## CARLITO, Delia R

**Televisit** 6/9/2020 Provider: Jose Rivadeneira, PA (Internal Medicine) WOODLAND Medicine Clinic Cosigner: Michael Malone, PA (Internal Medicine)

Primary diagnosis: Essential hypertension

Reason for Visit: Hypertension; Referred by Cristina Ionescu, PA

### **Visit Diagnoses**

Essential hypertension I10

Disease of thyroid gland E07.9

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) E11.9 Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8 Hyperlipidemia, unspecified hyperlipidemia type E78.5

### **Progress Notes**

Michael Malone, PA (Physician) • Internal Medicine

Encounter Date: 01/08/2019

MRN: KL6532

This case was billed under the primary care exception. The resident has evaluated, examined, and managed the patient, I discussed the case with the resident, and agree with the findings and plan as documented. Follow upin person as available.

### **Progress Notes**

Jose Rivadeneira, PA (Resident) • Internal Medicine

### H+H WOODLAND Department of Medicine Primary Care Televisit

#### **PCMH TEAM: GREEN TEAM PATIENT**

Patient's Preferred Language: Spanish

Visit conducted in: Spanish

Interpreter: None required. The clinician is authorized to speak in the patient's preferred

language.

Is this telephone visit being provided due to medical necessity of reducing patient exposure to infection due to COVID-19? Yes

Prior to this visit, the patient agreed to conduct this encounter over the phone.

### CHIEF COMPLAINT: Delia R CARLITO is a 67 y.o. female called for No chief complaint on file.

#### HPI:

67 yo female with PMH of DM2, HLD, HTN, Obesitiy, Hypothyroidsm was called for televisit. Patient states she needs refill for her medications.

She has no complains or symptoms she reports she has been feeling fine.

### **ACTIVE PROBLEM LIST:**

**Patient Active Problem List** 

Diagnosis

- Diabetes mellitus (HCC)
- Hyperlipidemia
- Hypertension
- · Disease of thyroid gland
- Obesity

#### **CURRENT MEDICATIONS:**

**Current Outpatient Medications:** 

• amLODIPine (NORVASC) 5 MG tablet, Take 1 tablet (5 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4

Encounter Date: 01/08/2019

- ammonium lactate (AMLACTIN) 12 % cream, Apply topically 2 (two) times a day., Disp: 385
   g, Rfl: 2
- atenolol (TENORMIN) 50 MG tablet, Take 1 tablet (50 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- atorvastatin (LIPITOR) 40 MG tablet, Take 1 tablet (40 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- famotidine (PEPCID) 20 MG tablet, Take 1 tablet (20 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet, Take 1 tablet (112 mcg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet, Take 1 tablet by mouth 2 (two) times a day with meals., Disp: 60 tablet, Rfl: 4

#### ASSESSMENT/PLAN:

#### **Problem List Items Addressed This Visit**

### Diabetes mellitus (HCC)

Diabetes is unchanged.

Continue current treatment regimen.

Diabetes will be reassessed in 3 months.

### Hyperlipidemia

Lipid abnormalities are improving with treatment.

Pharmacotherapy as ordered.

Lipids will be reassessed in 3 months.

### **Hypertension - Primary**

Hypertension is improving with treatment.

Continue current treatment regimen.

Blood pressure will be reassessed in 3 months.

### Disease of thyroid gland

C/w current medication

TSH ordered for monitoring

### **Other Visit Diagnoses**

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC)

I discussed the current risk of COVID19 virus and prevention strategies including social distancing of 6 feet, hand washing, and covering cough. I advised patients to call 311 or 1-844-NYC-4NYC if they develop cough or fever or shortness of breath or 911 if they develop severe illness requiring emergency attention.

**CALL DURATION:** 5-10 minutes

Jose Rivadeneira, PA

Primary Care Physician, Health+Hospitals | WOODLAND 760 Broadway OHIO, NY 11206

T: 718-963-8172 F: 718-630-3344

### Instructions

Visit Summary - Adult (Automatic SnapShot taken 6/9/2020)

### Additional Orders and Documentation



Results







Encounter Date: 01/08/2019

Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Developmental History, Hearing/Vision

### Discharge

Visit Summary - Adult (Automatic SnapShot taken 6/9/2020)

Discharge Orders

**BASIC METABOLIC PANEL** 

**CBC** And Differential

Hemoglobin A1C

Lipid Panel

**TSH** 

### **SmartForms**

No SmartForms are associated with this patient.

### **Encounter Status**

Closed by Jose Rivadeneira, PA on 6/9/20 at 11:45

### Conversation: Hypertension

(Oldest Message First)

June 9, 2020

#### Jose Rivadeneira, PA



11:42 AM



Hypertension is improving with treatment.

Continue current treatment regimen.

Blood pressure will be reassessed in 3 months.

Jose Rivadeneira, PA



11:42 AM



Lipid abnormalities are improving with treatment.

Pharmacotherapy as ordered.

Lipids will be reassessed in 3 months.

### Jose Rivadeneira, PA

Note

C/w current medication

TSH ordered for monitoring

## 11:43 AM

Encounter Date: 01/08/2019



### Jose Rivadeneira, PA

Note

11:43 AM

Diabetes is unchanged.

Continue current treatment regimen.

Diabetes will be reassessed in 3 months.

#### Jose Rivadeneira, PA



11:45 AM



### H+H WOODLAND Department of Medicine Primary Care Televisit

### **PCMH TEAM: GREEN TEAM PATIENT**

Patient's Preferred Language: Spanish

Visit conducted in: Spanish

Interpreter: None required. The clinician is authorized to speak in the patient's

preferred language.

Is this telephone visit being provided due to medical necessity of reducing patient exposure to infection due to COVID-19? Yes

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She has no complains or symptoms she reports she has been feeling fine.

### **ACTIVE PROBLEM LIST:**

**Patient Active Problem List** 

Diagnosis

- Diabetes mellitus (HCC)
- Hyperlipidemia
- Hypertension
- · Disease of thyroid gland
- Obesity

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**Current Outpatient Medications:** 

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Encounter Date: 01/08/2019

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- atenolol (TENORMIN) 50 MG tablet, Take 1 tablet (50 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- atorvastatin (LIPITOR) 40 MG tablet, Take 1 tablet (40 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- famotidine (PEPCID) 20 MG tablet, Take 1 tablet (20 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet, Take 1 tablet (112 mcg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet, Take 1 tablet by mouth 2 (two) times a day with meals., Disp: 60 tablet, Rfl: 4

#### ASSESSMENT/PLAN:

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Pharmacotherapy as ordered.

Lipids will be reassessed in 3 months.

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Hypertension is improving with treatment.

Continue current treatment regimen.

Blood pressure will be reassessed in 3 months.

#### Disease of thyroid gland

C/w current medication

TSH ordered for monitoring

#### Other Visit Diagnoses

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC)

I discussed the current risk of COVID19 virus and prevention strategies including social distancing of 6 feet, hand washing, and covering cough. I advised patients to call 311 or 1-844-NYC-4NYC if they develop cough or fever or shortness of breath or 911 if they develop severe illness requiring emergency attention.

**CALL DURATION:** 5-10 minutes

#### Jose Rivadeneira, PA

Primary Care Physician, Health+Hospitals | WOODLAND

760 Broadway OHIO, NY 11206

T: 718-963-8172 F: 718-630-3344

June 15, 2020

### Michael Malone, PA



12:17 PM

Encounter Date: 01/08/2019



This case was billed under the primary care exception. The resident has evaluated, examined, and managed the patient, I discussed the case with the resident, and agree with the findings and plan as documented. Follow upin person as available.

### **Orders Placed**

**BASIC METABOLIC PANEL CBC And Differential** Hemoglobin A1C Lipid Panel **TSH** 

### **Medication Changes**

As of 6/9/2020 11:44 AM

	Refills	Start Date	End Date
Added: losartan (COZAAR) 50 MG tablet	2	6/9/2020	9/7/2020
Take 1 tablet (50 mg total) by mouth daily Or	al		

## **Visit Diagnoses**

Essential hypertension I10

Disease of thyroid gland E07.9

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) E11.9 Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8 Hyperlipidemia, unspecified hyperlipidemia type E78.5

## Discharge

Visit Summary - Adult (Automatic SnapShot taken 6/9/2020)

Discharge Orders **BASIC METABOLIC PANEL CBC** And Differential Hemoglobin A1C Lipid Panel **TSH** 

Appointment 6/2/2020

Delia R CARLITO | MRN: KL6532

### **Patient Information**

Patient Name Sex DOB SSN
CARLITO, Delia R Female 12/2/1953 xxx-xx-xxxx

**Patient Demographics** 

Address Phone

251 LINDENHOOD ST 452-529-3811 (Home) \*Preferred\*

2K 000-000-0000 (Mobile)

**OHIO NY 11456** 

#### Status

No Show

### Encounter Information

	Provider	Department	Encounter #	Center
6/2/2020 8:00 AM	WO OP LAB	Wo Outpatient Lab	33594298	WOODLAND
		Arrive at: 2L-120		

Problem List Date Reviewed: 12/3/2019

Priority Class

### Diabetes mellitus (HCC) [E11.9]

Overview Addendum 1/15/2020 10:03 AM by Cristina Ionescu, PA

Well-controlled. A1c 7.2

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 12/3 doing well. Monofilament sensation is intact.
- Ophthalmology saw on 1/2/2020

### **Previous Version**

### Hyperlipidemia [E78.5]

Unknown - Present

Unknown - Present

Encounter Date: 01/08/2019

Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA

Well-controlled

- Will continue atorvastatin 40 mg QD

### Hypertension [I10]

Unknown - Present

Overview Addendum 1/15/2020 9:59 AM by Cristina Ionescu, PA

Control improving however has developed cough since starting the lisinopril. Will stop lisinopril and restart losartan.

- Will restart losartan 50 mg PO daily
- Will continue atenolol 50 mg PO daily
- Will continue amlodipine 5 mg PO daily

#### **Previous Version**

### Disease of thyroid gland [E07.9]

Unknown - Present

Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA

TSH acceptable

Will continue current 112 mcg PO daily

**Previous Version** 

Priority Class

### Obesity [E66.9]

Unknown - Present

Encounter Date: 01/08/2019

Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA

Discussed importance of weight loss. Has achieved some weight loss, modest, but plans to try more.

**Previous Version** 

#### Conversation

There are no conversations to display for this encounter.

## **Appointment**

3/3/2020

Delia R CARLITO | MRN: KL6532

### **Patient Information**

Patient Name Sex DOB SSN
CARLITO, Delia R Female 12/2/1953 xxx-xx-xxxx

### **Patient Demographics**

Address Phone

251 LINDENHOOD ST 452-529-3811 (Home) \*Preferred\*

2K 000-000-0000 (Mobile)

**OHIO NY 11456** 

### **Status**

**No Show** 

### Encounter Information

	Provider	Department	Encounter #	Center
3/3/2020 9:20 AM	Ray Ivanovs, DPM	Wo Podiatry	30921821	WOODLAND

Problem List Date Reviewed: 12/3/2019

Priority Class

### Diabetes mellitus (HCC) [E11.9]

Unknown - Present

Overview Addendum 1/15/2020 10:03 AM by Cristina Ionescu, PA

Well-controlled. A1c 7.2

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 12/3 doing well. Monofilament sensation is intact.
- Ophthalmology saw on 1/2/2020

**Previous Version** 

#### Hyperlipidemia [E78.5]

Unknown - Present

Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA

Well-controlled

- Will continue atorvastatin 40 mg QD

#### **Hypertension [I10]**

Unknown - Present

Overview Addendum 1/15/2020 9:59 AM by Cristina Ionescu, PA

Priority Class

Control improving however has developed cough since starting the lisinopril. Will stop lisinopril and restart losartan.

- Will restart losartan 50 mg PO daily
- Will continue atenolol 50 mg PO daily
- Will continue amlodipine 5 mg PO daily

**Previous Version** 

### Disease of thyroid gland [E07.9]

Unknown - Present

Encounter Date: 01/08/2019

Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA

TSH acceptable

- Will continue current 112 mcg PO daily

**Previous Version** 

#### Obesity [E66.9]

Unknown - Present

Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA

Discussed importance of weight loss. Has achieved some weight loss, modest, but plans to try more.

**Previous Version** 

### Conversation

There are no conversations to display for this encounter.

History

1/15/2020

Delia R CARLITO | MRN: KL6532

### **Allergies**

No Known Allergies

### Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Disease of thyroid gland			Provider
Hyperlipidemia			Provider
Hypertension			Provider
Multiple renal cysts			Provider
Obesity			Provider

### Surgical History

	Procedure	Date	Comment	Source
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CHOLECYSTECTOMY

### **№** Problem List

as of 1/15/2020

Date Reviewed: 12/3/2019

				Present
Diabetes mellitus (HCC)	E11.9			Unknown -
	ICD-10- CM	Priority	Class	Noted - Resolved
13 01 1/13/2020				

ICD-10-Noted -CM Priority Class Resolved Overview Addendum 1/15/2020 10:03 AM by Cristina Ionescu, PA Well-controlled. A1c 7.2 - Continue sitagliptin- metformin 50-1000 mg PO QD - Continue Atorvastatin 40 mg PO QD - Podiatry - seen 12/3 - doing well. Monofilament sensation is intact. Ophthalmology - saw on 1/2/2020 **Previous Version** More... Unknown -Hyperlipidemia E78.5 Present Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA Well-controlled Will continue atorvastatin 40 mg QD More... Hypertension 110 Unknown -Present Overview Addendum 1/15/2020 9:59 AM by Cristina Ionescu, PA Control improving however has developed cough since starting the lisinopril. Will stop lisinopril and restart losartan. - Will restart losartan 50 mg PO daily - Will continue atenolol 50 mg PO daily - Will continue amlodipine 5 mg PO daily **Previous Version** More... Disease of thyroid gland E07.9 Unknown -Present Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA TSH acceptable - Will continue current 112 mcg PO daily **Previous Version** More... Obesity E66.9 Unknown -Present Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA Discussed importance of weight loss. Has achieved some weight loss, modest, but plans to try more. **Previous Version** More... Immunizations as of 1/15/2020 Never Reviewed

Encounter Date: 01/08/2019

Name	Date
AFLURIA single dose 3+	10/8/2019
INFLUENZA CCIV4	12/11/2018
(FLUCELVAX), IM, SINGLE-	
DOSE 4 YRS AND UP	

Name	Date
INFLUENZA IIV4 (FLUARIX 6Mo+,FLULAVAL 6Mo+,FLUZONE 6Mo+,AFLURIA 3Yr+),SINGLE DOSE,IM	10/8/2019
PCV-13	4/20/2018
PNEUMOCOCCAL POLYSACCHARIDE	2/24/2010
TDaP	3/5/2009

### Encounter Information

	Provider	Department	Encounter #
1/15/2020	Cristina Ionescu	Wo Primary Care	33584717

## CARLITO, Delia R

Office Visit 1/15/2020 Provider: Cristina Ionescu, PA (Primary Care Medicine)

WOODLAND Medicine Clinic Cosigner: Wasfy Zaki, PA (Internal Medicine)

Primary diagnosis: Type 2 diabetes mellitus without complication, without

long-term current use of insulin (HCC)

Reason for Visit: Follow-up; Referred by Cristina Ionescu, PA

## **Visit Diagnoses**

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) E11.9 Hyperlipidemia, unspecified hyperlipidemia type E78.5

Essential hypertension 110

Disease of thyroid gland E07.9

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8

### **Progress Notes**

Wasfy Zaki, PA (Physician) • Internal Medicine

Encounter Date: 01/08/2019

MRN: KL6532

I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

### **Progress Notes**

Cristina Ionescu, PA (Resident) • Primary Care Medicine

### **Department of Medicine Primary Care Follow-Up Visit**

**PCMH TEAM: BLUE 3 TEAM PATIENT** 

Patient's Preferred Language: Spanish

Visit conducted in: Spanish

Interpreter: Patient was offered and refused authorized interpreter services. Instead used

physician

CHIEF COMPLAINT: Delia R CARLITO is a 67 y.o. female presenting for Follow-up

**HISTORY OF PRESENT ILLNESS:** 67 y/o F presents here for follow-up. She reports she feels good. She stopped the famotidine because she did not need it. Che denies any urinary problem. She denies any abdominal pain. She denies any leg swelling. She reports she has been trying to lose some weight and was able to lose them. She reports when she checks her pressure at home SBP 120-160. She reports when her BP is 120, she feels extra tired and occasionally dizzy.

Encounter Date: 01/08/2019

PAIN: No PHQ9: 0

**ROS:**Review of Systems

Constitutional: Negative for chills and fever.

HENT: Negative for sore throat. Eyes: Negative for blurred vision.

Respiratory: Positive for cough. Negative for sputum production and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Negative for abdominal pain, nausea and vomiting.

Genitourinary: Negative for dysuria and urgency.

Musculoskeletal: Negative for back pain.

Skin: Negative for itching.

Neurological: Negative for headaches.

Endo/Heme/Allergies: Negative for polydipsia.

#### **ACTIVE PROBLEM LIST:**

**Patient Active Problem List** 

Diagnosis

- Diabetes mellitus (HCC)
- · Hyperlipidemia
- Hypertension
- · Disease of thyroid gland
- Obesity

### **PAST MEDICAL HISTORY:**

**Past Medical History:** 

Diagnosis Date

- Diabetes mellitus (HCC)
- · Disease of thyroid gland
- Hyperlipidemia
- Hypertension
- · Multiple renal cysts
- Obesity

#### **PAST SURGICAL HISTORY:**

**Past Surgical History:** 

Procedure Laterality Date

CHOLECYSTECTOMY

**ALLERGIES:** Patient has no known allergies.

### **CURRENT MEDICATIONS:**

**Current Outpatient Medications:** 

• amLODIPine (NORVASC) 5 MG tablet, Take 1 tablet (5 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4

- atenolol (TENORMIN) 50 MG tablet, Take 1 tablet (50 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- ammonium lactate (AMLACTIN) 12 % cream, Apply topically 2 (two) times a day., Disp: 385
   g, Rfl: 2

Encounter Date: 01/08/2019

- ammonium lactate (AMLACTIN) 12 % cream, Apply topically 2 (two) times a day as needed for dry skin., Disp: 385 g, Rfl: 0
- atorvastatin (LIPITOR) 40 MG tablet, Take 1 tablet (40 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- famotidine (PEPCID) 20 MG tablet, Take 1 tablet (20 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet, Take 1 tablet (112 mcg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- losartan (COZAAR) 50 MG tablet, Take 1 tablet (50 mg total) by mouth daily., Disp: 30 tablet, Rfl: 4
- sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet, Take 1 tablet by mouth 2 (two) times a day with meals., Disp: 60 tablet, Rfl: 4

**FAMILY HISTORY**: family history is not on file.

**SOCIAL HISTORY**: Patient reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol or use drugs. Patient has no sexual activity history on file.

**VITALS:**BP (!) 147/61 Comment: RN Chambers notified | Pulse 71 | Temp 98.2 °F (36.8 °C) (Oral) | Resp 16 | Ht 1.575 m (5' 2") | Wt 93.4 kg (206 lb) | BMI 37.68 kg/m<sup>2</sup>

### **EXAM:**Physical Exam

Constitutional: She is oriented to person, place, and time. No distress.

HENT:

Head: Normocephalic and atraumatic.

Eyes: No scleral icterus. Neck: No JVD present.

Cardiovascular: Normal rate and regular rhythm.

No murmur heard.

Pulmonary/Chest: Effort normal. No respiratory distress. She has no wheezes.

Abdominal: Soft. She exhibits no distension. There is no tenderness.

Musculoskeletal: She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time.

Skin: She is not diaphoretic.

#### ASSESSMENT/PLAN:

#### **Problem List Items Addressed This Visit**

### Diabetes mellitus (HCC) - Primary

Well-controlled. A1c 7.2

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 12/3 doing well. Monofilament sensation is intact.
- Ophthalmology saw on 1/2/2020

#### Relevant Medications

sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet

#### Hyperlipidemia

Well-controlled

- Will continue atorvastatin 40 mg QD

**Relevant Medications** 

atorvastatin (LIPITOR) 40 MG tablet

Other Relevant Orders

CBC And Differential Comprehensive Metabolic Panel Hemoglobin A1C Lipid Panel Vitamin D 25 Hydroxy

### **Hypertension**

Control improving however has developed cough since starting the lisinopril. Will stop lisinopril and restart losartan.

Encounter Date: 01/08/2019

- Will restart losartan 50 mg PO daily
- Will continue atenolol 50 mg PO daily
- Will continue amlodipine 5 mg PO dail

#### **Relevant Medications**

atenolol (TENORMIN) 50 MG tablet amLODIPine (NORVASC) 5 MG tablet losartan (COZAAR) 50 MG tablet

### Disease of thyroid gland

TSH acceptable

- Will continue current 112 mcg PO daily

**Relevant Medications** 

levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet

Other Relevant Orders

TSH

#### Obesity

Discussed importance of weight loss. Has achieved some weight loss, modest, but plans to try more.

### **Other Visit Diagnoses**

# Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC)

Relevant Medications

sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet

### **ROUTINE HEALTH MAINTENANCE:**

#### **Health Maintenance**

Topic	Date Due
HEPATITIS C	12/02/1953
HIV SCREENING	12/02/1965
<ul> <li>Zoster (Shingrix) (1 of 2)</li> </ul>	12/02/2002
COLON CANCER SCREENING	12/02/2002
DXA SCAN	12/02/2017

• Tdap/TD 03/05/2019

 PNEUMOCOCCAL (PCV) 65+ LOW AND MEDIUM 04/20/2019 RISK IMMUNIZATION SERIES (2 of 2 - PPSV23)

INFLUENZA VACCINE SEQUENTIAL

Completed

Encounter Date: 01/08/2019

Mammogram

Completed

HIV SCREENING: Offered; Declined

**DIRECTIVES:** No interest, patient declined

RTC in 4 months
Pt seen and dicussed with Dr. Zaki
Cristina Ionescu, PA
Primary Care Physician, Health+Hospitals | WOODLAND
760 Broadway
OHIO, NY 11206

T: 718-963-8173 F: 718-630-3344

### **Other Notes**

Nursing Note from Ricquel Chambers, RN

### Instructions

Return in about 4 months (around 5/15/2020).

Visit Summary - Adult (Printed 1/15/2020)

### Additional Orders and Documentation

🛴 Results 🎤 Meds 📋 Orders 🗐 Flowsheets

SmartForms: HHC AMB GEN SCREEN • HHC AMB MENTAL HEALTH SCREENING Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Developmental History, Hearing/Vision

### Discharge

Visit Summary - Adult (Printed 1/15/2020)

Discharge Orders

CBC And Differential

Comprehensive Metabolic Panel

Hemoglobin A1C Lipid Panel

**TSH** 

Vitamin D 25 Hydroxy

### **SmartForms**

No SmartForms are associated with this patient.

### **Encounter Status**

Closed by Cristina Ionescu, PA on 1/15/20 at 10:06

### Disposition

Return in about 4 months (around 5/15/2020).

### **Orders Placed**

CBC And Differential Comprehensive Metabolic Panel Hemoglobin A1C Lipid Panel TSH Vitamin D 25 Hydroxy

### **Medication Changes**

As of 1/15/2020 9:57 AM

	Refills	Start Date	End Date
Added: losartan (COZAAR) 50 MG tablet	4	1/15/2020	4/14/2020
Take 1 tablet (50 mg total) by mouth daily	Oral		

Encounter Date: 01/08/2019

MRN: KL6532

Discontinued or Completed: lisinopril (PRINIVIL, ZESTRIL) 10 MG tablet

### **Visit Diagnoses**

Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC) E11.9 Hyperlipidemia, unspecified hyperlipidemia type E78.5

Essential hypertension I10

Disease of thyroid gland E07.9

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8

### Discharge

Visit Summary - Adult (Printed 1/15/2020)

Discharge Orders

**CBC And Differential** 

Comprehensive Metabolic Panel

Hemoglobin A1C

Lipid Panel

**TSH** 

Vitamin D 25 Hydroxy

## CARLITO, Delia R

**Lab** 1/8/2020 Primary diagnosis: Disease of thyroid gland WOODLAND Outpatient Lab Reason for Visit: Referred by Cristina Ionescu, PA

### **Additional Documentation**

Flowsheets: Travel and Exposure Screening

CARLITO, Delia R (MRN KL6532) Printed by ELDOHEALTH+ [21324] at 7/27/20 10:... Page 16 of 65

Encounter Info: Billing Info, History, Allergies, Detailed Report

### **Orders Performed**

CBC And Differential (Resulted 1/8/2020, Abnormal)

Comprehensive Metabolic Panel (Resulted 1/8/2020, Abnormal)

Hemoglobin A1C (Resulted 1/8/2020, Abnormal)

TSH (Resulted 1/8/2020)

### Medication Changes

As of 1/9/2020 1:01 AM

None

### **Visit Diagnoses**

Disease of thyroid gland E07.9

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8

## CARLITO, Delia R

Office Visit 1/2/2020

Provider: Shiv Munaswar, OD (Optometry)

WOODLAND Ophthalmology

Primary diagnosis: Diabetes mellitus without complication (HCC)

Reason for Visit: Diabetic Eye Exam; Referred by Cristina Ionescu, PA

Encounter Date: 01/08/2019

MRN: KL6532

### **Visit Diagnoses**

Diabetes mellitus without complication (HCC) E11.9

Essential hypertension 110

Dry eye syndrome of bilateral lacrimal glands H04.123

Presbyopia of both eyes H52.4

### HPI

### Diabetic Eye Exam

Vision is blurred for near and is stable. Associated symptoms include Negative for blurred vision, redness, double vision, foreign body sensation, itching, tearing, headaches, discharge, photophobia and swelling. Diabetes characteristics include Type 2. Blood sugar level is controlled.

### Comments

67 y.o. female presenting for diabetic eye examinatino

- (-) burning, itching, redness, tearing, flashes, floaters, headaches, diplopia
- (-) Family H/O GL, ARPA, blindness

Past Ocular History: LEE 12/2018

Past Medical History: Diabetes mellitus (HCC) Disease of thyroid gland Hyperlipidemia

Hypertension Multiple renal cysts Obesity

Lab Results

Component Value Date GLYC 7.0 (H) 06/11/2019

BP Readings from Last 3 Encounters:

12/03/19 : (!) 141/81 10/08/19 : (!) 150/82 09/11/19 : 135/74

Last edited by Shiv Munaswar, OD on 1/2/2020 9:34 AM. (History)

### Base Eye Exam

/isual A	cuity (Snellen	- Linear)	Pupils	5	
	Right	Left		Pupils	
Dist cc	20/20	20/20	Right	PERRL, No APD	
Tonometry (Applanation, 9:11 AM)		Left	PERRL, No APD		
	Right	Left	Visua	l Fields (Counting	g fingers)
Pressure	19	20		Left	Right
			·	Full	Full
		Extrac	ocular Movemen	t	
			Right	Left	
				Full	Full
			Neuro	o/Psych	
			Orient	ed x3: Yes	
			Mood	/Affect: Normal	
			Dilatio	on	
			Both e 9:10 A		l, 2.5% Phenylephrine @

Encounter Date: 01/08/2019

Edited by: Shiv Munaswar, OD

## **Slit Lamp and Fundus Exam**

External Exam		
	Right	Left
External	Normal	Normal
Slit Lamp Exam		
	Right	Left
Lids/Lashes	capped glands, frothing	capped glands, frothing
Conjunctiva/Sclera	white and quiet	white and quiet
Cornea	diffuse punctate staining	diffuse punctate staining
Anterior Chamber	deep and quiet	deep and quiet
Iris	flat and intact; (-) NVI	flat and intact; (-) NVI

	Right	Left
Lens	1+ Nuclear sclerosis, Trace Cortical cataract	1+ Nuclear sclerosis, Trace Cortical cataract
Vitreous	Vitreous syneresis	Vitreous syneresis
Fundus Exam		
	Right	Left
Disc	distinct, healthy; (-) NVD	distinct, healthy; (-) NVD
C/D Ratio	0.30	0.30
Macula	clear; (-) ME	clear; (-) ME
Vessels	normal caliber; (-)	normal caliber; (-)
	DBH/CWS/IRMA/NVE	DBH/CWS/IRMA/NVE
Periphery	flat and intact 360; (-) holes, breaks, detachments	flat and intact 360; (-) holes, breaks, detachments

Edited by: Shiv Munaswar, OD

### Refraction

Manif	est Refract	tion		Final I	Rx			
	Sphere	Dist VA	Add		Sphere	Dist VA	Add	
Right	Plano	20/20	+2.50	Right	Plano	20/20	+2.50	
Left	-0.50	20/20	+2.50	Left	-0.50	20/20	+2.50	

Edited by: Shiv Munaswar, OD

Last Reviewed by Shiv Munaswar, OD on 1/3/2020.

### **Progress Notes**

Shiv Munaswar, OD (Optometrist) • Optometry

Encounter Date: 01/08/2019

### **Assessment & Plan**

- 1. Diabetes mellitus without complication (HCC)
- 2. Essential hypertension
- 3. Dry eye syndrome of bilateral lacrimal glands
- 4. Presbyopia of both eyes

#### Plan:

- 1, 2. Patient educated on the importance of compliance with medication, medical follow up, and tight blood sugar/pressure control.
- 3. Patient instructed to use artificial tears QID OU; hot compresses BID OU. Monitor.
- 4. New spec Rx.

RTC one year or PRN.

### Subjective:

### **Chief Complaint**

Patient presents with

Diabetic Eye Exam

HPI

Diabetic Eye Exam

Vision: is blurred for near and is stable

Associated Negative for blurred vision, redness, double vision, foreign body symptoms: sensation, itching, tearing, headaches, discharge, photophobia

Encounter Date: 01/08/2019

and swelling

Diabetes Type: Type 2
Blood Sugars: is controlled

#### Comments

67 y.o. female presenting for diabetic eye examinatino

- (-) burning, itching, redness, tearing, flashes, floaters, headaches, diplopia
- (-) Family H/O GL, ARPA, blindness

Past Ocular History: LEE 12/2018

Past Medical History:
Diabetes mellitus (HCC)
Disease of thyroid gland
Hyperlipidemia
Hypertension
Multiple renal cysts
Obesity

Lab Results

Component Value Date GLYC 7.0 (H) 06/11/2019

BP Readings from Last 3 Encounters:

12/03/19 : (!) 141/81 10/08/19 : (!) 150/82 09/11/19 : 135/74

Last edited by Shiv Munaswar, OD on 1/2/2020 9:34 AM. (History)

### **Objective:**

#### **Base Eye Exam**

Visual Acuity (Snellen - Linear)

	Right	Left
Dist cc	20/20	20/20

Tonometry (Applanation, 9:11 AM)

	Right	Left
Pressure	19	20

Encounter Date: 01/08/2019

### **Pupils**

Right	PERRL, No APD
Left	PERRL, No APD

### Visual Fields (Counting fingers)

Left	Right
Full	Full

### Extraocular Movement

Right	Left
Full	Full

### Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

### Dilation

Both eyes: 1.0% Mydriacyl, 2.5% Phenylephrine @ 9:10 AM

### Slit Lamp and Fundus Exam

### External Exam

	Right	Left
External	Normal	Normal

### Slit Lamp Exam

	Right	Left
Lids/Lashes	capped glands, frothing	capped glands, frothing
Conjunctiva/Sclera	white and quiet	white and quiet
Cornea	diffuse punctate staining	diffuse punctate staining
Anterior Chamber	deep and quiet	deep and quiet
Iris	flat and intact; (-) NVI	flat and intact; (-) NVI
Lens	1+ Nuclear sclerosis, Trace	1+ Nuclear sclerosis, Trace
	Cortical cataract	Cortical cataract

### Fundus Exam

	Right	Left
Vitreous	Vitreous syneresis	Vitreous syneresis
Disc	distinct, healthy; (-) NVD	distinct, healthy; (-) NVD
C/D Ratio	0.30	0.30
Macula	clear; (-) ME	clear; (-) ME
Vessels	normal caliber; (-) DBH/CWS/IRMA/NVE	normal caliber; (-) DBH/CWS/IRMA/NVE
Periphery	flat and intact 360; (-) holes, breaks, detachments	flat and intact 360; (-) holes, breaks, detachments

#### Refraction

### Manifest Refraction

	Sphere	Dist VA	Add	
Right	Plano	20/20	+2.50	
Left	-0.50	20/20	+2.50	

Encounter Date: 01/08/2019

**Flowsheets** 

#### Final Rx

	Sphere	Dist VA	Add	
Right	Plano	20/20	+2.50	
Left	-0.50	20/20	+2.50	

### **Instructions**



Return in about 1 year (around 1/2/2021), or if symptoms worsen or fail to improve.

Visit Summary - Adult (Automatic SnapShot taken 1/3/2020)

### Additional Orders and Documentation



Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Developmental History, Hearing/Vision

### Discharge

Visit Summary - Adult (Automatic SnapShot taken 1/3/2020)

### **SmartForms**

No SmartForms are associated with this patient.

### **Encounter Status**

Closed by Shiv Munaswar, OD on 1/3/20 at 16:50

### Disposition

Return in about 1 year (around 1/2/2021), or if symptoms worsen or fail to improve.

### **Orders Performed**

Ambulatory referral to Ophthalmology Closed

### Medication Changes

As of 1/3/2020 4:49 PM

None

## **Visit Diagnoses**

Diabetes mellitus without complication (HCC) E11.9 Essential hypertension I10

Dry eye syndrome of bilateral lacrimal glands H04.123 Presbyopia of both eyes H52.4

### Discharge

Visit Summary - Adult (Automatic SnapShot taken 1/3/2020)

History

Delia R CARLITO | MRN: KL6532

12/3/2019

Encounter Date: 01/08/2019

Date Reviewed: 12/3/2019

Present

Allergies

No Known Allergies

### Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Disease of thyroid gland			Provider
Hyperlipidemia			Provider
Hypertension			Provider
Multiple renal cysts			Provider
Obesity			Provider

### Surgical History

Procedure Date	Comment	Source
----------------	---------	--------

CHOLECYSTECTOMY

Diabetes mellitus (HCC)

### **Æ** Problem List

as of 12/3/2019

E11.9			Unknown -
CM	Priority	Class	Resolved
ICD-10-			Noted -

Overview Addendum 7/24/2019 9:06 AM by Cristina Ionescu, PA

A1c is 7 now (decreased from 7.2) - well-controlled

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 6/19 doing well. Monofilament sensation is intact.
- Ophthalmology has appt 12/2018

**Previous Version** 

More...

**Hyperlipidemia** E78.5 Unknown - Present

Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA Well-controlled

- Will continue atorvastatin 40 mg QD

More...

Hyportonsion	ICD-10- CM	Priority	Class	Noted - Resolved Unknown -
Hypertension	110			Present

Overview Addendum 7/24/2019 9:25 AM by Cristina Ionescu, PA Uncontrolled.

- Will continue losartan-HCTZ 100-12.5 mg PO QD
- Will stop atenolol and start amlodipine 5 mg PO QD
- will schedule a nurse visit for pressure check in 2 weeks

**Previous Version** 

More...

### Disease of thyroid gland

E07.9

Unknown -

Present

Encounter Date: 01/08/2019

Overview Signed 7/24/2019 9:17 AM by Cristina Ionescu, PA

TSH has decreased but still elevated. Last time levothyroxine was increased to 112 mcg PO QD. She reports sometimes she forgets to take it. Discussed with pt to use a pill box to help her remember.

- Will continue current 112 mcg PO QD and recheck TSH when she returns

More...

Obesity

E66.9

Unknown -

Present

Overview Signed 7/24/2019 9:18 AM by Cristina Ionescu, PA

Discussed importance of weight loss. She reports because of heat she has been unable to walk as much but plans ot at least go to malls so she can walk indoor.

More...

### Immunizations as of 12/3/2019

Never Reviewed

Name	Date
AFLURIA single dose 3+	10/8/2019
INFLUENZA CCIV4 (FLUCELVAX), IM, SINGLE- DOSE, 4 YRS AND UP	12/11/2018
INFLUENZA IIV4 (FLUARIX 6Mo+,FLULAVAL 6Mo+,FLUZONE 6Mo+,AFLURIA 3Yr+),SINGLE DOSE,IM	10/8/2019
PCV-13	4/20/2018
PNEUMOCOCCAL POLYSACCHARIDE	2/24/2010
TDaP	3/5/2009

### Encounter Information

12/2/2010	WO PODIATRY RESIDENT B	Wo Podiatry	20010711	
	Provider	Department	Encounter #	

## CARLITO, Delia R

MRN: KL6532

**Office Visit** 12/3/2019

Provider: Ray Ivanovs, DPM (Podiatry) **WOODLAND** Podiatry Primary diagnosis: Diabetic foot (HCC)

Reason for Visit: Follow-up; Referred by Cristina Ionescu, PA

### **Visit Diagnoses**

Diabetic foot (HCC) E11.8 Onychomycosis B35.1 Xerosis of skin L85.3

### HPI

### Follow-up

Additional comments: DM foot care

Last edited by Arlene G Villapando, RN on 12/3/2019 10:04 AM. (History)

### **Progress Notes**

Ray Ivanovs, DPM (Physician) • Podiatry

Encounter Date: 01/08/2019

### **History of present illness:**

Patient is a 67 y.o. year old diabetic female here for

**Onychomycosis** 

ciclopirox (LOPROX) 0.77 % gel

Diabetic foot (HCC) 2.

3. Xerosis of skin ammonium lactate (AMLACTIN) 12 %

cream

Language: fluent in English

Patient presents

HPI

#### **Diabetes Mellitus**

Additional comments: dM foot care

Last edited by Louis Lesperence, RN on 6/12/2019 9:09 AM. (History)

with complaints of painful toenails elongated mycotic nails. Patient states that the condition causes pain during ambulation and with pressure from shoegear

**Duration: long standing** 

### **Pertinent Past History:**

**Past Medical History:** 

Diagnosis

Date

- Diabetes mellitus (HCC)
- · Disease of thyroid gland
- Hyperlipidemia
- Hypertension
- Multiple renal cysts
- Obesity

**Past Surgical History:** 

Procedure Laterality Date

CHOLECYSTECTOMY

### **Social History**

### Social History

• Marital status: Separated

Encounter Date: 01/08/2019

Spouse name: N/A
• Number of children: N/A
• Years of education: N/A

### Occupational History

Not on file.

### Social History Main Topics

Smoking status: Never SmokerSmokeless tobacco: Never Used

Alcohol useDrug use:No

Sexual activity: Not on file

Other Topics Concern

· Not on file

### Social History Narrative

· No narrative on file

### **Current Medications**

Current Outpatient Prescriptions Medication • amLODIPine (NORVASC) 5 MG tablet	Sig Take 1 tablet (5 mg	Dispense 30 tablet	Refill 2
ammonium lactate (AMLACTIN)     12 % cream	total) by mouth daily. Apply topically 2 (two) times a day.	385 g	2
<ul> <li>atorvastatin (LIPITOR) 40 MG tablet</li> </ul>	Take 1 tablet (40 mg total) by mouth daily.	30 tablet	4
famotidine (PEPCID) 20 MG tablet		30 tablet	4
<ul> <li>levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet</li> </ul>	Take 1 tablet (112 mcg total) by mouth daily.	30 tablet	4
<ul> <li>losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet</li> </ul>	Take 1 tablet by mouth daily.	30 tablet	4
• sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50- 1000 mg per tablet	Take 1 tablet by mouth 2 (two) times a day with meals.	60 tablet	4

No current facility-administered medications for this visit.

### **Review of Systems**

Reviewed

### Vascular Exam:

**Right foot:** DP 2/4, PT 2/4 **Left foot:**: DP 2/4, PT 2/4

Capillary Filling Time: Instantaneous x 10 toes

**Temperature Gradient:** intact to right foot and intact to left foot

+ varicosities

### Neurologic Exam:

Sharp and Dull normal

Semmes Weinstein Monofilament normal

Vibratory Sensation: normal

### <u>Dermatological Exam:</u>

Podiatric exam reveals: appearance xerotic, no erythema, no edema, no clinical signs of

Encounter Date: 01/08/2019

infection and Interspaces clear and without maceration

Toenails: thickened, discolored, dystrophic, elongated toenails and with subungual and

periungual debris

#### Musculoskeletal Exam:

Normal full range of motion

Muscle power: 5/5 in anterior, posterior, and lateral quadrants

Muscle Tone: Nomal Bilaterally

### Pedal Exam:

Arch Morphology: low

Ankle Joint ROM: normal

STJ ROM: normal Midtarsal ROM: normal 1st MTPJ ROM: normal

#### Lab Data:

**WBC** 

 Date
 Value
 Ref Range
 Status

 06/11/2019
 4.49
 3.80 - 10.50 K/uL
 Final

HGB

 Date
 Value
 Ref Range
 Status

 06/11/2019
 13.4
 11.5 - 15.5 g/dL
 Final

**HGB A1C** 

Date Value Ref Range Status 06/11/2019 7.0 (H) 4.0 - 5.6 % Final

Comment:

Method: Immunoassay

Reference Range 4.0-5.6% High risk (prediabetic) 5.7-6.4% Diabetic, diagnostic >=6.5% ADA diabetic treatment goal <7.0%

The Hemoglobin A1c testing is NGSP-certified. Reference ranges are based upon

Encounter Date: 01/08/2019

the 2010 recommendations of

the American Diabetes Association. Interpretation may vary for children and adolescents.

Performed at:

Northwell Health Laboratories

450 Lakeville Road

Lake Success, NY 11042-1110 Orderable--Hemoglobin A1C-HPLC

### Assessment/Plan:

Delia R CARLITO is a 66 y.o. y/o female presenting with

1. Onychomycosis ciclopirox (LOPROX) 0.77 % gel

2. Diabetic foot (HCC)

3. Xerosis of skin ammonium lactate (AMLACTIN) 12 % cream

Patient examined and evaluated Treatment plan discussed.

Question answered.

onychoreduction x 10

Diabetic footcare instruction

Continue ammonium lactate cream to feet and star fluconazole 200 mn po weekly

Patient educated on foot care and shoe gear.

Follow up in 3 month(s)

### **Other Notes**

Nursing Note from Arlene G Villapando, RN Nursing Note from William J. Ferguson, LPN

Nursing Note from William J. Ferguson, LPN

### Instructions

Return in about 12 weeks (around 2/25/2020).

Visit Summary - Adult (Printed 12/3/2019)

### **Additional Orders and Documentation**

Results

Meds

Orders

Flowsheets

Encounter Date: 01/08/2019

SmartForms: HHC AMB GEN SCREEN • HHC AMB MENTAL HEALTH SCREENING Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Developmental History, Hearing/Vision

### Discharge

Visit Summary - Adult (Printed 12/3/2019)

### **SmartForms**

No SmartForms are associated with this patient.

### **Encounter Status**

Closed by Ray Ivanovs, DPM on 12/3/19 at 10:25

### Disposition

Return in about 12 weeks (around 2/25/2020).

### **Orders Placed**

None

### **Medication Changes**

As of 12/3/2019 10:23 AM

	Refills	Start Date	End Date
Added: fluconazole (DIFLUCAN) 200 MG tablet	2	12/3/2019	12/7/2019
Take 1 tablet (200 mg total) by mouth every 7 day	ys for 4 days. Eve	ry sunday - Oral	
Ammonium Lactate			
Unchanged: ammonium lactate (AMLACTIN) 12	2	6/12/2019	
% cream			
Apply topically 2 (two) times a day Topical			
Added: ammonium lactate (AMLACTIN) 12 %	0	12/3/2019	3/2/2020
cream			

Apply topically 2 (two) times a day as needed for dry skin. - Topical

## **Visit Diagnoses**

Diabetic foot (HCC) E11.8 Onychomycosis B35.1 Xerosis of skin L85.3

### Discharge

Visit Summary - Adult (Printed 12/3/2019)

History 10/8/2019

Delia R CARLITO | MRN: KL6532

### **Allergies**

No Known Allergies

### Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Disease of thyroid gland			Provider
Hyperlipidemia			Provider
Hypertension			Provider
Multiple renal cysts			Provider
Obesity			Provider

### Surgical History

Procedure	Date	Comment	Source

**CHOLECYSTECTOMY** 

### **№** Problem List

as of 10/8/2019

Dish stee melline (UCC)		Priority	Class	Noted - Resolved
Diabetes mellitus (HCC)	E11.9			Unknown - Present

Overview Addendum 7/24/2019 9:06 AM by Cristina Ionescu, PA

A1c is 7 now (decreased from 7.2) - well-controlled

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 6/19 doing well. Monofilament sensation is intact.
- Ophthalmology has appt 12/2018

**Previous Version** 

More...

Hyperlipidemia

E78.5

Unknown -

Present

Date Reviewed: 9/11/2019

Encounter Date: 01/08/2019

Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA

Well-controlled

- Will continue atorvastatin 40 mg QD

More...

Hypertension I10

Unknown -Present

Overview Addendum 7/24/2019 9:25 AM by Cristina Ionescu, PA Uncontrolled.

- Will continue losartan-HCTZ 100-12.5 mg PO QD
- Will stop atenolol and start amlodipine 5 mg PO QD
- will schedule a nurse visit for pressure check in 2 weeks

**Previous Version** 

More...

CARLITO, Delia R (MRN KL6532) Printed by ELDOHEALTH+ [21324] at 7/27/20 10:... Page 30 of 65

	ICD-10- CM	Priority	Class	Noted - Resolved
Disease of thyroid gland	E07.9			Unknown - Present

Overview Signed 7/24/2019 9:17 AM by Cristina Ionescu, PA

TSH has decreased but still elevated. Last time levothyroxine was increased to 112 mcg PO QD. She reports sometimes she forgets to take it. Discussed with pt to use a pill box to help her remember.

- Will continue current 112 mcg PO QD and recheck TSH when she returns

More

Obesity E66.9 Unknown - Present

Overview Signed 7/24/2019 9:18 AM by Cristina Ionescu, PA

Discussed importance of weight loss. She reports because of heat she has been unable to walk as much but plans of at least go to malls so she can walk indoor.

More...

### Immunizations as of 10/8/2019

**Never Reviewed** 

MRN: KL6532

Encounter Date: 01/08/2019

Name	Date
AFLURIA single dose 3+	10/8/2019
INFLUENZA CCIV4 (FLUCELVAX), IM, SINGLE- DOSE, 4 YRS AND UP	12/11/2018
INFLUENZA IIV4 (FLUARIX 6Mo+,FLULAVAL 6Mo+,FLUZONE 6Mo+,AFLURIA 3Yr+),SINGLE DOSE,IM	10/8/2019
PCV-13	4/20/2018
PNEUMOCOCCAL POLYSACCHARIDE	2/24/2010
TDaP	3/5/2009

### Encounter Information

	Provider	Department	Encounter #
10/8/2019	Cristina Ionescu	Wo Primary Care	28316635

## CARLITO, Delia R

**Office Visit** 10/8/2019 WOODLAND Medicine Clinic Provider: Suzette Millington, DO (Internal Medicine) Cosigner: George Roush, PA (Internal Medicine)

Primary diagnosis: Healthcare maintenance

Reason for Visit: Follow-up; Referred by Cristina Ionescu, PA

## **Visit Diagnoses**

Healthcare maintenance Z00.00 Essential hypertension I10

Disease of thyroid gland E07.9

Hyperlipidemia, unspecified hyperlipidemia type E78.5

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8 Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

### **Progress Notes**

George Roush, PA (Physician) • Internal Medicine

Encounter Date: 01/08/2019

Primary Care Exception-I've reviewed the case and treatment plan completed by the resident. My attending note confirms supervision of the resident under the primary care exception patient with htn, dm, and bmi 40. patient's SBP on repeat was in the 140s. on hyzaar and amlo however,, she D/C'd the Hyzaar due to ? of losartan carcinogenesis. increase amlodiine to 10 mg and add lisinopril 20 mg. obtain pillbox. rtc 1 month..

### **Progress Notes**

Suzette Millington, DO (Resident) • Internal Medicine

Expand All Collapse All

Department of Medicine Primary Care Follow-up

Date: 10/8/2019

Patient Name: Delia R CARLITO

Preferred Language: English

**Chief Complaint:** 

Chief Complaint
Patient presents with
• Follow-up

i ollow u

Pain: No

Mental Health Screening (PHQ): 2

Patient seen for the first time

HISTORY OF PRESENT ILLNESS: Delia R CARLITO is a 66 y.o. female who has a past medical history of Diabetes mellitus (HCC); Disease of thyroid gland; Hyperlipidemia; Hypertension; Multiple renal cysts; and Obesity. who had concerns including Follow-up.

Patient reports throbbing sensation in the right ear started this morning. She denies painful sensation in the ear however, she contribute the sensation to possible water getting into her ear after washing her hair last night. She also reports her BP is elevated. She check her BP at home and its around SBP 130-135. She reports last visit her atenolol was discontinued. Currently she reports palpitations. She reports compliance with new medication ( Hyzaar and amlodipine). She saw Ad on TV regarding Losartan causing cancer so she request to change medication to something else.

Patient is going to FL to visit family this Tuesday. She reports she didn't get the flu shot as yet and consent to getting it today.

She is able to walk about 3-5 blocks before stopping. Denies chest pain, SOB, abdominal pain, fever, chills and other complaints.

Encounter Date: 01/08/2019

Date

### **Past Medical History**:

**Past Medical History:** 

Diagnosis

- Diabetes mellitus (HCC)
- · Disease of thyroid gland
- · Hyperlipidemia
- Hypertension
- Multiple renal cysts
- · Obesity

#### **Health Maintenance**

<ul> <li>Topic</li> <li>HEPATITIS C</li> <li>HIV SCREENING</li> <li>Zoster (Shingrix) (1 of 2)</li> <li>COLON CANCER SCREENING</li> <li>DXA SCAN</li> <li>Tdap/TD</li> <li>PNEUMOCOCCAL (PCV) 65+ LOW AND MEDIUM</li> </ul>	Date Due 12/02/1953 12/02/1965 12/02/2002 12/02/2002 12/02/2017 03/05/2019 04/20/2019
RISK IMMUNIZATION SÉRIES (2 of 2 - PPSV23)  • INFLUENZA VACCINE SEQUENTIAL (1)  • Mammogram	09/01/2019 Completed

### Past Surgical History:

**Past Surgical History:** 

Procedure Laterality Date

CHOLECYSTECTOMY

### **Current Medications:**

Outpatient Encounter Prescriptions as of 10/8/2019

Medication	Sig	Dispense	Refill
<ul> <li>amLODIPine (NORVASC) 5 MG tablet</li> </ul>	Take 1 tablet (5 mg total) by mouth daily.	30 tablet	2
<ul> <li>ammonium lactate (AMLACTIN) 12 % cream</li> </ul>	Apply topically 2 (two) times a day.	385 g	2
<ul> <li>atorvastatin (LIPITOR) 40 MG tablet</li> </ul>	Take 1 tablet (40 mg total) by mouth daily.	30 tablet	4
<ul> <li>famotidine (PEPCID) 20 MG tablet</li> </ul>	Take 1 tablet (20 mg total) by mouth daily.	30 tablet	4
<ul> <li>levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet</li> </ul>	Take 1 tablet (112 mcg total) by mouth daily.	30 tablet	4
<ul> <li>losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet</li> </ul>	Take 1 tablet by mouth daily.	30 tablet	4

sitaGLIPtin-metFORMIN Take 1 tablet by 60 tablet 4
 (SITAGLIPTIN-METFORMIN) mouth 2 (two) times 50-1000 mg per tablet a day with meals.

No facility-administered encounter medications on file as of 10/8/2019.

Patient not currently taking additional herbal therapy, supplements, or OTC medications.

Encounter Date: 01/08/2019

### Allergies:

Patient has no known allergies.

### Family History:

family history is not on file.

### Social History:

**Social History** 

Social History

Marital status: Separated

Spouse name: N/A

• Number of children: N/A

• Years of education: N/A

Occupational History

· Not on file.

Social History Main Topics

Smoking status: Never SmokerSmokeless tobacco: Never Used

Alcohol useDrug use:No

Sexual activity: Not on file

Other Topics Concern

Not on file

Social History Narrative

· No narrative on file

Review of Systems Constitutional: Negative.

HENT:

Right ear throbbing sensation

Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Musculoskeletal: Negative.
Neurological: Negative.

BP (!) 150/82 repeat BP 143/ (BP Location: Left arm, Patient Position: Sitting) | **Pulse (!) 120** | Temp 97.9 °F (36.6 °C) (Oral) | Ht 1.575 m (5' 2") | Wt 98 kg (216 lb) | BMI 39.51 kg/m² Physical Exam

Encounter Date: 01/08/2019

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

### No erythema of TM membrane

Cardiovascular: Normal heart sounds. Tachycardia present.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. She has no

wheezes.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. Neurological: She is alert and oriented to person, place, and time.

### **IMPRESSION / PLAN:**

Labs

A1C 7.2>> 7 LDL 65 TSH 4.57

#### **Assessment and PLan**

#### **Essential hypertension**

- Patient BP was found t be elevated 150/82, repeat in office 143/81. Patient reports she does not want to be on losartan due to risk of cancer. Losartan /HCTZ was discontinued. She was found to have elevated pulse rate after atenolol was discontinued so she was restarted back on atenolol for possible rebound tachycardia. NO other reason for tachycardia was identified.
  - Ambulatory referral to Ophthalmology; Future
  - famotidine (PEPCID) 20 MG tablet; Take 1 tablet (20 mg total) by mouth daily.
  - amLODIPine (NORVASC) 5 MG tablet; Take 1 tablet (5 mg total) by mouth daily.
  - atenolol (TENORMIN) 50 MG tablet; Take 1 tablet (50 mg total) by mouth daily.
  - ECG 12 Lead; Future
  - lisinopril (PRINIVIL, ZESTRIL) 10 MG tablet; Take 1 tablet (10 mg total) by mouth daily.

### Disease of thyroid gland

- levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet; Take 1 tablet (112 mcg total) by mouth daily.
- famotidine (PEPCID) 20 MG tablet; Take 1 tablet (20 mg total) by mouth daily.
- TSH; Future

### Hyperlipidemia, unspecified hyperlipidemia type

- atorvastatin (LIPITOR) 40 MG tablet; Take 1 tablet (40 mg total) by mouth daily.
- famotidine (PEPCID) 20 MG tablet; Take 1 tablet (20 mg total) by mouth daily.

# Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC)

- famotidine (PEPCID) 20 MG tablet; Take 1 tablet (20 mg total) by mouth daily.
- CBC And Differential; Future
- Comprehensive Metabolic Panel; Future
- Hemoglobin A1C; Future

- sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet; Take 1 tablet by mouth 2 (two) times a day with meals.

Encounter Date: 01/08/2019

# Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC)

- famotidine (PEPCID) 20 MG tablet; Take 1 tablet (20 mg total) by mouth daily.

### Preventative

- influenza ccIV4 (FLUCELVAX) IM, PACK, Quad, single-dose, 4 yrs+

Suzette Millington, DO

CDW: Dr. Roush

RTC in 3 month with Dr. Ionesco

### **Other Notes**

Nursing Note from Rochelle Brown, RN 🖹 Nursing Note from Rochelle Brown, RN

### Instructions

Return in about 3 months (around 1/8/2020) for FOllow up with Dr Ionesco.

Visit Summary - Adult (Printed 10/8/2019)

### **Additional Orders and Documentation**

Results Meds Orders Flowsheets

SmartForms: HHC AMB GEN SCREEN • HHC AMB MENTAL HEALTH SCREENING Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Developmental History, Hearing/Vision

### Discharge

Visit Summary - Adult (Printed 10/8/2019)

Discharge Orders

CBC And Differential (Resulted 1/8/2020, Abnormal)

Comprehensive Metabolic Panel (Resulted 1/8/2020, Abnormal)

Hemoglobin A1C (Resulted 1/8/2020, Abnormal)

TSH (Resulted 1/8/2020)

Ambulatory referral to Ophthalmology Closed

ECG 12 Lead

### **SmartForms**

No SmartForms are associated with this patient.

### **Encounter Status**

Closed by Suzette Millington, DO on 10/8/19 at 11:30

### Disposition

Return in about 3 months (around 1/8/2020) for FOllow up with Dr Ionesco.

#### **Orders Placed**

CBC And Differential (Resulted 1/8/2020, Abnormal)

Comprehensive Metabolic Panel (Resulted 1/8/2020, Abnormal)

Hemoglobin A1C (Resulted 1/8/2020, Abnormal)

TSH (Resulted 1/8/2020)

Ambulatory referral to Ophthalmology Closed

ECG 12 Lead

# **Medication Changes**

As of 10/8/2019 11:30 AM

Refills	Start Date	End Date
3	10/8/2019	1/6/2020
3	10/8/2019	1/6/2020
	Refills 3	3 10/8/2019 3 10/8/2019

Discontinued or Completed: losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet (Therapy completed)

# **Visit Diagnoses**

Healthcare maintenance Z00.00

Essential hypertension I10

Disease of thyroid gland E07.9

Hyperlipidemia, unspecified hyperlipidemia type E78.5

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

#### **Immunizations Given**

INFLUENZA IIV4 (FLUARIX 6Mo+,FLULAVAL 6Mo+,FLUZONE 6Mo+,AFLURIA 3Yr+),SINGLE DOSE,IM

# Discharge

Visit Summary - Adult (Printed 10/8/2019)

**Discharge Orders** 

CBC And Differential (Resulted 1/8/2020, Abnormal)

Comprehensive Metabolic Panel (Resulted 1/8/2020, Abnormal)

Hemoglobin A1C (Resulted 1/8/2020, Abnormal)

TSH (Resulted 1/8/2020)

Ambulatory referral to Ophthalmology Closed

ECG 12 Lead

History

9/11/2019

Delia R CARLITO | MRN: KL6532

#### **Allergies**

No Known Allergies

Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Disease of thyroid gland			Provider
Hyperlipidemia			Provider
Hypertension			Provider
Multiple renal cysts			Provider
Obesity			Provider

# Surgical History

Procedure	Date	Comment	Source

**CHOLECYSTECTOMY** 

### **Problem List**

as of 9/11/2019

Diabetes mellitus (HCC)	CM E11.9	Priority	Class	Resolved Unknown -
Diabetes meintus (TCC)	L11.3			Present

Overview Addendum 7/24/2019 9:06 AM by Cristina Ionescu, PA

A1c is 7 now (decreased from 7.2) - well-controlled

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 6/19 doing well. Monofilament sensation is intact.
- Ophthalmology has appt 12/2018

**Previous Version** 

More...

**Hyperlipidemia** E78.5 Unknown - Present

Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA

Well-controlled

- Will continue atorvastatin 40 mg QD

More...

**Hypertension** I10 Unknown - Present

Overview Addendum 7/24/2019 9:25 AM by Cristina Ionescu, PA

Uncontrolled.

- Will continue losartan-HCTZ 100-12.5 mg PO QD
- Will stop atenolol and start amlodipine 5 mg PO QD
- will schedule a nurse visit for pressure check in 2 weeks

**Previous Version** 

Disease of thyroid gland

More...

Overview Signed 7/24/2019 9:17 AM by Cristina Ionescu, PA

E07.9 Unknown - Present

Encounter Date: 01/08/2019

Date Reviewed: 9/11/2019

TSH has decreased but still elevated. Last time levothyroxine was increased to 112 mcg PO QD. She reports sometimes she forgets to take it. Discussed with pt to use a pill box to help her remember.

- Will continue current 112 mcg PO QD and recheck TSH when she returns

	ICD-10- CM	Priority	Class	Noted - Resolved
More				
Obesity	E66.9			Unknown - Present

Overview Signed 7/24/2019 9:18 AM by Cristina Ionescu, PA

Discussed importance of weight loss. She reports because of heat she has been unable to walk as much but plans ot at least go to malls so she can walk indoor.

More...

#### Immunizations as of 9/11/2019

Never Reviewed

Encounter Date: 01/08/2019

Name	Date
INFLUENZA CCIV4 (FLUCELVAX), IM, SINGLE- DOSE, 4 YRS AND UP	12/11/2018
PCV-13	4/20/2018
PNEUMOCOCCAL POLYSACCHARIDE	2/24/2010
TDaP	3/5/2009

#### Encounter Information

	Provider	Department	Encounter #
9/11/2019	Francoise Jusma	Wo Podiatry	27040003

# CARLITO, Delia R

MRN: KL6532

Office Visit 9/11/2019Provider: Francoise Jusma, DPM (Podiatry)WOODLAND PodiatryPrimary diagnosis: Diabetic foot (HCC)

Reason for Visit: Follow-up; Referred by Cristina Ionescu, PA

# **Visit Diagnoses**

Diabetic foot (HCC) E11.8 Onychomycosis B35.1 Tinea pedis of right foot B35.3

#### HPI

#### Follow-up

Additional comments: DM foot care, c/o thick toenails

Last edited by Arlene G Villapando, RN on 9/11/2019 9:10 AM. (History)

# **Progress Notes**

Francoise Jusma, DPM (Physician) • Podiatry

I discussed the case with the resident and agree with the findings and plan as documented.

# **Progress Notes**

Noe Garza, DPM (Resident) • Podiatry

Expand All Collapse All

#### **Podiatry Clinic Note**

### Subjective:

#### **History of present illness:**

Patient is a 66 y.o. year old diabetic female here for

1. Onychomycosis ciclopirox (LOPROX) 0.77 % gel

2. Diabetic foot (HCC)

3. Xerosis of skin ammonium lactate (AMLACTIN) 12 %

cream

Encounter Date: 01/08/2019

Language: fluent in English

Patient presents

HPI

#### **Diabetes Mellitus**

Additional comments: dM foot care

Last edited by Louis Lesperence, RN on 6/12/2019 9:09 AM. (History)

with complaints of painful toenails elongated mycotic nails. Patient states that the condition causes pain during ambulation and with pressure from shoegear Duration: long standing

#### **Pertinent Past History:**

**Past Medical History:** 

Diagnosis

- Diabetes mellitus (HCC)
- Disease of thyroid gland
- · Hyperlipidemia
- · Hypertension
- · Multiple renal cysts
- Obesity

#### **Past Surgical History:**

Procedure Laterality Date

CHOLECYSTECTOMY

#### **Social History**

Social History

Marital status: Separated

Spouse name: N/A
• Number of children: N/A
• Years of education: N/A

Occupational History

· Not on file.

Social History Main Topics

Smoking status: Never SmokerSmokeless tobacco: Never Used

Alcohol useDrug use:No

Sexual activity: Not on file

Other Topics Concern

Encounter Date: 01/08/2019

Not on file

### Social History Narrative

· No narrative on file

# **Current Outpatient Prescriptions**

Medication	Sig	Dispense	Refill
<ul> <li>amLODIPine (NORVASC) 5 MG tablet</li> </ul>	Take 1 tablet (5 mg total) by mouth daily.	30 tablet	2
<ul> <li>ammonium lactate (AMLACTIN) 12 % cream</li> </ul>	Apply topically 2 (two) times a day.	385 g	2
<ul> <li>atorvastatin (LIPITOR) 40 MG tablet</li> </ul>	Take 1 tablet (40 mg total) by mouth daily.	30 tablet	4
<ul> <li>famotidine (PEPCID) 20 MG tablet</li> </ul>	Take 1 tablet (20 mg total) by mouth daily.	30 tablet	4
<ul> <li>levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet</li> </ul>	Take 1 tablet (112 mcg total) by mouth daily.	30 tablet	4
<ul> <li>losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet</li> </ul>	Take 1 tablet by mouth daily.	30 tablet	4
<ul> <li>sitaGLIPtin-metFORMIN (SITAGLIPTIN- METFORMIN) 50-1000 mg per tablet</li> </ul>	Take 1 tablet by mouth 2 (two) times a day with meals.	60 tablet	4

No current facility-administered medications for this visit.

#### **Review of Systems**

Reviewed

#### **Objective:**

Vitals:

09/11/19 0902

BP: 135/74 Pulse: 71 Resp: 20

Temp: 98.2 °F (36.8 °C)

#### Vascular Exam:

**Right foot:** DP 2/4, PT 2/4 **Left foot:**: DP 2/4, PT 2/4

**Capillary Filling Time:** Instantaneous x 10 toes

**Temperature Gradient:** intact to right foot and intact to left foot

+ varicosities

### Neurologic Exam:

Sharp and Dull normal

Semmes Weinstein Monofilament normal

Vibratory Sensation: normal

#### **Dermatological Exam:**

Podiatric exam reveals: appearance xerotic, no erythema, no edema, no clinical signs of

Encounter Date: 01/08/2019

infection and Interspaces clear and without maceration

Toenails: thickened, discolored, dystrophic, elongated toenails and with subungual and

periungual debris

#### **Musculoskeletal Exam:**

Normal full range of motion

Muscle power: 5/5 in anterior, posterior, and lateral quadrants

Muscle Tone: Nomal Bilaterally

#### Pedal Exam:

Arch Morphology: low

Ankle Joint ROM: normal

STJ ROM: normal Midtarsal ROM: normal 1st MTPJ ROM: normal

#### Lab Data:

**WBC** 

 Date
 Value
 Ref Range
 Status

 06/11/2019
 4.49
 3.80 - 10.50 K/uL
 Final

HGB

 Date
 Value
 Ref Range
 Status

 06/11/2019
 13.4
 11.5 - 15.5 g/dL
 Final

**HGB A1C** 

Date Value Ref Range Status 06/11/2019 7.0 (H) 4.0 - 5.6 % Final

Comment:

Method: Immunoassay

4.0-5.6% Reference Range High risk (prediabetic) 5.7-6.4% Diabetic, diagnostic >=6.5% ADA diabetic treatment goal <7.0%

The Hemoglobin A1c testing is NGSP-certified. Reference ranges are based upon

Encounter Date: 01/08/2019

the 2010 recommendations of

the American Diabetes Association. Interpretation may vary for children and adolescents.

Performed at:

Northwell Health Laboratories

450 Lakeville Road

Lake Success, NY 11042-1110 Orderable--Hemoglobin A1C-HPLC

**HCT** 

Date Value Ref Range Status 42.8 34.5 - 45.0 % Final 06/11/2019

**MCV** 

Date Value Ref Range Status 06/11/2019 88.88 80.0 - 100.0 fl Final

No results found for: WESR No results found for: CRP

#### **Assessment/Plan:**

Delia R CARLITO is a 66 y.o. y/o female presenting with

**Onychomycosis** ciclopirox (LOPROX) 0.77 % gel

Diabetic foot (HCC) 2.

Xerosis of skin 3. ammonium lactate (AMLACTIN) 12 % cream

Patient examined and evaluated

Treatment plan discussed.

Question answered.

onychoreduction x 10

Diabetic footcare instruction

Continue ammonium lactate cream to feet and ciclopirox to toenails

Patient educated on foot care and shoe gear.

Follow up in 3 month(s)

#### **Other Notes**

Nursing Note from Arlene G Villapando, RN

### Instructions

Return in about 12 weeks (around 12/4/2019).

Visit Summary - Adult (Printed 9/11/2019)

### **Additional Orders and Documentation**

Results







HHC AMB GEN SCREEN • HHC AMB MENTAL HEALTH SCREENING SmartForms: Billing Info, History, Allergies, Patient Education, Detailed Report, Encounter Info:

Developmental History, Hearing/Vision

# Discharge

Visit Summary - Adult (Printed 9/11/2019)

#### **SmartForms**

No SmartForms are associated with this patient.

#### **Encounter Status**

Closed by Noe Garza, DPM on 9/11/19 at 09:30

# Disposition

Return in about 12 weeks (around 12/4/2019).

#### **Orders Placed**

None

# **Medication Changes**

As of 9/11/2019 9:25 AM

None

# **Visit Diagnoses**

Diabetic foot (HCC) E11.8 Onychomycosis B35.1

Tinea pedis of right foot B35.3

# Discharge

Visit Summary - Adult (Printed 9/11/2019)

# Appointment

8/7/2019

Delia R CARLITO | MRN: KL6532

### **Patient Information**

Patient Name CARLITO, Delia R Sex Female DOB 12/2/1953 SSN XXX-XX-XXXX **Patient Demographics** 

Address Phone

251 LINDENHOOD ST 452-529-3811 (Home) \*Preferred\* 2K 000-000-0000 (Mobile)

OHIO NY 11456

#### **Status**

**No Show** 

# Encounter Information

	Provider	Department	Encounter #	Center
8/7/2019 10:20 AM	WO TEAM 5 RN	Wo Primary Care	24388363	WOODLAND

Problem List Date Reviewed: 12/3/2019

Priority Class

#### Diabetes mellitus (HCC) [E11.9]

Unknown - Present

Encounter Date: 01/08/2019

Overview Addendum 1/15/2020 10:03 AM by Cristina Ionescu, PA

Well-controlled. A1c 7.2

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 12/3 doing well. Monofilament sensation is intact.
- Ophthalmology saw on 1/2/2020

**Previous Version** 

### Hyperlipidemia [E78.5]

Unknown - Present

Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA

Well-controlled

- Will continue atorvastatin 40 mg QD

#### Hypertension [I10]

Unknown - Present

Overview Addendum 1/15/2020 9:59 AM by Cristina Ionescu, PA

Control improving however has developed cough since starting the lisinopril. Will stop lisinopril and restart losartan.

- Will restart losartan 50 mg PO daily
- Will continue atenolol 50 mg PO daily
- Will continue amlodipine 5 mg PO daily

**Previous Version** 

#### Disease of thyroid gland [E07.9]

Unknown - Present

Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA

TSH acceptable

- Will continue current 112 mcg PO daily

**Previous Version** 

#### Obesity [E66.9]

Unknown - Present

Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA

Discussed importance of weight loss. Has achieved some weight loss, modest, but plans to try more.

**Previous Version** 

#### Conversation

There are no conversations to display for this encounter.

# CARLITO, Delia R

**Office Visit** 7/24/2019 Provider: Cristina Ionescu, PA (Primary Care Medicine)

WOODLAND Medicine Clinic Cosigner: Wasfy Zaki, PA (Internal Medicine)

Primary diagnosis: Hyperlipidemia, unspecified hyperlipidemia type

Reason for Visit: Referred by Cristina Ionescu, PA

# **Visit Diagnoses**

Hyperlipidemia, unspecified hyperlipidemia type E78.5

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8

Essential hypertension I10 Disease of thyroid gland E07.9

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

# **Progress Notes**

Wasfy Zaki, PA (Physician) • Internal Medicine

Encounter Date: 01/08/2019

MRN: KL6532

I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

# **Progress Notes**

Cristina Ionescu, PA (Resident) • Primary Care Medicine

BLUE TEAM PATIENT
Spoke in pt's language of preference
Subjective:

Patient ID: Delia R CARLITO is a 66 y.o. female.

HPI

66 y/o F with HTN, HLD, DMII (controlled), and hypothyroidism presents for followup. She denies any chest pain or shortness of breath. She denies any abdominal pain. She denies any unintended weight loss. She denies any fevers or chills. She reports a non-productive cough on and off. She denies any urinary symptoms. She reports at times she has constipation for which she takes OTC on and off. She denies any vision problems. She denies any itchiness. She uses 3 pillows but states she can lie flat. She can walk about 10-20 blocks.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past medical history and problem list.

Review of Systems Constitutional: Negative.

HENT: Negative.

Eyes: Negative for visual disturbance.

Respiratory: Negative. Cardiovascular: Negative. Gastrointestinal: Negative.

Genitourinary: Negative for difficulty urinating, dyspareunia, dysuria, enuresis, flank pain and

frequency.

Neurological: Positive for headaches. Negative for dizziness and light-headedness.

Hematological: Negative.

Psychiatric/Behavioral: Negative for agitation and decreased concentration.

#### **Objective:**

Physical Exam

Constitutional: She is oriented to person, place, and time. No distress.

obese HENT:

Head: Normocephalic and atraumatic. Mouth/Throat: No oropharyngeal exudate.

Eyes: Pupils are equal, round, and reactive to light. No scleral icterus.

Neck: No JVD present. No tracheal deviation present.

Cardiovascular: No murmur heard. Sinus bradycardia

Pulmonary/Chest: Effort normal. No stridor. No respiratory distress. She has no wheezes.

Encounter Date: 01/08/2019

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no

tenderness.

Musculoskeletal: She exhibits no edema.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm. She is not diaphoretic. No erythema.

Psychiatric: She has a normal mood and affect.

Vitals reviewed.

#### Assessment/Plan:

#### **Problem List Items Addressed This Visit**

#### Diabetes mellitus (HCC)

A1c is 7 now (decreased from 7.2) - well-controlled

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 6/19 doing well. Monofilament sensation is intact.
- Ophthalmology has appt 12/2018

#### **Relevant Medications**

sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet famotidine (PEPCID) 20 MG tablet

#### Hyperlipidemia - Primary

Well-controlled

- Will continue atorvastatin 40 mg QD

#### **Relevant Medications**

famotidine (PEPCID) 20 MG tablet atorvastatin (LIPITOR) 40 MG tablet

#### **Hypertension**

Uncontrolled.

- Will continue losartan-HCTZ 100-12.5 mg PO QD
- Will stop atenolol and start amlodipine 5 mg PO QD
- will schedule a nurse visit for pressure check in 2 weeks

#### Relevant Medications

losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet

famotidine (PEPCID) 20 MG tablet amLODIPine (NORVASC) 5 MG tablet

#### Disease of thyroid gland

TSH has decreased but still elevated. Last time levothyroxine was increased to 112 mcg PO QD. She reports sometimes she forgets to take it. Discussed with pt to use a pill box to help her remember.

Encounter Date: 01/08/2019

- Will continue current 112 mcg PO QD and recheck TSH when she returns

**Relevant Medications** 

levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet famotidine (PEPCID) 20 MG tablet

#### Obesity

Discussed importance of weight loss. She reports because of heat she has been unable to walk as much but plans of at least go to malls so she can walk indoor.

Relevant Medications famotidine (PEPCID) 20 MG tablet

RTC in 3 months
Pt seen and discussed with Dr. Zaki

#### **Other Notes**

Nursing Note from Ricquel Chambers, RN 📋 Nursing Note from Elizabeth Alvarez

#### Instructions

Return in about 3 months (around 10/24/2019).

Visit Summary - Adult (Printed 7/24/2019)

# **Additional Orders and Documentation**

Results Meds Orders Flowsheets

SmartForms: HHC AMB GEN SCREEN • HHC AMB MENTAL HEALTH SCREENING Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Developmental History, Hearing/Vision

# Discharge

Visit Summary - Adult (Printed 7/24/2019)

#### SmartForms

No SmartForms are associated with this patient.

#### **Encounter Status**

Closed by Cristina Ionescu, PA on 7/24/19 at 09:32

# Disposition

Return in about 3 months (around 10/24/2019).

### **Orders Performed**

Poc Glucose Capillary (Resulted 7/24/2019, Abnormal)

# **Medication Changes**

As of 7/24/2019 9:27 AM

	Refills	Start Date	End Date
Added: amLODIPine (NORVASC) 5 MG tablet	2	7/24/2019	10/8/2019
Take 1 tablet (5 mg total) by mouth daily Ora	al		
Levothyroxine Sodium			
Discontinued or Completed: levothyroxine (S order)	YNTHROID, LEV	VOTHROID) 100 MC	G tablet (Duplicate
Unchanged: levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet	4	7/24/2019	10/8/2019
Take 1 tablet (112 mcg total) by mouth dail	y Oral		
Discontinued or Completed: atenolol (TENORMI	N) 50 MG table	t (Therapy complete	ed)
Discontinued or Completed: simvastatin (ZOCOF	R) 10 MG tablet	(Duplicate order)	
•		•	

# **Visit Diagnoses**

Hyperlipidemia, unspecified hyperlipidemia type E78.5

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8 Essential hypertension I10

Disease of thyroid gland E07.9

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

# **Goal Changes**

♣ General Goal

# Discharge

Visit Summary - Adult (Printed 7/24/2019)

History

6/12/2019

Encounter Date: 01/08/2019

Delia R CARLITO | MRN: KL6532

### **Allergies**

No Known Allergies

# Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Disease of thyroid gland			Provider
Hyperlipidemia			Provider
Hypertension			Provider
Multiple renal cysts			Provider

Diagnosis		Date	Comment			Source
Obesity						Provider
ອ Surgical ເ	History					
Procedure		Date	Comment			Source
CHOLECYST	ECTOMY					
<b>№</b> Problem	List				Date Rev	viewed: <b>6/12/201</b> 9
as of 6/12/2019	)					
			ICD-10-			Noted -
			CM	Priority	Class	Resolved
Diabetes me	ellitus (HCC)		E11.9			Unknown - Present
- Pod		)18 - has dia	Cristina Ionescu, PA betic neuropathy. 8			
Hyperlipide	mia		E78.5			Unknown - Present
Hypertensio	n		I10			Unknown - Present
Disease of t	hyroid gland		E07.9			Unknown - Present
Obesity			E66.9			Unknown - Present
Immunizatio	ons as of 6/12/	2019				Never Reviewed
Name		Date				
INFLUENZA (FLUCELVAX DOSE, 4 YRS	(), IM, SINGLE-	12/11/2018				
<b>➡</b> Encounte	er Information					
	Provider		Department	Е	incounter#	
6/12/2019	Francoise Jusma		Wo Podiatry	2	2924574	

Encounter Date: 01/08/2019

MRN: KL6532

# CARLITO, Delia R

**Initial consult** 6/12/2019

Provider: Francoise Jusma, DPM (Podiatry)

WOODLAND Podiatry Primary diagnosis: Onychomycosis

Reason for Visit: Diabetes Mellitus; Referred by Cristina Ionescu, PA

**Visit Diagnoses** 

Onychomycosis B35.1 Diabetic foot (HCC) E11.8 Xerosis of skin L85.3

HPI

#### **Diabetes Mellitus**

Additional comments: dM foot care

Last edited by Louis Lesperence, RN on 6/12/2019 9:09 AM. (History)

# **Progress Notes**

Francoise Jusma, DPM (Physician) • Podiatry

Encounter Date: 01/08/2019

### **Podiatry Note**

6/12/2019 9:48 AM

#### **Subjective:**

Patient is a 66 y.o. year old diabetic female here for

1. Onychomycosis ciclopirox (LOPROX) 0.77 % gel

2. Diabetic foot (HCC)

3. Xerosis of skin ammonium lactate (AMLACTIN) 12 % cream

Language: fluent in English

Patient presents

HPI

#### **Diabetes Mellitus**

Additional comments: dM foot care

Last edited by Louis Lesperence, RN on 6/12/2019 9:09 AM. (History)

with complaints of painful toenails elongated mycotic nails. Patient's attempts to treat this condition themselves have met with injury or misadventure. Patient states that the condition causes pain during ambulation and with pressure from shoegear

**Duration: long standing** 

#### Patient's last HgA1c is

Lab Results

Component Value Date

GLYC 7.0 (H) 06/11/2019

#### **Objective:**

Vitals:

06/12/19 0903

BP: 138/62 Pulse: 70 Resp: 20

Temp: 98.8 °F (37.1 °C)

#### Vascular Exam:

**Right foot:** DP 2/4, PT 2/4 **Left foot:**: DP 2/4, PT 2/4

**Capillary Filling Time:** Instantaneous x Instantaneous toes **Temperature Gradient:** intact to right foot and intact to left foot}

Edema:absent + varicosities

# **Neurologic Exam:**

Sharp and Dull normal

**Semmes Weinstein Monofilament** normal

Vibratory Sensation: normal

#### **Dermatological Exam:**

Podiatric exam reveals : appearance xerotic, no erythema, no edema, no clinical signs of infection and Interspaces clear and without maceration

Encounter Date: 01/08/2019

**Toenails:** thickened, discolored, dystrophic, elongated toenails and with subungual and periungual debris

#### **Musculoskeletal Exam:**

Normal full range of motion

Muscle power: 5/5 in anterior, posterior, and lateral quadrants

Muscle Tone: Nomal Bilaterally

#### **Pedal Exam:**

Arch Morphology: low

Ankle Joint ROM: normal

STJ ROM: normal Midtarsal ROM: normal 1st MTPJ ROM: normal

#### Assessment/Plan:

Delia R CARLITO is a 66 y.o. y/o female presenting with

1. Onychomycosis ciclopirox (LOPROX) 0.77 % gel

- 2. Diabetic foot (HCC)
- 3. Xerosis of skin ammonium lactate (AMLACTIN) 12 % cream

Patient examined and evaluated Treatment plan discussed. Question answered.

onychoreduction x 10
Diabetic footcare instruction
Rx ammonium lactate cream to feet and ciclopirox to toenails
Patient educated on foot care and shoe gear.
Follow up in 3 month(s)

FRANCOISE JUSMA, DPM

#### **Other Notes**

Nursing Note from Louis Lesperence, RN

#### Instructions



Return in about 12 weeks (around 9/4/2019).

#### Patient Instructions \*

#### La diabetes mellitus y el cuidado de los pies **Diabetes Mellitus and Foot Care**

Encounter Date: 01/08/2019

El cuidado de los pies es un aspecto importante de la salud, especialmente si tiene diabetes. La diabetes puede generar problemas debido a que el flujo sanguíneo (circulación) es deficiente en las piernas y los pies, y esto puede hacer que la piel:

- Se torne más fina y seca.
- · Se resquebraje más fácilmente.
- · Cicatrice más lentamente.
- · Se descame y agriete.



También pueden estar dañados los nervios (neuropatía) de las piernas y de los pies, lo que provoca una disminución de la sensibilidad. En consecuencia, es posible que no advierta heridas pequeñas en los pies que pueden causar problemas más graves. Identificar y tratar cualquier complicación lo antes posible es la mejor manera de evitar futuros problemas de pie.

# Cómo cuidar los pies

# Higiene de los pies

- Lávese los pies todos los días con agua tibia y un jabón suave. **No** use agua caliente. Luego séquese los pies y entre los dedos dando palmaditas, hasta que estén completamente secos. No remoje los pies, ya que esto puede resecar la piel.
- Córtese las uñas de los pies en línea recta. No escarbe debajo de las uñas o alrededor de las cutículas. Lime los bordes de las uñas con una lima o esmeril.
- Aplique una loción hidratante o vaselina en la piel de los pies y en las uñas secas y quebradizas. Use una loción que no contenga alcohol ni fragancias. No aplique loción entre los dedos.

#### Zapatos y calcetines

- Use calcetines de algodón o medias limpias todos los días. Asegúrese de que no le ajusten demasiado. No use calcetines que le lleguen a las rodillas, ya que podrían disminuir el flujo de sangre a las piernas.
- Use zapatos de cuero que le queden bien y que sean acolchados. Revise siempre los zapatos antes de ponerlos para asegurarse de que no haya objetos en su interior.

 Para amoldar los zapatos, cálcelos solo algunas horas por día. Esto evitará lesiones en los pies.

Encounter Date: 01/08/2019

#### Heridas, rasguños, durezas y callosidades

- Controle sus pies diariamente para observar si hay ampollas, cortes, moretones, llagas o enrojecimiento. Si no puede ver la planta del pie, use un espejo o pídale ayuda a otra persona.
- No corte las durezas o callosidades, ni trate de quitarlas con medicamentos.
- Si algo le ha raspado, cortado o lastimado la piel de los pies, mantenga la piel de esa zona limpia y seca. Puede higienizar estas zonas con agua y un jabón suave. **No** limpie la zona con agua oxigenada, alcohol ni yodo.
- Si tiene una herida, un rasguño, una dureza o una callosidad en el pie, revísela varias veces al día para asegurarse de que se esté curando y no se infecte. Esté atento a los siguientes signos:
  - Dolor, hinchazón o enrojecimiento.
  - Líquido o sangre.
  - Calor.
  - Pus o mal olor.

#### Instrucciones generales

- No se cruce de piernas. Esto puede disminuir el flujo de sangre a los pies.
- No use bolsas de agua caliente ni almohadillas térmicas en los pies. Podrían causar quemaduras. Si ha perdido la sensibilidad en los pies o las piernas, no sabrá lo que le está sucediendo hasta que sea demasiado tarde.
- Proteja sus pies del calor y del frío con calzado, en la playa o sobre el pavimento caliente.
- Programe una cita para un examen completo de los pies por lo menos una vez al año (anualmente) o con más frecuencia si tiene problemas en los pies. Si tiene problemas en los pies, infórmele al médico de inmediato sobre los cortes, las llagas o los moretones.

#### Comuníquese con un médico si:

- Tiene una afección que aumenta su riesgo de tener infecciones y tiene cortes, llagas o moretones en los pies.
- Tiene una lesión que no se cura.
- Tiene una zona irritada en las piernas o los pies.
- Siente una sensación de ardor u hormigueo en las piernas o los pies.
- Siente dolor o calambres en las piernas o los pies.
- · Las piernas o los pies están adormecidos.
- · Siente los pies siempre fríos.
- Siente dolor alrededor de una uña del pie.

#### Solicite ayuda de inmediato si:

- Tiene una herida, un rasguño, una dureza o una callosidad en el pie y:
  - Tiene dolor, hinchazón o enrojecimiento que empeora.
  - Le sale líquido o sangre de la herida, el rasguño, la dureza o la callosidad.
  - · La herida, el rasguño, la dureza o la callosidad está caliente al tacto.
  - Le sale pus o mal olor de la herida, el rasguño, la dureza o la callosidad.
  - Tiene fiebre.
  - Tiene una línea roja que sube por la pierna.

#### Resumen

- Controle todos los días el estado de sus pies para observar si hay cortes, llagas, manchas rojas, hinchazón o ampollas.
- · Huméctese los pies y las piernas a diario.
- Use zapatos de cuero que le queden bien y que sean acolchados.
- Si tiene problemas en los pies, infórmele al médico de inmediato sobre los cortes, las llagas o los moretones.
- Programe una cita para un examen completo de los pies por lo menos una vez al año (anualmente) o con más frecuencia si tiene problemas en los pies.

Esta información no tiene como fin reemplazar el consejo del médico. Asegúrese de hacerle al médico cualquier pregunta que tenga.

Encounter Date: 01/08/2019

Document Released: 12/18/2006 Document Revised: 08/10/2018 Document Reviewed: 08/10/2018

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Visit Summary - Adult (Printed 6/12/2019)

### **Additional Orders and Documentation**

Results Meds Orders Flowsheets

SmartForms: HHC AMB GEN SCREEN • HHC AMB MENTAL HEALTH SCREENING Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Developmental History, Hearing/Vision

# Discharge

Visit Summary - Adult (Printed 6/12/2019)

#### **SmartForms**

No SmartForms are associated with this patient.

#### **Encounter Status**

Closed by Francoise Jusma, DPM on 6/12/19 at 09:49

# Disposition

Return in about 12 weeks (around 9/4/2019).

#### **Orders Placed**

None

# **Medication Changes**

As of 6/12/2019 9:46 AM

	Refills	Start Date	End Date
Added: ciclopirox (LOPROX) 0.77 % gel	2	6/12/2019	7/12/2019
Apply 1 application topically 2 (two) times a day	v Topical		
Changed: ammonium lactate (AMLACTIN) 12 %	2	6/12/2019	
cream			
Apply tonically 2 (two) times a day - Tonical			

Apply topically 2 (two) times a day. - Topical Previously: No dose, route, or frequency recorded.

# **Visit Diagnoses**

Onychomycosis B35.1 Diabetic foot (HCC) E11.8 Xerosis of skin L85.3

# Discharge

Visit Summary - Adult (Printed 6/12/2019)

# CARLITO, Delia R

MRN: KL6532

Encounter Date: 01/08/2019

**Lab** 6/11/2019 WOODLAND Outpatient Lab Primary diagnosis: Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) Reason for Visit: Referred by Cristina Ionescu, PA

### **Additional Documentation**

Encounter Info: Billing Info, History, Allergies, Detailed Report

#### **Orders Performed**

CBC and differential (Resulted 6/11/2019, Abnormal)

Comprehensive metabolic panel (Resulted 6/11/2019, Abnormal)

**HEMOGLOBIN A1C** (Resulted 6/11/2019, Abnormal)

Lipid Panel (Resulted 6/11/2019, Abnormal)

TSH (Resulted 6/11/2019, Abnormal)

# **Medication Changes**

As of 6/12/2019 1:01 AM

None

# **Visit Diagnoses**

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

Disease of thyroid gland E07.9

Hyperlipidemia, unspecified hyperlipidemia type E78.5

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8

History

3/22/2019

Delia R CARLITO | MRN: KL6532

### Allergies

No Known Allergies

# Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Disease of thyroid gland			Provider
Hyperlipidemia			Provider
Hypertension			Provider
Multiple renal cysts			Provider
Obesity			Provider

**9** Surgical History

Procedure	Date	Comment	Source
CHOLECYSTECTOMY			

#### 📤 Problem List

as of 3/22/2019

**Never Reviewed** 

Encounter Date: 01/08/2019

	ICD-10- CM	Priority	Class	Noted - Resolved
Diabetes mellitus (HCC)  Overview Signed 12/11/2018 9:18 AN - Podiatry - seen 12/2018 - has	•			Unknown - Present
- Ophthalmology - has appt 12/				
Hyperlipidemia	E78.5			Unknown - Present

Hyperlipidemia	E78.5	Unknown - Present
Hypertension	I10	Unknown - Present
Disease of thyroid gland	E07.9	Unknown - Present
Obesity	E66.9	Unknown - Present

#### Immunizations as of 3/22/2019

Never Reviewed

Name	Date
INFLUENZA CCIV4	12/11/2018
(FLUCELVAX), IM, SINGLE-	
DOSE, 4 YRS AND UP	

#### **Encounter Information**

	Provider	Department	Encounter #	
3/22/2019	Cristina Ionescu	Wo Primary Care	20343701	

# CARLITO, Delia R

MRN: KL6532

**Office Visit** 3/22/2019 Provider: Cristina Ionescu, PA (Primary Care Medicine) WOODLAND Medicine Clinic Cosigner: Wasfy Zaki, PA (Internal Medicine)

Primary diagnosis: Type 2 diabetes mellitus with complication, without

long-term current use of insulin (HCC)

Reason for Visit: Follow-up; Referred by Charity Enwere, PA

# **Visit Diagnoses**

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8 Hyperlipidemia, unspecified hyperlipidemia type E78.5

Essential hypertension I10 Disease of thyroid gland E07.9 Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

# **Progress Notes**

Wasfy Zaki, PA (Physician) • Internal Medicine

Encounter Date: 01/08/2019

I discussed the case with the resident and agree with the findings and plan as documented.

# **Progress Notes**

Cristina Ionescu, PA (Resident) • Primary Care Medicine

#### Subjective:

Patient ID: Delia R CARLITO is a 66 y.o. female.

66 y/o F with PMH of HTN, HLD, hypothyroidism, and DMII (not on insulin, A1c - 7.20 presents here for follow-up. She reports she is doing well. She denies any chest pain or shortness of breath. She denies any nausea or vomiting. She denies any abdominal pain. She reports she urinates a lot because she drinks a lot of water to stay hydrated. She does report she has constipation. She reports she eats a lot of vegetables. She denies any unintended weight loss.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past medical history and problem list.

Review of Systems

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

Eyes: Negative for visual disturbance.

Respiratory: Negative for chest tightness and shortness of breath.

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

Gastrointestinal: Positive for constipation. Negative for abdominal pain, blood in stool and

nausea.

Endocrine: Negative for polydipsia and polyuria.

Genitourinary: Negative for difficulty urinating, dysuria and frequency.

Musculoskeletal: Negative for back pain.

Neurological: Negative for dizziness, light-headedness and headaches. Psychiatric/Behavioral: Negative for confusion and dysphoric mood.

#### **Objective:**

Physical Exam

Constitutional: She is oriented to person, place, and time. No distress.

Obese HENT:

Head: Normocephalic and atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: No scleral icterus.

Neck: No JVD present. No tracheal deviation present.

Cardiovascular: Normal rate and normal heart sounds.

No murmur heard.

Pulmonary/Chest: Effort normal. No stridor. No respiratory distress. She has no wheezes. Abdominal: Soft. She exhibits no distension. There is no tenderness. There is no guarding.

Musculoskeletal: She exhibits edema.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm. She is not diaphoretic. Psychiatric: She has a normal mood and affect.

#### Assessment/Plan:

#### **Problem List Items Addressed This Visit**

Diabetes mellitus (HCC) - Primary - still uncontrolled. Discussed with pt the importance of taking the Janumet and she has agreed to take it every day.

Relevant Medications

Continue sitaGLIPtin-metFORMIN (SITAGLIPTIN-METFORMIN) 50-1000 mg per tablet

Other Relevant Orders

Ambulatory Referral to Podiatry

Poc Glucose Capillary

**HEMOGLOBIN A1C** 

#### Hyperlipidemia - well-controlled. AS per guidelines pt should be on a high intensity statin because of DM therefore will change her to atorvastatin 40 mg PO QD and d/c simvastatin

Relevant Medications

Start atorvastatin (LIPITOR) 40 MG tablet QD

Other Relevant Orders

Lipid Panel

#### **Hypertension - controlled**

Relevant Medications

Continue atenolol (TENORMIN) 50 MG tablet

Continue losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet

#### Disease of thyroid gland - TSH remains elevated so will increase levothyroxine

Relevant Medications

Increase levothyroxine to 112 MCG tablet PO QD

Other Relevant Orders

TSH

#### Obesity

Relevant Orders

CBC and differential

Comprehensive metabolic panel

RTC in 3 months CDW Dr. Zaki

#### Instructions

Return in about 3 months (around 6/22/2019).

Visit Summary - Adult (Printed 3/22/2019)

# **Additional Orders and Documentation**

Results

Meds

**Orders** 

Flowsheets

Encounter Date: 01/08/2019

HHC AMB GEN SCREEN • HHC AMB MENTAL HEALTH SCREENING SmartForms:

Encounter Info: Billing Info, History, Allergies, Patient Education, Detailed Report,

Encounter Date: 01/08/2019

Developmental History, Hearing/Vision

# Discharge

Visit Summary - Adult (Printed 3/22/2019)

**Discharge Orders** 

CBC and differential (Resulted 6/11/2019, Abnormal)

Comprehensive metabolic panel (Resulted 6/11/2019, Abnormal)

**HEMOGLOBIN A1C** (Resulted 6/11/2019, Abnormal)

Lipid Panel (Resulted 6/11/2019, Abnormal)

TSH (Resulted 6/11/2019, Abnormal)

#### **SmartForms**

No SmartForms are associated with this patient.

#### **Encounter Status**

Closed by Cristina Ionescu, PA on 3/22/19 at 11:14

# Disposition

Return in about 3 months (around 6/22/2019).

#### **Orders Placed**

CBC and differential (Resulted 6/11/2019, Abnormal)

Comprehensive metabolic panel (Resulted 6/11/2019, Abnormal)

**HEMOGLOBIN A1C** (Resulted 6/11/2019, Abnormal)

**Lipid Panel** (Resulted 6/11/2019, Abnormal)

TSH (Resulted 6/11/2019, Abnormal)

Ambulatory Referral to Podiatry Closed (Resulted 6/12/2019)

# **Medication Changes**

As of 3/22/2019 11:03 AM

	Refills	Start Date	End Date
Added: atorvastatin (LIPITOR) 40 MG tablet	4	3/22/2019	7/24/2019
Take 1 tablet (40 mg total) by mouth daily O	ral		
Changed: levothyroxine (SYNTHROID, LEVOTHROID) 112 MCG tablet	4	3/22/2019	7/24/2019
Take 1 tablet (112 mcg total) by mouth daily Previously: 100 mcg Oral Daily	Oral		
Changed: sitaGLIPtin-metFORMIN (SITAGLIPTIN METFORMIN) 50-1000 mg per tablet	I- 4	3/22/2019	7/24/2019
Take 1 tablet by mouth 2 (two) times a day with Previously: 1 tablet Oral Daily	h meals Oral		

# Visit Diagnoses

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8 Hyperlipidemia, unspecified hyperlipidemia type E78.5 Essential hypertension I10

Discontinued or Completed: simvastatin (ZOCOR) 10 MG tablet (Therapy completed)

Disease of thyroid gland E07.9

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

# Discharge

Visit Summary - Adult (Printed 3/22/2019)

**Discharge Orders** 

CBC and differential (Resulted 6/11/2019, Abnormal)

Comprehensive metabolic panel (Resulted 6/11/2019, Abnormal)

**HEMOGLOBIN A1C** (Resulted 6/11/2019, Abnormal)

Lipid Panel (Resulted 6/11/2019, Abnormal)

TSH (Resulted 6/11/2019, Abnormal)

# **Appointment**

3/11/2019

Encounter Date: 01/08/2019

Delia R CARLITO | MRN: KL6532

#### **Patient Information**

Patient Name Sex DOB SSN CARLITO, Delia R Female 12/2/1953 xxx-xx-xxxx

**Patient Demographics** 

Address Phone

251 LINDENHOOD ST 452-529-3811 (Home) \*Preferred\*

2K 000-000-0000 (Mobile)

**OHIO NY 11456** 

#### Encounter Information

	Provider	Department	Encounter #	Center
3/11/2019 8:20 AM	WO OP LAB	Wo Outpatient Lab	18233697	WOODLAND

Problem List Date Reviewed: 12/3/2019

Priority Class

#### Diabetes mellitus (HCC) [E11.9]

Unknown - Present

Overview Addendum 1/15/2020 10:03 AM by Cristina Ionescu, PA

Well-controlled. A1c 7.2

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 12/3 doing well. Monofilament sensation is intact.
- Ophthalmology saw on 1/2/2020

**Previous Version** 

#### Hyperlipidemia [E78.5]

Unknown - Present

Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA

Well-controlled

Will continue atorvastatin 40 mg QD

#### Hypertension [I10]

Unknown - Present

Overview Addendum 1/15/2020 9:59 AM by Cristina Ionescu, PA

Control improving however has developed cough since starting the lisinopril. Will stop lisinopril and restart losartan.

Obesity

Procedure

Surgical History

**CHOLECYSTECTOMY** 

Priority Class - Will restart losartan 50 mg PO daily - Will continue atenolol 50 mg PO daily - Will continue amlodipine 5 mg PO daily **Previous Version** Disease of thyroid gland [E07.9] Unknown - Present Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA TSH acceptable Will continue current 112 mcg PO daily **Previous Version** Obesity [E66.9] Unknown - Present Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA Discussed importance of weight loss. Has achieved some weight loss, modest, but plans to try more. **Previous Version** Lab and Imaging Orders 7 Completed **CBC** and differential Ordered On: 03/11/2019 Lipid Panel Ordered On: 03/11/2019 Comprehensive metabolic panel Ordered On: 03/11/2019 Ordered On: 03/11/2019 Hemoglobin A1c **TSH** Ordered On: 03/11/2019 Conversation There are no conversations to display for this encounter. 2/7/2019 History Delia R CARLITO | MRN: KL6532 **Allergies** No Known Allergies Medical History Diagnosis Date Comment Source Diabetes mellitus (HCC) Provider Disease of thyroid gland Provider Hyperlipidemia Provider Hypertension Provider Multiple renal cysts Provider

Encounter Date: 01/08/2019

Provider

Source

Comment

Date

Problem List **Never Reviewed** 

Encounter Date: 01/08/2019

Present

MRN: KL6532

as of 2/7/2019

	ICD-10-			Noted -
	CM	Priority	Class	Resolved
Diabetes mellitus (HCC)	E11.9			Unknown - Present
Overview Signed 12/11/2018 9:18 AM by - Podiatry - seen 12/2018 - has dial - Ophthalmology - has appt 12/201	betic neuropathy.			
Hyperlipidemia	E78.5			Unknown - Present
Hypertension	I10			Unknown - Present
Disease of thyroid gland	E07.9			Unknown - Present
Obesity	E66.9			Unknown -

### Immunizations as of 2/7/2019

**Never Reviewed** Name

**INFLUENZA CCIV4** 12/11/2018

(FLUCELVAX), IM, SINGLE-DOSE, 4 YRS AND UP

# Encounter Information

	Provider	Department	Encounter #
2/7/2019	Anita Lloyd	Wo Breast Imaging	19303293

# CARLITO, Delia R

**MAMMO** screening Primary diagnosis: Type 2 diabetes mellitus with complication, without

long-term current use of insulin (HCC) **bilateral** 2/7/2019

Reason for Visit: Referred by Cristina Ionescu, PA WOODLAND Breast Imaging

#### Additional Documentation

Flowsheets: Patient Info, Travel and Exposure Screening Encounter Info: Billing Info, History, Allergies, Detailed Report

#### Communications

Letter

Sent 2/7/2019 by Natalie Montemayor, PA

Letter Sent 12/10/2019 by Mammography Letters, Batch

Sent 2/9/2020 by Mammography Letters, Batch

### **Orders Performed**

Mammogram Screening Bilateral (Resulted 2/7/2019)

# **Medication Changes**

As of 2/8/2019 2:18 AM

None

# **Visit Diagnoses**

Type 2 diabetes mellitus with complication, without long-term current use of insulin (HCC) E11.8 Hyperlipidemia, unspecified hyperlipidemia type E78.5

Essential hypertension I10

Disease of thyroid gland E07.9

Class 2 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 35.0 to 35.9 in adult (HCC) E66.01, Z68.35

# **Appointment**

1/8/2019

Encounter Date: 01/08/2019

Delia R CARLITO | MRN: KL6532

# **Patient Information**

Patient Name	Sex	DOB	SSN
CARLITO, Delia R	Female	12/2/1953	xxx-xx-xxxx

### **Patient Demographics**

Address Phone

251 LINDENHOOD ST 452-529-3811 (Home) \*Preferred\* 2K 000-000-0000 (Mobile)

**OHIO NY 11456** 

#### Status

**No Show** 

#### Encounter Information

		Provider	Department	Encounter #	Center
	1/8/2019 8:00 AM	WO OP LAB	Wo Outpatient Lab	28325536	WOODLAND

Problem List Date Reviewed: 12/3/2019

Priority Class

#### Diabetes mellitus (HCC) [E11.9]

Unknown - Present

Overview Addendum 1/15/2020 10:03 AM by Cristina Ionescu, PA

Well-controlled. A1c 7.2

- Continue sitagliptin- metformin 50-1000 mg PO QD
- Continue Atorvastatin 40 mg PO QD
- Podiatry seen 12/3 doing well. Monofilament sensation is intact.
- Ophthalmology saw on 1/2/2020

**Previous Version** 

Priority Class Hyperlipidemia [E78.5] Unknown - Present Overview Signed 7/24/2019 9:15 AM by Cristina Ionescu, PA Well-controlled Will continue atorvastatin 40 mg QD Hypertension [I10] Unknown - Present Overview Addendum 1/15/2020 9:59 AM by Cristina Ionescu, PA Control improving however has developed cough since starting the lisinopril. Will stop lisinopril and restart losartan. - Will restart losartan 50 mg PO daily - Will continue atenolol 50 mg PO daily - Will continue amlodipine 5 mg PO daily **Previous Version** Disease of thyroid gland [E07.9] Unknown - Present Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA TSH acceptable - Will continue current 112 mcg PO daily **Previous Version** Obesity [E66.9] Unknown - Present Overview Addendum 1/15/2020 10:04 AM by Cristina Ionescu, PA Discussed importance of weight loss. Has achieved some weight loss, modest, but plans to try more. **Previous Version** 

Encounter Date: 01/08/2019

#### Conversation

There are no conversations to display for this encounter.