

10/16/2023

RE:

Name: Thomas J Price Jr

Date of birth: 02/07/1936

Gender: male

Evaluation performed by:

First Name: Haseeb

Last Name: Ahmed

Physician or Nurse Practitioner: Physician

(1) Date/Location of examination:

10/16/2023 at 6650 West 110th street, suite 220A, Overland Park, KS 66211

(2) Name of proposed ward/conservatee:

Thomas Jefferson Price Jr

(3) Year of Birth: 2/7/1936

(4) Age at time of examination and evaluation: Patient cannot recall his age when asked today. He is 87 years old.

(5) Description of (including the date of) any prior assessments, evaluations or examinations of the proposed ward/conservatee which were reviewed or relied upon in preparation for this examination or evaluation:

Neurology evaluation at Olathe by Jennifer Watkins APRN and also another neurology evaluation in Lenexa, KS by Dr Noushin Ansari MD but the note is not complete. He was found to have parkinsons like symptoms. A brain SPECT scan was ordered at Olathe for which I do not have records for this evaluation. These notes had a list of his medications and also some labs. His Vitamin B12 was low and was started on a supplement. I reviewed his labs from the Olathe visit on 8/19/2022 with white cell count normal. Hemoglobin normal. Sodium and potassium levels were normal. Liver enzymes were also normal. Kidney function was stable. Thyroid function was also normal. B12 level was 192 pg/mL. His A1c 6.5%. We requested records from Saint Luke's Health System as well but there were no other records.

Current Medications:

- Flomax 0.4mg daily
- Glimepiride 4mg daily
- Glucometer
- Lisinopril 20mg daily
- Xarelto 15mg daily
- Vitamin B12

Patient was not able to recall these medications. He could not share with me why he takes these medications exactly. He says he does not take medication for blood pressure but his medication list has lisinopril for high blood pressure. He cannot recall why he takes glimepiride. I asked if he takes a blood thinner - making a reference to xarelto to assess if he understands the role of this medication - he denies taking a blood thinner. He then says "I dunno. Maybe I do. They are all prescriptions." His son will take him to the pharmacy or they are sent to his facility - he cannot recall the name of the facility, but says it is in Johnson County. "I can never remember the name of it," he remarked. He cannot tell me what street it is on either. He does not drive.

Per chart review, his chronic medical conditions include:

Gait disturbance, resting tremor, Diabetes type 2, Atrial fibrillation, hypertension, vitamin B12 deficiency, cataracts, known heart murmur, urinary retention requiring indwelling foley catheter, benign prostatic hypertrophy, adenomatous polyp of colon, hyperlipidemia.

(6) Results of this examination and evaluation:

During the evaluation he told me he heard a knock on the door. I opened the door and there was no one there. I did not hear a knock. On our exam door there is a picture of a lady on an ad. He said "That lady had knocked and sitting in that position for some time over there." I clarified that this is just an ad and not a real person. His MMSE in my office when I did this personally, his score was 19/30 and in the records this was 22/30 in the past. This indicates cognitive impairment.

(a) description of proposed ward's/conservatee's physical condition:

He is in a wheelchair and dressed well in his sweats. He has a foley catheter in place, leg bag. He has urinary retention and has had that for about a month. He says it was placed at the hospital - Olathe Medical Center. He was hospitalized for urinary retention he says. I do not have records of that hospital stay so not exactly sure of the details of that stay.

My physical exam:

97.6 °F, 78 bpm, 18 RR, 150/77, 96 % RA

Gen: no acute distress

heart: irregular, +murmur over pulmonic valve

lungs: cta bilaterally

abd: soft, nd, nt

LE: -edema bilaterally, foley bag and lower leg splint visualized

skin: no rashes

neuro: forgetful, cn 2-12 intact, gait impairment and prefers staying in wheelchair due to this

(b) description of proposed ward's/conservatee's mental condition:

As above, slow mentation. Some hallucination as described above.

(c) description of the nature and extent of the proposed ward's/conservatee's cognitive and functional abilities and limitations:

He uses a wheelchair most of the time he says. He uses it to help his balance. He uses a walker once he is inside the house. No falls recently per his history. He had a few falls, so he obtained a wheelchair for that reason.

(d) description of any adaptive behaviors or skills, or other assistive technologies which the proposed ward/conservatee employs to alleviate his/her limitations:

As above, he has obtained a wheelchair and walker to prevent falls. I am concerned about his medication management. He does not know why he takes these medications, what they are for, and when to take which medication. This increases the risk for overdose or missed doses which may lead to medical complications. He does not have the capacity to be independently manage his medications or his medical care.

(e) prognosis for improvement of the proposed ward's/conservatee's limitations:

Overall, he has parkinson like symptoms with confusion, high risk for falls, advanced age, indwelling foley catheter which increases risk for urinary tract infection, and on medications that are at high risk for complications if not taken as indicated. Thus, overall prognosis is poor with high risk for repeat hospitalizations.

(f) recommendations for treatment or rehabilitation, or for other measures which may improve or alleviate the proposed ward's/conservatee's limitations (taking into account the proposed ward's/conservatee's education and developmental potentials):

He needs 24/7 surveillance and close monitoring given his vascular risk factors for stroke, acute myocardial infarction, GI bleed, or intracranial bleed with a fall while on blood thinner. He is at high risk for fall and fracture given his balance impairment. In addition, with prolonged sitting in his wheelchair, he is at risk for decubitus ulcers and other pressure wounds.

(7) Names(s)/qualification of other professional(s) performing this examination and evaluation with you:

I independently evaluated him in my office today.

(8) Certification/opinion. I certify under penalty of perjury that I/we have personally completed an independent examination and evaluation of the proposed ward/conservatee named above, and that this report contains an accurate summary of the results and findings of that examination and evaluation. Further information concerning these findings may be obtained by contacting

LiveActive Primary Care at 913-549-3884. Based upon these findings, it is my/our opinion that the proposed ward/ conservatee:

(Check as appropriate)

has the capacity to meet essential needs for physical health, safety or welfare

X does not have the capacity to meet essential needs for physical health, safety or welfare, and is therefore, in my/our opinion, an adult/minor with an impairment.

has the capacity to manage the estate

does not have the capacity to manage the estate and is therefore, in my/our opinion, an adult/minor with an impairment

(9) Participation: It is further my/our opinion that the proposed ward/ conservatee:
(Check as appropriate)

should be able to participate in the court proceedings associated with this guardianship/conservatorship

X could not meaningfully participate in the court proceedings associated with this guardianship/conservatorship

should not participate in the court proceedings associated with this guardianship/conservatorship because such would be injurious to the proposed ward's/proposed conservatee's health or safety.

10/16/2023

A handwritten signature in black ink, appearing to read 'H. Ahmed', written over a horizontal line.

DR HASEEB AHMED