THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES

R. J. PEARSON, M.D.
F.A.C.P., F.A.C.C.

FORD, Gerald R. CONGRESSMAN/MICHIGAN

PHYSICAL EXAMINATION Part-I February 18, 1972

This is Mr. Ford's first routine annual physical examination since January 1970, and there has been no specific complaint in the past several months. Mr. Ford feels that he is quite healthy, able to live a vigorous life without symptoms. Since his last annual physical examination he has had a number of orthopedic problems but generally has had no incurrent illnesses.

SYSTEMS REVIEW

Eyes: He has always been nearsighted since early high school, but recently in the early morning he has noticed that newsprint is not clear. He has difficulty reading the batting averages, stock market and other fine prints. The nearsightedness that he has always had may have gotten worse in recent years.
ENT: He has no trouble hearing. He is not bothered by any ringing in his ears, dizziness, vertigo, or unsteadiness. He states that he has always had a congenital draining from one of his sinuses, on the right, which in turn causes a need for clearing the throat and a cough. He can feel the accumulation of the postnasal dripping, which is a rather frequent cause for clearing the throat and coughing. He has never coughed up any blood.
Lungs: The cough mentioned above is associated with a post-nasal dripping. Since he was 27 years old he has smoked a pipe, 6-7 pipefulls per day, more when he is not active and less when he is skiing or on vacation. He does not inhale. He has never had any pleuritic pain, nor shortness of breath. He has recently come from a skiing vacation where he skied vigorously at the altitude of 10,000 to 12,000 feet. He is also able to swim vigorously 10 minutes, twice daily, without any cardiovascular symptoms.
Cardiovascular: No chest discomfort, pressure, tightness, indigestion. No palpitations, skipped beats, tachycardia, faintness, etc. No leg pain with exertion. No transient numbness, disuse , etc.
Gastrointestinal: He has a good appetite, is able to eat everything except sourkraut, which causes him to have diarrhea.

R. J. PEARSON, M.D.
F.A.C.P., F.A.C.C.

FORD, Gerald R. CONGRESSMAN/MICHIGAN

PHYSICAL EXAMINATION Part-I (Con't) February 18, 1972

He states that several years ago on gastrointestinal series they thought they saw an ulcer scar, but he has never had any ulcer symptoms. Occasionally he has hemorrhoids, associated with constipation or exertional activities and has superficial bleeding on the stool and on the toilet tissue. Genitourinary: He has nocturia regularly, 1 time per night, occasionally twice if he has had a lot to drink. Occasionally under stressful circumstances he has hesitancy in starting his stream but he has no bleeding, burning, frequency, dribbling, etc.
Musculoskeletal: In 1958 he had the sudden onset of severe back pain where he could not get up or down and he had to be hospitalized at Bethesda. This was thought to be a muscle spasm. He has chronic knee problems from old football injuries, particularly on the right, which has fluid occasionally if he has a lot of trauma to the knee, such as skiing or walking. He injured his right shoulder while skiing early this year and he has had physical therapy to it. The pain is in the region of the insertion of the bicipital tendon. He has had some skin lesions on his nose and face, which have been looked at periodically by the dermatologists.

PHYSICAL EXAMINATION

Temperature: 98°.
Pulse: 60 and regular.
Blood Pressure: 110/70, both arms.
Respirations: 14 per minute.
Chest: 41" unexpanded. 43 1/2" expanded.
Eyes: Normal extraocular movements. Pupils are round, regular and react to light and accommodation. Ocular fundi show no vascular changes. Visual fields are normal by confrontation.
Ears: Ear canals are relatively clear bilaterally. The right TM appears normal. The left drum appears slightly thickened and slightly inflammed. Weber and Rinne are normal.
Nose & Throat: There are tobacco stained teeth but there are no oral lesions of smoking injury, no thickening of the mucous membranes or redness. The tongue appears to be normal, as does the pharynx. The nose shows the septum to be deviated to the right but otherwise is normal.

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PHYSICAL EXAMINATION Part-I (Con't) February 18, 1972

Neck: Supple. Carotid artery pulsations are equal bilaterally without any murmur. Thyroid is not felt. There are no lymph nodes palpable.
Skin: There are several benign, non-pigmented nevi on the face, and some prominent blackheads on the tip of the nose.
Lymphatic: No palpable lymph glands in the supraclavicular or infraclavicular areas, axillary areas, or groin.
Chest: Normal expansion of the lungs. Breath sounds are clear and resonant. Percussion note is normal.
Cardiovascular: Heart is normal size to percussion. To palpation the apical impulse is well within the midclavicular line in the 5th left interspace. 1st sound is slightly greater than 2nd sound at the apex. A-2 is greater than P-2 and splitting is normal at the 2nd left interspace. There are no murmurs nor gallops.
Abdomen: Soft. Neither liver, kidney nor spleen is palpable. The abdominal aorta is palpable and does not appear to be enlarged. There is an old right lower quadrant scar which is about 2 1/2 to 3 cm wide and about 12 cm in length, from an appendectomy when he was four years old.
Genitalia: Normal external genitalia with circumcision. Testicles are normal. No hernia.
Rectal: Prostate is 1 - 2+ symmetrically enlarged, soft, without any nodularity. No stool is present in the rectum. There are large, external, hemorrhoidal tags,
Peripheral Vascular: All pulses are palpable and equal.
Neurological: Deep tendon reflexes are brisk and equal bilaterally. Babinski downward. Skin sensation normal all over.

Congressman Ford has a new problem which was picked up on his routine x-ray and will be called PROBLEM #9.

Abnormal x-ray finding on the chest-x-ray, nodular area in the left 1st interspace, peripherally, which was present on the 1970 film but not on the 1967 film. The radiologist (Dr. Turner) has suggested that the patient have laminography to try to determine the nature of this lesion.

As far as PROBLEM #7 is concerned, Mr. Ford has previously had high cholesterol and high triglycerides, and because of recent evidence of effectiveness of

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FORD, Gerald R. CONGRESSMAN/MICHIGAN

PHYSICAL EXAMINATION Part-I (Con't) February 18, 1972

Clofibrate in reducing the instance of heart attack, in addition to lowering these variables, he agreed to take Clofibrate, 500mgm q.i.d.

Other active problems remain:

#1. Chronic arthritis, traumatic, both knees.

#2. Nasal septal deviation.

#4. Chronic sinusitis.

PLAN

1. Consultations regarding his change in visual acuity with the eye department; orthopedic department regarding the chronic arthritis in his knees and his shoulder discomfort; urology for prostate; gastroenterology for routine sigmoidoscopy. It is planned at the present time to have these consultations at the Naval Hospital on February 25, 1972. ALSO LAM. NOGRAPHY 2/25/72

Freeman H. Cary

FREEMAN H. CARY, M.D. rlm

THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES

R. J. PEARSON, M.D.
F.A.C.P., F.A.C.C.

FORD, Gerald D. Congressman, Michigan

PHYSICAL EXAMINATION - PART II April 24, 1972

Regarding Problem #1 - Chronic Arthritis, both knees - he was seen in orthopedic consultation by the Orthopedic Department, Bethesda Naval Hospital and there opinion was that he had a tear of the right lateral meniscus of the knee and recommended that he have knee suregry at his convenience and that he continue his physical therapy to strengthen the quadriceps.

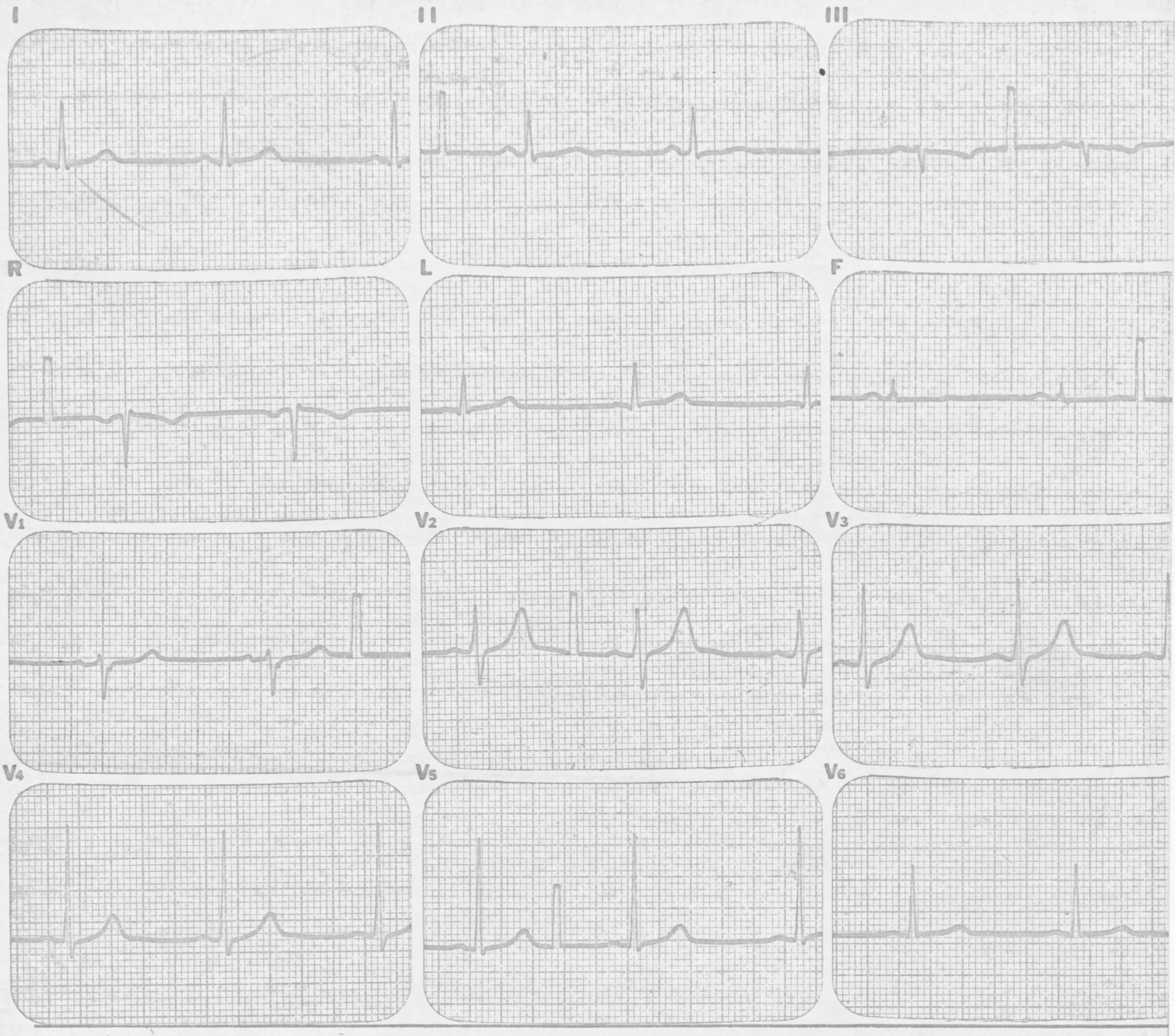
Regarding Problem #7 - Hypercholesterolemia - he was placed on Atromid-S, 500mgms. q.i.d.

The new problem, Problem #9 - Abnormal Density on X-ray, Chest - turned out to be pleural capping on laminography.

His shoulder discomfort turned out to be bursitis.

The remainder of his consultations and work-up revealed know significant abnormality.

F. H. CARY, M.D. wfw



ELECTROCARDIOGRAPH REQUEST

PREV. ECG YES ☒ NO ☐ AMB. ☒ BED. ☐ EMERG. ☐ DIG. ☐ QUIN. ☐ AGE 58 SEX M B.P. 120/80 DATE 2-1

CLIN. DIAG.: ROUTINE ORDERED BY

Wt. 208 1/2# Ht. 6'

ELECTROCARDIOGRAPH REPORT

RHYTHM: SINUS ☒ OTHER:

SINUS BRADYCARDIA-ARRHYTHMIA WITH RARE PVC

RATES: ATR. 54-62 VENTR.

INTERVALS: P-R .16 QRS .08 QTc .40

AXIS: +15 ° —

DESCRIPTION: LIMB LEADS

P NOTCHED IN II, V2, thru V4

QRS

S-T

T, U

PRECORDIAL LEADS

TRANSITIONAL V2.

T Axis =(

INTERPRETATION, SERIAL CHANGES, IMPLICATIONS:

(1) OCCASIONAL PVC.
(2) WITHIN NORMAL LIMITS.
(3) NO SIGNIFICANT CHANGE SINCE 1-5-70.

PATIENT'S IDENTIFICATION

FORD, GERALD R. (CONGRESSMAN: MICHIGAN)

R. J. PEARSON, M. D.
ATTENDING PHYSICIAN
U. S. CAPITOL
WASHINGTON, D. C.

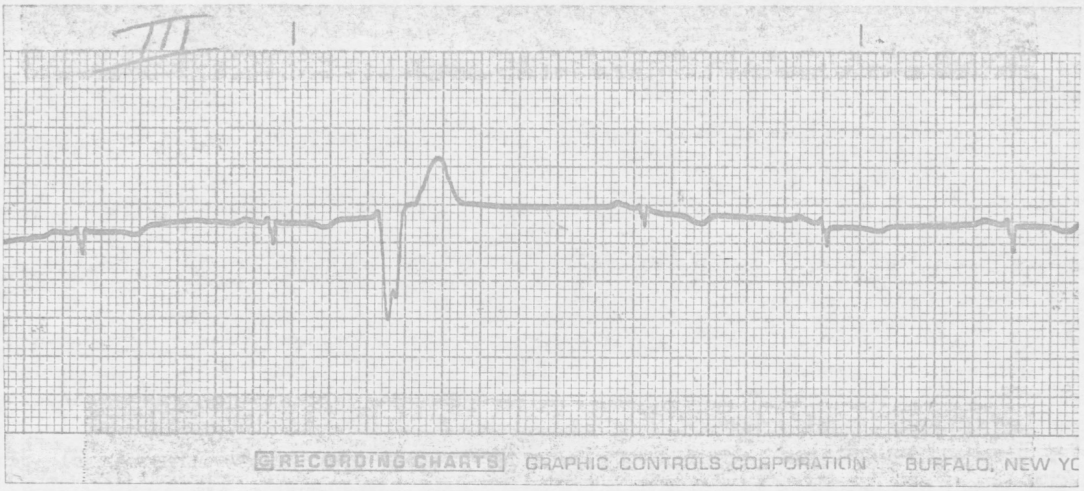
INTERPRETED BY

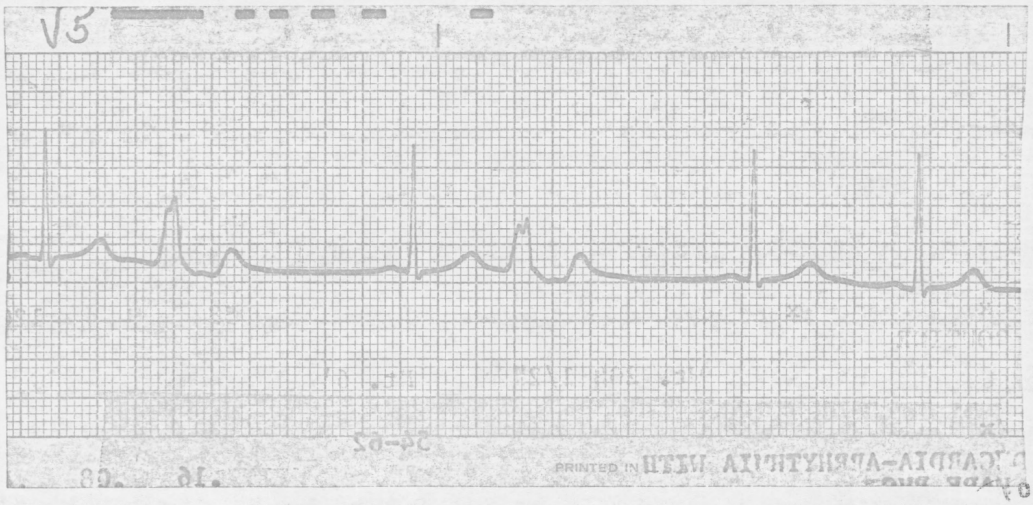
FREEMAN H CARY

ECG NO. WARD RM

DATE

(SEE OVER)





Cong J Ford
2-16-72

June, 1973

This is a corrected copy of Narrative Summary on the July, 1972, admission for Congressman Ford. Please substitute for the copy now on file.

Patient Affairs,
Naval Hospital,
Bethesda, Md.

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A-32

6-11-73 pk

CLINICAL RECORD — **NARRATIVE SUMMARY**

DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
7-9-72	7-22-72	

(Sign and date at end of narrative)

FINAL DIAGNOSIS:
INTERNAL DERRANGMENT RIGHT KNEE. POST OPERATIVE HEMATOMA, RIGHT KNEE.
KERATOTIC NEVI, LEFT LOWER EYELID AND RIGHT CHEEK.
SUMMARY:

This 59 year old Congressman from Michigan has a history of trauma to the right knee in 1929 while playing football. He had pain and effusion and following this, he had some persistent difficulty with pain and use of the knee. He was able to use the knee despite the somewhat limited motion and pain on use, but during the last six to nine months, he had noted recurrent effusion with a catching sensation in the lateral aspect of the joint. This usually followed some sport such as skiing and he had relief of the effusion and pain with rest. Due to the persistence of pain and effusion on activity, he was referred here for evaluation.

Physical examination is normal with the exception of the lower extermities. There is a well healed scar on the left lateral aspect of the left knee. On the right knee, he has some synovial thickening with pain and clicking on McMurray's test laterally. The remainder of the examination is normal.

Hospital course: The patient was admitted for surgery to the right knee. During his pre-operative evaluation, he was noted to have abrasion over the left tibia and he was therefore observed for several days. The abrasion did not have any drainage and appeared to be healing well and without difficulty, so he was operated upon on 12 July 1972 and a right lateral meniscectomy was performed.

Following this procedure, a keratitic lesion from the left lower eyelid and a nevus from the right cheek were excised under local anesthesia and closed with 6-0 nylon sutures. A dressing was applied to the right cheek area. The popliteal tendon had to be released from the posterior part of the meniscus and was repaired at the time of closure. The post-operative course was benign. He did have an episode of erythema over the wound three days post-operatively and a hematoma was removed. The wound was opened slightly at its posterior margin to allow the hematoma to be removed, but he had no other difficulty. The patient was therefore discharged on 21 July 1972 to be followed at the Capitol for physical therapy and rehabilitated.

J. F. LOVEJOY JR.
LCDR MC USNR

APPROVED:
D. O. WILSON, CAPT MC USN, CHIEF OF ORTHOPEDICS

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
		372 28 6532	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

FORD, GERALD R., CONGRESSMAN, MICHIGAN
NAVAL HOSPITAL, BETHESDA, MARYLAND

REGISTER NO.	WARD NO.
J-7202819	

NARRATIVE SUMMARY
Standard Form 502
502-108

THE ATTENDING PHYSICIAN
UNITED STATES CAPITOL
WASHINGTON, D.C.

CONSOLIDATED LABORATORY REPORT

Vice President of U.S.

NAME: Ford, Gerald (Mich) O. Pos. 1972
LAST FIRST MIDDLE BLOOD TYPE/RH DATE

—URINALYSIS—

DATE:	1/28/74	1/28/74							
Color	Y/Clear								
Specific Gravity	1.015								
Ph	Acid								
Albumin	0	1+w							
Sugar	0	0							
Occult Blood	0								
MICROSCOPIC:									
White Blood Cells	Rare								
Red Blood Cells									
Epithelial Cells									
Bacteria									
Crystals									
Casts									
Mucous	occ.								
Ketones									

—HEMATOLOGY—

	Normals-Bench								
Hemoglobin	14–17	17.7							
Hematocrit	42–47	50							
White Blood Count	5–10	5.8							
DIFF: Neutrophils	50–70	55							
Bands	0–3								
Lymphocytes	20–40	38							
Eosinophils	0–3	7							
Basophils	0–1								
Monocytes	2–8								
Sed Rate (Male)	0–9MM/1 Hr.	4							
(Female)	0–20MM/1 Hr.								
Sickle Cell									

—GENERAL CHEMISTRY—

Glucose (Fasting)	60–110	101							
(1 Hour)		196							
(Random)									
BUN	8–20 mgm.	17							
Creatinine	.6–1.6	.8							
Uric Acid	3.5–7.5	7.8							
Sodium	133–145	144							
Potassium	3.5–5	4.1							
Chloride	95–108	105							
Carbon Dioxide	20–30	27							
Phosphate	2–3.5	4.3							
Total Protein	6–8.4	6.7							
Albumin	4–6								
~~Globulin~~ Calcium		10.1							
Alkaline Phos	15–60	60							
Acid Phos	0–2	1.8							
SGOT	0–35	29							
SGPT	5–24	20							
LDH	40–150	147							
	0–100								
Bilirubin, Total	0–1.5	.9							
BSP	0.5%/45 min. ret								
Cholesterol	150–250	251							
Tryglycerides	35–150								

ATTENDING PHYSICIAN
U. S. CAPITOL, WASHINGTON, D.C.
CONSOLIDATED LABORATORY REPORT

Ford, Gerald — O- Pos — 7-8-72

NAME: Last First Middle — Blood Group/Rh — Date

		DATE									
			4/8/71	7/13/72	2/28/72	7/8/72					
URINALYSIS		Color	Y-Clear	Clear		Hazy					
		Specific Gravity	1.016	1.020		1.018					
		Ph	5	5		5					
		Albumin	0	0	trw	0					
		Sugar	0	0	0	0					
		Occult Blood	0	0		0					
		MICROSCOPIC:									
		White Blood Cells	0-2	2-3		2-3					
		Red Blood Cells									
		Epithelia		Few							
		Bacteria									
		Crystals									
		Casts									
		Mucous	occ.			mod.					
	NORMALS-BENCH										
HEMATOLOGY	14-17	Hemoglobin	15.6	15.8		16.6					
	42-47	Hematocrit	47	48		49					
	5-10	White Blood Count	6.1	5.4		6.4					
	50-70	DIFF: Neurtrophils	54	59		69					
	0-3	Bands									
	20-40	Lymphocytes	44	36		24					
	0-3	Eosinophils		3		1					
	0-1	Basophils									
	2-8	Monocytes	2	2		6					
	0-9MM/1 hr.	Sed Rate (Male)	3	6/7		2					
	0-20MM/1 hr.	(Female)									
GENERAL CHEMISTRY	150-250	Cholesterol	270	295		290					
	2.3-5	PO4	2.8	4.0		2.9					
	3.5-7.5	Uric Acid	6.6	7.0		7.8					
	.6-1.6	Creatinine	1.2	0.95		1.0					
	133-145	Sodium	139	139		139					
	3.5-5	Potassium	4.1	4.4		4.6					
	95-108	Chloride									
	20-30	Carbon Dioxide									
	6-8.4	Total Protein									
	4-6	Albumin									
	8.9-11	Calcium	9.8	10.2		10.2					
	0-2(IU) 0.13-0.54	Acid Phos	0.7	0.18		0.18					
	9-35(IU)	Alkaline Phos	23	23		22					
	8-35	SGOT		10		25					
	0-35	SGPT									
	24-78(IU)	LDH									
	30-60	CPK									
	10-24	BUN	12	17		15					
	.1-1	Bilirubin, Total	0.9	0.6		0.5					
	.05-.31	Bilirubin, Direct									
	65-110	Glucose, Fasting		95		98					
		Glucose, 1 hour		135							
		Glucose, 2 hour	75								

Orthotoluidine Method (3h.)

GPO : 1970 O - 51-622 (No. 1)

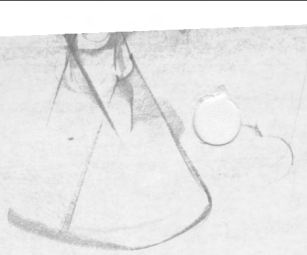
CONSOLIDATED LABORATORY REPORT (Page 2)

DATE:	2/18/72					
BACTERIOLOGY:						
Throat Culture						
Urine Culture						
Sputum Culture						
Stool Culture						
Stool, Ova & Parasites						
Stool, Occult Blood						
VDRL	Neg					

MISCELLANEOUS TESTS

DATE:		2/18/72					
Amylase	Normals-Bench 33-161						
Lipase	0-1.1						
PBI	3.6-7.7						
Total Lipids							
Tryglycerides	35-135	218					
BSP	0-5%/45min ret.						
Iron	40-150						
TIBC	220-430						
T-3	.81-1.17						
T-4	5.1-11.1						

GPO : 1970 O - 51-622 (No. 2)



SUMMARY SHEET

FORD, GERALD R. 25APR72 CONGRESSMAN, MICHIGAN

ACTIVE PROBLEMS	INACTIVE PROBLEMS
1. MUSCULOSKELETAL	
A). CHRONIC ARTHRITIS KNEES, WITH MEDIAL MENISCUS TEAR.	⇒ SURG ~~RIGHT~~ KNEE 7/72
B).	BURSITIS (R) & (L) SHOULDERS.
C).	(R) MEDIAL EPICONDYLITIS.
D).	FRACTURED (R) CLAVICLE - AGE 14.
2.	NASAL SEPTAL DEVIATION.
3.	EXTERNAL HEMORRHOIDS
4. CHRONIC SINUSITIS/RHINITIS.	
5.	CRYPTITIS.
6.	MILD OBESITY.
7. HYPERCHOLESTEROLEMIA/HYPERTRIGLYCERIDEMIA (?TYPE II ABNORMALITY).	
8. HYPERURICEMIA/GOUT.	
9.	APPENDECTOMY - CHILDHOOD.

MEDICATIONS AND MANAGEMENT

1. A). ORTHOPEDIC CONSULTANT RECOMMENDS SURGERY.
2.
3.
4. SUDAFED.
5.
6.
7. DIET, ATROMID-S
8.
9.

FAMILY HISTORY

MOTHER DIED AT AGE 71, ACUTE MYOCARDIAL INFARCTION, WAS DIABETIC.
FATHER DIED AGE 72, FROM A FALL.
THREE HALF BROTHERS, ONE IS ASTHMATIC

P.E. 2/18/72
D.O.B. 7/14/13

TELEPHONE: OFFICE - 225-3831 HOME - 751-0177

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32
S/N 0109-201-2602

CLINICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
CAPITOL PHYSICIAN	ORTHOPEDIC CLINIC USNH, BETH., MD.	13 DEC 72

REASON FOR REQUEST (Complaints and findings)

Followup appointment

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
	"	☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☒ ROUTINE

CONSULTATION REPORT

ORTHOPAEDIC
CLINIC
13 DECEMBER 72

Congressman Ford had difficulty with his right knee and had a lateral meniscectomy in July 1972. Post-operatively, his knee was rehabilitated with little difficulty.

ON EXAM TODAY: There is no effusion. There is some mild thickening of the synovium and he has no pain on compression of the patella. Medial, lateral and collateral ligaments appear to be stable. His drawer sign is negative. There is some mild tenderness on full flexion of the knee, postero-lateral aspect of the knee at the surgical incision. The remainder of the exam was WNL.

IMPRESSION: The patient has done very well in his post-operative rehabilitation program, and it is expected he should have little difficulty with his future. We plan to see him PRN and he should return to full activity as tolerated.

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
JOHN F. LOVEJOY,JR.,LCDR MC USNR	12/13/72		ASST. CHIEF, ORTHOPAEDICS

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
FORD, GERALD CONGRESSMAN, MICHIGAN OPD #1-05-38		CLINIC

CONSULTATION SHEET
Standard Form 513
513—104—02

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
PT. (Capitol)	Orthopedic Clinic Main Naval Disp	

REASON FOR REQUEST (Complaints and findings)

℞: ① Daily
② Please begin isotonic PRE to quad & hom. or N & Hebb. DC isometrics
③ Remain on 30-50% WB on crutches

PROVISIONAL DIAGNOSIS

Post-op. lateral meniscectomy

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
Ford, Gerald Cong/Mech		

CONSULTATION SHEET
Standard Form 513
513—104—02

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Ortho

7/25/72

2 weeks p.o. lateral nonunion tibia (R)

Exam: Moderately dense effusion

Wound healed. Flexes 90°

& locks 10-15° ext.

(Lifting 10# isometrics)

Rec: ① Sutures removed - wound healed

② Toe stand isotonic PRE

on WK table. to quads + hams

③ Return on 30-50% WB

on crutches

④ RTC 2 weeks - may then

be able to go on cane.

DG Wilson

MC

COL

GERALD R. FORD LIBRARY

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle initial)* Ford Gerald			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT OR STATUS U.S. Congress	DEPARTMENT OR SERVICE
SPONSOR'S NAME			RANK/GRADE
SVC OR IDENTIFICATION NO.		ORGANIZATION	

S/N 0109-201-6901

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
February 1969
General Services Administration and
Interagency Comm. on Medical Records
FPMR 101-11.809-3
600-103

DW

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

I 25 72
0900

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO: ORTH

FROM: (Requesting ward, unit, or activity) ATTENDING PHYSICIAN'S OFFICE U. S. CAPITOL

DATE OF REQUEST 18 Feb 72

REASON FOR REQUEST (*Complaints and findings*)

EVALUATION OF RT. SHOULDER & INJURY & OLD RT. KNEE PROBLEMS.

PROVISIONAL DIAGNOSIS

ROTATOR CUFF TEAR

DOCTOR'S SIGNATURE R. J. PEARSON, JR.

APPROVED

PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL

☐ EMERGENCY ☒ ROUTINE

CONSULTATION REPORT

ORTHO OPD
USNH BETHESDA
25 FEB 1972
M 0855

CHIEF COMPLAINT: Evaluation of right shoulder pain and recurrent effusion and instability in the right knee.

Present Illness: This 58 y.o. gentleman developed shoulder pain, right, approx. 1 JAN 72. He had had no difficulty before a skiing trip, and after several weeks of skiing, he noted some stiffness in his shoulder. There was no specific accident. The pt noted that sleeping on the stomach with his shoulder ABDucted and his head on the hand, which was the normal way he slept, caused pain in the shoulder. He also noted he had to change his sleeping habit due to the pain and on arising in the morning, ther was stiffness and limited ABDuction of the right shoulder. He was seen by Dr. Pearson following the skiing trip and treated with oral medication, injection and PT with some gradual improvement.

The pt is having some difficulty with his right knee, which he dates to a football injury occurring in 1929. At that time, he injured both knees, had subsequent difficulty of the deft knee and requiring an operation in 1933 which was probably a lateral meniscectomy. He has had no significant difficulty with this knee following surgery. However, his right knee has given him problems following exercise. This consisted of effusion, provoked by exercise and relieved with rest With this fall, he developed a new symptom, which was instability of the knee. He noted after walking and externally rotating the foot, there was a grinding sensation in the lateral aspect of the leg. He noted lying in bed, in a relaxed position, some movement caused discomfort in this area. Also after making a

(Continued on reverse side)

SIGNATURE AND TITLE | DATE | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*) | REGISTER NO. | WARD NO.

CONSULTATION SHEET
Standard Form 513
513-104—02

RETURN TO
ATTENDING PHYSICIAN
ROOM H-166 U.S. CAPITOL

speech or standing, he would guard his right knee as he would have a grading sensation and a feeling the knee was going to give way. He has done physical therapy for the knee and had no difficulty with effusion following his skiing this year, but due to the persistent instability was referred here. Past hx is non-contributory.

PHYSICAL EXAM: The pt is in good physical condition. Exam of the right upper shoulder shows pain on palpation of the supraspinatous tendon and the long head of the biceps in the bicepital groove of the humerus. There is a normal ROM of the cervical spine with no pain on motion, and a neg. Spurling's test. There is limited ABDuction, external and internal rotation of the right shoulder, with pain on extremes of these motions. The motor exam of both upper extremities and the neurological exam is WNL. On examining the right knee, there is mild effusion. There is some loss of quadriceps tone with a measurable decrease in the size of the quadriceps of ½" - 9" above the tibial tubercle. There is no pain on compression of the patella, of the medial and lateral collateral ligaments, as well as the anterior/posterio ligaments to be intact. External rotation, extension of the knee - there is an audible and palpable click over the lateral meniscus. He also has a positive Appley's grinding test for a lateral meniscus injury.

IMPRESSION: (1) Bursitis of the right shoulder, resolving with present therapy.
(2) Tear of the right lateral meniscus of the knee.

DISPOSITION: Recommended he continue his therapy to the right shoulder and in addition to PT, do a home program of ROM exercises. The pt was presented to Capt Wilson and his findings were the same on the knee. It is our feeling that he should have a lateral meniscectomy of the knee, and it was recommended. We plan to do this at his convenience, which will probably be in July 72. We would also like him to continue his PT in the interim, to protect the knee from further quadriceps atrophy and effusion.

Thank you very much for sending us this very interesting patient. We will certainly be glad to do his surgery at his convenience.

Respectfully,

John F. Lovejoy, Jr., LCDR MC USNR
Orthopaedic Service

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

2-25-72
1030

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: G-I

FROM: (Requesting ward, unit, or activity) ATTENDING PHYSICIAN'S OFFICE U. S. CAPITOL

DATE OF REQUEST 18 Feb 72.

REASON FOR REQUEST (Complaints and findings)

HEMORRHOIDS, c occ BRGHT
RED RECTAL BLEEDING c CONSTIPATION.
occ DIARRHEA c SAUER-KRAUT INGESTION.

PROVISIONAL DIAGNOSIS

ROUTINE ANNUAL PE

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
R.J. PEARSON, JR.		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☒ ROUTINE
RADM MC USN			

CONSULTATION REPORT

2/25/72 History as above.

Exam: Inspection: External hemorrhoidal tags.

Digital: Good sphincter tone. Prostate WNL.

No mass.

Hocts to 22 cm Hemes normal color throughout. No active fissure seen.

Imp: External hemorrhoids

Advice: Ba Enema to exclude proximal etiology to bleeding.

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
[signature]	2/25/72		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.	WARD NO.

RETURN TO
ATTENDING PHYSICIAN
ROOM H-166 U.S. CAPITOL

CONSULTATION SHEET
Standard Form 513
515—104—02

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

2-25-72.
0800

CLINICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO: EYE | ATTENDING PHYSICIAN'S OFFICE U. S. CAPITOL | DATE OF REQUEST 18 Feb 1972.

REASON FOR REQUEST (Complaints and findings)

ALWAYS NEAR SIGHTED, NOW DIFFICULT MORNING VISION ~ NEWS PRINT. NEEDS TONOMETRY

PROVISIONAL DIAGNOSIS

ANNUAC PE

DOCTOR'S SIGNATURE: R. J. PEARSON, JR. / RADM MC USN | APPROVED | PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL | ☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

20/20 –	OD – .75 – .75 × 85	20/15	– .75 – 1.00 × 85
cc 20/20	OS – .75 – .75 × 105	20/15	– 1.00 – .75 × 105

14
14

pupils = reactive, version full
SL: cornea, AC × lens clear
Fundi: disc sharp 0.3 cup vessels × macula normal periphery clear.

(Continued on reverse side)

SIGNATURE AND TITLE: [illegible] LCDR MC | DATE: 23 Feb 72 | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

CONSULTATION SHEET
Standard Form 513
513—104—02

RETURN TO ATTENDING PHYSICIAN ROOM H-166 U.S. CAPITOL

FORD, GERALD R. (MICH.)
RETURN TO ATTENDING
PHYSICIAN U. CAPITOL
DOB 07-14-13

Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

* U.S. GOVERNMENT PRINTING OFFICE : 1964 O—718-468

CLINICAL RECORD | RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

McKESSON VITALOR CHART NO. VC-26
MFD. BY McKESSON APPLIANCE CO., TOLEDO, OHIO

PATIENT'S IDENTIFIC... (*... grade; date; hospital or medical facility)*

... NO.

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

2-25-72
0930

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO: G.U. | FROM: ATTENDING PHYSICIAN'S OFFICE U. S. CAPITOL | DATE OF REQUEST: 18 Feb 1972

REASON FOR REQUEST (Complaints and findings)

NOCTURIA 1*2 X, occ HESITANCY,
PROSTATE 1+ ENLARGED

PROVISIONAL DIAGNOSIS

ROUTINE ANNUAL PE

DOCTOR'S SIGNATURE: R. J. PEARSON, JR. RADM MC USN | APPROVED | PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL | ☐ EMERGENCY ☒ ROUTINE

CONSULTATION REPORT

UROLOGY CLINIC
BETHESDA
25FEB1972

No significant GU obstructive symptoms. Nocturia probably related to fluid intake.

PE: Prostate is small, symmetrical and benign

Imp: No significant GU abnormalities
Plan: RTC 1 year

(Continued on reverse side)

FHe

SIGNATURE AND TITLE: R. J. Pearson | DATE: 2/25/72 | IDENTIFICATION NO. | ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

FORD, GERALD R. (MICH.)
RETURN TO ATTENDING
PHYSICIAN H. CAPITOL
DOB 07-14-13

CONSULTATION SHEET
Standard Form 513
513-104-02

RETURN TO
ATTENDING PHYSICIAN
ROOM H-166 U.S. CAPITOL

DATE	PROGRESS NOTES
9/21/71	Small thorn removed from heel - present 10 days at desk. DPP
7JAN72	Minor Problem. Pain in right shoulder. Subjective: Mr. Ford was skiing over the holidays and suffered no overt trauma to his right shoulder but has noticed a mild anterior right shoulder pain, particularly on elevation. Physical examination was unrevealing, as were the x-rays. Plan: (1) Rx - a. Brief course of Butazolidin. b. Heat and rest for three days, then resume exercise. c. If no improvement to see orthopedists. (2) Dx - a. X-RAYS NORMAL J. BRIAN SHEEDY, M.D. rlm
20JAN72	Since he was given the Butazolidin, the shoulder did improve but then with the excessive hand shaking the last few days, there has been a recurrence of the pain just about over the insertion of the bicipital tendon. The pain is aggravated when he puts his hand over his head or in marked external rotation and abduction. We injected the point with Lidocaine and Celestone and suggested that he continue to get heat for the next 2-3 days. R. J. PEARSON, M.D. wfw
7FEB72	Telecon with Captain Turner, Radiologist, NH, Bethesda, says that he has discovered a lesion just below the first rib, far-out laterally, on the left that looks as though it is pleura based. In retrospect he can see the same small lesion in last year's film, but it was not present in 1967. He feels this deserves laminograms. R. J. PEARSON, MD. wfw
25FEB72	Dr. Miller of the Radiology Department at Bethesda Naval Hosp. called regarding Congressman Ford's laminogram. He states that in his opinion and also that of Dr. Armstrong, the laminogram shows apical pleural scarring, which is present also to some degree on the right side. He felt that this had been present for some time and was no cause for alarm. Did not recommend any acceleration in the routine x-rays that we have been getting. F. H. CARY, M.D. rlm

GPO : 1968 O—94-871

OFFICE OF ATTENDING PHYSICIAN
UNITED STATES CAPITOL
WASHINGTON, D.C.

DATE	PROGRESS NOTES
25FEB72	ADDENDUM TO PREVIOUS ENTRY OF THIS DATE: Telephone conversation with Congressman Ford. Mr. Ford was given the information regarding his laminogram showing apical pleural scarring, and he stated that Dr. Lovejoy of the orthopedic department suggested that he have his right knee operated on to remove some cartilage. The consultation has not yet returned from Bethesda. Mr. Ford states that he does not have the time this year to have it done but he would early next year. As soon as the consultation is back, or I have talked with Dr. Lovejoy, I will have more information about the urgency of the knee operation. F. H. CARY, M.D. rlm
12JUL72	Telephone conversation with Dr. Lovejoy, Bethesda Naval Hospital orthopedic department. Surgery on the right knee just completed, which was very difficult because of the severely torn-up meniscus, necessitating taking down part of the popliteus tendon to complete the repair. Estimation of recovery time is unchanged and he should be able to be on the House Floor on Monday, July 17th for business. F. H. CARY, M.D. rlm
17JUL72	Telephone conversation with Dr. Lovejoy, Bethesda Naval Hospital Dr. Lovejoy opened the knee incision on Saturday because of the fever and some joint effusion and expressed some blood from the knee joint, which he felt was the cause of the irritation of the knee and also the fever. Apparently the fever subsided after he did this. He will plan to keep him overnight for several more days until he is certain that there is no infection in the knee joint. F. H. CARY, M.D. rlm

Name: FORD, Gerald R. CONGRESSMAN/MICHIGAN
(Last) (First) (State) (Allergies)

DATE	PROGRESS NOTES
26JUL72	Problem: Post operative knee. SUBJECTIVE: Congressman Ford thinks that his knee is a little bit swollen today compared to yesterday. It is not particularly painful. He has not had any physiotherapy or heat to his knee yet today. OBJECTIVE: The knee is swollen. There is moderate joint effusion. Inferior to the "hockey Stick" scar there is a 2 to 3 centimeter border of erythema which is warm and over the superior part of the scar, extending up to the patella is an area of erythema which is warm. ASSESSMENT: I described these findings to Dr. Wilson, who saw Mr. Ford yesterday and removed the suture from his knee. He feels that the findings are different, but perhaps related to being up and about and perhaps extravasation of some of the fluid in his knee joint into the soft tissue. He would be happy to see Mr. Ford this evening or tomorrow morning, should Mr. Ford desire to have his knee examined. This message was given to Mr. Ford and he decided to see how his knee progressed during the night before he decides to go out. F. H. CARY, M.D. wfw
27JUL72	Problem: Post operative knee. O: The knee remains swollen today, with effusion. The erythema and warmth has subsided considerably since yesterday. He is planning to go to St. Louis this afternoon, will return this evening and will have it checked again tomorrow. There is decided improvement. F. H. CARY, M.D. rlm
28JUL72	PROBLEM: Post operative knee. Seen in his office. The right knee perhaps is slighlty more effused than it was yesterday. He had a long difficult day yesterday, going to St. Louis and coming back and being on his knee a great deal of the time and giving a 45 minute speech. There was some pain medially, but not great. After talking to Dr. Lovejoy it was felt that the best course of treatment was to stay off the knee as much as possible over the weekend, to take two aspirins four times a day and keep his feet elevated. We will reevaluate him on Monday, July 31. F. H. CARY, M.D. wfw

GPO : 1968 O—94-871

OFFICE OF ATTENDING PHYSICIAN

UNITED STATES CAPITOL
WASHINGTON, D.C.

DATE	PROGRESS NOTES
31JUL72	Problem - follow-up postoperative knee. S: Since last seen, on 28 July, the right knee has remained swollen, warm and erythemic. He states that he was not able to stay off his knee as much as what he would have liked for the past several days. He does state that to him the knee looks somewhat better this morning and the incision is not as red. O: Exam of the right knee still shows considerable amount of effusion. There is some erythema to the lateral portion of the incision of the right knee. No active drainage. A: He is to follow-up with Dr. Wilson in the morning for further evaluation of knee and possible aspiration. R. E. COLLINS, II, M.D. rlm
15AUG72	Telephone conversation with Dr. Lovejoy. Continued improvement. Mr. Ford has now been graduated to a walking cane. F. H. CARY, M.D. rlm
17AUG72	Follow-up post-operative right knee. S: Mr. Ford seen today in PT for reevaluation of right knee. He has improved over the past several days. He was seen by Dr. Lovejoy on Tuesday (2 days ago) and it was suggested at that time if the effusion does not improve, he should return before attending the convention for possible tap. O: Exam of the right knee shows some resolution of the effusion The incision is well healed without erythema. Mr. Ford is tolerating 15 pounds of flexion-extension exercises. In telephone consultation with Dr. Lovejoy today, he suggested to defer any tap and to continue as directed. A: Postop right knee with resolving effusion. P: Continue as directed. To return in Dr. Lovejoy on Sep. 12, for follow-up. R. E. COLLINS, M.D. rlm

GERALD R. FORD LIBRARY

Name: FORD, Gerlad R. Congressman, Michigan
(Last) (First) (State) (Allergies)

DATE	PROGRESS NOTES
30CT72	Problem - avulsion left shin. S: Yesterday he scraped his left shin with his briefcase while walking from the plane. The avulsion is in the same area of his accident in June en route to China and he was concerned about it because of the infection that he had subsequent to that injury. O: A 1.2 X 0.8 cm. superficial avulsion of the midshin with no surrounding erythema. Just above it there is a small bruise of about 1cm. P: Clean with pHisoHex and use Bacitracin Ointment covering with bandaid. Will check again tomorrow. F. H. CARY, M.D. rlm
30CT72	Post-op. right knee surgery. Now doing the PRE's up to 42.5 pounds on the right knee, 50 pounds on the left. Beginning to do some running in place, walks virtually normal except climbing stairs he has some difficulty. A: Remarkable progress since July 12, 1972. F. H. CARY, M.D. rlm
6OCT72	Problem - skinned left shin. O: No evidence of infection. I believe the bandaid is probably more irritating than the good that they are doing and suggest that we just omit them. Continue to use Bacitracin. F. H. CARY, M.D. rlm

GPO : 1968 O—94-871

OFFICE OF ATTENDING PHYSICIAN
UNITED STATES CAPITOL
WASHINGTON, D.C.

DATE	PROGRESS NOTES
2/11/71 1600h	Sl. tenderness (R) lateral foot x 3 wk ō redness swelling heat Rx Local heat Consider xray Sylvester
1430 16 FEB 71	FOOT INFIRMARY X-RAY VEG CONTINUING PHYSIO.
4/8/71 1030h	Awoke c swollen (L) 3rd PIP joint area. ↑ heat ō redness. Otherwise asymptomatic. ō H/O trauma RF neg Blood battery WNL Rx Butazolidin Alka 100 mg qid c Mylanta — decreasing dosage Sylvester
4/9/71 1800	Report of lab. Bat of 4/8/71 given to pt. AA via telen. Dr SYLVESTER
28 JUNE 71	STEPPED ON SOMETHING SHARP IN HIS YARD FELT PAIN IN BALL OF (R) FOOT SMALL GLASS SPLINTER REMOVED c FORCEPS.

Name: Ford, Gerald Linch None
(Last) (First) (State) (Allergies)

GERALD R. FORD LIBRARY

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32
S/N 0109-201-2602

CLINICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
CAPITOL PHYSICIAN	ORTHOPEDIC CLINIC USNH, BETH., MD.	13 DEC 72

REASON FOR REQUEST (Complaints and findings)

Followup appointment

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

ORTHOPAEDIC
CLINIC
13 DECEMBER 72

Congressman Ford had difficulty with his right knee and had a lateral meniscectomy in July 1972. Post-operatively, his knee was rehabilitated with little difficulty.

ON EXAM TODAY: There is no effusion. There is some mild thickening of the synpvium and he has no pain on compression of the patella. Medial, lateral and collateral ligaments appear to be stable. His drawer sign is negative. There is some mild tenderness on full flexion of the knee, postero-lateral aspect of the knee at the surgical incision. The remainder of the exam was WNL.

IMPRESSION: The patient has done very well in his post-operative rehabilitation program, and it is expected he should have little difficulty with his future. We plan to see him PRN and he should return to full activity as tolerated.

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
JOHN F. LOVEJOY, JR., LCDR MC USNR	12/13/72	ASST. CHIEF,	ORTHOPAEDICS

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
FORD, GERALD CONGRESSMAN, MICHIGAN OPD #1-05-38		CLINIC

CONSULTATION SHEET
Standard Form 513
513—104—02

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

0900

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
ORTH	U S. CAPITOL	18 Feb 72.

REASON FOR REQUEST (*Complaints and findings*)

EVALUATION OF RT. SHOULDER & OLD INJURY RT. KNEE PROBLEMS.

PROVISIONAL DIAGNOSIS

ROUTINE ANNUAL PE

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
R. H. Lovejoy		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☒ ROUTINE

CONSULTATION REPORT

ORTHO OPD
USNH BETHESDA
25 FEB 1972
UN 0855

R. H. Lovejoy

CHIEF COMPLAINT: Evaluation of right shoulder pain and recurrent effusion and instability in the right knee.
Present Illness: This 58 y.o. gentleman developed shoulder pain, right, approx. 1 JAN 72. He had had no difficulty before a skiing trip, and after several weeks of skiing, he noted some stiffness in his shoulder. There was no specific accident. The pt noted that sleeping on the stomach with his shoulder ABDucted and his head on the hand, which was the normal way he slept, caused pain in the shoulder. He also noted he had to change his sleeping habit due to the pain and on arising in the morning, ther was stiffness and limited ABDuction of the right shoulder. He was seen by Dr. Pearson following the skiing trip and treated with oral medication, injection and PT with some gradual improvement.
The pt is having some difficulty with his right knee, which he dates to a football injury occurring in 1929. At that time, he injured both knees, had subsequent difficulty of the left knee and requiring an operation in 1933 which was probably a lateral meniscectomy. He has had no significant difficulty with this knee following surgery. However, his right knee has given him problems following exercise. This consisted of effusion, provoked by exercise and relieved with rest With this fall, he developed a new symptom, which was instability of the knee. He noted after walking and externally rotating the foot, there was a grinding sensation in the lateral aspect of the leg. He noted lying in bed, in a relaxed position, some movement caused discomfort in this area. Also after making a

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)	REGISTER NO.	WARD NO.
FORD, GERALD R. MICH. RETURN TO ATTENDING PHYSICIAN US CAPITOL DOB 07-14-13		

CONSULTATION SHEET
Standard Form 513
513—104—02

speech or standing, he would guard his right knee as he would have a grading sensation and a feeling the knee was going to give way. He has done physical therapy for the knee and had no difficulty with effusion following his skiing this year, but due to the persistent instability was referred here. Past hx is non-contributory.

PHYSICAL EXAM: The pt is in good physical condition. Exam of the right upper shoulder shows pain on palpation of the supraspinatous tendon and the long head of the biceps in the bicepital groove of the humerus. There is a normal ROM of the cervical spine with no pain on motion, and a neg. Spurling's test. There is limited ABDuction, external and internal rotation of the right shoulder, with pain on extremes of these motions. The motor exam of both upper extremities and the neurological exam is WNL. On examining the right knee, there is mild effusion. There is some loss of quadriceps tone with a measurable decrease in the size of the quadriceps of ½" - 9" above the tibial tubercle. There is no pain on compression of the patella, of the medial and lateral collateral ligaments, as well as the anterior/posterio ligaments to be intact. External rotation, extension of the knee - there is an audible and palpable click over the lateral meniscus. He also has a positive Appley's grinding test for a lateral meniscus injury.

(1)
IMPRESSION: Bursitis of the right shoulder, resolving with present therapy.
(2)Tear of the right lateral meniscus of the knee.

DISPOSITION: Recommended he continue his therapy to the right shoulder and in addition to PT, do a home program of ROM exercises. The pt was presented to Capt Wilson and his findings were the same on the knee. It is our feeling that he should have a lateral meniscectomy of the knee, and it was recommended. We plan to do this at his convenience, which will probably be in July 72. We would also like him to continue his PT in the interim, to protect the knee from further quadriceps atrophy and effusion.

Thank you very much for sending us this very interesting patient. We will certainly be glad to do his surgery at his convenience.

Respectfully,

John F. Lovejoy, Jr., LCDR MC USNR
Orthopaedic Service

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

0930

CLINICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
G.U.	ATTENDING PHYSICIAN'S OFFICE U. S. CAPITOL	18 Feb 1972

REASON FOR REQUEST (*Complaints and findings*)

NOCTURIA 1+2 X, occ HESITANCY,
PROSTATE 1+ ENLARGED

PROVISIONAL DIAGNOSIS

ROUTINE ANNUAL PE

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
R. J. PEARSON, JR. RADM MC USN		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☒ ROUTINE

CONSULTATION REPORT

NAVAL MEDICAL CLINIC
BETHESDA

25 FEB 1972

No significant GU obstructive symptoms. Nocturia probably related to fluid intake.

PE: Prostate is small, symmetrical and benign

Imp: No significant GU abnormalities

Plan: RTC 1 year

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
	2/25/72		

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)	REGISTER NO.	WARD NO.

CONSULTATION SHEET
Standard Form 513
513—104—02

FORD, GERALD R. (MICH)
RETURN TO ATTENDING
PHYSICIAN US CAPITOL
DOB 07-14-13

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

2-25 72
0800

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
EYE	ATTENDING PHYSICIAN U S CAPITOL	18 Feb 1972

REASON FOR REQUEST (*Complaints and findings*)

ALWAYS NEAR SIGHTED AND DIFFICULT
MORNING VISION & NEWS PRINT. NEEDS
TONOMETRY

PROVISIONAL DIAGNOSIS

ANNUAL PE

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
R. J. PEARSON, JR. CAPT MC USN		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

20/20	J1 OD	-.75 -.75 x 85	20/15	-.75 -1.00 x 85	14
20/20	J1 OS	-.75 -.75 x 105	20/15	-1.00 -.75 x 105	14

pupils = reactive, vision full
SLE: conj AC + lens clear
fundi: disc sharp 0.3 cup vessels + macula normal
periphery clear.

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
JAMES KIMMON LCDR MC	23 FEB 72		

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)	REGISTER NO.	WARD NO.

CONSULTATION SHEET
Standard Form 513
513—104—02

FORD, GERALD R. (MICH.)
RETURN TO ATTENDING
PHYSICIAN US CAPITOL
DOB 07-14-13

Rev. August 1954
Bureau of the Budget
Circular A—32

1030

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
GI	ATTENDING PHYSICIAN'S OFFICE U. S. CAPITOL	18 Feb 72.

REASON FOR REQUEST (Complaints and findings)

HEMORRHOIDS. C. DEC BRIGHT
RED RECTAL BLEEDING C CONSTIPATION
DCL DIARRHEA. C SAUER - KRAUT INVESTIGATION

PROVISIONAL DIAGNOSIS

ROUTINE ANNUAL PE

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
R. J. PEARSON, JR.		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☒ ROUTINE

RAIW MC USN

CONSULTATION REPORT

2/25/72 History as above.

Exam: Inspection: External hemorrhoidal tags.

Digital: Good sphincter tone. Prostate WNL.

No masses.

Stools to 22 cm reveals normal color

mucus throughout. No active fissures.

Imp: External hemorrhoids

Advise: Barium Enema to exclude proximal

etiology to bleeding

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
[signature]	2/25/72		

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.

CONSULTATION SHEET
Standard Form 513
513—104—02

FORD, GERALD R. MICH.
RETURN TO ATTENDING
PHYSICIAN US CAPITOL
DOB 07-14-13