

MCCLELLAND, Kelli (id #208200, dob: 07/21/1985)

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 645 S Minnewawa Ave, FRESNO CA 93727-4141

MCCLELLAND, Kelli (id #208200, dob: 07/21/1985)

Referral Order

03/13/2025

To Provider	From Provider
HAROLD G RAINWATER MD 6113 N FRESNO STREET STE 101 FRESNO, CA 93710 Phone: Phone: (559) 438-2777 Fax: Fax: (559) 438-4117	GAIL MALLARD WARREN, MD Fresno-Minnewawa 645 S Minnewawa Ave FRESNO, CA 93727-4141 Phone: (800) 492-4227 Fax: (844) 742-3430

Referral Order Information

Diagnosis	• Female stress incontinence ICD-10: N39.3: Stress incontinence (female) (male)
Order Name	Orders included: 1 Female stress incontinence ICD-10: N39.3: Stress incontinence (female) (male) • UROLOGIST REFERRAL Schedule Within: provider's discretion
Notes	

Patient Information

Patient Name	MCCLELLAND, KELLI
SSN	999999999
Sex - DOB - Age	F 07/21/1985 39yo
Address	3090 E HOME AVE FRESNO, CA 93703
Phone	H: (559) 365-5897 W: (559) 417-4902 M: (559) 365-5897
Primary Insurance	NeueHealth - United Physicians Network - Health Net (Medicaid Replacement - HMO) ID: 98367744C Policy Holder: MCCLELLAND, KELLI
Secondary Insurance	Health Net-CA - DOS on or After 1/1/18 - Calviva (Medicaid Replacement - HMO) ID: 98367744C Policy Holder: MCCLELLAND, KELLI

Electronically Signed by: GAIL MALLARD WARREN, MD



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Name KELLI MCCLELLAND
CIN# 98367744C

Issue Date 01/01/22
Enrollment Date 01/01/22

Physician Group and PCP
PLANNED PARENTHOOD MAR MONTE-
FAMILY FIRST
PLANNED PARENTHOOD MAR MONTE-
FAMILY FIRST
6095 N 1ST ST
FRESNO CA 93710 - 5444
PCP PHONE: 1-559-446-1515

CaViva Health only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG).

Effective date with PCP: 11/01/16
Office Copay: \$0

To change your PPG or Primary Care Provider (PCP), call CaViva Health Member Services at 1-888-893-1569 / TTY: 711 or visit www.calvivahealth.org

Rx BIN 022659 Rx PCN 6334225

Member Services & Mental Health Benefits
Nurse Advice Line
Website

1-888-893-1569 (TTY: 711)
1-888-893-1569 (TTY: 711)
www.calvivahealth.org

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.

See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room for routine health care.

Providers Call for Eligibility and Authorization: 1-888-893-1569 Option 2 for eligibility verification.
Non-contracted hospitals requesting prior authorization for post-stabilization care: 1-800-995-7890, option 2
Medi-Cal RX Help Line: 1-800-977-2273
Out of area/Emergency Providers Call 1-888-893-1569 for authorization.

Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services rendered to the member by non-CalViva Health providers are reimbursable by CalViva Health without prior authorization.

This card is for identification only. It does not verify eligibility.

Mail all claims to: PO Box 9020, Farmington, MO 63640-9020.



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Clinical Encounter Summaries

Encounter Date: 03/13/2025 (Last amended by Gail Mallard Warren, MD on 03/13/2025 at 3:30pm)

Patient

Name	MCCLELLAND, KELLI (39yo, F) ID# 208200	Appt. Date/Time	03/13/2025 02:00PM
DOB	07/21/1985	Service Dept.	Fresno-Minnewawa
Provider	GAIL MALLARD WARREN, MD		
Insurance	Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - HEALTH NET (MEDICAID REPLACEMENT - HMO) Insurance # : 98367744C Med Secondary: HEALTH NET-CA - DOS ON OR AFTER 1/1/18 - CALVIVA (MEDICAID REPLACEMENT - HMO) Insurance # : 98367744C Med : MEDI-CAL - INSTITUTIONAL - WRAP CLAIMS (MEDICAID) Insurance # : 98367744C Med Vision: CENTENE VISION SERVICES Insurance # : 98367744C Prescription: MAGELLAN-CALIFORNIA MEDICAID - Member is eligible. details		

Chief Complaint

39 year old female presents for annual women exam.. She states she has heavy menses, pap came back abnormal and she wants a hysterectomy. Shernandez/ma

Patient's Pharmacies

CEDAR PHARMACY AND MED SUPPLIES (ERX): 6767 N. CEDAR AVENUE, FRESNO, CA 93710, Ph (559) 437-3700, Fax (559) 437-3777
 CVS 16108 IN TARGET (ERX): 3173 EAST SHIELDS AVENUE, FRESNO, CA 93726, Ph (559) 222-6287, Fax (559) 490-4201

Vitals

Ht: 5 ft 3.9 in Standing
(162.31 cm)
03/13/2025 01:53 pm

Wt: 169 lbs 8 oz With
clothes (76.88 kg)
03/13/2025 01:57 pm

BMI: 29.2 03/13/2025 01:57 pm

BP: 113/80 sitting L arm
03/13/2025 01:57 pm

RR: 18 03/13/2025 01:57 pm

Pulse: 91 bpm 03/13/2025 01:57 pm

Pain Scale: 0 03/13/2025 01:58 pm

T: 97.8 F° temporal
artery (36.56 C)
03/13/2025 01:57 pm

Allergies

Reviewed Allergies

PENICILLINS: Hives (Severe)

Medications

Reviewed Medications

buPROPion HCL SR 100 mg tablet,12 hr sustained-release 02/25/25 filled
 TAKE 1 TABLET BY MOUTH IN THE MORNING AND 1 TAB AT NOON AS DIRECTED

buPROPion HCL SR 150 mg tablet,12 hr sustained-release 03/15/21 filled
 TAKE 1 TABLET BY MOUTH EVERY MORNING AND TAKE 1 TABLET BY MOUTH AT NOON

busPIRone 15 mg tablet 02/25/25 filled
 TAKE 1 TABLET BY MOUTH TWICE A DAY

busPIRone 7.5 mg tablet 03/11/22 filled

divalproex 500 mg tablet,delayed release 02/25/25 filled
 TAKE 1 TABLET BY MOUTH EVERY MORNING AND 2 TABLETS AT BEDTIME

escitalopram 10 mg tablet 02/25/25 filled
 TAKE 1 TABLET BY MOUTH EVERY DAY

escitalopram 20 mg tablet 02/07/22 filled

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escitalopram 5 mg tablet	04/28/22	filled
fluconazole 150 mg tablet TAKE 1 TABLET BY MOUTH EVERY WEEK FOR 2 WEEKS	05/24/24	filled
FLUoxetine 10 mg capsule TAKE 1 CAPSULE BY MOUTH EVERY MORNING	08/23/21	filled
FLUoxetine 10 mg tablet	09/24/21	filled
levoFLOXacin 500 mg tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 10 DAYS	05/24/24	filled
LORazepam 0.5 mg tablet	04/07/22	filled
LORazepam 1 mg tablet TAKE 1 TABLET BY MOUTH TWICE A DAY AS NEEDED	01/31/25	filled
naloxone 4 mg/actuation nasal spray USE 1 SPRAY INTO EACH NOSTRIL AS 1 DOSE	08/02/23	filled
phenazopyridine 100 mg tablet TAKE 1 TABLET BY MOUTH 3 TIMES PER DAY PAIN FOR 3 DAYS	05/24/24	filled
QUetiapine 200 mg tablet TAKE 1 TABLET BY MOUTH ONCE A DAY IN THE MORNING	02/25/25	filled
QUetiapine 300 mg tablet TAKE 2 TABLETS BY MOUTH ONCE A DAY AT BEDTIME	02/25/25	filled

Vaccines

None recorded.

Problems**Reviewed Problems**

- Neck pain - Onset: 09/04/2018 - Recorded Elsewhere: No|Location: UHC Kerman CHI|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 10:00:00 AM
- Cervical radiculopathy - Onset: 09/11/2018 - Recorded Elsewhere: No|Location: UHC Kerman CHI|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 09:30:00 AM
- Pain in thoracic spine - Onset: 09/04/2018 - Recorded Elsewhere: No|Location: UHC Kerman CHI|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 10:00:00 AM
- Low back pain - Onset: 09/04/2018 - Recorded Elsewhere: No|Location: UHC Kerman CHI|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 10:00:00 AM
- Cervical somatic dysfunction - Onset: 09/04/2018 - Recorded Elsewhere: No|Location: UHC Kerman CHI|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 10:00:00 AM
- Somatic dysfunction of thoracic region - Onset: 09/04/2018 - Recorded Elsewhere: No|Location: UHC Kerman CHI|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 10:00:00 AM
- Somatic dysfunction of lumbar region - Onset: 09/04/2018 - Recorded Elsewhere: No|Location: UHC Kerman CHI|Source: EHR|Chronic: N|Practice ID: 0002|Billable Time: 10:00:00 AM

GYN History**Reviewed GYN History**

Date of Last Pap Smear: 01/03/2023.

Abnormal Pap: Y.

LMP: Approximate.

Menses Monthly: Y (Notes: Per pr pt menses last 2 wks and is heavy).

Age at Menarche: 12.

Sexually Active?: Y.

Sexual Problems?: N.

Current Birth Control Method: Tubal Ligation.

LMP- 3/2/25

Obstetric History

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Reviewed Obstetric History

TOTAL FULL PRE AB. AB. SECTOPICS MULTIPLE LIVING

3	0	2	0	0	0	0	2
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Family History

Reviewed Family History

Maternal Grandmother - Malignant tumor of breast (onset age: 32) (died age: 36)

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: Yes

Do you or have you ever used e-cigarettes or vape?: Current user of electronic cigarettes (Notes: CURRENTLY VAPES)

What was the date of your most recent tobacco screening?: 03/13/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 03/07/2025

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: Yes (Notes: CURRENTLY SMOKES MARIJUANA WHEN IN PAIN.)

What is your level of caffeine consumption?: None

Gender Identity and LGBTQ Identity

Gender identity: Choose not to disclose

Assigned sex at birth: Female

Sexual orientation: Choose not to disclose

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Screening

Name	Score	Notes
PHQ-2/PHQ-9	0 (for the PHQ-2), Finding: Negative	
AUDIT-C	0	
DAST	0	

HPI

39-year-old G3 P2 Ab1 status post tubal ligation and LMP 3-25 presents for annual well woman visit with complaints of stress urinary incontinence since her second delivery in 2007. She also complains of heavy menstrual period's: Hemoglobin today is 14.6.

Patient reports having had an abnormal Pap at Planned Parenthood in 2023 but she never returned for follow-up because she was afraid of needing a biopsy.

A) history of abnormal Pap

Urinary stress incontinence

P) get records of abnormal Pap

Refer to urology

ROS

Additionally reports:

TB RISK ASSESSMENT

One or more signs and symptoms of TB? Prolonged cough ____ Coughing up blood ____ Fever ____ Night sweats ____

Weight loss ____ Excessive fatigue ____

Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.

Close contact with someone with infectious TB disease? No

Foreign-born person? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe) No

Traveler to high TB-prevalence country for more than 1 month? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe) No

Current or former resident or employee of correctional facility, long-term care facility, hospital or homeless shelter? No

Assessment / Plan

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1. Gynecologic examination

Z01.419: Encounter for gynecological examination (general) (routine) without abnormal findings

2. Female stress incontinence

N39.3: Stress incontinence (female) (male)

- UROLOGIST REFERRAL - Schedule Within: provider's discretion

3. Venereal disease screening

Z11.3: Encounter for screening for infections with a predominantly sexual mode of transmission

- NUSWAB VAGINITIS PLUS (VG+)

4. Overweight -

29.2

E66.3: Overweight

- EATING HEALTHY FOODS: CARE INSTRUCTIONS

5. Menorrhagia

N92.0: Excessive and frequent menstruation with regular cycle

- US--PELVIC -- TA + TV (76856,76830,93975)

Return to Office

- Natalie Betancur, FNP for NP PHYSICAL at Fresno-Minnewawa on 03/20/2025 at 01:15 PM
- Steven Magallanes, DC for EP FOLLOW UP at Fresno-Minnewawa on 03/21/2025 at 10:45 AM

Amendment Sign-Off

Encounter signed-off by Gail Mallard Warren, MD, 03/13/2025.


Encounter performed and documented by Gail Mallard Warren, MD

Encounter reviewed & signed by Gail Mallard Warren, MD on 03/13/2025 at 03:22 PM

Amendment closed by Gail Mallard Warren, MD on 03/13/2025 at 03:30 PM

Lab Results

MCCLELLAND, Kelli (id #208200, dob: 07/21/1985)**NUSWAB VAGINITIS PLUS (VG+) 03/17/2025 (#67131777, Final, 03/13/2025 3:22pm)**

Ordering Provider	GAIL MALLARD WARREN, MD	Performing Lab	LABCORP PHOENIX (01) LABCORP PHOENIX EARLE COLLUM 5005 S 40TH STREET STE 1200 PHOENIX, AZ 850402969 Account ID: 04175630				
Specimen/Accession ID	11350999CE17661	Specimen Source					
Specimen Coll. Date	03/13/2025 15:22	Result Status	Final				
Specimen Rec. Date	03/15/2025 00:00	Report Status					
Specimen Reported Date	03/17/2025 19:08						
Report	Result	Ref. Range	Units		Status	Lab	Date
ATOPOBIUM VAGINAE	Moderate - 1		Score		Final	01	
BVAB 2	High - 2		Score	Abnormal	Final	01	
MEGASPHAERA 1	High - 2		Score	Abnormal	Final	01	
Calculate total score by adding the 3 individual bacterial vaginosis (BV) marker scores together. Total score is interpreted as follows: Total score 0-1: Indicates the absence of BV. Total score 2: Indeterminate for BV. Additional clinical data should be evaluated to establish a diagnosis. Total score 3-6: Indicates the presence of BV.							
CANDIDA ALBICANS, NAA	Negative	NEGATIVE			Final	01	
CANDIDA GLABRATA, NAA	Negative	NEGATIVE			Final	01	
TRICH VAG BY NAA	Negative	NEGATIVE			Final	01	
CHLAMYDIA TRACHOMATIS, NAA	Negative	NEGATIVE			Final	01	
NEISSERIA GONORRHOEAE, NAA	Negative	NEGATIVE			Final	01	
RESULT NOTE	Test(s) 180061- Atopobium vaginae; 180062- BVAB 2; 180063- Megasphaera 1 was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration. Test(s) 180056-Candida albicans, NAA; 180057-Candida glabrata, NAA was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.						