

YaleNewHavenHealth
Bridgeport Hospital

BRIDGEPORT HOSPITAL

267 Grant St

Bridgeport, CT

(203) 384-3000

<https://www.bridgeporthospital.org/>

Facsimile

To: Nurse Reviewer, ANTHEM

Fax: 444-444-4444

From: Wilson, John

Fax:

Date: Friday, January 15, 2024

Pages: 13

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YaleNewHavenHealth
Bridgeport Hospital

BRIDGEPORT HOSPITAL
Utilization Management
267 Grant St Floor 5, Suite 145
Bridgeport, CT
Fax 555-555-5555
NPI: 1234567890

Attn: Nurse Reviewer
Ref #: 1234567890
Subscriber: Matthew412 Smith911
DOB: 12/09/1981

Please call Carey at 123-456-7890 or fax 987-654-3210 with updates or questions.
NPI 8174718391
TIN 2472893049

Please advise of authorization and/or if additional information is needed.

In accordance with the signed authorization and in response to a recent request, please find enclosed copies of Bridgeport Hospital's medical record on the above named patient. The enclosed information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without specific written consent of the patient to whom it pertains, or as otherwise permitted by law.

Patient Demographics

Name Matthew412 Smith911	Patient ID 000	SSN Matthew@aol.com	Legal Sex M	DOB 12/09/1981
Address 267 Grant St Bridgeport CT	Phone	Email Matthew@aol.com		
Marital Status Married	PCP None			

Insurance as of Last Encounter

ANTHEM BRONZE HMO PATHWAY ENHANCED

Plan: ANTHEM BRONZE HMO PATHWAY Group #: 12345
Effective: 1/31/2023 Subscriber: Matthew412 Smith911Member ID: 76767
Subscriber ID: 90210**Consultation Notes:****Date:** May 30, 2024**Physician:** Dr. Sarah Smith, MD**Specialty:** Bariatric Surgery**Contact:** (555) 123-4567

CC: Morbid obesity, seeking bariatric surgery evaluation

HPI: 43yo male with longstanding obesity, poorly controlled T2DM, HTN, and OSA presents for bariatric surgery consultation. Reports gradual weight gain over 20 years, exacerbated by sedentary job. Denies previous structured weight loss attempts. Complains of worsening knee pain limiting physical activity.

PMH: T2DM (dx 2019), HTN (dx 2017), Moderate OSA (dx 2022), NAFLD, OA knees

Meds: metformin 1000mg BID, glipizide 10mg QD, lisinopril 20mg QD, amlodipine 10mg QD, atorvastatin 40mg QD

Vitals: BP 142/88, HR 82, RR 18, Temp 98.6°F, Ht 5'10", Wt 294 lbs, BMI 42.2

PE:

Gen: Well-appearing male, morbidly obese

CV: RRR, no murmurs

Resp: Clear to auscultation bilaterally

Abd: Obese, soft, non-tender

Ext: Trace edema bilaterally, crepitus in knees

Labs: HbA1c 8.2% (1 month ago), Lipid panel pending

Assessment/Plan:

Morbid obesity (BMI 42.2) with multiple comorbidities

Recommend Roux-en-Y gastric bypass

Ordering cardiac clearance, sleep study, nutritional and psychological evaluations

PAST MEDICAL HISTORY:

- Morbid Obesity (BMI 42) - onset 2004, active
- Type 2 Diabetes Mellitus - diagnosed 09/15/2019, active
- Hypertension - diagnosed 08/03/2017, active
- Obstructive Sleep Apnea, moderate-severe - diagnosed 05/20/2021, active
- Nonalcoholic Fatty Liver Disease (NAFLD) - diagnosed 11/10/2022, active
- Osteoarthritis, bilateral knees - diagnosed 03/18/2020, active
- Gastroesophageal Reflux Disease (GERD) - diagnosed 07/05/2021, active
- Major Depressive Disorder - diagnosed 02/14/2021, active
- Cholelithiasis - incidental finding 09/30/2023, asymptomatic, active

SURGICAL HISTORY:

- Appendectomy - 06/12/1996
- Right knee arthroscopy - 04/22/2022

FAMILY HISTORY:

- Father: Type 2 Diabetes (onset age 55), Myocardial Infarction (age 62)
- Mother: Hypertension (onset age 50), Breast Cancer (age 58)
- Sister: Obesity (onset age 30), Gastric Sleeve Surgery (age 42)

SOCIAL HISTORY: Patient is an office manager, married with two children. Former smoker, quit in 2019 (10 pack-year history). Reports social alcohol use, 1-2 drinks/week. Denies recreational drug use.

ALLERGIES: No known drug allergies

REVIEW OF SYSTEMS:

Constitutional: Patient reports fatigue and decreased energy. Denies fever, chills, unexplained weight loss.

HEENT: No reported issues. Denies vision changes, hearing loss, or sore throat.

Cardiovascular: Reports occasional palpitations. Denies chest pain or edema.

Respiratory: Reports loud snoring and daytime somnolence. Denies shortness of breath or cough.

Gastrointestinal: Complains of frequent heartburn and right upper quadrant discomfort. Denies nausea, vomiting, or changes in bowel habits.

Genitourinary: No reported issues. Denies dysuria, hematuria, or urinary frequency.

Musculoskeletal: Reports chronic bilateral knee pain, worse on right. Denies back pain or joint swelling.

Skin: Reports occasional fungal infections in skin folds. Denies rashes or lesions.

Neurological: No reported issues. Denies headaches, dizziness, or numbness/tingling.

Psychiatric: Reports feelings of depression related to weight. Denies anxiety or sleep disturbances.

Endocrine: Reports polydipsia and polyuria. Denies heat or cold intolerance.

Hematologic/Lymphatic: No reported issues. Denies easy bruising or bleeding tendencies.

Allergic/Immunologic: No reported issues. Denies seasonal allergies or frequent infections.

PAIN ASSESSMENT: Patient reports bilateral knee pain, worse on right side. Pain is described as dull and aching, rated 6/10 at worst and 3/10 at rest. Pain worsens with activity and improves with rest. Alleviating factors include OTC pain medications and elevation. Aggravating factors include prolonged standing and climbing stairs.