

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY • 313 W Shaw Ave, CLOVIS CA 93612-3685

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

Referral Order

11/13/2024

To Provider	From Provider
MRI IMAGING FRESNO SCHEDULING (UPDATED) 108 W SHAW AVE FRESNO, CA 93704 Phone: Phone: (559) 226-2888 Fax: Fax: (559) 226-2887	DERRICK MARTIN, MD Clovis-Shaw 313 W Shaw Ave CLOVIS, CA 93612-3685 Phone: (800) 492-4227 Fax: (844) 742-3430

Referral Order Information

Diagnosis	<ul style="list-style-type: none">Pain of right knee joint ICD-10: M25.561: Pain in right knee
Order Name	Orders included: 1 Pain of right knee joint ICD-10: M25.561: Pain in right knee <ul style="list-style-type: none">RADIOLOGIST REFERRAL Schedule Within: provider's discretion Reason for Referral: MRI right knee with and without
Notes	

Patient Information

Patient Name	GRAHAM, VALERIE
SSN	618480123
Sex - DOB - Age	F 08/26/1990 34yo
Address	2239 E WEBSTER AVE FRESNO, CA 93701-1134
Phone	H: (559) 331-9869 M: (559) 331-9869
Primary Insurance	NeueHealth - United Physicians Network - Health Net (Medicaid Replacement - HMO) ID: 94715171F Policy Holder: GRAHAM, VALERIE L
Secondary Insurance	None recorded.

Electronically Signed by: DERRICK MARTIN, MD

**Admin Documents**

GRAHAM, Valerie (id #622996, dob: 08/26/1990)



Name VALERIE L GRAHAM
CIN# 94715171F

Issue Date 07/17/24
Enrollment Date 07/01/24

Physician Group and PCP
 UNITED PHYSICIANS NETWORK
 UPN - UNITED HEALTH CENTERS - SHAW
 313 W SHAW AVE
 CLOVIS CA 93612 - 3685
 PCP PHONE: 1-800-492-4227

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

Effective date with PCP: 07/01/24
Office Copay: \$0

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

Rx BIN 022659

Rx PCN 6334225

CalViva Health Member Services is available 24 hours a day, 7 days a week

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 are covered by CalViva Health without prior authorization and at no cost to the members. Emergency services rendered to the member by non-CalViva Health providers are reimbursable by CalViva Health without prior authorization.

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 11/13/2024

Patient

Name GRAHAM, VALERIE (34yo, F) ID# 622996 **Appt. Date/Time** 11/13/2024 03:30PM

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

Provider	DERRICK MARTIN, MD	Service Dept.	Clovis-Shaw
Insurance	Med Primary: NEUEHEALTH - UNITED PHYSICIANS NETWORK - HEALTH NET (MEDICAID REPLACEMENT - HMO) Insurance # : 94715171F Med Secondary: HEALTH NET-CA - DOS ON OR AFTER 1/1/18 - CALVIVA (MEDICAID REPLACEMENT - HMO) Insurance # : 94715171F Med : MEDI-CAL - INSTITUTIONAL (MEDICAID) Insurance # : 94715171F11130 Med : MEDI-CAL - INSTITUTIONAL - WRAP CLAIMS (MEDICAID) Insurance # : 94715171F Prescription: MAGELLAN-CALIFORNIA MEDICAID - Member is eligible. details		

Chief Complaint

34 Year old female here , 3 month follow up / EV MA

Patient's Care Team

Primary Care Provider: DERRICK MARTIN, MD

Patient's Pharmacies

RITE AID #05872 (ERX): 5574 EAST KINGS CANYON, FRESNO, CA 93727, Ph (559) 458-0534, Fax (559) 458-0976
--

Vitals

Ht: 5 ft 4.02 in Standing (162.61 cm) 11/13/2024 03:07 pm	Wt: 178 lbs 6 oz With clothes (80.91 kg) 11/13/2024 03:14 pm	BMI: 30.6 11/13/2024 03:14 pm
BP: 110/76 sitting R arm 11/13/2024 03:14 pm	Pulse: 95 bpm 11/13/2024 03:14 pm	T: 97.3 F° temporal artery (36.28 C) 11/13/2024 03:14 pm
O2Sat: 96% Room Air at Rest 11/13/2024 03:14 pm	Notes: mperez ma 11/13/2024 03:14 pm	

Allergies

Allergies not reviewed (last reviewed 08/06/2024) NKDA

Medications

Medications not reviewed (last reviewed 08/06/2024)		
busPIRone 10 mg tablet take 1 tablet by mouth twice a day		04/13/23 filled
busPIRone 15 mg tablet take 1 AND 1/2 tablets by mouth twice a day		07/21/23 filled
busPIRone 5 mg tablet take 1 tablet by mouth twice a day		07/06/23 filled
diclofenac 1 % topical gel APPLY 2 GRAMS TO THE AFFECTED AREA(S) BY TOPICAL ROUTE 4 TIMES PER DAY		11/13/24 prescribed
dicyclomine 20 mg tablet take 1 tablet by mouth four times a day 10 days		06/10/24 filled
ergocalciferol (vitamin D2) 1,250 mcg (50,000 unit) capsule take 1 capsule by mouth every week		06/10/24 filled
estradioL 0.5 mg tablet take 1 tablet by mouth once daily		07/06/23 filled
Horizant ER 600 mg tablet,extended release take 1 tablet by mouth once daily with food ABOUT 5 PM		07/24/23 filled
hydroXYzine HCL 25 mg tablet		07/11/23 filled

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

take 1 to 2 tablets by mouth at bedtime if needed		
ibuprofen 800 mg tablet	11/13/24	prescribed
Take 1 tablet(s) 3 times a day by oral route for 10 days.		
omeprazole 40 mg capsule,delayed release	06/10/24	filled
take 1 capsule by mouth once daily		
proGESTerone micronized 100 mg capsule	05/14/23	filled
take 1 capsule by mouth once daily IN THE EVENING		
sertraline 100 mg tablet	07/21/23	filled
take 1 AND 1/2 tablets by mouth once daily		

Vaccines

Vaccines not reviewed (last reviewed 08/06/2024)											
Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis											
Tdap	05/13/24	0.5 mL	Intramuscular	Deltoid, Right	58160084243	Z7L7H	GlaxoSmithKline	08/09/26	Tdap 08/06/2021	05/13/24	Alxis Mendez, Medical Assistant

Problems

Problems not reviewed (last reviewed 08/06/2024)
No known problems

GYN History

GYN History not reviewed (last reviewed 08/06/2024)
Date of LMP: (Notes: 2021).
LMP: Unknown.
Date of Last Pap Smear: (Notes: unknown, been a couple years).
Current Birth Control Method: IUD.
HPV Vaccine: N.
Sexual Problems?: N.
Sexually Active?: Y.
STIs/STDs: N.

Obstetric History

Obstetric History not reviewed (last reviewed 08/06/2024)

Family History

Family History not reviewed (last reviewed 08/06/2024)	
Mother	- Arthritis - Fibromyalgia
Father	- Diabetes mellitus

Social History

Reviewed Social History
Substance Use
Do you or have you ever smoked tobacco?: Current every day 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
What was the date of your most recent tobacco screening?: 11/13/2024
Has tobacco cessation counseling been provided?: Yes
On what date was tobacco cessation counseling provided?: 11/13/2024
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No
What is your level of caffeine consumption?: None
Covid-19 Questions
Cough: No
Fatigue: No
Fever or chills: No
Headache: No
Muscle or body aches: No
Loss of taste or smell: No
Shortness of breath: No
Sore throat: No
Congestion/Runny nose: No
Diarrhea: No
Nausea or vomiting: No
Home and Environment
Do you have any pets?: No
Do you have smoke and carbon monoxide detectors in your home?: Yes

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

Are you passively exposed to smoke?: No
 Are there any guns present in your home?: No
 What is the fluoride status of your home?: Unknown
 Do you use insect repellent routinely?: No
 Do you use sunscreen routinely?: No

Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night?): Not at all
 Do you participate in social media?: Yes
 Do you wear a helmet when biking?: No
 Do you use your seat belt or car seat routinely?: Yes

Marriage and Sexuality

What is your relationship status?: Divorced

How many children do you have?: 2

Gender Identity and LGBTQ Identity

Gender identity: Identifies as Female

Assigned sex at birth: Female

Sexual orientation: Straight or heterosexual

Surgical History

Surgical History not reviewed (last reviewed 08/06/2024)

- Cesarean section
- Back Surgery

Past Medical History

Past Medical History not reviewed (last reviewed 08/06/2024)

Screening

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

HPI

33 yo F presents for follow up.

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

ROS as noted in the HPI

Physical Exam

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Joints, Bones, and Muscles: tenderness and limited ROM; Bilateral knees.

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

Assessment / Plan

34 yo F presents for follow up.

1. Vitamin D deficiency -

15.5

Supplement with 50000 units

Continue to monitor

- E55.9: Vitamin D deficiency, unspecified
- VITAMIN D, 25-HYDROXY-081950-P

2. Hyperlipidemia -

TG 160 and LDL 129

Advise diet and exercise

Continue to monitor

- E78.5: Hyperlipidemia, unspecified
- LIPID PANEL-303756-P
 - COMP. METABOLIC PANEL (14)-322000-P

3. Leukocytosis -

WBC 12.6

Recheck at next visit

- D72.829: Elevated white blood cell count, unspecified
- CBC WITH DIFFERENTIAL/PLATELET

4. Obesity -

31.8

E66.9: Obesity, unspecified

- EATING HEALTHY FOODS: CARE INSTRUCTIONS

5. Pain of left knee joint

M25.562: Pain in left knee

6. Pain of right knee joint-

She states that she has been having some swelling of both legs. She states that she has been getting swelling of the knees for about 1 day. She states that she has been having the swelling and pain intermittently for the past 1 year.

X-ray shows Mild loss of medial compartmental tibiofemoral joint space, without significant degenerative changes or acute or suspicious osseous abnormalities.

Has been using heating pad but not currently taking medications

Currently completed 2 weeks of physical therapy which has not helped. Patient states that the pain is worsening and her knees having been locking up and giving out. Swelling continues to be intermittent. PT states they believe there is likely some degenerative changes of the cartilage

M25.561: Pain in right knee

- RADIOLOGIST REFERRAL - Schedule Within: provider's discretion

Reason for Referral: MRI right knee with and without

• ibuprofen 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route for 10 days. Qty: (30) tablet Refills: 0 Pharmacy: RITE AID #05872

• diclofenac 1 % topical gel - APPLY 2 GRAMS TO THE AFFECTED AREA(S) BY TOPICAL ROUTE 4 TIMES PER DAY Qty: (1) 20 gram tube Refills: 0 Pharmacy: RITE AID #05872

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by Derrick Martin, MD, 11/13/2024.

Encounter performed and documented by Derrick Martin, MD

Encounter reviewed & signed by Derrick Martin, MD on 11/13/2024 at 3:25pm

Imaging Results

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

XR, KNEE, 3 VIEW (#57912523, Final, 07/31/2024)

XR, KNEE, 3 VIEW

United Health Centers - Imaging Location: Fresno-Bullard

Patient Name: GRAHAM, VALERIE

Date of Birth: 08/26/1990

Exam Date: 07/30/2024

Ordering Provider:

XR, KNEE, 3 VIEW

REPORT:

EXAM: RIGHT KNEE X-RAYS

HISTORY: Pain in the right knee.

TECHNIQUE: AP, lateral and oblique views.

FINDINGS: Osseous structures appear normal. Mild loss of medial compartmental tibiofemoral joint space. No subchondral bone changes are evident. No joint effusion or osteochondral loose bodies identified.

IMPRESSION: Mild loss of medial compartmental tibiofemoral joint space, without significant degenerative changes or acute or suspicious osseous abnormalities, otherwise.

Electronically signed by Joseph Azar - 07/30/2024

XR, KNEE, 3 VIEW (#57912522, Final, 07/31/2024)

XR, KNEE, 3 VIEW

United Health Centers - Imaging Location: Fresno-Bullard

Patient Name: GRAHAM, VALERIE

Date of Birth: 08/26/1990

Exam Date: 07/30/2024

Ordering Provider:

XR, KNEE, 3 VIEW

REPORT:

EXAM: LEFT KNEE X-RAYS

HISTORY: Left knee pain.

TECHNIQUE: AP, lateral and oblique views.

FINDINGS: Osseous structures appear normal. Mild loss of medial compartmental tibiofemoral joint space. No subchondral bone changes are evident. No joint effusion or osteochondral loose bodies identified.

IMPRESSION: Mild loss of medial compartmental tibiofemoral joint space, without significant degenerative changes otherwise, or other acute or suspicious osseous abnormalities.

Electronically signed by Joseph Azar - 07/30/2024


Lab Results

GRAHAM, Valerie (id #622996, dob: 08/26/1990)

HEARING SCREENING* 08/06/2024 (#58152633, 08/06/2024 10:04am)

Frequency	Left (dB)	Right (dB)
500	30	30
1000	25	25
2000	25	25
3000	25	25
4000	30	30

VISUAL ACUITY* 08/06/2024 (#58152579, 08/06/2024 10:04am)

Report	Result	Ref. Range	Units		Status	Lab
R Eye Uncorrected	10/16					
L Eye Uncorrected	10/16					
Bilateral Eyes Uncorrected	10/10					