

DENNIS, Peggy (id #138, dob: 08/17/1950)

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Referral Order

06/23/2025

To Provider	From Provider
MCGARTH PODIATRY AND WOUND CARE 1648 ALEXANDRIA DRIVE LEXINGTON, KY 40504 Phone: Phone: (859) 285-9562 Fax: Fax: (859) 399-6697	LAUREN CASEY, APRN Alford's Care2U 255 OVERLOOK LN SMITHS GROVE, KY 42171-8322 Phone: (270) 780-4755 Fax: (833) 973-3689

Referral Order Information

Diagnosis	Type 2 diabetes mellitus ICD-10: E11.9: Type 2 diabetes mellitus without complications
Order Name	Orders included: 1 Type 2 diabetes mellitus ICD-10: E11.9: Type 2 diabetes mellitus without complications • PODIATRIST REFERRAL Schedule Within: provider's discretion Place of service: OFFICE Procedure code: 99499 Authorization: Humana (Medicare Replacement/Advantage - PPO) NOTREQUIRED Not Required for 99499
Notes	

Patient Information

Patient Name	DENNIS, PEGGY
Sex - DOB - Age	F 08/17/1950 74yo
Address	210 DOGWOOD DR LAWRENCEBURG, KY 40342-1059
Phone	H: 502-437-0814
Primary Insurance	Humana (Medicare Replacement/Advantage - PPO) ID: H03571940 Policy Holder: DENNIS, PEGGY
Secondary Insurance	None recorded.

Electronically Signed by: LAUREN CASEY, APRN

Lauren Casey, APRN

LAUREN CASEY, APRN

DENNIS, Peggy (id #138, dob: 08/17/1950)

Alford's Care2U • 255 OVERLOOK LN, SMITHS GROVE KY 42171-8322

DENNIS, Peggy (id #138, dob: 08/17/1950)



Alford's Care2U, LLC

255 Overlook Lane
Smiths Grove, KY 42171
(270) 780-4755

Alford's Care2U, LLC
255 OVERLOOK LN
SMITHS GROVE, KY 42171-8322
Phone: (270) 780-4755, Fax: (833) 973-3689

Date: 06/23/2025

RE: Peggy Dennis, DOB: 08/17/1950, PT ID #138

Dear McGarth Podiatry And Wound Care,

The following is a summary of the care this patient has received at our practice. If you have questions, please contact our office.

Sincerely,

Electronically Signed by: LAUREN CASEY, APRN

Lauren Casey, APRN

Referral Note for Peggy Dennis

Encounter Details

Lauren Casey: 255 OVERLOOK LN , SMITHS GROVE, KY 42171-8322, USA, Ph. tel: (270) 780-4755

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Demographics

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	08/17/1950	Race:	White
Preferred language:	English	Marital status:	Information not available
Previous Name:			

Contact: 210 DOGWOOD DR, LAWRENCEBURG, KY 40342-1059, USA, Ph. tel:+1-502-437-0814 (Primary Home)

Other Addresses: 210 DOGWOOD DR, LAWRENCEBURG, KY 40342-1059, USA (Current Billing Address)
74 MACK WALTERS RD, SHELBYVILLE, KY 40065-1738, USA (Previous Home Address)
74 MACK WALTERS RD, SHELBYVILLE, KY 40065-1738, USA (Previous Billing Address)

Reason for Referral

Reason for Visit

None recorded.

Assessment

No assessment recorded.

Plan of Treatment

Reminders	Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
Appointments	FOLLOW UP 30	06/23/2025 10:30AM	LAUREN CASEY, APRN		Not available Not available		Not available
	FOLLOW UP 30	07/28/2025 11:30AM	LAUREN CASEY, APRN		Not available Not available		Not available
Lab							
	None recorded.						
Referral	podiatrist	06/23/2025	06/23/2025 referral		ATHENAFAX McGarth Podiatry and Wound Care, 1648 Alexandria Drive, Lexington, KY, 40504, Ph (859) 285-9562	06/23/2025 13:11:25	
Procedures							
	None recorded.						
Surgeries							
	None recorded.						
Imaging							
	None recorded.						
Medication Orders							
	None recorded.						

Patient Targets No targets recorded.

Patient Instructions No instructions recorded.

Results

None recorded.

Problems

Name	Problem SNOMED Code	Status Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Essential hypertension	59621000	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:34:26
Severe dementia	428351000124105	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:34:38
Type 2 diabetes mellitus	44054006	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:34:44
Bipolar disorder	13746004	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:34:57
Insomnia	193462001	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:35:05
Hypothyroidism	40930008	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:35:11
Vitamin deficiency	85670002	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:35:20
Long-term current use of insulin	710815001	Active 10/08/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/08/2024 15:35:32

DENNIS, Peggy (id #138, dob: 08/17/1950)255 Overlook Lane,
Smiths Grove,KY, 42171-8322,
US

Vitamin D deficiency 34713006 Active 10/08/2024 LAUREN CASEY, KY - Alford's APRN Care2U LLC 10/08/2024 15:35:41

255 Overlook Lane,
Smiths Grove,KY, 42171-8322,
US

Hyperlipidemia 55822004 Active 10/08/2024 LAUREN CASEY, KY - Alford's APRN Care2U LLC 10/08/2024 15:35:47

255 Overlook Lane,
Smiths Grove,KY, 42171-8322,
US

Problem Notes

None recorded.

Procedures

Surgical History

None recorded.

Imaging Results

None recorded.

Procedure Notes

None recorded.

Medical Equipment

None Reported.

Allergies

No known drug allergies

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Medications

Name	Sig	Start Date	Stop Date	Status	NoteLastModified by	OrganizationDetails	LastModified Time
lamotrigine 150 mg tablet	TAKE ONE TABLET BY MOUTH AT BEDTIME	12/12/2024		active	ATHENA	Not Available	12/12/2024 00:00:00
metformin 500 mg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING and TAKE ONE TABLET BY MOUTH AT BEDTIME	12/12/2024		active	ATHENA	Not Available	12/12/2024 00:00:00
Nystop 100,000 unit/gram topical powder				active	Icasey39	Not Available	11/15/2024 00:00:00
lisinopril 20 mg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING	12/12/2024		active	ATHENA	Not Available	12/12/2024 00:00:00
Medrol (Pak) 4 mg tablets in a dose pack	Take 1 tablet every day by oral route as directed for 6 days.	11/14/2024	04/11/2025 completed		ATHENA	Not Available	04/11/2025 00:00:00
thiamine HCl (vitamin B1) 100 mg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING	09/13/2024		active	ATHENA	Not Available	09/13/2024 00:00:00
olanzapine 2.5 mg tablet	TAKE THREE TABLETS BY MOUTH AT BEDTIME	10/17/2024		active	ATHENA	Not Available	10/17/2024 00:00:00
Macrodib 100 mg capsule	Take 1 capsule every 12 hours by oral route for 7 days.	12/10/2024	04/11/2025 completed		ATHENA	Not Available	04/11/2025 00:00:00
Diflucan 100 mg tablet	Take 1 tablet every day by oral route for 5 days.	11/14/2024	04/11/2025 completed		ATHENA	Not Available	04/11/2025 00:00:00
levothyroxine 50 mcg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING ON EMPTY STOMACH	12/12/2024		active	ATHENA	Not Available	12/12/2024 00:00:00
rivastigmine 4.5 mg capsule	TAKE ONE CAPSULE BY MOUTH EVERY MORNING and TAKE ONE CAPSULE AT BEDTIME	09/30/2024		active	ATHENA	Not Available	09/30/2024 00:00:00
glimepiride 4 mg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING	09/13/2024		active	ATHENA	Not Available	09/13/2024 00:00:00
metoprolol succinate ER 25 mg tablet, extended release 24 hr	TAKE ONE TABLET BY MOUTH EVERY MORNING	09/13/2024		active	ATHENA	Not Available	09/13/2024 00:00:00
Vitamin D3 25 mcg (1,000 unit) capsule	Take 1 capsule every day by oral route for 90 days.			active	Icasey39	Not Available	Not Available
rosuvastatin 10 mg tablet	TAKE ONE TABLET BY MOUTH AT BEDTIME	12/12/2024		active	ATHENA	Not Available	12/12/2024 00:00:00
cholecalciferol (vitamin D3) 25 mcg (1,000 unit) tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING	12/12/2024		active	ATHENA	Not Available	12/12/2024 00:00:00
Januvia 50 mg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING	09/30/2024		active	ATHENA	Not Available	09/30/2024 00:00:00

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Humalog KwikPen (U-100) Insulin 100 unit/mL subcutaneous	INJECT PER SLIDING SCALE WITH MEALS: 151- 200: TWO UNITS 201-250: FOUR UNITS 251-300: SIX UNITS 301-350: EIGHT UNITS 351-400: 10 units Over 400: notify provider	09/30/2024	active	ATHENA	Not Available	09/30/2024 00:00:00
melatonin 5 mg tablet	TAKE ONE TABLET BY MOUTH AT BEDTIME	12/12/2024	active	ATHENA	Not Available	12/12/2024 00:00:00
BD Ultra-Fine Nano Pen Needle 32 gauge x 5/32"	USE AS DIRECTED. WITH INSULIN	01/13/2025	active	ATHENA	Not Available	01/13/2025 00:00:00
Easy Comfort Lancets 30 gauge	USE TO TEST BLOOD SUGAR TWICE DAILY	12/06/2024	active	ATHENA	Not Available	12/06/2024 00:00:00
Accu-Chek Guide test strips	USE TO TEST BLOOD SUGAR TWICE DAILY	02/04/2025	active	ATHENA	Not Available	02/04/2025 00:00:00
Trulicity 3 mg/0.5 mL subcutaneous pen injector	Inject 3 mg every week by subcutaneous route for 30 days.	02/24/2025 04/22/2025 completed		ATHENA	Not Available	04/22/2025 00:00:00
Trulicity 4.5 mg/0.5 mL subcutaneous pen injector	Inject 4.5 mg every week by subcutaneous route for 28 days.	04/11/2025	active	ATHENA	Not Available	06/12/2025 00:00:00
COVID-19 At- Home Test kit	Take 1 kit as needed by miscell. route for 90 days.	01/20/2025	active	ATHENA	Not Available	01/20/2025 00:00:00
Probitoic Digestive Support (6 strain) 10 billion cell-100 mg capsule	Take 1 capsule every day by oral route for 30 days.	04/22/2025	active	ATHENA	Not Available	06/12/2025 00:00:00

History of Present Illness

None recorded.

Physical Exam**Notes:**

None recorded.

Review of Systems

None recorded.

Vitals

Date Recorded	Body height	Heart rate	Respiratory rate	Body temperature	Oxygen saturation	Oxygen saturation in Arterial blood by Pulse oximetry	Provider Name and Address	Organization Details	Last Updated Date Time
06/23/2025	157.48 cm	70 /min	16 /min	97.7 [degF]	95 %	95 %	LAUREN CASEY, APRN	KY - Alford's Care2U LLC	06/23/2025 10:50:25

255 Overlook Lane, Smiths Grove,
KY, 42171-8322,

DENNIS, Peggy (id #138, dob: 08/17/1950)**Social History**

Question	Answer	Notes	Last Modified by	Organization Details	Last Modified Time
Are You Sexually Active?	No		Icasey39	Information not available	11/15/2024
Do You Or Your Partner(s) Currently Have Other Sex Partners?	No		Icasey39	Information not available	11/15/2024
Have You Or Any Of Your Partners Used Drugs?	No		Icasey39	Information not available	11/15/2024
Have You Received HPV, Hepatitis A, And/or Hepatitis B Shots?	No		Icasey39	Information not available	11/15/2024
Have You Been Diagnosed With STI In The Past?	No		Icasey39	Information not available	11/15/2024
Did You Get Treatment?	No		Icasey39	Information not available	11/15/2024
Are You Or Your Partner Using Contraception Or Practicing Any Form Of Birth Control?	No		Icasey39	Information not available	11/15/2024

Birth Sex: Female**Functional Status**

None recorded.

Mental Status

None recorded.

Family History

Nothing Reported.

Medical History

No medical history recorded.

Gynecological History No gynecological history recorded.

Obstetrics History

GPAL:
G O P O O O O**Immunizations**

None recorded.

Past Encounters

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code	Diagnosis Note
1935	LAUREN CASEY, APRN	Alford's Care2U 255 OVERLOOK LN SMITHS GROVE, KY 42171-8322	05/27/2025 08:39:11	05/27/2025 10:47:24	Allergic contact dermatitis	238575004	L23.9	
					Candidiasis of skin	49883006	B37.2	
					Bipolar disorder	13746004	F31.9	
					Severe dementia	428351000124105	F03.C0	
					Type 2 diabetes mellitus	44054006	E11.9	
					Long-term current use of insulin	710815001	Z79.4	
					Vitamin D deficiency	34713006	E55.9	
					Vitamin deficiency	85670002	E56.9	
					Primary insomnia	3972004	F51.01	
					Hypothyroidism	40930008	E03.9	
					Hyperlipidemia	55822004	E78.5	
					Essential hypertension	59621000	I10	
					Assisted living facility patient	11762561000119103	Z76.89	
2202	LAUREN CASEY, APRN	Alford's Care2U 255 OVERLOOK LN SMITHS GROVE, KY 42171-8322	06/23/2025 09:21:09	06/23/2025 12:56:51	Allergic contact dermatitis	238575004	L23.9	
					Candidiasis of skin	49883006	B37.2	
					Bipolar disorder	13746004	F31.9	
					Severe dementia	428351000124105	F03.C0	
					Type 2 diabetes mellitus	44054006	E11.9	
					Long-term current use of insulin	710815001	Z79.4	
					Vitamin D deficiency	34713006	E55.9	
					Vitamin deficiency	85670002	E56.9	
					Primary insomnia	3972004	F51.01	

Hypothyroidism	40930008	E03.9
Hyperlipidemia	55822004	E78.5
Essential hypertension	59621000	I10
Assisted living facility patient	11762561000119103	Z76.89

Goals Section

Goal	Description	Progress	Status	Start Date	Last Modified by	Organization Details	Last Modified Time
Home/Environment Safety	Reports having a safe environment that promotes independence and prevents injury	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Adequate Sleep	Achieves adequate, well-rested sleep with minimal disruption	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Blood Glucose	Maintains blood glucose within target range	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Activities of Daily Living	Performs activities of daily living independently or with minimal assistance	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Medication Regimen	Follows medication regimen as per care team recommendation(s)	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Cognitive Awareness	Maintains baseline level of cognitive awareness	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Hemoglobin A1C	Lowers or maintains hemoglobin A1C (HbA1c) as per care team recommendation(s) [TARGET: less than or equal to 7%]	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Blood Pressure	Maintains blood pressure goal as defined by care team	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Diet Adherence	Follows prescribed or recommended diet	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Family and Social Support	Reports family and/or social support needs are met	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38
Quality of Life	Reports satisfaction with quality of life	None	active	10/23/2024	Lauren Casey	Information not available	10/23/2024 22:02:38

Alford's Care2U • 255 OVERLOOK LN, SMITHS GROVE KY 42171-8322
DENNIS, Peggy (id #138, dob: 08/17/1950)

Health Concerns Section

Related Observation	LastModified by	Organization Details		LastModified Time
Chronic sick	Not Available	Not Available		Not Available
Concern	Status	LastModified by	Organization Details	LastModified Time
Type 2 diabetes mellitus	Active	Lauren Casey	Not Available	10/23/2024 21:59:44
Essential hypertension	Active	Lauren Casey	Not Available	10/23/2024 21:59:29
Severe dementia	Active	Lauren Casey	Not Available	10/23/2024 21:59:38

Notes

Date	Note Type	Note	Provider Name and Address	Organization Details	Recorded Time
06/23/2025	text/html	Peggy was seen today in her home at Shelbyville Hometown Manor for a routine follow up appointment. She is much more pleasant today than she has been in the past. Staff reports that she has been doing well and they deny any current concerns.	LAUREN CASEY, APRN	KY - Alford's Care2U LLC 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	06/23/2025 12:56:02

Payers

None recorded.