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Internal use only

**Service Invoice Type:
Synchronous Visit**

**Service Invoice SubType:
Appointment**



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Demographics

Appointment: 05/06/2024 at 05:30:00 PM EDT

Name

DOB

Gender F

Email

Phone

Address

Patient Type: Established

Signed at on 05/06/2024 at 05:41:40 PM EDT by

Addendums:

NONE

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Vitals Data

Question	Value	Date
Height	5' 4"	2023-07-26
Weight	215	2023-12-20
BMI	38	2023-07-24
Blood pressure	127/89	2023-07-26
Heart rate	87	2023-07-26
Temperature	NOT COMPLETE	NOT COMPLETE
Respiratory Rate	12	2024-05-06

Historical Vitals Data

Date	Height	Weight	BMI	Blood Pressure	Heart Rate
2023-07-24	5' 4"	227	38.96	120/77	89
2023-12-20	5' 4"	215	36.90	127/89	87
2023-07-26	5' 4"	235	40.33	127/89	87

Subjective**Chief Complaint**

Med refill

History of Present Illness**Provided by Patient:**

I introduced myself by name as a physician. I confirmed patient identifiers. The patient is physically located in a state where I have an active medical license. We reviewed the limitations of telehealth today. Patient consents

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for today's visit to be done by telehealth. WEIGHT LOSS FOLLOW UP (5/6/24) HPI: The patient presents for a visit to further discuss options for weight management. Medication: OZEMPIC 0.5mg/week Current Weight: 210 Dietary review: She continues to center fresh produce and protein Physical activity: walking daily ----- WEIGHT LOSS FOLLOW UP (12/20/23) HPI: The patient presents for a visit to further discuss options for weight management. Last seen in July. She says she got the OZEMPIC and it really helped with her appetite. She travels outside the country and was not able to follow up any sooner. She lost 20 lbs since we last talked! She asks about switching to WEGOVY- I do not recommend this due to the nationwide shortage. Medication: OZEMPIC 0.25 Current Weight: 215 Change since last visit: 20 Initial Weight: 235 Dietary review: controlled portions, fresh fruits and veggies Physical activity: walking daily -----(COPY/PASTED History from Previous Notes)----- HPI: The patient presents for a visit to further discuss options for weight management to review interval lab results. Weight change since last visit: measured weight at Quest higher than pt thought Current Weight: 235 Current BMI: 40.3 Labs done on 7/25/23 Total Cholesterol: 263 LDL: 159 CMP normal CBC normal Insulin level: 10.9 A1c: 5.5% TSH: 2.03 Blood pressure, including date: 127/89 on 7/25/23 (Copied and Pasted History from Initial Visit in 7/24/23) Height: 5'4" Initial weight: 227 Initial BMI: 39 Previous diets and exercise for weight loss, length of time tried, and results: calorie restriction, low carb- didnt work Previous and current commercial weight loss programs: tried weight watchers without success Previous weight loss medications, length of time tried, and results: phentermine x 1 month, went ok. History of bariatric surgery: no Diagnosis of any of the following are updated in the chart: DM II, HTN, hypercholesterolemia, retinopathy, renal disease, sleep apnea, hypothyroidism, fatty liver, history of MI, CVA, TIA. Underlying medical conditions and medications are updated on the chart, including pertinent negatives. NO known personal or family history of thyroid cancer or MEN Current medications: no (otc iron and mvi only) History of depression, anxiety, bipolar d/o, or suicidal ideation: no History of substance use, alcohol, marijuana: no If applicable, pregnancy/breastfeeding/nursing/ birth control status: no Patient denies contraindications to weight loss

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medications including pancreatitis, MEN2, MTC, suicidal ideation, active eating disorder, active substance use, pregnant, nursing, or planning on becoming pregnant, family history of MEN2/MTC Pt denies history of DM I, seizures, CHF/rEF Dietary Tips Reviewed: Concern about intake of carbohydrates, processed foods or too large portion sizes Concern about lack of vegetable, fruit, or protein intake Intake of caloric beverages, such as juices, soda, sweetened hot beverages, or alcohol Snacking, significant cravings, between-meal hunger Mood related eating, Emotional/stress eating Limited access to healthy food choices Physical activity (type/duration/frequency and limitations due to injury, pain, dyspnea, or schedule): recommended walking 15 min per day, working it up to 30 min per day Other concerns: Medications (<https://obesitymedicine.org/medications-that-cause-weight-gain>): none Sleep difficulties or shift work (<https://aasm.org/clinical-resources/provider-fact-sheets/>): no signs of OSA High stress lifestyle: yes Substance use disorders: no Pt is not currently pregnant, breastfeeding, or planning to become pregnant in the next year. ROS: Denies HA, visual changes, chest pain, SOB, orthopnea, PND, or LE edema.

Review Of Systems

Checked Ten Systems	True
Constitutional	negative except as per HPI
Eyes	negative except as per HPI
ENT	negative except as per HPI
Cardiovascular	negative except as per HPI
Respiratory	negative except as per HPI
Gastrointestinal	negative except as per HPI
Genitourinary	negative except as per HPI
Musculoskeletal	negative except as per HPI
Skin	negative except as per HPI
Neurologic	negative except as per HPI
Psychiatric	negative except as per HPI
Endocrine	negative except as per HPI

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Hematologic/Lymphatic	negative except as per HPI
Allergic/Immunologic	negative except as per HPI

Medical History

Problem List

Abnormal weight gain R635

Current Medication

No prior/other medications

Allergies

No known drug allergies

Social/Family History

Current smoker? **NO**

Family History:

Family history reviewed and is non-contributory OZEMPIC WORKING WELL - f/u may be further apart since she travels out of the country for months at a time.

Objective

Labs

LABS	ORDER DATE	STATUS
Comprehensive Metabolic Panel		
Height	07.24.2023	CM
Weight		

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LABS

Blood Pressure

Pulse

Tsh W/Reflex To Ft4

Hemoglobin A1C

Insulin

Cbc (Includes Diff/Plt)

Lipid Panel

ORDER DATE**STATUS****Exam**

Constitutional	Appears well no acute distress
Eyes	Anicteric sclera, conjunctiva non injected; pupils equal
ENT	Ears/nose without scarring or erythema; no obvious hearing defects; lips and teeth without hygienic deficits
Respiratory	No retractions or use of accessory muscles; no audible wheezing or stridor
Musculoskeletal	Normal station, no obvious swollen joints
Skin	Dry and clear without erythema or rash
Psychiatric	Judgement reasonable and insight sound; AAOx3; memory accurate; mood and affect appropriate
Lymph/Immune	No obvious masses, neck asymmetry, or goiter noted

Assessment**Diagnoses**

Abnormal weight gain

R635

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Assessment

Increase dose of OZEMPIC

Plan**Prescriptions**

OZEMPIC 3mL 1.34mg/mL Pen Injector
3 Milliliter(s)

1 mg subcutaneously once
weekly

Plan notes

No plan note

Patient notes

SEMAGLUTIDE (OZEMPIC OR WEGOVY) Here is some information about SEMAGLUTIDE (otherwise known as WEGOVY or OZEMPIC). Please do not increase your dosage without checking with us first. HIGHER DOSES DO NOT NECESSARILY MEAN MORE WEIGHT LOSS, but they can cause many more side effects. Please know that both Ozempic and Wegovy have health coaching resources and we encourage you to utilize these: Ozempic support: <https://www.ozempic.com/savings-and-resources/your-ozempic-support.html> Wegovy support: <https://www.wegovy.com/coverage-and-savings/get-wegotogether-support.html> Semaglutide is an injection medication that increases satiety hormones in the gut that signal the brain and make you feel fuller than usual. Pros: not a stimulant and can be used with almost any other medical condition Cons: expensive, may not be covered by insurance, and an injection. Side effects: Nausea, constipation, headache, heartburn. The side effects generally improve over a week or two but can often occur or worsen with dose increases. Nausea is common at the beginning or after a dosage increase. Abdominal pain, vomiting, and other severe symptoms are not common. If you have these symptoms, stop

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taking the medication and call our office. One of the risks of this medication is pancreatitis, which is inflammation of the pancreas. This medication may increase the risk of developing thyroid cancer. Let us know immediately if you have neck swelling, new hoarseness, or difficulty breathing or swallowing. Some studies suggest that this medication can worsen eye disease related to blood sugars. Schedule an eye exam with your ophthalmologist now and annually after that to ensure your eyes are healthy. We will ask you to follow up every 4-6 weeks while taking this medication. The makers of Ozempic and Wegovy have issued shortage warnings for these medications. If your pharmacy has none in stock, check other pharmacies. We are happy to switch the prescription for you if needed. Your insurance may require prior authorization for this drug. Please be on the lookout for an email from us requesting the information you need to complete this paperwork. The quicker you can get information, the quicker we can process your prior authorization. We can consider other options if your insurance does not cover this medication. Ozempic comes as a multi-dose pen. The package comes as one pen plus 4 disposable needles for each of the weekly doses. The pen is good for 56 days after the first dose or the expiration date, whichever comes first.

Referrals

No referrals ordered

Work/School Note

No excuse notes created

Programs

Questionnaires

Full PHQ-9 Data

NOT COMPLETED

Visit time: 11 minutes

Start time: Appointment: 05/06/2024 at 05:30:00 PM EDT

End time: Appointment: 05/06/2024 at 05:41:00 PM EDT

Consent for telehealth was obtained from the patient for this visit

Physician location: Office - Telehealth

Patient location: Home - Telehealth

Technical platform: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system via PlushCare platform



Patient Information	Specimen Information	Client Information
DOB: Gender: F Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: 07/25/2023 / 12:23 EDT Received: 07/25/2023 / 12:28 EDT Reported: 07/26/2023 / 07:16 EDT	MAIL992

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL		263 H	<200 mg/dL	Z99
HDL CHOLESTEROL	86		> OR = 50 mg/dL	Z99
TRIGLYCERIDES	74		<150 mg/dL	Z99
LDL-CHOLESTEROL		159 H	mg/dL (calc)	Z99
Reference range: <100				
Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.				
LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. Martin SS et al. JAMA. 2013;310(19): 2061-2068 (http://education.QuestDiagnostics.com/faq/FAQ164)				
CHOL/HDL-C RATIO	3.1		<5.0 (calc)	Z99
NON HDL CHOLESTEROL		177 H	<130 mg/dL (calc)	Z99
For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.				
COMPREHENSIVE METABOLIC PANEL				Z99
GLUCOSE	87		65-99 mg/dL	
Fasting reference interval				
UREA NITROGEN (BUN)	9		7-25 mg/dL	
CREATININE	0.52		0.50-0.99 mg/dL	
EGFR	116		> OR = 60 mL/min/1.73m ²	
The eGFR is based on the CKD-EPI 2021 equation. To calculate the new eGFR from a previous Creatinine or Cystatin C result, go to https://www.kidney.org/professionals/kdoqi/gfr%5Fcalculator				
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	140		135-146 mmol/L	
POTASSIUM	4.2		3.5-5.3 mmol/L	
CHLORIDE	105		98-110 mmol/L	
CARBON DIOXIDE	29		20-32 mmol/L	
CALCIUM	9.4		8.6-10.2 mg/dL	
PROTEIN, TOTAL	7.6		6.1-8.1 g/dL	
ALBUMIN	4.0		3.6-5.1 g/dL	
GLOBULIN	3.6		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.1		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.5		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	67		31-125 U/L	
AST	16		10-35 U/L	
ALT	15		6-29 U/L	
HEMOGLOBIN A1c	5.5		<5.7 % of total Hgb	Z99
For the purpose of screening for the presence of				



Patient Information	Specimen Information	Client Information
DOB: AGE: 46 Gender: F Fasting: Y Patient ID: Health ID:	Specimen: Collected: 07/25/2023 / 12:23 EDT Received: 07/25/2023 / 12:28 EDT Reported: 07/26/2023 / 07:16 EDT	

Test Name	In Range	Out Of Range	Reference Range	Lab
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diabetes:

<5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)
> or =6.5%	Consistent with diabetes

This assay result is consistent with a decreased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin Alc for diagnosis of diabetes in children.

According to American Diabetes Association (ADA) guidelines, hemoglobin Alc <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes (ADA).

TSH W/REFLEX TO FT4	2.03	mIU/L		Z99
		Reference Range		
		> or = 20 Years	0.40-4.50	

Pregnancy Ranges
First trimester 0.26-2.66
Second trimester 0.55-2.73
Third trimester 0.43-2.91

CBC (INCLUDES DIFF/PLT)				Z99
WHITE BLOOD CELL COUNT	4.8	3.8-10.8 Thousand/uL		
RED BLOOD CELL COUNT	3.99	3.80-5.10 Million/uL		
HEMOGLOBIN	12.0	11.7-15.5 g/dL		
HEMATOCRIT	37.2	35.0-45.0 %		
MCV	93.2	80.0-100.0 fL		
MCH	30.1	27.0-33.0 pg		
MCHC	32.3	32.0-36.0 g/dL		
RDW	12.6	11.0-15.0 %		
PLATELET COUNT	341	140-400 Thousand/uL		
MPV	10.2	7.5-12.5 fL		
ABSOLUTE NEUTROPHILS	2165	1500-7800 cells/uL		
ABSOLUTE LYMPHOCYTES	2237	850-3900 cells/uL		
ABSOLUTE MONOCYTES	298	200-950 cells/uL		
ABSOLUTE EOSINOPHILS	82	15-500 cells/uL		
ABSOLUTE BASOPHILS	19	0-200 cells/uL		
NEUTROPHILS	45.1	%		
LYMPHOCYTES	46.6	%		
MONOCYTES	6.2	%		
EOSINOPHILS	1.7	%		
BASOPHILS	0.4	%		
HEIGHT				Z99
HEIGHT (FT)	5			
HEIGHT (IN)	4			
WEIGHT (LBS)	235	lbs		Z99
BLOOD PRESSURE				Z99
BP, SYSTOLIC (mmHg)	127			
BP, DIASTOLIC (mmHg)	89			



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Test Name	In Range	Out Of Range	Reference Range	Lab
PULSE	87		beats/min	Z99
INSULIN	10.9		uIU/mL	Z99
	Reference Range < or = 18.4			
	Risk:			
	Optimal	< or = 18.4		
	Moderate	NA		
	High	>18.4		
	Adult cardiovascular event risk category cut points (optimal, moderate, high) are based on Insulin Reference Interval studies performed at Quest Diagnostics in 2022.			

PERFORMING SITE:
Z99