- Office Visit in

Visit Information

Provider Information

Encounter Provider	Authorizing Provider

Department

Name	Address	Phone	Fax

Questionnaires

BILL AREA (FKA PROVIDER ID)

What is the Bill Area for this visit? **MED GENERAL INTERNAL MEDICINE BA [160301]**

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Reason for Visit

Chief Complaints

- Follow-up
- Results

Visit Diagnoses

- Medication monitoring encounter
- Calcification of joint
- **Elevated LFTs (primary)**

Patient as-of Visit

Problem List as of

Problems last reviewed by on

Allergic rhinitis

Diagnosis: Allergic rhinitis | Noted on: | Chronic: No

Anemia due to enzyme disorder, unspecified (HCC/RAF)

Diagnosis: Anemia due to enzyme disorder, unspecified (HCC/RAF) | Noted on: | Chronic: No

Annual physical exam

Diagnosis: Annual physical exam | Noted on: | Chronic: No

Cervical disc disorder

Diagnosis: Cervical disc disorder | Noted on: | Chronic: No

Dry skin

Diagnosis: Dry skin | Noted on: | Chronic: No

Elevated LFTs

Patient as-of Visit (continued)

Diagnosis: Elevated LFTs Noted on: Chronic: No

Fever

Diagnosis: Fever Noted on: Chronic: No

Lower urinary tract infectious disease

Diagnosis: Lower urinary tract infectious disease Noted on: Chronic: No

Overview Note

IMO Update

Olecranon bursitis of right elbow

Diagnosis: Olecranon bursitis of right elbow Noted on: Chronic: No

Rash

Diagnosis: Rash Noted on: Chronic: No

S/P tonsillectomy

Diagnosis: S/P tonsillectomy Noted on: Chronic: No

Torus palatinus

Diagnosis: Torus palatinus Noted on: Chronic: No

Vitamin D deficiency

Diagnosis: Vitamin D deficiency Noted on: Chronic: No

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

montelukast 10 mg tablet

Discontinued by: Discontinued on:
Instructions: Take 10 mg by mouth .
Entered by: Entered on:
Start date: End date:

VITAMIN D3 PO

Instructions: Take 10,000 Units by mouth.
Entered by: Entered on:

Notes Applied to All CHOLECALCIFEROL (OIL SOLUBLE VITAMINS) Medications

on

Vitamin D3, 8000 U daily (Origins Wellness Formulas Gluten Free D - 8 drops)

VITAMIN B COMPLEX capsule

Instructions: Take 1 capsule by mouth daily.
Entered by: Entered on:

Medication List (continued)

cromolyn 100 mg/5 mL solution

Discontinued by: Discontinued on:
Instructions: 2 AMPULES 2 TIME A DAY
Entered by: Entered on:
Start date: End date:

UNABLE TO FIND

Instructions: Take 4 mg by mouth daily Med Name: Naltrexone .
Entered by: Entered on:

UNABLE TO FIND

Discontinued by: Discontinued on:
Instructions: Take 1 mg by mouth daily Med Name: ketotifen .
Entered by: Entered on:
End date:

Digestive Enzymes (BETAINE HCL PO)

Discontinued by: Discontinued on:
Instructions: Take by mouth Betaine HCL Pepsin 3 caps daily .
Entered by: Entered on:
End date:

L-Glutamine POWD

Discontinued by: Discontinued on:
Instructions: Take by mouth 3 grams daily .
Entered by: Entered on:
End date:

potassium iodide 1 g/mL solution

Entered by: Entered on:
Start date:

UNABLE TO FIND

Instructions: Spray by nasal route daily Med Name: Vasoactive Intestinal Peptide 2 sprays in each nostril daily .
Entered by: Entered on:

Stopped in Visit

None

Progress Notes

Progress Notes by at 1000

Author: Service: — Author Type: Physician
Filed: Encounter Date: Creation Time:
Status: Signed Editor: (Physician)

UCLA Health Burbank Primary Care

Internal Medicine-Pediatrics

PATIENT:
MRN:
DOB:
DATE OF SERVICE:

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- Follow-up
- Results

HPI & Other Histories

is a y.o. female with history of RA who presents for right hip calcification

- Right Hip "lump" has been present for about 5 months now
- Obtained US of the right hip last month that shows the non-specific finding
- No pain or enlargement of the area since then. No limitation in movement of the hip.
- Patient interested in further testing with Vitamin D level as she is currently taking a liquid supplement. On 10,000 units a day.

Past Medical History:

Diagnosis	Date
• Adult celiac disease	
• Anemia	
• Anemia	
• Chicken pox	
• Elevated LFTs	
• Rheumatoid arthritis (HCC/RAF)	
• Seasonal allergies	
• Splenomegaly	

Past Surgical History:

Procedure	Laterality	Date
• LIPOMA RESECTION		
• TONSILLECTOMY		

Family History

Problem	Relation	Age of Onset
• Heart attack	Father	
• Heart disease	Father	
• Hypothyroidism	Father	
• Alcohol abuse	Mother	
• Arthritis	Mother	
• Depression	Mother	
• Diabetes	Maternal Grandfather	

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	No
Alcohol/week:	0.0 oz
• Drug use:	Never

Progress Notes (continued)

Allergies

Allergen	Reactions
• Latex	
• Other	

MEDS

Outpatient Medications Prior to Visit

Medication	Sig
• cromolyn 100 mg/5 mL solution	2 AMPULES 2 TIME A DAY
• Digestive Enzymes (BETAINE HCL PO)	Take by mouth Betaine HCL Pepsin 3 caps daily .
• L-Glutamine POWD	Take by mouth 3 grams daily .
• montelukast 10 mg tablet	Take 10 mg by mouth .
• potassium iodide 1 g/mL solution	
• UNABLE TO FIND	Take 4 mg by mouth daily Med Name: Naltrexone .
• UNABLE TO FIND	Take 1 mg by mouth daily Med Name: ketotifen .
• UNABLE TO FIND	Spray by nasal route daily Med Name: Vasoactive Intestinal Peptide 2 sprays in each nostril daily .
• VITAMIN B COMPLEX capsule	Take 1 capsule by mouth daily.
• VITAMIN D3 PO	Take 10,000 Units by mouth.

No facility-administered medications prior to visit.

PHYSICAL EXAM

Last Recorded Vital Signs:

BP:	115/72
Pulse:	85
Resp:	18
Temp:	36.5 °C (97.7 °F)
SpO2:	96%

Body mass index is 19.39 kg/m².

General - Awake and alert, NAD
CVS - S1 and S2 heard, RRR, no murmurs
Pulm - Lungs CTAB, Good respiratory effort
GI - BS+, Nontender to palpation
MSK - Right hip nodularity felt as last time. No pain to palpation.

LABS/STUDIES

I have:

☒ Reviewed/ordered ☐ 1 ☐ 2 ☒ ≥ 3 unique laboratory, radiology, and/or diagnostic tests noted below
☐ Reviewed ☐ 1 ☐ 2 ☐ ≥ 3 prior external notes and incorporated into patient assessment
☐ Discussed management or test interpretation with external provider(s) as noted

A&P

is a a y.o. female presenting for

Progress Notes (continued)

Chief Complaint

Patient presents with

- Follow-up
- Results

1. Medication monitoring encounter

- Monitoring liquid vitamin D 10000 units a day with:
  - Vitamin D,25-Hydroxy; Future

2. Calcification of joint

- Monitoring vitamin D as above as well as:
  - PTH,Intact & Calcium; Future
- Will evaluate calcification further with:
  - XR hip ap+lat right (2 Views); Future

3. Elevated LFTs

- Monitoring with:
  - Hepatic Funct Panel; Future
- AST has fluctuated for the past few years. Concern that it may just be due to RA as patient denies any abdominal pain or other concerning symptoms of liver disease. US of abdomen last year showed normal size of liver with no masses. Workup in the past negative for clear cause but showed elevated ferritin (d/t acute phase reactant elevation from her autoimmune disorder).

The above recommendation were discussed with the patient. The patient has all questions answered satisfactorily and is in agreement with this recommended plan of care.

Author:

Electronically signed by at

Labs

Lab

Hepatic Funct Panel [551721218] (Completed)

Electronically signed by: **on** Status: **Completed**
Ordering user: Authorized by:
Ordering mode: **Standard**
Frequency: **Routine** - Class: **Lab Collect**
Quantity: **1**
Diagnoses
Elevated LFTs [R79.89]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Elevated LFTs [R79.89 (ICD-10-CM)]

Labs (continued)

Vitamin D,25-Hydroxy [551721219] (Completed)

Electronically signed by: **on** **1054** Status: **Completed**
Ordering user: Authorized by:
Ordering mode: Standard
Frequency: Routine - Class: Clinic Collect - Today
Quantity: 1
Diagnoses
Calcification of joint [M25.80]
Medication monitoring encounter [Z51.81]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Calcification of joint [M25.80 (ICD-10-CM)]
Medication monitoring encounter [Z51.81 (ICD-10-CM)]

PTH,Intact & Calcium [551721220] (Completed)

Electronically signed by: **on** **1054** Status: **Completed**
Ordering user: 1054 Authorized by:
Ordering mode: Standard
Frequency: Routine - Class: Lab Collect
Quantity: 1
Diagnoses
Calcification of joint [M25.80]

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Calcification of joint [M25.80 (ICD-10-CM)]

Imaging

Imaging

XR hip ap+lat right (2 Views) [551721221] (Discontinued)

Electronically signed by: **on** **1054** Status: **Discontinued**
Ordering user: Authorized by:
Ordering mode: Standard
Frequency: Routine - Class: Ancillary Performed
Quantity: 1 Discontinued by: [Per Protocol]
Diagnoses
Calcification of joint [M25.80]

Questionnaire

Question	Answer
Reason for exam:	Right hip lump. Thought to be calcification on ultrasound. X-ray for further evaluation.
Is the patient pregnant? If 'yes' or 'unknown' please consult with a radiologist.	No
I authorize the Radiologist to modify the parameters of this test as medically necessary based on the clinical indications for the study. This includes the administration of contrast.	Yes

Scheduling instructions
UCLA Radiology:

Imaging (continued)

We welcome walk-in services for majority of our X-ray services.
Please visit us at uclahealth.org/radiology for locations, hours, services and more.

Indications

Calcification of joint [M25.80 (ICD-10-CM)]

- Office Visit

Visit Information

Provider Information

Encounter Provider	Authorizing Provider

Department

Name	Address	Phone	Fax

Questionnaires

BILL AREA (FKA PROVIDER ID)

What is the Bill Area for this visit? **MED GENERAL INTERNAL MEDICINE BA [160301]**

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Reason for Visit

Visit Diagnoses

- **Eczema of left external ear (primary)**
- Normal skin appearance
- Hip mass, right

Patient as-of Visit

Problem List as of

Problems last reviewed by on

Allergic rhinitis

Diagnosis: Allergic rhinitis Noted on: Chronic: No

Anemia due to enzyme disorder, unspecified (HCC/RAF)

Diagnosis: Anemia due to enzyme disorder, unspecified (HCC/RAF) Noted on: Chronic: No

Annual physical exam

Diagnosis: Annual physical exam Noted on: Chronic: No

Cervical disc disorder

Diagnosis: Cervical disc disorder Noted on: 08/09/2016 Chronic: No

Dry skin

Diagnosis: Dry skin Noted on: Chronic: No

Elevated LFTs

Diagnosis: Elevated LFTs Noted on: Chronic: No

Fever

Diagnosis: Fever Noted on: Chronic: No

Patient as-of Visit (continued)

Lower urinary tract infectious disease

Diagnosis: Lower urinary tract infectious disease | Noted on: | Chronic: No

Overview Note

IMO Update

Olecranon bursitis of right elbow

Diagnosis: Olecranon bursitis of right elbow | Noted on: | Chronic: No

Rash

Diagnosis: Rash | Noted on: | Chronic: No

S/P tonsillectomy

Diagnosis: S/P tonsillectomy | Noted on: | Chronic: No

Torus palatinus

Diagnosis: Torus palatinus | Noted on: | Chronic: No

Vitamin D deficiency

Diagnosis: Vitamin D deficiency | Noted on: | Chronic: No

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

montelukast 10 mg tablet

Discontinued by: | Discontinued on:
Instructions: Take 10 mg by mouth .
Entered by: | Entered on:
Start date: 1/18/2021 | End date:

VITAMIN D3 PO

Instructions: Take 10,000 Units by mouth.
Entered by: | Entered on:

Notes Applied to All CHOLECALCIFEROL (OIL SOLUBLE VITAMINS) Medications

on 0948

Vitamin D3, 8000 U daily (Origins Wellness Formulas Gluten Free D - 8 drops)

VITAMIN B COMPLEX capsule

Instructions: Take 1 capsule by mouth daily.
Entered by: | Entered on:

cromolyn 100 mg/5 mL solution

Discontinued by: | Discontinued on:
Instructions: 2 AMPULES 2 TIME A DAY

Medication List (continued)

Entered by: Entered on:
Start date: 7/16/2021 End date:

UNABLE TO FIND

Instructions: Take 4 mg by mouth daily Med Name: Naltrexone .
Entered by: Entered on:

UNABLE TO FIND

Discontinued by: Discontinued on:
Instructions: Take 1 mg by mouth daily Med Name: ketotifen .
Entered by: Entered on:
End date:

Digestive Enzymes (BETAINE HCL PO)

Discontinued by: Discontinued on:
Instructions: Take by mouth Betaine HCL Pepsin 3 caps daily .
Entered by: Entered on:
End date:

L-Glutamine POWD

Discontinued by: Discontinued on:
Instructions: Take by mouth 3 grams daily .
Entered by: Entered on:
End date:

Stopped in Visit

Sodium Chloride-Xylitol (XLEAR SINUS CARE SPRAY NA)

Discontinued by: Discontinued on:
Reason for discontinuation: Patient preference

Progress Notes

Progress Notes by at 1045

Author: Service: — Author Type: Physician
Filed: Encounter Date: Creation Time:
Status: Signed Editor: (Physician)

Internal Medicine-Pediatrics

PATIENT:
MRN:
DOB:
DATE OF SERVICE:

CHIEF COMPLAINT: No chief complaint on file.

HPI & Other Histories

is a y.o. female with history noted below who presents for several concerns:

Left Ear Skin Irritation
- redness and crusting in the left ear for the past 3-4 months
- patient has applied isopropyl alcohol which has helped decrease the size somewhat

Progress Notes (continued)

- No blistering no pus drainage
- Has not applied any antibacterial or antifungal ointment
- Does get some pain to palpation of the area

Forehead Bump
- patient also concerned of 2 skin bumps on the forehead
- No pain to palpation of the area with no redness or drainage

Hip Lump
- patient has felt lump on the right side of her pelvis for the past month and a half
- no growth in size of the lump
- No pain to palpation of the lump

Past Medical History:

Diagnosis	Date
• Adult celiac disease	
• Anemia	
• Anemia	
• Elevated LFTs	
• Rheumatoid arthritis (HCC/RAF)	
• Splenomegaly	

Past Surgical History:

Procedure	Laterality	Date
• LIPOMA RESECTION		
• TONSILLECTOMY		

Family History

Problem	Relation	Age of Onset
• Heart attack	Father	
• No Known Problems	Mother	

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	No
Alcohol/week:	0.0 oz
• Drug use:	Not on file

No Known Allergies

MEDS

Outpatient Medications Prior to Visit

Medication	Sig
• cromolyn 100 mg/5 mL solution	2 AMPULES 2 TIME A DAY
• Digestive Enzymes (BETAINE HCL PO)	Take by mouth Betaine HCL Pepsin 3 caps daily .
• L-Glutamine POWD	Take by mouth 3 grams daily .
• montelukast 10 mg tablet	Take 10 mg by mouth .

Progress Notes (continued)

• UNABLE TO FIND	Take 4 mg by mouth daily Med Name: Naltrexone .
• UNABLE TO FIND	Take 1 mg by mouth daily Med Name: ketotifen .
• VITAMIN B COMPLEX capsule	Take 1 capsule by mouth daily.
• VITAMIN D3 PO	Take 10,000 Units by mouth.
• Sodium Chloride-Xylitol (XLEAR SINUS CARE SPRAY NA)	Spray by nasal route Pt reports 2-3 times daily .

No facility-administered medications prior to visit.

PHYSICAL EXAM

Last Recorded Vital Signs:

BP:	119/72
Pulse:	86
Resp:	18
Temp:	36.6 °C (97.8 °F)
SpO2:	97%

Body mass index is 19.13 kg/m².

General - Awake and alert, NAD
MSK - Discrete nodularity felt over right hip
Eyes - Clear conjunctiva
Skin - Left ear skin with minimal erythema and crusting with no blisters or purulence. Forehead appears normal with forehead veins visible under skin.

LABS/STUDIES

I have:
☒ Reviewed/ordered ☒ 1 ☐ 2 ☐ ≥ 3 unique laboratory, radiology, and/or diagnostic tests noted below
☐ Reviewed ☐ 1 ☐ 2 ☐ ≥ 3 prior external notes and incorporated into patient assessment
☐ Discussed management or test interpretation with external provider(s) as noted

A&P

is a a y.o. female presenting for No chief complaint on file.

1. Eczema of left external ear
- Suspect eczema due to the appearance on exam today. Suspect that isopropyl alcohol administration has been worsening the condition. Advised cessation of isopropyl alcohol administration.
- Recommended moisturizing with Cetaphil immediately after showering loss skin is still wet. Discussed that if this does not improve then to use 1% hydrocortisone topical over-the-counter. Recommended use for no more than 2 weeks to prevent skin atrophy.
- If no relief then we will consider antifungal topical. Low suspicion for bacterial infection as the skin has appeared this way for several months now with no worsening or purulence.

2. Normal skin appearance
- Skin on forehead appears normal with the veins visible. Suspect the bumps are just the vessels patient is feeling. No further evaluation needed.

3. Hip mass, right
- Discrete mass felt on exam today on right hip compared to the left hip. Felt like indurated skin versus a cyst versus a lipoma. We will do further evaluation with an ultrasound.

Progress Notes (continued)

The above recommendation were discussed with the patient. The patient has all questions answered satisfactorily and is in agreement with this recommended plan of care.

Author:

Electronically signed by at 1131

- Office Visit in

Visit Information

Provider Information

Encounter Provider	Authorizing Provider

Department

Name	Address	Phone	Fax

Questionnaires

BILL AREA (FKA PROVIDER ID)

What is the Bill Area for this visit? **MED GENERAL INTERNAL MEDICINE BA [160301]**

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL III

Reason for Visit

Chief Complaint

- ekg requested by mold exposure dr.

Visit Diagnoses

- **Tachycardia (primary)**
- Healthcare maintenance

Patient as-of Visit

Problem List as of

Problems last reviewed by on

Allergic rhinitis

Diagnosis: Allergic rhinitis | Noted on: | Chronic: No

Anemia due to enzyme disorder, unspecified (HCC/RAF)

Diagnosis: Anemia due to enzyme disorder, unspecified (HCC/RAF) | Noted on: | Chronic: No

Annual physical exam

Diagnosis: Annual physical exam | Noted on: | Chronic: No

Cervical disc disorder

Diagnosis: Cervical disc disorder | Noted on: | Chronic: No

Dry skin

Diagnosis: Dry skin | Noted on: | Chronic: No

Elevated LFTs

Diagnosis: Elevated LFTs | Noted on: | Chronic: No

Patient as-of Visit (continued)

Fever

Diagnosis: Fever | Noted on: | Chronic: No

Lower urinary tract infectious disease

Diagnosis: Lower urinary tract infectious disease | Noted on: | Chronic: No

Overview Note

IMO Update

Olecranon bursitis of right elbow

Diagnosis: Olecranon bursitis of right elbow | Noted on: | Chronic: No

Rash

Diagnosis: Rash | Noted on: | Chronic: No

S/P tonsillectomy

Diagnosis: S/P tonsillectomy | Noted on: | Chronic: No

Torus palatinus

Diagnosis: Torus palatinus | Noted on: | Chronic: No

Vitamin D deficiency

Diagnosis: Vitamin D deficiency | Noted on: | Chronic: No

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

UNABLE TO FIND

Discontinued by: | Discontinued on:
Instructions: LIVER SUPPORT SUPPLEMENT 3 caps daily.
Entered by: | Entered on:
End date:

UNABLE TO FIND

Discontinued by: | Discontinued on:
Instructions: Med Name: N-Acetyl-L-Cysteine 2250 mg 3 caps daily .
Entered by: | Entered on:
End date:

Nutritional Supplements (WELLNESS ESSENTIALS FOR WOMEN PO)

Discontinued by: | Discontinued on:
Instructions: Take 2 capsules by mouth daily.
Entered by: | Entered on:
End date:

Notes Applied to All NUTRITIONAL SUPPLEMENTS Medications

on

Wellness Formulas Multi Nutrients - 2 caps daily

Medication List (continued)

Cholecalciferol (VITAMIN D) 50 mcg (2000 units) CAPS

Discontinued by: Discontinued on:
Instructions: Take 8,000 Units by mouth daily.
Entered by: Entered on:
End date:

Notes Applied to All CHOLECALCIFEROL (OIL SOLUBLE VITAMINS) Medications

on

Vitamin D3, 8000 U daily (Origins Wellness Formulas Gluten Free D - 8 drops)

UNABLE TO FIND

Discontinued by: Discontinued on:
Instructions: Med Name: Vitamin B5 5,000 units .
Entered by: Entered on:
End date:

levOCARNitine L-Tartrate (L-CARNITINE) 500 MG CAPS

Discontinued by: Discontinued on:
Instructions: Take 2 capsules by mouth daily.
Entered by: Entered on:
End date:

colesevelam 625 mg tablet

Discontinued by: Discontinued on:
Instructions: Take 625 mg by mouth .
Entered by: Entered on:
Start date: 1/18/2021 End date:

montelukast 10 mg tablet

Discontinued by: Discontinued on:
Instructions: Take 10 mg by mouth .
Entered by: Entered on:
Start date: 1/18/2021 End date:

VITAMIN D3 PO

Instructions: Take 10,000 Units by mouth.
Entered by: Entered on:

Notes Applied to All CHOLECALCIFEROL (OIL SOLUBLE VITAMINS) Medications

on 0948

Vitamin D3, 8000 U daily (Origins Wellness Formulas Gluten Free D - 8 drops)

VITAMIN B COMPLEX capsule

Instructions: Take 1 capsule by mouth daily.
Entered by: Entered on:

cromolyn 100 mg/5 mL solution

Discontinued by: Discontinued on:
Instructions: 2 AMPULES 2 TIME A DAY
Entered by: Entered on:
Start date: 7/16/2021 End date:

Medication List (continued)

UNABLE TO FIND

Instructions: Take 4 mg by mouth daily Med Name: Naltrexone .
Entered by: Entered on:

UNABLE TO FIND

Discontinued by: Discontinued on:
Instructions: Take 1 mg by mouth daily Med Name: ketotifen .
Entered by: Entered on:
End date:

Sodium Chloride-Xylitol (XLEAR SINUS CARE SPRAY NA)

Discontinued by: Discontinued on:
Reason for discontinuation: Patient preference
Instructions: Spray by nasal route Pt reports 2-3 times daily .
Entered by: Entered on:
End date:

Digestive Enzymes (BETAINE HCL PO)

Discontinued by: Discontinued on:
Instructions: Take by mouth Betaine HCL Pepsin 3 caps daily .
Entered by: Entered on:
End date:

L-Glutamine POWD

Discontinued by: Discontinued on:
Instructions: Take by mouth 3 grams daily .
Entered by: Entered on:
End date:

Stopped in Visit

None

Progress Notes

Progress Notes by at 1115

Author: Service: — Author Type: Physician
Filed: Encounter Date: Creation Time:
Status: Addendum Editor: (Physician)

UCLA Health Burbank Primary Care

Internal Medicine-Pediatrics

PATIENT:
MRN:
DOB:
DATE OF SERVICE:

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- ekg requested by mold exposure dr.

Progress Notes (continued)

HPI & Other Histories

is a y.o. female with history of RA and anemia who presents for concern of tachycardia.

She has consulted with another physician who specializes in mold exposure, and she was advised to get an EKG for tachyardia (fastes HR 110 bpm per patient). She denies feeling fevers, chest pain/pressure, palpitations or dyspnea. She will check her heart rate periodically to measure how fast it is and notes it is sometimes above 100 bpm. Otherwise, she has no other concerns today.

She is being treated with ketotifen, cromolyn and naltrexone for mast-cell activation syndrome as diagnosed by this specialist.

Past Medical History:

Diagnosis	Date
• Adult celiac disease	
• Anemia	
• Anemia	
• Elevated LFTs	
• Rheumatoid arthritis (HCC/RAF)	
• Splenomegaly	

Past Surgical History:

Procedure	Laterality	Date
• LIPOMA RESECTION		
• TONSILLECTOMY		

Family History

Problem	Relation	Age of Onset
• Heart attack	Father	
• No Known Problems	Mother	

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	No
Alcohol/week:	0.0 oz
• Drug use:	Not on file

No Known Allergies

MEDS

Outpatient Medications Prior to Visit

Medication	Sig
• cromolyn 100 mg/5 mL solution	2 AMPULES 2 TIME A DAY
• Digestive Enzymes (BETAINE HCL PO)	Take by mouth Betaine HCL Pepsin 3 caps daily .
• L-Glutamine POWD	Take by mouth 3 grams daily .
• montelukast 10 mg tablet	Take 10 mg by mouth .
• Sodium Chloride-Xylitol (XLEAR SINUS CARE SPRAY	Spray by nasal route Pt reports 2-3 times daily .

Progress Notes (continued)

NA)	
• UNABLE TO FIND	Take 4 mg by mouth daily Med Name: Naltrexone .
• UNABLE TO FIND	Take 1 mg by mouth daily Med Name: ketotifen .
• VITAMIN B COMPLEX capsule	Take 1 capsule by mouth daily.
• VITAMIN D3 PO	Take 10,000 Units by mouth.
• Cholecalciferol (VITAMIN D) 50 mcg (2000 units) CAPS	Take 8,000 Units by mouth daily.
• colesevelam 625 mg tablet	Take 625 mg by mouth .
• levOCARNitine L-Tartrate (L-CARNITINE) 500 MG CAPS	Take 2 capsules by mouth daily.
• Nutritional Supplements (WELLNESS ESSENTIALS FOR WOMEN PO)	Take 2 capsules by mouth daily.
• UNABLE TO FIND	LIVER SUPPORT SUPPLEMENT 3 caps daily.
• UNABLE TO FIND	Med Name: N-Acetyl-L-Cysteine 2250 mg 3 caps daily .
• UNABLE TO FIND	Med Name: Vitamin B5 5,000 units .

No facility-administered medications prior to visit.

PHYSICAL EXAM

Last Recorded Vital Signs:

BP:	96/60
Pulse:	82
Resp:	16
SpO2:	98%

Body mass index is 19.2 kg/m².

General - Awake and alert, NAD
CVS - S1 and S2 heard, RRR, no murmurs
Pulm - Lungs CTAB, Good respiratory effort
GI - BS+, Nontender to palpation
Eyes - Clear conjunctiva

LABS/STUDIES

I have:
☒ Reviewed/ordered ☒ 1 ☐ 2 ☐ ≥ 3 unique laboratory, radiology, and/or diagnostic tests noted below
☐ Reviewed ☐ 1 ☐ 2 ☐ ≥ 3 prior external notes and incorporated into patient assessment
☐ Discussed management or test interpretation with external provider(s) as noted

A&P

is a a y.o. female presenting for

Chief Complaint

Patient presents with

- ekg requested by mold exposure dr.

1. Tachycardia
- Suspect anxiety-associated tachycardia vs medication side effect vs untreated RA.
- EKG in office today showing normal sinus rhythm with no ST changes and normal PR and QTc intervals.

Progress Notes (continued)

- Cardiac exam stable. Patient denies symptoms associated with tachycardia, including feeling a fast heart rate. She denies any symptoms at all today.
- Reviewed meds with patient. Discussed how cromolyn has a side effect of tachycardia. Also discussed how untreated RA can lead to extra-articular organ involvement.
- Recommended patient to not check her heart rate unless she feels symptoms to prevent anxiety-associated tachycardia.

2. Healthcare maintenance
- Discussed how I feel an evaluation by Allergy/Immunology would be beneficial to diagnose Mast-Cell Activation Syndrome. Patient wishing to hold off on this for now.
- Requesting records from her mold specialist to review rationale for diagnosis and prescribing medications mentioned above.

The above recommendation were discussed with the patient. The patient has all questions answered satisfactorily and is in agreement with this recommended plan of care.

Author:

Addendum:
- Reviewed records. Still unclear why patient is on cromolyn. No mention of diagnosis of mast cell disorder.
- There is extensive testing for allergies and molds. See scanned.
- Patient's provider who treats with cromolyn is a Physical Medicine and Rehabilitation specialist.
- Will discuss Allergy/Immunology referral with patient again at future visits.

MD

Electronically signed by at

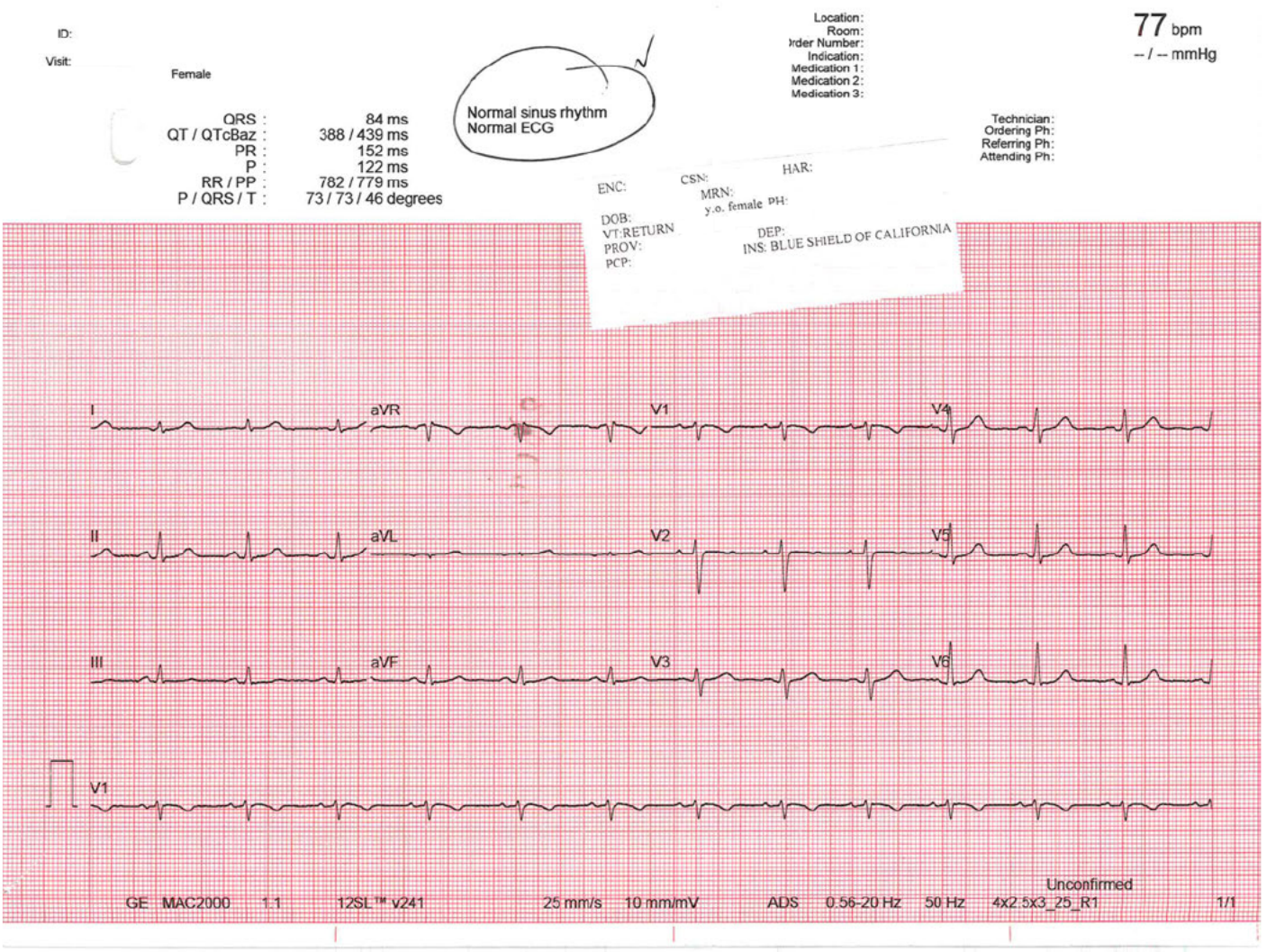
Procedures

ECG

EKG REPORT [503040146] (Final result)

Electronically signed by: **Interface, Transcription Incoming on** Status: **Completed**
Ordering user: **Interface, Transcription Incoming** Authorized by: **Provider,**
Ordering mode: **Standard**
Frequency: **-** Quantity: **1**
Lab status: **Final result**
Scan on ECG/EKG Strips/Report (below)

Procedures (continued)



EKG REPORT [503040146] Resulted: , Result status: Final result

Order status: Completed Filed by: Interface, Transcription Incoming

Narrative:

Ordered by an unspecified provider.

- Office Visit in (continued)

Documents

Medication Administration Record - Scan on Medication Record

Scan (below)

Supplements (as recommended by

Vitamin D3, 10,000 IU daily (Thorne D-5000, 2 capsules)

B-Complex, 1 capsule daily (Xymogen B Activ)

Xylitol Nasal Spray, 2-3 uses daily (Xlear)

Betaine HCl Pepsin, 3 capsules daily (Pure Encapsulations)

L-Glutamine Powder, 3 grams daily (Biotics Research)

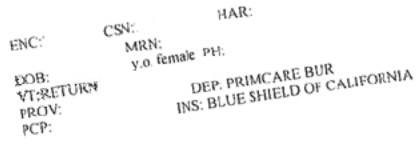
Medications (as prescribed by)

Naltrexone, 4 mg daily

Cromolyn Sodium, 4 ampules daily (100 mg/ampule)

Ketotifen, 1mg daily

Montelukast Sodium, 10 mg daily



- Office Visit in UCLA Health Burbank Primary and Multi-Specialty

Visit Information

Provider Information

Encounter Provider	Authorizing Provider

Department

Name	Address	Phone	Fax

Questionnaires

BILL AREA (FKA PROVIDER ID)

What is the Bill Area for this visit? **MED GENERAL INTERNAL MEDICINE BA [160301]**

Level of Service

Level of Service
OFFICE/OUTPT VISIT,EST,LEVL IV

Reason for Visit

Chief Complaint

- Follow-up

Visit Diagnoses

- **Fever, unspecified fever cause (primary)**
- Rheumatoid arthritis involving both hands, unspecified whether rheumatoid factor present (HCC/RAF)
- Healthcare maintenance

Patient as-of Visit

Problem List as of

Problems last reviewed by on

Allergic rhinitis

Diagnosis: Allergic rhinitis | Noted on: | Chronic: No

Anemia due to enzyme disorder, unspecified (HCC/RAF)

Diagnosis: Anemia due to enzyme disorder, unspecified (HCC/RAF) | Noted on: | Chronic: No

Annual physical exam

Diagnosis: Annual physical exam | Noted on: | Chronic: No

Cervical disc disorder

Diagnosis: Cervical disc disorder | Noted on: | Chronic: No

Dry skin

Diagnosis: Dry skin | Noted on: | Chronic: No

Elevated LFTs

Diagnosis: Elevated LFTs | Noted on: | Chronic: No

Patient as-of Visit (continued)

Fever

Diagnosis: Fever | Noted on: | Chronic: No

Lower urinary tract infectious disease

Diagnosis: Lower urinary tract infectious disease | Noted on: | Chronic: No

Overview Note

IMO Update

Olecranon bursitis of right elbow

Diagnosis: Olecranon bursitis of right elbow | Noted on: | Chronic: No

Rash

Diagnosis: Rash | Noted on: | Chronic: No

S/P tonsillectomy

Diagnosis: S/P tonsillectomy | Noted on: | Chronic: No

Torus palatinus

Diagnosis: Torus palatinus | Noted on: | Chronic: No

Vitamin D deficiency

Diagnosis: Vitamin D deficiency | Noted on: | Chronic: No

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Probiotic Product (PROBIOTIC DAILY PO)

Discontinued by: | Discontinued on:
Instructions: Take by mouth daily
Entered by: | Entered on:
End date:

Prenatal Vit-Fe Fumarate-FA (PRENATAL VITAMIN PO)

Discontinued by: | Discontinued on:
Instructions: Take by mouth.
Entered by: | Entered on:
End date:

Stopped in Visit

Probiotic Product (PROBIOTIC DAILY PO)

Discontinued by: | Discontinued on:

Prenatal Vit-Fe Fumarate-FA (PRENATAL VITAMIN PO)

Discontinued by: | Discontinued on:

Medication List (continued)

Progress Notes

Progress Notes by at

Author: Service: — Author Type: Physician
Filed: Encounter Date: Creation Time:
Status: Signed Editor: (Physician)

UCLA Health Burbank Primary Care
Internal Medicine-Pediatrics

PATIENT:
MRN:
DOB:
DATE OF SERVICE:

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- Follow-up

HPI & Other Histories

is a y.o. female with a history of RA and Celiac's disease who presents for follow up of intermittent fevers. Since her last visit, she notes resolution of the fever with no recurrence. She has no major concerns at this visit.

She has an appointment with Heme/Onc to discuss splenomegaly found on ultrasound along with anemia of chronic disease. She has not scheduled an appointment with Rheumatology yet.

She had allergy testing to see if she was allergic to mold but notes that she does not have any IgE reaction to mold. Patient will send report to be uploaded into chart. Patient is also scheduled to see a who is a specialist in CIRS (Chronic Inflammatory Response Syndrome), who will evaluate her response to mold. She stopped seeing the chiropractor specialist in .

No past medical history on file.

Past Surgical History:

Procedure	Laterality	Date
• LIPOMA RESECTION		
• TONSILLECTOMY		

Family History

Problem	Relation	Age of Onset
• Heart attack	Father	
• No Known Problems	Mother	

Social History

Socioeconomic History

- Marital status: Married
  Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file

Progress Notes (continued)

- Highest education level: Not on file

Occupational History

- Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity
  - Worry: Not on file
  - Inability: Not on file
- Transportation needs
  - Medical: Not on file
  - Non-medical: Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
  - Alcohol/week: 0.0 oz
- Drug use: Not on file
- Sexual activity: Not on file

Lifestyle

- Physical activity
  - Days per week: Not on file
  - Minutes per session: Not on file
- Stress: Not on file

Relationships

- Social connections
  - Talks on phone: Not on file
  - Gets together: Not on file
  - Attends religious service: Not on file
  - Active member of club or organization: Not on file
  - Attends meetings of clubs or organizations: Not on file
  - Relationship status: Not on file

Other Topics | Concern

- Not on file

Social History Narrative

- Not on file

No Known Allergies

MEDS

Outpatient Medications Prior to Visit

Medication	Sig
Prenatal Vit-Fe Fumarate-FA (PRENATAL VITAMIN PO)	Take by mouth.
Probiotic Product (PROBIOTIC DAILY PO)	Take by mouth daily

No facility-administered medications prior to visit.

Progress Notes (continued)

PHYSICAL EXAM

Last Recorded Vital Signs:

BP:	115/71
Pulse:	**(!) 101**
Resp:	17
Temp:	37.3 °C (99.1 °F)
SpO2:	96%

Body mass index is 19.73 kg/m².

General - Awake and alert, NAD
CVS - S1 and S2 heard, RRR, no murmurs
Pulm - Lungs CTAB, Good respiratory effort
GI - BS+, Nontender to palpation. Splenomegaly felt on exam.
Eyes - Clear conjunctiva
Psych - Normal mood and affect

LABS/STUDIES

I have:
☒ Reviewed/ordered ☐ 1 ☐ 2 ☒ ≥ 3 unique laboratory, radiology, and/or diagnostic tests noted below
☒ Reviewed ☐ 1 ☐ 2 ☒ ≥ 3 prior external notes and incorporated into patient assessment
☐ Discussed management or test interpretation with external provider(s) as noted

Lab Studies:
Scanned labs under "media" tab

A&P

is a a y.o. female presenting for

Chief Complaint

Patient presents with

- Follow-up

1. Fever of unclear etiology
- Patient's fevers have resolved. No further workup at this time.
- Counseled on what true fever is (>100.4 F). Discussed concern for fever with splenomegaly and background of RA in that malignancy should be considered and ruled out. Patient to follow with Heme/Onc for this.

2. Rheumatoid arthritis involving both hands
- Encouraged patient to consult with Rheumatology as I feel her anemia and musculoskeletal changes noted at the last visit are primarily due to untreated RA.
- Per review of patient's previous notes (scanned), she was getting monthly lab draws of CBCs, multiple checks of antibody titers to pathogens such as mycoplasma and rubella as well as specialized Rheumatologic labs such as Anti-Scl 70 and Anti-RNA Polymerase III amongst other labs like complement levels. All this was done with another provider at another facility. I counseled that these types of test are not needed as frequently as she was getting them and that she she avoid future testing like this as the labs were of no utility with the frequency she was getting them checked. She voiced understanding.

3. Healthcare maintenance
- Patient to follow up with Heme/Onc as previously noted.
- Patient to upload report of her IgE levels to allergens
- RTC in 1 year for physical or sooner if needed.

Progress Notes (continued)

The above recommendation were discussed with the patient. The patient has all questions answered satisfactorily and is in agreement with this recommended plan of care.

Author:

2:32 PM

Electronically signed by at

End of Report