan in detail with the fellow and I agree with what is written. Overall stable CKD2A1-- urine normal. Cr was a bit higher previously. Reports LUTS, will check renal US, start tamsulosin nightly. decrease amlodipine 10 to 5mg, reports lightheadedness and bps on lower side. switch omeprazole to famotidine-- he does have GERD/dyspepsia for which he needs it. RTC 6 mo

Julia Brown, MD
UIC Nephrologist
Clinic phone: 312-413-5569
Fax: 903-209-2952
Pager ID# 6976
Email: juliajb@uic.edu

S. Phillips APRN
1/31/23

University of Illinois Hospital & Health Science System

Eye & Ear Infirmary
1859 W. Taylor St.
Suite 2028
Chicago, IL 60612
Phone: 312-413-5569

Kidney Clinic Consult Note

Referring Provider:

James Christopher Hansen, MD
1727 Shawano Ave
Green Bay, WI 54303

PCP:

No primary care provider on file.
No primary provider on file.

Fax: None

Chief concern:

Joe Sherrod is a 58 y.o. male PMH HTN, preDM, CAD, HLD and leukopenia who comes to the kidney clinic for the first time for evaluation of increased Cr. The pt states he has had elevated since 2014 his BUN 30s. The pt states he experiences lightheadedness, muscle aches and twitching for the past yr. The pt also reports of nocturia 7-8 times/night. The pt states he this has been happening for 1 year. The pt also has been experiencing general pruritis. He

Printed on 1/11/23 4:12 PM

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Exhibit C to Grievance
dated 3/18/23

IDOC Pontiac Med Recs 001600



NOTICE OF CLAIM AUTHORIZATION NUMBER

To: HEALTHCARE UNIT
From: Utilization Management
Date/Time: 09/08/2022 / 15:24:50

Inmate Name: JOE SHERROD
Inmate Number: N13582
Date of Birth: 09/10/1964
Site: PONTIAC
Service: 99203-OFFICE O/P NEW LOW 30-44 MIN
Authorization No: 406143596

Service is Authorized.

Comments: 9-7-22 UIC Nephrology Eval authorized for a patient with increased creatinine.

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Wexford Health Sources
Phone: 877-939-2884 -or- 800-353-8384
Fax: 412-937-9151

UI HOSPITAL
833 S Wood St, Suite B52
CHICAGO IL 60612-7232

Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 1/6/2023

01/06/2023 Office Visit in QFC Nephrology-Renal Nutrition (continued)

Clinical Notes (continued)

states since 06/2022 he has been experiences.

Per pt he had uncontrolled HTN in summer of 2022, he was started on amlodipine with poor ctrl however this was controlled w addition of lisinopril.

The pt denies any other complaints or concerns.

Review of Systems

Constitutional: Negative for chills, fatigue, fever and unexpected weight change.

HENT: Negative for mouth sores, rhinorrhea, sinus pain, sore throat, tinnitus and trouble swallowing.

Eyes: Negative for photophobia, pain, discharge and visual disturbance.

Respiratory: Negative for apnea, cough, chest tightness and shortness of breath.

Cardiovascular: Positive for palpitations. Negative for chest pain and leg swelling.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Endocrine: Negative for polydipsia, polyphagia and polyuria.

Genitourinary: Negative for difficulty urinating, frequency, hematuria and urgency.

Musculoskeletal: Positive for back pain. Negative for arthralgias and joint swelling.

Neurological: Positive for dizziness and light-headedness. Negative for tremors, weakness, numbness and headaches.

Psychiatric/Behavioral: Negative for confusion and self-injury. The patient is not nervous/anxious.

Past Medical History:

Diagnosis	Date
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- Coronary artery disease
- Hypertension

Past Surgical History:

Procedure	Laterality	Date
-----------	------------	------

- LEG SURGERY Left 1980
- SKIN BIOPSY

No family history on file.

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: Not Currently
- Drug use: Yes
- Types: Marijuana
- Comment: previously
- Sexual activity: Defer

UI HOSPITAL
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Sherrod, Joe
MRN: 200178921, DOB: 9/10/1964, Sex: M
Visit date: 1/6/2023

01/06/2023 - Office Visit in OOC, Nephrology-Renal Nutrition (continued)

Clinical Notes (continued)

No Known Allergies

Current Outpatient Medications

Medication	Instructions
• 6% salicylic acid in t gel shampoo	Topical
• acetaminophen (TYLENOL)	1,000 mg, Oral, Every 8 hours PRN
• amlodipine (NORVASC)	10 mg, Oral, Daily
• aspirin	81 mg, Oral, Daily
• furosemide (LASIX)	20 mg, Oral, Daily
• levothyroxine (SYNTHROID)	25 mcg, Oral, Daily before breakfast
• lisinopril (ZESTRIL)	10 mg, Oral, Daily
• omeprazole (PRILOSEC)	20 mg, Oral, Daily
• simvastatin (ZOCOR)	10 mg, Oral, Nightly
• Skin Protectants, Misc. (MINERIN CREME EX)	Apply externally
• triamcinolone (KENALOG) 0.025 % cream	Topical, 2 times daily

Physical Examination:

Vitals and Pain Score

Some values may be hidden. Unless noted otherwise, only the newest values recorded on each date are displayed.

Vitals and Pain Score	9/6/22	10/5/22	10/10/22	10/26/22	12/1/22
Height	1.69 m	1.727 m	1.727 m	1.727 m	1.702 m
Weight	90.3 kg	88.5 kg	88.5 kg		91.6 kg weighed 4 days ago
BSA (Calculated - sq m)	2.06 sq meters	2.06 sq meters	2.06 sq meters		2.08 sq meters
BMI (Calculated)	31.6	29.7	29.7		31.6
BP	126/79	130/79	113/74	133/79	116/71 #
SpO2	98 %			100 %	97 % +
Temp			36.6 °C (97.9 °F)	36.7 °C (98 °F)	36.6 °C (97.9 °F) +
Temp src			Temporal	Temporal	Skin +
Pulse	58	54	61	65	62 +
Resp				15	18 +
Pain Score	Zero		Zero	Zero	
+ Some values recorded on this date have been omitted. * Some abnormal values recorded on this date have been omitted.					

Physical Exam

UI HOSPITAL
833 S Wood St, Suite B52
CHICAGO IL 60612-7232

Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 1/6/2023

01/09/2023 - Office Visit in GCO - Nephrology-Renal Nutrition (continued)

Clinical Notes (continued)

Labs

Some values may be hidden. Unless noted otherwise, only the newest values recorded on each date are displayed.

Lab - Hematology	8/11/22	9/21/22	9/21/22	10/13/22	12/7/22
WBC		3.2 (A)	3.0 (A)	3.6 (A)	3.3 (A)
Hgb		14.3	14.8	13.9	14.8
MCV		93.2	94.0	94.4	95.8
Platelets		177	161	156	162
Neutrophils Absolute		2.0	1.7	2.2	1.9
Lymphocytes Absolute		0.7 (A)	0.8 (A)	0.8 (A)	0.9 (A)
Monocytes Absolute		0.3	0.3	0.3	0.3
Eosinophils Absolute		0.2	0.2	0.3	0.3
Basophils Absolute		0.0	0.0	0.0	0.0
Neutrophils Relative		60.8	54.6	62.0	57.3
Lymphocytes %		22.9 (A)	27.5	21.9 (A)	25.4
Monocyte %		8.8	9.6	7.7	8.5
Eosinophil %		6.8 (A)	7.4 (A)	7.5 (A)	7.9 (A)
Basophils %		0.7	0.9	0.9	0.9

(A) Abnormal value

Lab - General Chemistry	8/11/22	9/21/22	9/21/22	10/13/22	12/7/22
BUN		16	15	15	17
Cr		1.36	1.49	1.30	1.29
CrCl (Actual BW)		75.7	69	77.5	80.9
CrCl (Ideal BW)		55.1	49.7	59.9	58.4
Sodium		141	136	140	135
Potassium		4.2	4.0	3.9	4.1
Calcium		9.5	9.6	9.0	9.6
Albumin		4.2	4.3	3.9	4.3
Creatinine, Urine	138				
Glucose		93	90	98	87
Chloride		107	100	103	99
CO2		27	26	27	26
TSH		2.67			

Lab - Liver Function	8/11/22	9/21/22	9/21/22	10/13/22	12/7/22
Total Bilirubin		0.7	1.0	0.9	0.8
Bilirubin, Direct			0.2		
Alkaline Phosphatase		53	56	53	64

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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 1/6/2023

01/06/2023 - Office Visit in Clinic Nephrology Renal Nutrition (continued)

Clinical Notes (continued)

						Inhibition is the test to use to assay for hybrid curve LMWH and /or unfractionated heparin based on an established hybrid curve. Heparin concentrations of 0.3-0.7 units/ml correspond to aPTT results of 60-100 seconds.
(A) Abnormal value						

Lab - CSH	8/11/22	6/24/22	6/24/22	10/1/22	1/6/23
No data to display.					

No results found for: ISAT

No results found for: PTH No results found for: VITD25

Lab Results

Component	Value	Date
COLORU	Light Yellow	08/11/2022
CLARITYU	Clear	08/11/2022
SPECGRAVU	1.022	08/11/2022
PHU	6.0	08/11/2022
LEUKOCYTESU	Negative	08/11/2022
BLOODU	Negative	08/11/2022
PROTUR	13	08/11/2022
PROTUR	Negative	08/11/2022
UROBILINOGEN	Normal	08/11/2022
NITRITEU	Negative	08/11/2022
BILIRUBINU	Negative	08/11/2022
KETONESU	Negative	08/11/2022
GLUCOSEU	Normal	08/11/2022

UI HOSPITAL
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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 1/8/2023

01/08/2023 - Clinic Visit in SDC: Nephrology-Renal Nutrition (continued)

Clinical Notes (continued)

No results found for: MICROALBCREA

No results found for: ALBCR

No results found for: ALBC

Lab Results

Component	Value	Date
UTPCR	0.09	08/11/2022

Diagnostic Studies:

No valid procedures specified.

Medical decision making:

58 y.o. male PMH HTN, preDM, CAD, HLD and leukopenia who comes to the kidney clinic for the first time for evaluation of increased Cr.

#CKD II

- BL Cr 1.2-1.9 since 2020
- most recent Cr 1.29
- Urine protein to creatinine ratio 0.09 g/g as of 8/22.
- UA as of -ve: Prot -ve, glucose -ve, leukocytes -ve, blood -ve, bacteria -ve,
- Prior secondary workup: HIV, Hep B, and C serologies were negative negative. ANA <1:80, C3, and C4 were
- likely 2/2 HTN nephrosclerosis
- Meds history reviewed, no nephrotoxins noted
- please avoid NSAIDs
- obtain renal US

#HTN

- BP in clinic 107/72
- currently on amlodipine 10 mg and lisinopril 10 mg.
- decrease amlodipine 5 mg, and c/w lisinopril. Start tamsulosin 0.4mg. for urinary symptoms.

#Metabolic acidosis

HCO3 26

Likely due to renal dysfunction

Initiate bicarbonate supplementation

#Anemia

Hgb 14.8/43.8 g/dL

ctm

#Secondary Hyperparathyroidism

Ca: 9.6

#GERD

- start famotidine and d/c omeprazole

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Sherrod, Joe
MRN: 200178921, DOB: 9/10/1964, Sex: M
Visit date: 1/6/2023

01/06/2023 Office Visit Nephrology Renal Nutrition (continued)

Clinical Notes (continued)

Labs ordered renal US
Return to clinic 6 months

Education addendum.

Findings and options for management for the problems above were discussed with the patient. The patient verbalized understanding of the findings, diagnoses, and verbalized understanding and agreement with management plans as documented. Questions were addressed. No barriers to understanding remained after discussion.

Discussed with Nephrology Attending, Dr. Brown

Yadwinder Sidhu, MD
Nephrology Fellow, PGY 4

Electronically signed by Yadwinder Sidhu, MD at 1/6/2023 3:58 PM
Electronically signed by Julia Jennifer Brown, MD at 1/6/2023 4:00 PM

UI HOSPITAL
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N13587
Sherrad, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

8/11/2022 Office Visit in OCC: Rheumatology Clinic

Clinical Notes

Progress Notes

Meyanika Challa, MD at 8/11/2022 0800

Attestation signed by Mina Al-Awqati, MD at 8/12/2022 2:27 PM

Attending Note:

I personally saw and examined the patient. I reviewed the chart including labs and imaging. I discussed the case with the fellow or resident and agree with the findings and plan as documented in the fellow's or resident's note.

The above plan of care, diagnosis, orders, and follow-up were discussed with the patient. Questions related to this recommended plan of care were answered.

Thank you for this consultation. We welcome all questions or concerns.

Education Provided

Education/Instructions given to: (x) Patient ☐ Spouse ☐ Parent ☐ Other

Barriers to Learning: (x) None ☐ Yes (identify):

Content: (x) Refer to note above ☐ Other (identify):

Evaluation/ Outcome: (x) Verbalized understanding ☐ Demonstrated understanding ☐ Other:

Mina Al-Awqati, MD

Clinical Instructor, Division of Rheumatology

Total time spent minutes in:63

- 1-Preparing to see the patient on day of visit (review of tests, prior medical visits)
- 2-Obtaining and/or reviewing separately medically appropriate obtained history
- 3-Performing the medically appropriate exam and/or evaluation
- 4-Clinical documentation in the EHR or other health record
- 5-Counseling and educating the patient or caregiver
- 6-Interpreting results and/or communicating results to the patient/family/caregiver
- 7-Care coordination
- 8-Ordering medications, tests, or procedures
- 9-Referring and communicating with other health care professionals
- 10-Documentation in EHR

RHEUMATOLOGY CONSULT NOTE

PATIENT: Joe Sherrad

MRN: 200176921

DOB: 9/10/1964

DATE OF SERVICE: 8/11/2022

Printed on 8/15/22 3:21 PM

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Ex. B

IDOC Pontiac Med Recs 001272

UI HOSPITAL
833 S Wood St, Suite B52
CHICAGO IL 60612-7232

Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

08/11/2022 - Office Visit in Outpatient Rheumatology Clinic (continued)

Clinical Notes (continued)

CHIEF COMPLAINT or REASON FOR CONSULT: leukopenia

Referring:

Nina Pagaduan, APRN
1818 W. Taylor Street
Cancer Center, Suite 1E, 1st Floor
Chicago, IL 60612
312-355-1515

PCP

No primary care provider on file.
None

HPI

Joe Sherrod is a 57 y.o. male with HTN, CAD who is seen for leukopenia.

Patient has had severe pruritis for years, long standing leukopenia, past month has felt very tired, and also experiencing back pain. Back pain worse as days goes on, best in the morning. No morning stiffness. He believes problems lie in his kidneys, decreased GFR. He also has been having chest pain and palpitations, worked up in the ED.

Dermatology evaluation was eczematous dermatitis c/w allergic contact dermatitis and provided steroid/antibiotic combo with phototherapy in the future if not resolved. He had several bouts of hives in the prison.

Pt diagnosed with hypothyroidism recently. Mother had rheumatoid arthritis. No fam hx of IBD, psoriasis, ankylosing spondylitis. Siblings all passed away early due to unknown diseases.

Some pain in L knee and L elbow.

No known h/o malar rash, photosensitivity rash, discoid lesions, oral/nasal ulcers, pleuritic chest pain, cytopenias, proteinuria, seizures/psychosis, Raynaud's, dry eyes/mouth, miscarriages, or VTE/ATE.

No history of skin psoriasis or IBD or STD or uveitis. No hx of HIV or hepatitis.

General: Denies any fevers, weight chang, night sweats

Eyes: Denies any photophobia, red eyes, vision loss, dry eyes, blurred vision

ENT: Denies any oral ulcers, dry mouth.

EARS: denies change in hearing,

Respiratory: Denies any SOB, DOE, cough

Cardiovascular: Denies any chest pain, palpitations

GI: diarrhea, abdominal pain, GERD

Urinary: no dysuria

Psych: denies depression, SI

Heme: denies bleeding, easy bruising

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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

8/11/2022 - Office Visit in SPC Rheumatology Clinic (continued)

Clinical Notes (continued)

Endo: denies shoe/glove size change
MSK: see HPI
Skin: Denies any issues with nails, rashes
Neuro: Denies any headache, numbness/tingling, seizures

A 14-point review of systems is negative. Refer to above for pertinent positives.

Past Medical History

Past Medical History:

Diagnosis	Date
-----------	------

- Coronary artery disease
- Hypertension

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
-----------	------------	------

- LEG SURGERY Left 1980
- SKIN BIOPSY

Allergies

No Known Allergies

MEDS

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Re fill
• 6% salicylic acid in t gel shampoo	Apply topically.		
• amlodipine (NORVASC) 10 MG tablet	Take 10 mg by mouth 1 (one) time each day.		
• aspirin 81 MG EC tablet	Take 81 mg by mouth 1 (one) time each day.		
• clindamycin (CLEOCIN T) 1 % lotion	Apply topically 2 (two) times a day. (Patient not taking: No sig reported)	60 mL	1

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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

8/11/2022 - Office Visit in IDOC Rheumatology Clinic (continued)

Clinical Notes (continued)

- furosemide (LASIX) 20 MG tablet Take 20 mg by mouth 1 (one) time each day.
- omeprazole (PriLOSEC) 20 MG DR capsule Take 20 mg by mouth 1 (one) time each day.
- simvastatin (ZOCOR) 10 MG tablet Take 10 mg by mouth every night.
- Skin Protectants, Misc. (MINERIN CREME EX) Apply topically.
- triamcinolone (KENALOG) 0.025 % cream Apply topically 2 (two) times a day.

No current facility-administered medications on file prior to visit.

Family History

No family history on file.

Social History

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Vaping Use

- Vaping Use: Never used

Substance Use Topics

- Alcohol use: Not Currently
- Drug use: Never

Objective

There were no vitals filed for this visit.

GEN: NAD, well-nourished.

HEENT: Head: NCAT. Face: No lesions. Eyes: Conjunctiva clear. Sclera are anicteric. PERRLA. EOMs are full. Ears: The right and left ear canals are clear. Nose: No external or internal nasal deformities. Nasal septum is midline. Mouth: The lips are within normal limits. No oral ulcers Tongue is midline with no lesions. The oral cavity is clear.

Neck: Supple. No neck masses. No thyromegaly. No LAD, parotid or submandibular gland palpated.

CV: RRR, no mrg, S1/S2

PULM: CTAB, no wrr, easy effort

Abd: s/nt/nd

Extremities: No cyanosis, edema. Old injury on legs large scars.

Neurologic: Strength, CN2-12 grossly intact

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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

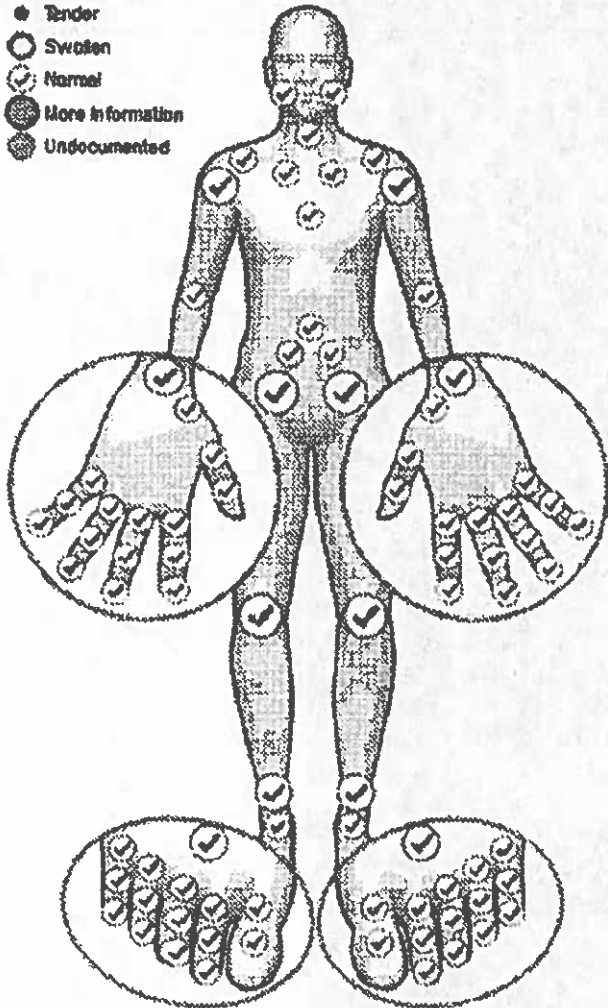
8/11/2022 - Office Visit in OSO: Rheumatology Clinic (continued)

Clinical Notes (continued)

Psych: normal affect.

Skin: diffuse rash throughout with central ulceration

- Tender
- Swollen
- Normal
- More Information
- Undocumented



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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

08/11/2022 Office Visit in Clinic Rheumatology Clinic (continued)

Clinical Notes (continued)



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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

08/11/2022 Office Visit in GGC Rheumatology Clinic (continued)

Clinical Notes (continued)



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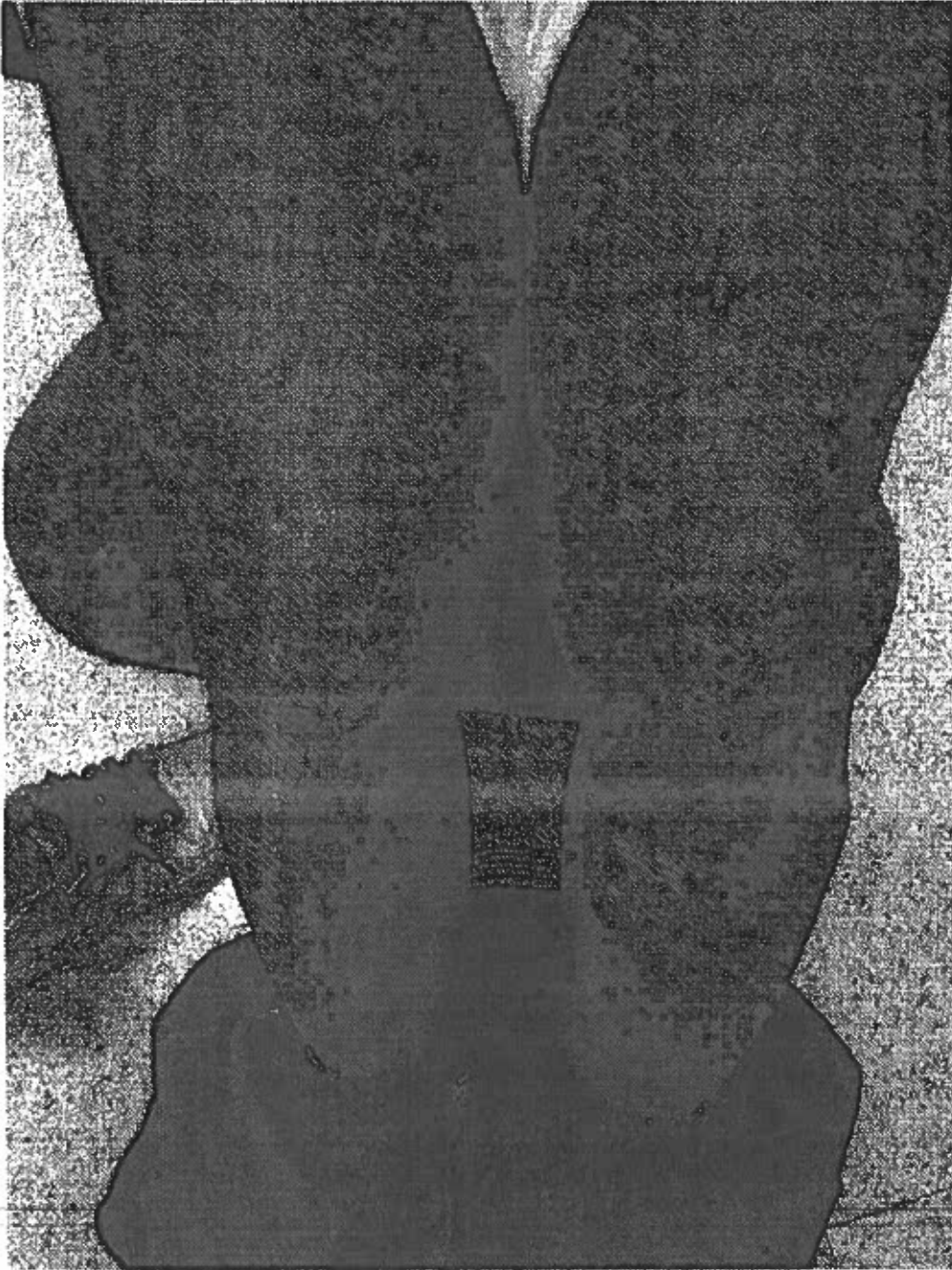
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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

8/11/2022 Office Visit in SSC Rheumatology Clinic (continued)

Clinical Notes (continued)



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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

08/11/2022 - Office Visit in IDOC Rheumatology Clinic (continued)

Clinical Notes (continued)



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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

8/11/2022 Office Visit in QOC: Rheumatology Clinic (continued)

Clinical Notes (continued)

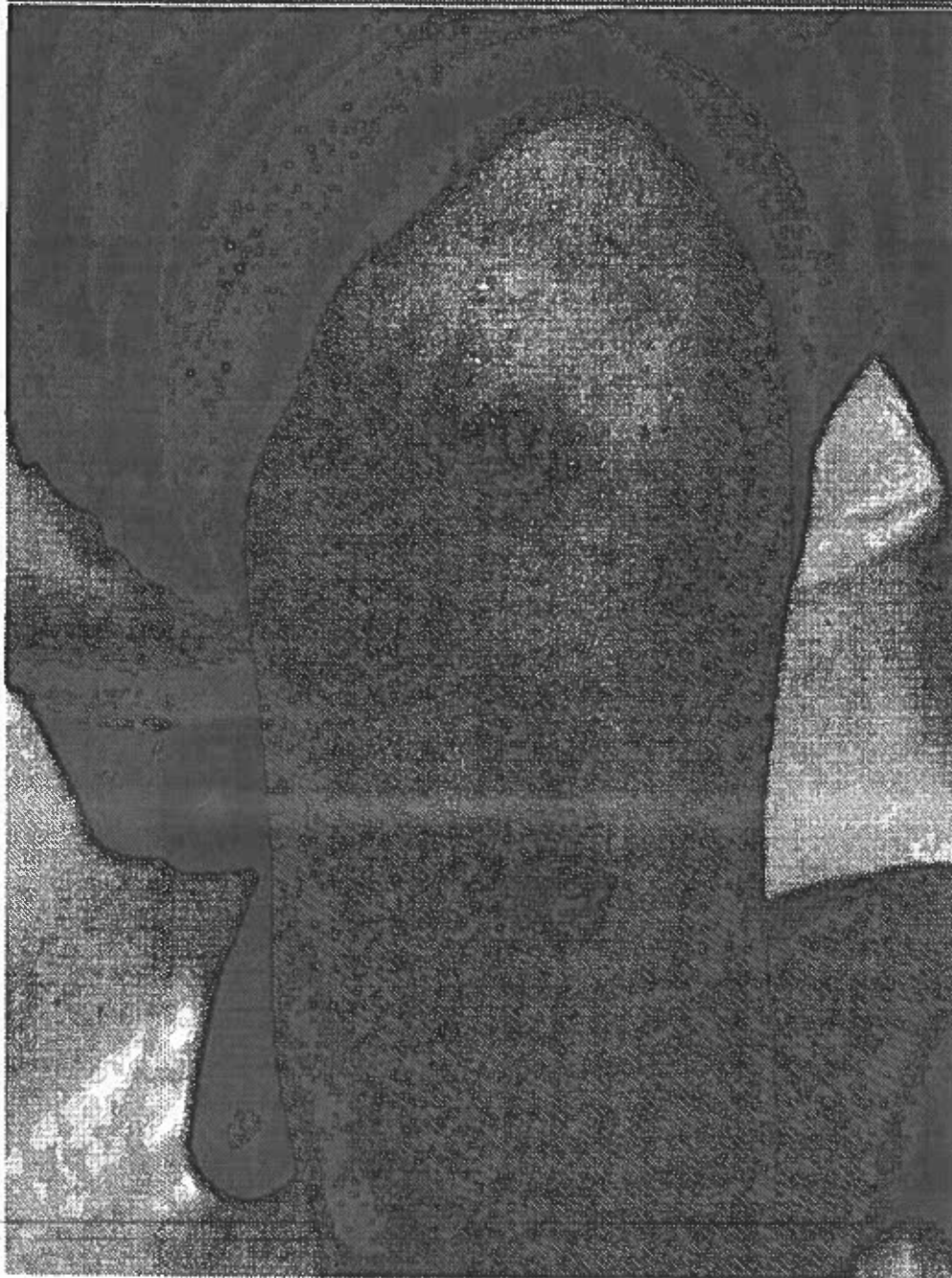


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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

08/11/2022 Office Visit in QOC: Rheumatology Clinic (continued)

Clinical Notes (continued)



LABS/STUDIES

I have reviewed radiology, reviewed labs, reviewed diag med test, reviewed & summarized old

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Sherrod, Joe
MRN: 200176921, DOB: 9/10/1964, Sex: M
Visit date: 8/11/2022

08/11/2022 - Office Visit in OSO, Rheumatology Clinic (continued)

Clinical Notes (continued)

records, requested outside medical records.

Lab Results

Component	Value	Date
WBC	3.5 (L)	07/13/2022
HGB	15.9	07/13/2022
HCT	46.2	07/13/2022
MCV	91.9	07/13/2022
PLT	191	07/13/2022
NEUTROABS	2.1	07/13/2022

Lab Results

Component	Value	Date
CREATININE	1.83 (H)	07/13/2022
BUN	27 (H)	07/13/2022
NA	143	07/13/2022
K	3.5	07/13/2022
CL	101	07/13/2022
CO2	29	07/13/2022

Lab Results

Component	Value	Date
ALT	37	07/13/2022
AST	24	07/13/2022
ALKPHOS	72	07/13/2022
BILITOT	1.2	07/13/2022

No results found for: CRP

Lab Results

Component	Value	Date
ANA	Detected (A)	06/08/2022
ANTINUCLEAR	<1:80	06/08/2022
ANATITER	1:80 (A)	03/07/2022
ANAINTERPRE	See Note	06/08/2022

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08/11/2022 - Office Visit to IDOC Rheumatology Clinic (continued)

Clinical Notes (continued)

No results found for: DOUBLESTRAN, DSDNAAB, C3, C4, CH50

No results found for: DOUBLESTRAN, DSDNAAB, C3, C4, CH50

No results found for: PROTEINUR, CREATUR, PROT24HUR

No results found for: PROTEINUR, CREATUR, PROT24HUR

No results found for: DOUBLESTRAN, DSDNAAB, SSA52RO52, SSA60RO60, RO, SMITHENA, ANTIRNP, FIBRILLRNIGG, CENTROMEREA, SCL70

No results found for: RHEUMFACT, RFIGM, RFIGG, RFIGA, CCP

No results found for: ANCA

No results found for: MYOSITINTERP

Lab Results

Component	Value	Date
TSH	3.98	06/08/2022

Lab Results

Component	Value	Date
CHOL	142	03/30/2022
HDL	51	03/30/2022
LDLCALC	85	03/30/2022
TRIG	30	03/30/2022

No valid procedures specified.

A&P

Joe Sherrod is a 57 y.o. male with HTN, CAD who is seen for leukopenia.

//The following will provide visit diagnosis with associated orders for the encounter. Very useful.

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Sherrod, Joe
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Visit date: 8/11/2022

8/11/2022 Office Visit in G50 Rheumatology Clinic (continued)

Clinical Notes (continued)

1. Leukopenia, diffuse rash, back pain, dry eyes/dry mouth

- rheumatologic labs
- XR hands, lumbar spine, sacroilitis
- referral to ophthalmology

RTC 1 month

//The following will provide visit diagnoses.
No orders of the defined types were placed in this encounter.

Reviewed: 8/5/2022 6:30 PM by Maria Tsoukas, MD

Problem List as of 8/11/2022

None

MDM

Immunization History

Immunization History

Administered	Date(s) Administered
• Moderna SARS-COV-2 Vaccine	03/02/2021, 03/30/2021, 12/12/2021

HEALTH MAINTAINENCE

Complete smoking cessation if appropriate:

Chronic Corticosteroid Use

PCP prophylaxis (> prednisone 15-20mg daily for 1 month or longer): TMP-SMX DS Mon/Wed/Fri

Glucocorticoid-induced Osteoporosis:

- Calcium 1200mg daily, Vitamin D 800 IU daily
- DEXA

Immunizations (for patients receiving or planning on receiving Immunodulatory therapy)

Influenza (annually), consider high-dose vaccine (Fluzone) for ≥65 years of age:

Pneumococcal vaccine – Ideally given 2 weeks prior to immunodulatory therapy when able. PCV13 by PCV23 after 8 weeks. Consider PCV23 booster every 5-10 years,
- PCV13 (Pvnnar):