

Patient**Demographics**

Name: Alice Zzztest

Address: 345 SOUTH ST WALLINGFORD CT 06492

Date of birth: 1/1/1953

Sex: Female

Gender identity: Female

Email: email@email.com

Home phone: 203-555-6666

Work phone: 203-265-9507

Relationships

Name	Relation to Patient	Phone Number
Test, test	Friend	Home: 203-555-6666

Care Team**Active**

No active care team members

Problem List

No documentation.

Allergies

No documentation.

Immunizations

No documentation.

Current Medications**Medications**

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.

Current Medications

None

Vitals**Vital Signs**

Most recent update: 10/16/2019 3:22 PM

Pulse 78	Temp 98 °F (36.7 °C)	Wt 79.4 kg
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Advance Care Planning**Plan****Patient Capacity**

The patient has full capacity. There is no history of patient status change.

Current Code Status

Date Active	Code Status	Order ID	Comments	User	Context
Not on file					

Active Health Care Agents

There are no active Health Care Agents on file.

Patient (continued)

Advance Care Planning (continued)

01/04/2019 - Office Visit in Smilow Oncology Care Management

Reason for Visit

Visit diagnosis: Hypertension, unspecified type

Visit Information

Provider Information

Encounter Provider

Ellman, Matthew S, MD

Department

Name	Address	Phone	Fax
Smilow Oncology Care Management	20 York Street New Haven CT 06510	203-200-3069	203-200-3938

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

None

Stopped in Visit

None

Labs

Active

FIT Occult Stool [28352279] (Active)

Electronically signed by: Chin, Danny on 01/04/19 1347

Status: Active

Ordering user: Chin, Danny 01/04/19 1347

Authorized by: Ellman, Matthew S, MD

Ordering mode: Standard

Frequency: Routine 01/04/19 -

Class: Clinic Performed

Quantity: 1

Diagnoses

Hypertension, unspecified type [I10]

Provider Details

Provider	NPI
Ellman, Matthew S, MD	1215919642

Specimen Information

ID	Type	Source	Collected By
—	Stool	—	—

Indications

Hypertension, unspecified type [I10 (ICD-10-CM)]

FiT-DNA [28352281] (Active)

01/04/2019 - Office Visit in Smilow Oncology Care Management (continued)**Labs (continued)**Electronically signed by: **Chin, Danny on 01/04/19 1351**Status: **Active**

Ordering user: Chin, Danny 01/04/19 1351

Authorized by: Ellman, Matthew S, MD

Ordering mode: Standard

Frequency: Routine 01/04/19 -

Class: Lab Collect

Quantity: 1

Diagnoses

Hypertension, unspecified type [I10]

Provider Details

Provider	NPI
Ellman, Matthew S, MD	1215919642

Specimen Information

ID	Type	Source	Collected By
—	Stool	—	—

Indications

Hypertension, unspecified type [I10 (ICD-10-CM)]

Imaging**Active****CT Initial Lung Cancer Screening [28352280] (Active)**Status: **Active**Electronically signed by: **Chin, Danny on 01/04/19 1351**

Ordering user: Chin, Danny 01/04/19 1351

Authorized by: Ellman, Matthew S, MD

Ordering mode: Standard

Frequency: Routine 01/04/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Hypertension, unspecified type [I10]

Provider Details

Provider	NPI
Ellman, Matthew S, MD	1215919642

Questionnaire

Question	Answer
Reason for Exam:	Test
Is the patient 55-77 years old with NO acute pulmonary symptoms?	Yes
Is the patient currently smoking OR has the patient quit smoking within the past 15 years?	Yes
Has the patient smoked 30 or more pack-years? (# of packs per day x years smoked)	Yes
Is there documentation of Shared Decision Making Including Smoking Cessation Guidance? (If not being seen by the Lung Screening Program)	Yes
Is this the first (baseline) CT or an annual exam?	Baseline
Is this a low dose CT or a routine CT?	Low Dose CT

Indications

Hypertension, unspecified type [I10 (ICD-10-CM)]

07/15/2019 - Office Visit in YHC Department of Internal Medicine**Reason for Visit**

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Reason for Visit (continued)**

Chief complaint: Insomnia

Visit diagnoses:

- **Insomnia, unspecified type (primary)**
- Need for prophylaxis against sexually transmitted diseases

Visit Information**Provider Information**

Encounter Provider	Authorizing Provider
Otterson, Karen, RN	Wilson, Madeline S., MD

Department

Name	Address	Phone	Fax
YHC Department of Internal Medicine	55 Lock Street, 1st Floor New Haven CT 06520	203-432-0038	203-432-1102

Follow-up and Dispositions

- Return in 3 months (on 10/15/2019).

Level of Service

Level of Service
PR OFFICE OUTPATIENT VISIT 15 MINUTES

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**emtricitabine (EMTRIVA) 200 mg capsule**

Instructions: Take 1 capsule (200 mg total) by mouth daily.

Authorized by: Wilson, Madeline S., MD

Start date: 9/5/2019

Quantity: 90 capsule

Ordered on: 9/5/2019

End date: 12/4/2019

Refill: No refills remaining

tenofovir disoproxil (VIREAD) 300 mg tablet

Instructions: Take 1 tablet (300 mg total) by mouth daily.

Authorized by: Wilson, Madeline S., MD

Start date: 9/5/2019

Quantity: 90 tablet

Ordered on: 9/5/2019

End date: 12/4/2019

Refill: No refills remaining

Stopped in Visit

None

Progress Notes**Progress Notes by Otterson, Karen, RN at 7/15/2019 9:44 AM****FOLLOW UP: PREXPOSURE PROPHYLAXIS FOR PREVENTION OF HIV**

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Progress Notes (continued)**

Alice is a 66 y.o., female who is interested in continuing HIV pre-exposure prophylaxis.

Pre-exposure prophylaxis continues to be indicated.

HIV Prep Compliance:

Alice reports taking prescribed medications daily without missed doses.

Current medications:

Current Medications

Medication	Sig
• emtricitabine (EMTRIVA) 200 mg capsule	Take 1 capsule (200 mg total) by mouth daily.
• tenofovir disoproxil (VIREAD) 300 mg tablet	Take 1 tablet (300 mg total) by mouth daily.

Allergies not on file

In the past 3 months:

1. Have you had sex with men, women or both? Men
2. (If men or both sexes,) how many men have you had sex with? 2
3. Have you had any anal sex (receptive or insertive) without condoms in the past 6 months? No
4. Were any of your male sex partners HIV positive? No

There were no vitals taken for this visit.

Physical Exam:

HEENT: Nl oropharynx and tonsils.

No cervical adenopathy

Lungs-Clear

Cor-RRR

Skin- No rash

Alice denies fever, myalgia, rash, pharyngitis, cervical adenopathy in preceding four weeks suggestive of possible acute HIV infection.

Alice denies potential high risk sexual exposure to HIV in recent weeks (i.e., unprotected anal sex/unknown partner status).

Alice Zzztest understands that prevention depends on medication compliance and does not assure 100% protection. Regular condom remains necessary. Additionally, it is suggested that medication be taken for 20 consecutive days before being considered protective.

HPV vaccine reviewed: Vaccine order placed.

Discussion was had regarding risks/benefits of PrEP treatment.

All questions were addressed and counseling regarding safe sex practices was reviewed.

Patient to return in 3 months to review medication compliance, potential side effects as well as a commitment to adhere with necessary follow-up lab testing and office visits.

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Progress Notes (continued)****Labs****Active****HIV 1/2 ag/ab, w/reflexes (Q) [28484334] (Active)**Electronically signed by: **Otterson, Karen, RN on 09/05/19 0805**Status: **Active**

Ordering user: Otterson, Karen, RN 09/05/19 0805

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 09/05/19 -

Class: Lab Collect - Reference Lab

Quantity: 1

Diagnoses

Need for prophylaxis against sexually transmitted diseases [Z29.8]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Need for prophylaxis against sexually transmitted diseases [Z29.8 (ICD-10-CM)]

Syphilis antibody cascading reflex (Q) [28484335] (Active)Electronically signed by: **Otterson, Karen, RN on 09/05/19 0805**Status: **Active**

Ordering user: Otterson, Karen, RN 09/05/19 0805

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 09/05/19 -

Class: Lab Collect - Reference Lab

Quantity: 1

Diagnoses

Need for prophylaxis against sexually transmitted diseases [Z29.8]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Indications

Need for prophylaxis against sexually transmitted diseases [Z29.8 (ICD-10-CM)]

C. trachomatis/N. gonorrhoeae RNA by TMA, (LMW Q) [28484336] (Active)Electronically signed by: **Otterson, Karen, RN on 09/05/19 0805**Status: **Active**

Ordering user: Otterson, Karen, RN 09/05/19 0805

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 09/05/19 -

Class: Lab Collect - Reference Lab

Quantity: 1

Diagnoses

Need for prophylaxis against sexually transmitted diseases [Z29.8]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Labs (continued)****Specimen Information**

ID	Type	Source	Collected By
—	Culture	Urine (Dirty Catch) for DNA Probe	—

Indications

Need for prophylaxis against sexually transmitted diseases [Z29.8 (ICD-10-CM)]

Imaging**Active****Echo 2D Complete w Doppler and CFI if Ind Image Enhancement 3D and or bubbles [28431606] (Active)**Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Reason for Exam:	jj

Scheduling instructions

To schedule this test, call 203-688-1010.

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

Holter Monitor - 24 Hour [28484329] (Active)Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Reason for Exam:	jj

Scheduling instructions

To contact the office or schedule an appointment please call 203-688-4749

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Imaging (continued)****Holter Monitor - 48 Hour [28484330] (Active)**Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Reason for Exam:	jj

Scheduling instructions

To contact the office or schedule an appointment please call 203-688-4749

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

Cardiac Event Monitor [28484331] (Active)Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Reason for Exam:	jj

Scheduling instructions

To contact the office for additional information. Please call 800-785-4354

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

Exercise Stress Test, No Imaging [28484332] (Active)Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
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07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Imaging (continued)**

Reason for Exam: jj

Scheduling instructions

To contact the office or schedule an appointment please call 203-688-4749

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

Stress Echo with Exercise if Ind Image Enhancement [28484333] (Active)Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Reason for Exam:	jj

Scheduling instructions

To schedule this test, call 203-688-1296.

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

Procedures**Active****Pulmonary Function Test [28431607] (Active)**Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Prefer PFT to be performed at Smilow Location	No
Reason For Exam	jj
Spirometry	No
Lung Volumes Via Helium Washout/ Nitrogen Washout	No
Diffusion Capacity (DLCO)	No
Spirometry Pre/Post Bronchodilator	No
Lung Volumes Via Plethysmography	No
Maximum Voluntary Ventilation (MVV)	No
Max Insp/Exp Pressure	No
Fractional Concentration of Exhaled Nitric Oxide (FeNO)	No

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Procedures (continued)**

Exercise Oximetry	No
Shunt Study	No
High Altitude Study	No
Arterial Blood Gas (ABG)	No
Inhaler Education	No

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

EEG [28431608] (Active)Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Indications:	Absence Episodes

Scheduling instructions

To contact the office or schedule an appointment please contact 203-688-2495

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

EMG/Nerve Conduction Study (YNH Only) [28431609] (Active)Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Reason for Exam	jj

Scheduling instructions

No current outpatient medications on file.

No current facility-administered medications for this visit.

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Procedures (continued)****Nerve Conduction Test [28431610] (Active)**Electronically signed by: **Otterson, Karen, RN on 07/15/19 0948**Status: **Active**

Ordering user: Otterson, Karen, RN 07/15/19 0948

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine 07/15/19 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Insomnia, unspecified type [G47.00]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Questionnaire

Question	Answer
Indications	Lumbar Radiculopathy

Scheduling instructions

To schedule an appointment or contact the office please call 203-688-2495

Indications

Insomnia, unspecified type [G47.00 (ICD-10-CM)]

Other Orders**Medications****emtricitabine (EMTRIVA) 200 mg capsule [28484337] (Expired)**Electronically signed by: **Otterson, Karen, RN on 09/05/19 0805**Status: **Expired**

Ordering user: Otterson, Karen, RN 09/05/19 0805

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine Daily 09/05/19 - 90 days

Class: Normal

Diagnoses

Need for prophylaxis against sexually transmitted diseases [Z29.8]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Indications

Need for prophylaxis against sexually transmitted diseases [Z29.8 (ICD-10-CM)]

tenofovir disoproxil (VIREAD) 300 mg tablet [28484338] (Expired)Electronically signed by: **Otterson, Karen, RN on 09/05/19 0805**Status: **Expired**

Ordering user: Otterson, Karen, RN 09/05/19 0805

Authorized by: Wilson, Madeline S., MD

Ordering mode: Standard

Frequency: Routine Daily 09/05/19 - 90 days

Class: Normal

Diagnoses

Need for prophylaxis against sexually transmitted diseases [Z29.8]

Provider Details

Provider	NPI
Wilson, Madeline S., MD	1871574152

Indications

Need for prophylaxis against sexually transmitted diseases [Z29.8 (ICD-10-CM)]

07/15/2019 - Office Visit in YHC Department of Internal Medicine (continued)**Patient Instructions**

Pre-exposure prophylaxis (or PrEP) is a way for people who do not have HIV but who are at very high risk of getting HIV to prevent HIV infection by taking medication every day. The regimen involves taking two medicines (tenofovir and emtricitabine) daily - these medications are used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection.

When taken daily, PrEP is highly effective for preventing HIV. Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily. PrEP is much less effective if it is not taken consistently. People who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months.

Since PrEP does not protect against other STDs, use condoms the right way every time you have sex.

- Please continue to take your medication daily; it must be taken daily to be effective.
- If a dose is missed, take the medication as soon as possible. However, it is advised that you skip a dose if the timing is too close to the following dose as two doses should not be taken at once.
- Continue to keep in mind that PrEP, although very effective in preventing HIV, should not be considered a guarantee against acquiring HIV infection. Additionally PrEP does not protect against other sexually transmitted infections such as syphilis/chlamydia or gonorrhea - all of which are on the rise - safe sexual practices should be adhered to at all times - including consistent condom use.
- Please make a 3 month follow up appointment at the end of today's visit.
- Be in touch via MyChart if any questions or concerns.

End of Report