
Control No: 402857-06

Medical Record Excerpt & Outline

Patient Name : Judy Wong Peters
Social Security No. : XXX-XX-1614
Date of Birth : 04/30/1957
Date of Injury :
Records of : Pulmonary Consultants and Primary
Care Physicians Medical Group,
1310 W. Stewart Drive, Ste 410
Orange CA 92868

Date of Service	Page No.	Provider	Excerpt
10/02/12	135,136,137	Tony Nakhla, D.O. – OC Skin Institute	Progress Notes CC: Patient complains of arms pain in 2 weeks. Patient reports itching, scaling, dry skin. Patient reports itching associated with this condition as a 5 on a scale of 1-10. Patient condition worsens with heat and sweating. Patient has tried topical steroids. Exam: Wt: 115 lbs. Skin type IV. Actinic changes in the form of freckles, lentigines and hyper/hypopigmentation on the face, arms, chest and upper back. Legs - Diffuse dry scaly skin. Dx: 1) Neurodermatitis dermatitis. 2) Xerosis. 3) Chronic solar damage. Tx plan: Prescribe Betamethasone. Follow up in 1 week.
10/03/12	134	Tony Nakhla, D.O. – OC Skin Institute	Correspondence Signed By Physician Patient is here for neurodermatitis dermatitis on her arms and xerosis on her legs. She was treated with Betamethasone cream and is scheduled to follow-up with me in 1 week, or sooner as needed, for continued care. At OC Skin Institute, we are committed to the highest quality, state-of-the-art, dermatologic care.
10/08/12	131,132	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient complains of DM lost to follow up no labs for the last year. Patient states very nauseated on Victoza. When tried to increase dosage with symptoms. Patient with 3 months supply still. Patient needs to get labs checked. She has had depression in the last while worse too with care giving. Exam: BP: 110/80. Wt: 112 lbs. Dx: 1) Major depression

			recurrent. 2) Diabetes mellitus. 3) Stress NOS. 4) Nausea alone. 5) Pain wrist. Tx plan: Continue Fluoxetine. Overdue for women exam. Continue counseling.
10/24/12	128,129,130	Quest Diagnostics	Laboratory Lipid Panel. High Total Cholesterol. Comprehensive Metabolic Panel. High Glucose and Lipase. High Hemoglobin A1c. Low Total Vitamin D 25 Hydroxy. Urinalysis. Glucose: Present.
10/31/12	126,127	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient is here to follow up lab results/diabetes mellitus. Patient with history of nausea on Victoza in the last while especially when trying to go over 0.6 mg of medication also with glucose in the urine as well. Patient was lost to follow up with DM from other PCP in the last year. Patient education on the need to start statin and also need to start insulin to decrease pancreatic burden. She will need to stop Victoza due to lipase and switch to Januvia as patient can't even really tolerate the lower dosage of Victoza. Patient states she always gets sick after the shots, discussed pros and cons and will get shots today. Exam: BP: 100/70. Wt: 113 lbs. Dx: 1) Pneumovax. 2) Nausea alone. 3) Diabetes mellitus, uncontrolled. 4) Vitamin D deficiency. Tx plan: Ordered labs. Patient need to stop Victoza. Vaccinations given today. Start Lipitor for next time. Administered Levemir Flexpen Subcutaneous Solution 100 unit/ml. Discontinue Victoza, 0.6 mg, Dispensed Metformin HCl 750 mg, Januvia 100 mg. Recommend physical therapy. Follow up in 2 weeks.
11/14/12	123,124	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient is here to follow up evaluation/diabetes mellitus. Follow up on Levemir using about 6 units per day but having some skin reaction. On discussion PT only injecting in same spot every day education on changing up the site. Home sugars reviewed and decreasing to 100's in AM in PM still high at 200s. She also needing to start Lipitor for prophylaxis. She generally feeling better with fatigue. She needs foot checked and also DM education last had about 15 years ago. Exam: BP: 110/60. Wt: 112 lbs. Constitutional: Slightly jaundiced. Dx: 1) Diabetes mellitus, uncontrolled. 2) Vitamin D deficiency Unspecified. 3) Stress. 4) Nausea alone. Tx plan: Dispensed Januvia 100 mg, Metformin HCL 750 mg,

			Atorvastatin Calcium Oral Tablet 10 mg. Administered Levemir Flexpen Subcutaneous Solution 100 unit/ml. Referrals Podiatrist.
11/16/12	122,121	Mark Stein, M.D. - Orange Imaging Medical Center	Radiology/Diagnostics Ultrasound of Abdominal. Indication: Pain. Abnormal labs. Abnormal liver function test. Impression: Normal examination.
11/27/12	118,119,1 20	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient complains of possible reaction to Levemir with welts around injection site, headaches x 2 days, left stomach pain x 5-6 days. Patient with recent neck pain and also twitching under left eye. She has a lot of tensions and anxiety. Patient has been seeing counselor and was told she was depressed. Patient suggesting to increase dosage of medication. Presently on 20 mg capsule for Prozac. Patient has stopped Levemir for the last few days and sugars increased about 40 counts throughout the day also with red welts on skin where she is injecting Levemir still although changing site of injection. Will switching to Lantus. Also with epigastric pain intermittent. Exam: BP: 130/80. Wt: 111 lbs. Abdomen: Mild epigastric tenderness. Skin: Small red welts in site of injection. Slightly tender. Dx: 1) Diabetes mellitus. 2) Major depression recurrent. 3) Gastritis acute without hemorrhage. 4) Unspecified adverse reaction of drug, medicinal. 5) Headache tension. Tx plan: Prescribe Levemir Flexpen Subcutaneous Solution 100 unit/ml, Prozac 10 mg and 20 mg.
12/27/12	115,116,1 17	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient presents for reaction to Lantus. Patient still with red welts on skin from injection sites on Lantus and Levemir both. Patient now recalls that in the past was using just plain Insulin and still had this issue. Sugars actually looking better. Fasting 130 and BP 80-100. She has been exercising a lot. Call placed to endo for opinion on what to do if Insulin allergy. Patient with stress more in the last while with mother in hospital and also father more confused and wandering a bit. Patient feeling really overwhelmed. Wondering about increasing Prozac to 40 mg from 30 mg. Has been on 30 for the last month. She has not been sleeping at night with troubles falling asleep and staying asleep. She has not tried hypnotics before. At night having pains in arms and occasional numbness

			in hands better with shaking out. Feeling tension in neck and shoulders. Exam: BP: 100/60. Wt: 111 lbs. Head And Neck: Palpable tensions 2+ ROM decreased due to tension. Dx: 1) Diabetes mellitus. 2) Major depression recurrent. 3) Stress. 4) Insomnia. 5) Neck pain. Tx plan: Prescribe Lantus Solostar Subcutaneous Solution 100 unit/ml, Prozac 40 mg and Ambien 5 mg.
01/31/13	113,114	Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Laboratory Basic Metabolic Panel. High Glucose and Hemoglobin A1c.
02/04/13	110,111	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient presents for diabetes mellitus with labs results. Labs reviewed and sugars and chol much better than before. Patient feeling well. Increased Prozac and helping still with stresses in family. Learning to walk again. Patient waking at 2 am and waking up every hour but still able to cope. Going to bed at 10 pm and waking at 6 am. Frustrated with brother since not really able to help her out that much and has stubbornness. Exam: BP: 100/62. Wt: 108 lbs. Dx: 1) Diabetes mellitus. 2) Vitamin D deficiency unspecified. 3) Major depression recurrent. 4) Stress NOS. 5) Insomnia NOS. 6) Dysfunction of Eustachian tube. Tx plan: Ordered mammogram and labs. Continue Prozac and Nasal Saline.
04/08/13	104	LabCorp	Laboratory PAP Test. Indication: Screening for malignant neoplasm of the cervix. Source: Cervical, endocervical, vaginal. Dx: Unsatisfactory for evaluation. This specimen was rescreened as part of our quality control program. HPV, high-risk: Negative.
04/08/13	105,106,107,108	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient feeling menopausal symptoms with vaginal dryness and also night sweats. Breasts seems much smaller. Libido decreased. Thinks last period was at least 6 months ago if not 1 year ago. Still with stresses from parents. Will be going in for surgery in maybe may for ulnar and carpal tunnel. Exam: BP: 110/70. Wt: 105 lbs. Vulva/Labia Majora: Atrophic changes noted and consistent with age. Vagina: Atrophic mucosa. Dx: 1) Diabetes mellitus,

			uncontrolled. 2) Vitamin D deficiency unspecified. 3) Major depression recurrent. 4) Stress. 5) Menopausal and postmenopausal disorder. 6) Ulnar nerve compression. 7) Carpal tunnel syndrome. Tx plan: Prescribed Vagifem 10 mg. Refilled Metformin. Will be going for surgery.
04/11/13	103	Azita Behrashi, M.D. - the Breast Care And Imaging Center of Orange County	Radiology/Diagnostics Bilateral Digital Screening Mammogram. Indication: Routine. Impression: 1) Benign findings. 2) Recommended annual follow up. BI RADS Category 2-Benign findings.
05/01/13	101,102	Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Laboratory CBC with Manual WBC Differential. Low MPV. High Eosinophils.
05/21/13	99,100	LabCorp	Laboratory Low Total Vitamin D 25 Hydroxy. High Hemoglobin A1c.
05/22/13	96,97,98	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient is here for follow up of lab results. Status post surgery for carpal tunnel and ulnar release. Patient with more swelling and nausea about 1 week ago and was instructed for arm elevation. Since then with increasing neck and back pains and headaches as well. I think due to positional and also being so stressed with many life situations. Will need to go to therapy and also start on muscle relaxants. Patient has been lost to follow up with therapy mental for the last 6 months but realizing that she needs to take care of herself more and will now start. Will be going back. Worsening menopausal symptoms as well labs pending. Was taking Vagifem for the last month and ran out need more tolerating well and working. Exam: BP: 100/70. Mild distress. Head and Neck: Palpable tensions 2+ROM decreased due to tension, neck muscles very tight especially in SCM and scalenes. Spine/Ribs/Pelvis: Very tight muscles. Psychiatric: Overwhelmed easily teary. Assessment: 1) Diabetes mellitus. 2) Major depression recurrent. 3) Headache tension. 4) Carpal tunnel syndrome. 5) Ulnar nerve compression. 6) Menopausal and postmenopausal disorder. Tx plan: Prescribed Vagifem 10 mg, Cyclobenzaprine HCl 10 mg.
05/24/13	92,93,94,9	Pulmonary	Physical Therapy Initial Evaluation

	5	Consultants And Primary Care Physicians Medical Group, Inc	CC: Patient states signs and symptoms consistent with cervicogenic headaches. Major problems at this time include myofascial restrictions, limited range of motion, impaired joint mobility, decreased cervical spine stability, strength deficits and postural dysfunction, which are limiting her ability to perform ADLs and work. Patient complains of neck pain. Exam: Cervical Spine: Decreased ROM and strength. Assessment: Signs and symptoms consistent with cervicogenic headaches. Major problems at this time include myofascial restrictions, limited range of motion, impaired joint mobility, decreased cervical spine stability, strength deficits and postural dysfunction, which are limiting her ability to perform ADLs and work. Tx Plan: Recommend physical therapy 2-3 x/week x 6 weeks.
06/20/13	89,90,91	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient is here for follow up lab results. Labs reviewed and patient fully in menopause. Will need to start HRT. But sugars not controlled now will switch medication for DM first and then HRT. Neck and head feeling much better with PT. Will continue seems much happier in moods since not as uncomfortable. Exam: BP: 100/70. Wt: 106 lbs. Mild distress. Dx: 1) Diabetes mellitus, uncontrolled. 2) Vitamin D deficiency unspecified. 3) Major depression recurrent. 4) Headache tension. 5) Carpal tunnel syndrome. 6) Ulnar nerve compression. 7) Menopausal and postmenopausal disorder. Tx plan: Prescribed Nesina oral 25 mg, Januvia 100 mg, Metformin HCl ER. Labs were ordered. Follow up with surgeon.
07/19/13	85,86,87	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient is really stressed with parents at home still wondering about father. He is refusing to eat balanced as well. She is thinking that he will be needing assisted living soon as well. Inquiring about resources. He will need appt to discuss this with me. Also for assessment. Patient states he has been losing weight. Exam: BP: 120/80. Wt: 108 lbs. Exam: Mild distress. Looking stressed. Dx: 1) Diabetes mellitus, uncontrolled. 2) Vitamin D deficiency unspecified. 3) Major depression recurrent. 4) Stress. 5) Menopausal and postmenopausal disorder. Tx plan: Prescribed Combipatch Transdermal patch. Labs were ordered. Samples of Luvena given.

09/04/13	83	Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Laboratory Basic Metabolic Panel. High Glucose. CBC with Differential. High Platelet Count. Low MPVL.
09/09/13	80,81	St. Joesph Hospital	Laboratory Surgical Pathology Report. Specimen: Left lateral elbow debridement, excision. Dx: Left Lateral Elbow Debridement, Excision: Fragments of benign fibroconnective and fibrocartilaginous tissues.
09/09/13	84	Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Laboratory High POC Glucose.
09/10/13	82	Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Laboratory High POC glucose.
04/17/14	74,76,72,73	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient is here for lab results. Patient just got baptized about 1 week ago and since going to church has been doing much better with depression and stresses. Exam: BP: 100/60. Wt: 111 lbs. Mild distress. Dx: 1) Diabetes mellitus, uncontrolled. 2) Major depression recurrent. 3) Stress. 4) Menopausal and postmenopausal disorder. Tx plan: Prescribed Nesina 25 mg, Invokana 300 mg and Metformin HCl ER 750 mg. Labs were ordered. Samples of Luvena given.
04/17/14	77	LabCorp	Laboratory Basic Metabolic Panel. High Glucose. High Hemoglobin A1c.
07/16/15	69,70,71	LabCorp	Laboratory CBC with Differential/Platelet. High Platelets. Comprehensive Metabolic Panel. High Glucose and Potassium. Urinalysis. High Specific Gravity. 3+ Glucose. Lipid Panel. High Total Cholesterol, LDL Cholesterol Calculated. High Hemoglobin A1c. C-Peptide, Serum: Low. High Vitamin B12. Low Insulin.
08/07/15	66,67,68	Karen Lau, M.D.	Progress Notes

		- Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	CC: Patient is here for follow up of labs and diabetes mellitus. Patient has been lost to follow up due to stresses at home. Patient has been struggling with brother exploiting elderly parents and they are not putting an end to it either. Patient tried to take legal action but the father would not testify due to cultural favoritism. Patient requesting more cortisone cream that she has been using too much of on body. Exam: BP: 110/72. Wt: 109 lbs. Dx: 1) Major depressive disorder, recurrent episode. 2) DM type 2, not at goal. 3) Hyperlipidemia. 4) Dermatitis. Tx Plan: Start Statin and Toujeo for titration. Next time start Ace. Advised on Avene skin products and skin care. Use steroid only sparingly not every day. Follow up in 4 weeks.
09/04/15	63,64,65	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient presents for diabetes mellitus. Patient feeling better. Sugars controlled FBS all under 130 hasn't been checking PP numbers instructed her on how to take prior to next appt. Patient still undergoing WCB treatment on arm and was put on Gabapentin helping her to sleep better at night and helping pain. Tolerating chol medication taking regularly only using 4 units of Toujeo per night. Skin only reactive more in abdominal area. Advised to inject other places. Foot check today due for eye check. Exam: BP: 104/52. Wt: 108 lbs. Dx: 1) Carpal tunnel syndrome. 2) Diabetes mellitus type 2. 3) Hyperlipidemia. Tx plan: Prescribe Vitro Strip and with Device Kit. Refill Toujeo SoloStar 300 unit/ml. Ordered labs.
09/19/15	60,61,62	Thomas R. Powell, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient has had diabetic problems with bilateral upper extremity pain for the last several years: She localizes her prior discomfort predominantly to the hands and elbows. She previously has undergone a number of different orthopedic procedures including bilateral carpal tunnel release, right third trigger finger release, right cubital tunnel release and right elbow surgery. She continues to complain of finger stiffness right greater than left. Morning stiffness lasts for several hours involving the hands and wrists right greater than left. She also complains of neck pain and stiffness for which she has been seeing a chiropractor. She saw an orthopedic surgeon in the recent past because of bilateral shoulder pain. He recommended

			<p>shoulder injections. She has taken Naprosyn and also Flexeril in the past with equivocal benefit. She does have some photosensitivity with rash after brief sun exposure for the last ten years. She has been using artificial tears for the last several years. She has had some increased fatigue with a poor sleep pattern although she usually awakens refreshed in the morning. Exam: BP: 116/64. Wt: 108 lbs. Musculoskeletal: Mild tenderness of scattered Heberden's nodes of the DIP joints. There is mild tenderness of the PIP joints without joint swelling. There is mild tenderness with squaring of the first carpometacarpal of both thumbs. Early Dupuytren's of the palm of both hands. Mild tenderness over the flexor tenosynovium of both hands. Fist formation is 75 percent on the left and 60 percent on the right. Evidence of past carpal tunnel and trigger finger release procedures. There is mild tenderness of both shoulders with mild loss of internal rotation on the right. There is 30 percent loss on lateral rotation of the cervical spine. There is moderate tenderness over the occiput, paracervical, and trapezii musculature bilaterally and also over the lateral epicondyles of both elbows greater trochanter of the hips, and medial fat pad of both knees. Dx: Multisite Musculoskeletal pain. Degenerative disc disease of the neck and less prominent degenerative arthritis of the hands and shoulders. Tx plan: Request physical therapy. Request trial of Diclofenac and Voltaren gel.</p>
11/12/15	56,57,58,59	LabCorp	<p>Laboratory Comprehensive Metabolic Panel. High Glucose and BUN/Creatinine Ratio. Lipid Panel with LDL/HDL Ratio. High Total Cholesterol and Triglycerides. High Hemoglobin A1c.</p>
11/13/15	54,55	Jason Pang, M.D. - Breastlink Women's Imaging Center	<p>Radiology/Diagnostics Bilateral Digital Screening Mammogram with CAD. Indication: Patient is seen for screening. Impression: There is no mammographic evidence of malignancy. A routine follow-up mammogram in 1 year is recommended. ACR BI-RADS category 1-Negative.</p>
11/25/15	47	Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	<p>Radiology/Diagnostics ECG. Impression: 1) Sinus rhythm. 2) Low voltage possible pulmonary disease. 3) Abnormal.</p>

11/25/15	48	LabCorp	Laboratory PAP Test. Source: Cervix, endocervix and vagina. Interpretation: Negative for intraepithelial lesion and malignancy.
11/25/15	49,50,51,52,53	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient presents for well woman exam, bilateral ear discomfort and bilateral eye discharge. Labs reviewed showing 7.6% A1c down from 9's feeling better. She has been using only about 5 units Toujeo per night tolerating but skin still reacting. Patient with metal allergy I think this is causing the skin reaction. I don't think that there is alternative to BD pen needles. Patient advised to see if putting HC cream on it will help. Otherwise cholesterol better on statin but not goal. We will change to crestor to see if better especially with helping with brand name coupons for insurance. Patient really struggling with cost of medications we will need to give new coupons. Patient wanting to switch meds to CVS again here for CPE today will need pap done again. Patient has been having some ear itching. Mammo done recently and was normal really having issues with neck and WCB issues. Patient thinking about going on social disability. Patient is going to have more injections in neck. Exam: Wt: 106 lbs. Otoscopic examination: Abnormal. Slight flaking in right canal mild redness. Skin: Skin and subcutaneous tissue: Abnormal. Small welts where patient has injected her insulin. Dx: 1) Hyperlipidemia. 2) Diabetes mellitus type 2. 3) Vitamin D deficiency. 4) Otitis externa, Eczematoid. 5) Tension headache. 6) Carpal tunnel syndrome. 7) Cervicalgia. 8) Postmenopausal atrophic vaginitis. Tx plan: Prescribed Invokamet 150-1000 mg, Toujeo SoloStar 300 unit/ml and Crestor 20 mg. Ordered labs and ECG.
02/12/16	42,43,44	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient presents for diabetes mellitus. Patient complains of sore throat, ear aches, cough x 1 month. Patient did not be diabetic labs due to feeling unwell over the last 4-6 weeks. She started with cold-like symptoms but it seems it has not gone better but worse with a chronic cough worse at nighttime as well as diarrhea and also sinus congestion. In the last 4 days she had had increased eye discharge and bilateral ear pain and low-grade fever. Patient states that her sugars have been very high however she is tolerating

			<p>all her new medications including the cholesterol medication. She saw has been continually stressed with home situation. Exam: BP: 100/62. Wt: 106 lbs. Nasal mucosa, septum, and turbinates: Abnormal. Bilateral swollen red nasal mucosa. Oropharynx: Abnormal. Moderately erythematous posterior pharynx clear posterior nasal discharge. Dx: 1) Acute sinusitis, recurrence not specified, unspecified location. 2) Diabetes mellitus type 2. 3) Diarrhea. Tx plan: Prescribe cough syrup, Azithromycin 250 mg, Fluticasone Propionate 50 mcg and Promethazine-Codeine 6.25-10 mg/5 ml. Ordered labs.</p>
03/14/16	36,37	LabCorp	<p>Laboratory Stool Culture. Result: 1. No Salmonella or Shigella recovered. Campylobacter Culture. Result: No Campylobacter species isolated. Negative E coli Shiga Toxin EIA. Negative C difficile Toxins A+B, IA. Ova and Parasite. Result: No ova, cysts, or parasites. WBC, Stool. Result: No white blood cells seen.</p>
03/14/16	38,39,40,41	LabCorp	<p>Laboratory Comprehensive Metabolic Panel. High Glucose and BUN/Creatinine Ratio. Lipid Panel with LDL/HDL Ratio. High Total Cholesterol and LDL Cholesterol Calculated. High Hemoglobin A1c.</p>
03/25/16	32,33,34	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	<p>Progress Notes CC: Patient presents for diabetes mellitus with labs results. Laboratory reviewed with patient A1c finally under 7%. Patient has been working really hard using 8 units of Toujeo and tolerating much better now without the lumps. Cholesterol not cold due to patient not taking the cholesterol medication. Cautioned on this we will give more samples. Vitamin D stable. Fasting blood sugar 112. Exam: BP: 120/70. Wt: 101 lbs. Dx: 1) Allergic conjunctivitis, bilateral. 2) Hyperlipidemia. 3) Diabetes mellitus type 2, not at goal. 4) Vitamin D deficiency. Tx plan: Prescribe Pazeo 0.7% Ophthalmic Solution.</p>
04/08/16	27,28,29,30	Ben Davis, P.A.- C. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	<p>Progress Notes CC: Patient presents with 1 day history of unilateral headache and blurred vision. History of diabetes mellitus II with previous normal Ophthalmology exam 1 month ago. Occurred yesterday at 6 PM as patient was walking outside. Associated symptoms include nausea, flashing lights (left eye), and right sided</p>

			headache behind right eye and radiating to right temporal region. Has not attempted any OTC medications. Patient sought help at St Joseph ER last night, however left 1.5 hours after not being seen. Exam: BP: 100/70. Wt: 105 lbs. Dx: Classic migraine with aura. Tx plan: Prescribed Naproxen 500 mg and Olopatadine HCl 0.1% Ophthalmic Solution.
08/05/16	22,23,24,25	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	Progress Notes CC: Patient comes in today with complaints similar to a panic attack. She has had many ongoing stresses for many years now in her life. She was treated with Fluoxetine for a few years and had weaned herself off for at least the last year. She describes her symptoms in the last 2 days is feeling very antsy and jittery along with a racing heartbeat. She did not count her pulse today's pulses normal. She also felt more worried and easily irritable. Over the last 2 months she feels that this has been getting worse and worse. She really doesn't have much social support aside from her husband who travels in an out of town very often. Her mother is currently in assisted living and every time patient tries to visit her she leaves feeling self worth depleted due to negative comments as well as discouragement for the patient to go visit. I explained that her mother is probably getting dementia and has decreased frontal lobe control and not to take comments personally. Her brother is not very helpful in her family situations and patient is maintained caregiver for both her father and mother. She use to relieve some of her stresses through singing choir at church but she has not been going lately she is thinking of starting this again. Exam: BP: 120/64. Wt: 108 lbs. Psychiatric: Mood and affect: Abnormal. Observed mood and affect: Stressed and anxious. Assessment: 1) Panic attacks. 2) DM type 2, not at goal. 3) Carpal tunnel syndrome. 4) Cervicalgia. 5) Episode of recurrent major depressive disorder, unspecified depression episode severity. 6) Other insomnia. 7) UTI symptoms. 8) Postmenopausal atrophic vaginitis. Tx plan: Prescribed Alprazolam 0.5 mg and Fluoxetine HCl. Discontinue Mobic. Patient has been on Vagifem for almost a year she was advised to continue this until her physical exam in December.
09/20/16	19,20,21	LabCorp	Laboratory

			Comprehensive Metabolic Panel. High Glucose and Potassium. Urinalysis Microscopic with reflex Culture. High Specific Gravity. 3+ Glucose. Lipid Panel. High Total Cholesterol and LDL Cholesterol Calculated. High Hemoglobin A1c.
09/30/16	15,16,17,18	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	<p>Progress Notes</p> <p>CC: Patient is also complaining of persistent ear plugging at times. She has been inconsistently using the Flonase. We discussed being more consistent with that as well as the occasional usage of an antihistamine with decongestant to help. Lab work reviewed with patient today showing A1c much better at 6.7% versus 6.9%. Fasting blood sugars for patient never over 110 as well as postprandial never over 160. She is very pleased with her blood sugars. She is having issues with her refill of Toujeo which we will give her again today. We reviewed all medications and unfortunately patient has not been taking her Crestor. She only took it for 3 weeks started to feel unwell more from a cold that she had but then gave the rest of her friend in case it was making her feel bad. Her cholesterol reflect that her LDL is not at goal for diabetes. In the past she had been on other statins but found that she had to be switched to brand name Lipitor. She did well on this. Exam: BP: 100/70. Wt: 106 lbs. ENMT: Nasal mucosa, septum, and turbinates: Abnormal. Pale boggy nasal mucosa. Dx: 1) Controlled diabetes mellitus, with long-term current use of insulin. 2) Hyperlipidemia. 3) Allergic rhinitis. 4) Cervicalgia. 5) Panic attacks. 6) Episode of recurrent major depressive disorder, unspecified depression episode severity. 7) Vitamin D deficiency. Tx plan: Prescribed Fluoxetine HCl 10 mg, Lipitor 20 mg, Toujeo SoloStar 300 unit/ml. Labs were ordered. Declines flu shot. F/u in 3-4 months.</p>
12/23/16	11,12,13,14	Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc	<p>Progress Notes</p> <p>CC: Patient is doing well on her diabetes but would like a few extra tablets of Nesina if possible as her pharmacy will not give her the prescription even a day early. Patients main concern otherwise now is dealing with the stresses in her mother. Her mother sounds that she is having dementia as well as fluctuating levels of delirium. She says very verbally abusive things to the patient every time she sees her. She has not seen her mother for approximately 3 weeks but the entire family is planning a get together at her assisted</p>

			<p>living. Patient restarted counseling through Worker's Compensation which she has access to just had one session and she is looking forward to more. She is tolerating the Fluoxetine at 20 mg and we will stay there. Otherwise she would like a prescription refill of Vagifem to the mail order. We discussed vaccinations and patient declined flu shot which she is also due for Prevnar 13 shot she would like to defer this until her trip after Hawaii in January with her husband. She just joined a choir course after hours as a means of coping with stress. Exam: BP: 100/62. Wt: 107 lbs. Dx: 1) Episode of recurrent major depressive disorder, unspecified depression episode severity. 2) Postmenopausal atrophic vaginitis. 3) Controlled diabetes mellitus, with long-term current use of insulin. Tx plan: Nesina samples given. Repeat lab orders for lab Corp. Patient to do this at the end of January in follow-up in a month we will give her Prevnar 13 sometime in 2017. Follow up in 1 month.</p>
02/01/17	7,8,9,10	<p>Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc</p>	<p>Progress Notes CC: Patient here for review of her diabetic labs which are showing improvement from before at 6.8% A1c. Fasting blood sugar at 123. Cholesterol within normal limits for diabetic goals. Patient stable on medication, Vitamin D almost normal levels with supplementation. Patient was advised to get more sun. She does bring up her skin since to rash if she is in the sun too much as well as when she is stressed. B12 levels were normal. Patient's moods have definitely been worsening over the last while. She has already been taking fluoxetine 20 mg and was wondering about dosage increase. Her family had recent Chinese New Year celebrations and patient has strained relations with her mother. At the party patient started to get a panic attack and had to leave. Patient has been going to counseling through Workers Compensation Board and she was encouraged to continue, we discussed that patient should have a prescription of Xanax on hand in case she does have panic attacks. She apparently still has an old prescription at home. She is also needing a prescription refill of azelastine. She states despite using Flonase daily she has still been having itchy eyes and sinus congestion. Exam: BP: 110/60. Nasal mucosa. Septum, and turbinates: Abnormal, bilateral red swollen nasal mucosa. Mood and affect: Abnormal. Dx: 1) Allergic rhinitis. 2) Controlled</p>

			<p>diabetes mellitus, with long-term current use of insulin. 3) Hyperlipidemia. 4) Episode of recurrent major depressive disorder, unspecified depression episode severity. 5) Panic attacks. 6) Vitamin D deficiency. 7) History of mammogram. Tx plan: Prescribe Azelastine HCL 0.1 %, Fluoxetine HCL 10 mg. Order labs. Consider gene testing to change agent. Continue counseling through WCB.</p>
05/05/17	2,3,4,5,6	<p>Karen Lau, M.D. - Pulmonary Consultants And Primary Care Physicians Medical Group, Inc</p>	<p>Progress Notes CC: Patient comes in today stating she had a recent ER visit for a nervous breakdown. This stemmed from needing to bring her father to the hospital and they wanted to transfer him to what sounds like a neuropsychiatric ward. She has been exhibiting worse according behavior as well as dementia with wandering risk. She was found on the freeway and apparently he looks disheveled all the time and his house is like a junk yard. She has been going through the trash and refusing medical appointments. Patient feels extremely guilty if she puts her father in a home and states her family would never forgive her. She feels that she is constantly doing everything for everyone else and not just because she is on permanent disability the responsibility falls on her because they think she has time. Patient has had many years of mood disorder and we always come to the same conclusion that she does not establish boundaries for herself and burns out. She has been seeking counseling through Workers Compensation Board but I am not sure what worst it has been doing for her. She had enrolled herself in a musical class and she finds that this does help her to stress relieve. Recently the doctor advised her to seek internal medicine opinion for her stomach which really stressed patient out. Turns out she has been taking Pepcid every day. She has not brought this to my attention before. Recently there was a screw up of her medications as well. Patient states she received a refit of Fluoxetine at 10 mg from the pharmacy which she thought was erroneous but had forgotten that I had told her to add this to her 20 mg capsule to make 30 for one month then increase to 40 mg if tolerating. At the ER she was put on 15 mg Mirtazapine at night time which she has only been using intermittently since her visit. She finds that this does help her sleep. I explained to patient that this was a medication to be taken every</p>

			<p>day on top of the Fluoxetine. Given patients level of acuity of her depression I feel she is a good candidate for outpatient mental health program and we'll refer her there. She states her sugars have mainly been controlled we will need to discuss this at another visit. Exam: BP: 98/81. Wt: 106 lbs. Psychiatric: Mood and affect: Abnormal. Observed mood and affect: Anxious, concerned, depressed, guilty and tearful. Dx: 1) Controlled diabetes mellitus, with long-term current use of insulin. 2) Episode of recurrent major depressive disorder, unspecified depression episode severity. 3) Panic attacks. Urgent referral to outpatient mental health program St Joes need pt in by next week patient to remain on current medication regime for now. Follow up in 2 weeks.</p>
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