

Important: Please note only data that has clinical mapping will be shared/transmitted.

This health record is for date range : 2024-01-01 to 2024-12-31

PATIENT DETAILS

ZAIN KHAN

Patient IDs: 59373 , 59373

DOB: March 9, 1994 Gender: Male Ethnicity: Not Hispanic or Latino  
Race: Asian, Asian Indian Language: English  
Address: 12251 ASHFORD VALLEY DR SUGAR LAND, TX 77478-6125, US  
tel:832-382-1675

Care Giver: BHAGWAT PATEL

Contact Info: 1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399, US

Tel: 281-494-1420

Care Giver: NISHAAT QURAISHI

Contact Info: 1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399, US

Tel: 281-494-1420

ALLERGIES

No Known Allergies

RESULTS

Component	Value	Reference Range	Flag	Notes
CBC (INCLUDES DIFF/PLT) Reviewed date:08/08/2024 12:37:59 PM Interpretation: Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue Notes/Report: Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-Homogeneous Pattern; 520076-Nucleolar Pattern; 520233-Speckled Pattern; 520234-Centromere Pattern; 520235-Spindle Apparatus Pattern; 520236-Nuclear Membrane Pattern; 520237-Midbody Pattern; 520238-Nuclear Dot Pattern; 520239-PCNA Pattern; 520240-Centriole Pattern was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.				
WBC	7.5	3.4-10.8		

		x10E3/uL		
RBC	5.20	4.14-5.80 x10E6/uL		
Hemoglobin	15.2	13.0-17.7 g/dL		
Hematocrit	45.8	37.5-51.0 %		
MCV	88	79-97 fL		
MCH	29.2	26.6-33.0 pg		
MCHC	33.2	31.5-35.7 g/dL		
RDW	12.8	11.6-15.4 %		
Platelets	275	150-450 x10E3/uL		
Neutrophils	67	Not Estab. %		
Lymphs	25	Not Estab. %		
Monocytes	6	Not Estab. %		
Eos	1	Not Estab. %		
Basos	1	Not Estab. %		
Neutrophils (Absolute)	5.0	1.4-7.0 x10E3/uL		
Lymphs (Absolute)	1.9	0.7-3.1 x10E3/uL		
Monocytes(Absolute)	0.4	0.1-0.9 x10E3/uL		
Eos (Absolute)	0.1	0.0-0.4 x10E3/uL		
Baso (Absolute)	0.1	0.0-0.2 x10E3/uL		
Immature Granulocytes	0	Not Estab. %		
Immature Grans (Abs)	0.0	0.0-0.1 x10E3/uL		

ANA Titer and Pattern

Reviewed date:08/08/2024 12:38:00 PM

Interpretation:

Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288,  
Director - MDEskue

Notes/Report:

Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-  
Homogeneous Pattern; 520076-Nucleolar Pattern; 520233-  
Speckled Pattern; 520234-Centromere Pattern; 520235-  
Spindle Apparatus Pattern; 520236-Nuclear Membrane Pattern; 520237-  
Midbody Pattern; 520238-Nuclear Dot Pattern; 520239-PCNA Pattern;

#### 520240-Centriole Pattern

was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

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Anti-Nuclear Ab by IFA (RDL)	Positive	Negative	A	
Speckled Pattern	1:160	<1:40	H	
Spindle Apparatus Pattern	1:80	<1:40	H	
Note:				ANA performed by Indirect Fluorescent Antibody (IFA)

#### Hemoglobin A1c

Reviewed date:08/08/2024 12:38:00 PM

Interpretation:

Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue

Notes/Report:

Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-Homogeneous Pattern; 520076-Nucleolar Pattern; 520233-Speckled Pattern; 520234-Centromere Pattern; 520235-Spindle Apparatus Pattern; 520236-Nuclear Membrane Pattern; 520237-Midbody Pattern; 520238-Nuclear Dot Pattern; 520239-PCNA Pattern; 520240-Centriole Pattern

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Hemoglobin A1c	5.6	4.8-5.6 %		.  Prediabetes: 5.7 - 6.4  Diabetes: >6.4  Glycemic control for adults with diabetes: <7.0
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#### Vitamin B12

Reviewed date:08/08/2024 12:38:00 PM

Interpretation:

Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue

Notes/Report:

Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-Homogeneous Pattern; 520076-Nucleolar Pattern; 520233-Speckled Pattern; 520234-Centromere Pattern; 520235-Spindle Apparatus Pattern; 520236-Nuclear Membrane Pattern; 520237-Midbody Pattern; 520238-Nuclear Dot Pattern; 520239-PCNA Pattern;

520240-Centriole Pattern  
was developed and its performance characteristics determined  
by Labcorp. It has not been cleared or approved by the Food  
and Drug Administration.

Vitamin B12	1929	232-1245 pg/mL	H
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TSH  
Reviewed date:08/08/2024 12:38:00 PM  
Interpretation:  
Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288,  
Director - MDEskue  
Notes/Report:  
Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-  
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520240-Centriole Pattern  
was developed and its performance characteristics determined  
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and Drug Administration.

TSH	1.280	0.450-4.500 uIU/mL	
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Vitamin D, 25-Hydroxy  
Reviewed date:08/08/2024 12:38:00 PM  
Interpretation:  
Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288,  
Director - MDEskue  
Notes/Report:  
Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-  
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and Drug Administration.

Vitamin D, 25- Hydroxy	42.7	30.0-100.0 ng/mL	Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2).  The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).  1. IOM (Institute of Medicine). 2010.
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				Dietary reference intakes for calcium and D.  Washington DC: The National Academies Press.  2. Holick MF, Binkley NC, Bischoff- Ferrari HA, et al.  Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.
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Lipid Panel  
Reviewed date:08/08/2024 12:38:00 PM  
Interpretation:  
Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288,  
Director - MDEskue  
Notes/Report:  
Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-  
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and Drug Administration.

Cholesterol, Total	198	100-199 mg/dL		
Triglycerides	71	0-149 mg/dL		
HDL Cholesterol	79	>39 mg/dL		
VLDL Cholesterol Cal	13	5-40 mg/dL		
LDL Chol Calc (NIH)	106	0-99 mg/dL	H	

MTHFR  
Reviewed date:08/08/2024 12:38:00 PM  
Interpretation:  
Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288,  
Director - MDEskue  
Notes/Report:  
Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-  
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MTHFR, DNA  
Analysis

Result:

c.665C>T (p. Ala222Val), legacy  
name: C677T - Not Detected

c.1286A>C (p. Glu429Ala), legacy  
name: A1298C - Detected,  
heterozygous

Interpretation:

This result is not associated with an  
increased risk for  
hyperhomocysteinemia. See  
Additional Clinical Information and  
Comments.

Additional Clinical Information:

Hyperhomocysteinemia is  
multifactorial involving genetic,  
clinical,  
and environmental risk factors.

Reduced enzyme activity of  
methylenetetrahydrofolate reductase  
(MTHFR) is a genetic risk  
factor for hyperhomocysteinemia,  
particularly when serum folate  
levels are low. There are two  
common variants in the MTHFR  
gene

that can decrease enzyme activity;  
c.665C>T (p. Ala222Val), legacy  
name C677T, and c.1286A>C (p.  
Glu429Ala), legacy name A1298C.

These  
variants do not independently  
increase risk of conditions related  
to hyperhomocysteinemia in the  
absence of elevated homocysteine  
levels. Measurement of total plasma  
homocysteine is recommended.

Patients should share their MTHFR  
genotype with physicians who are  
making decisions regarding  
chemotherapy treatments that  
depend on

folate, such as methotrexate.

Guidelines do not recommend genotyping of these two MTHFR variants

in the evaluation of venous thrombosis or obstetric risk due to limited evidence of clinical utility (PMID: 23288205).

Comments:

Genetic Coordinators are available for health care providers to discuss results at 1-800-345-GENE (4363).

Test Details:

Variants Analyzed: c.665C>T (p. Ala222Val), legacy name: C677T and c.1286A>C (p. Glu429Ala), legacy name: A1298C

Methods/Limitations:

DNA analysis of the MTHFR gene was performed by PCR amplification followed by restriction enzyme analysis. The diagnostic sensitivity is >99%. Results must be combined with clinical information for the most accurate interpretation.

Molecular-based testing is highly accurate, but as in any laboratory test, diagnostic errors may occur. False positive or false negative results may occur for reasons that include genetic variants, blood transfusions, bone marrow transplantation, somatic or tissue-specific mosaicism, mislabeled samples, or erroneous representation of family relationships.

This test was developed and its performance characteristics

				determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. References: Hickey SE, Curry CJ, Toriello HV. ACMG Practice Guideline: lack of evidence for MTHFR polymorphism testing. Genet Med. 2013 Feb;15(2):153-6. doi: 10.1038/gim.2012.165. Epub 2013 Jan 3. PMID: 23288205. American College of Obstetricians and Gynecologists' Committee on Practice Bulletins-Obstetrics. ACOG Practice Bulletin No. 197: Inherited Thrombophilias in Pregnancy. Obstet Gynecol. 2018 Jul;132(1):e18-e34. doi: 10.1097/AOG.0000000000002703. Erratum in: Obstet Gynecol. 2018 Oct; 132(4):1069. PMID: 29939939.
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Reviewed by:				YanJun Jiang, PhD FACMG
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CMP+eGFR  
Reviewed date:08/08/2024 12:38:00 PM  
Interpretation:  
Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue  
Notes/Report:  
Test(s) 520073-Anti-Nuclear Ab by IFA (RDL); 520074-Homogeneous Pattern; 520076-Nucleolar Pattern; 520233-Speckled Pattern; 520234-Centromere Pattern; 520235-Spindle Apparatus Pattern; 520236-Nuclear Membrane Pattern; 520237-Midbody Pattern; 520238-Nuclear Dot Pattern; 520239-PCNA Pattern; 520240-Centriole Pattern  
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Glucose	91	70-99 mg/dL		
BUN	25	6-20 mg/dL	H	
Creatinine	1.43	0.76-1.27 mg/dL	H	
eGFR	68	>59		



		mL/min/1.73		
BUN/Creatinine Ratio	17	9-20		
Sodium	140	134-144 mmol/L		
Potassium	4.7	3.5-5.2 mmol/L		
Chloride	104	96-106 mmol/L		
Carbon Dioxide, Total	21	20-29 mmol/L		
Calcium	9.9	8.7-10.2 mg/dL		
Protein, Total	7.8	6.0-8.5 g/dL		
Albumin	4.8	4.3-5.2 g/dL		
Globulin, Total	3.0	1.5-4.5 g/dL		
Bilirubin, Total	0.4	0.0-1.2 mg/dL		
Alkaline Phosphatase	73	44-121 IU/L		
AST (SGOT)	26	0-40 IU/L		
ALT (SGPT)	15	0-44 IU/L		
CA 125 Reviewed date:08/21/2024 10:42:17 AM Interpretation: Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue Notes/Report:				
Cancer Antigen (CA) 125	11.0	Not Estab. U/mL		Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA) . Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.
Urinalysis, Routine Reviewed date:08/21/2024 10:42:17 AM Interpretation: Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue Notes/Report:				
Specific Gravity	>=1.030	1.005-1.030	A	

pH	6.0	5.0-7.5		
Urine-Color	Yellow	Yellow		
Appearance	Clear	Clear		
WBC Esterase	Negative	Negative		
Protein	Trace	Negative/Trace		
Glucose	Negative	Negative		
Ketones	Trace	Negative	A	
Occult Blood	Negative	Negative		
Bilirubin	Negative	Negative		
Urobilinogen,Semi-Qn	0.2	0.2-1.0 mg/dL		
Nitrite, Urine	Negative	Negative		
Microscopic Examination				Microscopic not indicated and not performed.

#### CMP+eGFR

Reviewed date:08/21/2024 10:42:17 AM

Interpretation:

Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288,

Director - MDEskue

Notes/Report:

Glucose	81	70-99 mg/dL		
BUN	20	6-20 mg/dL		
Creatinine	1.23	0.76-1.27 mg/dL		
eGFR	81	>59 mL/min/1.73		
BUN/Creatinine Ratio	16	9-20		
Sodium	139	134-144 mmol/L		
Potassium	4.1	3.5-5.2 mmol/L		
Chloride	102	96-106 mmol/L		
Carbon Dioxide, Total	24	20-29 mmol/L		
Calcium	10.0	8.7-10.2 mg/dL		
Protein, Total	7.1	6.0-8.5 g/dL		
Albumin	4.7	4.3-5.2 g/dL		
Globulin, Total	2.4	1.5-4.5 g/dL		

Bilirubin, Total	0.8	0.0-1.2 mg/dL		
Alkaline Phosphatase	63	44-121 IU/L		
AST (SGOT)	23	0-40 IU/L		
ALT (SGPT)	21	0-44 IU/L		
SED RATE BY MODIFIED WESTERGRENN Reviewed date:12/31/2024 12:44:22 PM Interpretation: Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue Notes/Report:				
Sedimentation Rate- Westergren	7	0-15 mm/hr		
CA 19-9 Reviewed date:12/31/2024 12:44:22 PM Interpretation: Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue Notes/Report:				
CA 19-9	9	0-35 U/mL		Roche Diagnostics Electrochemiluminescence Immunoassay (ECLIA) . Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.
TSH Reviewed date:12/31/2024 12:44:22 PM Interpretation: Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue Notes/Report:				
TSH	1.520	0.450-4.500 uIU/mL		
C-Reactive Protein, Quant Reviewed date:12/31/2024 12:44:22 PM Interpretation: Performing Lab:LabCorp Houston, 7207 North Gessner, Houston, Phone - 7138568288, Director - MDEskue Notes/Report:				
C-Reactive Protein, Quant	<1	0-10 mg/L		

REASON FOR REFERRAL

Reason	DR.LATIFA,FAKOYA NPI: 1215199971 PH: 281-980-2717FAX; 281-265-3806   REF FAXED
Diagnosis 1	ANA positive (R76.8)
Referral Organization	BHAGWAT PATEL M.D.,P.A.
Referring Provider First Name	BHAGWAT
Referring Provider Last Name	PATEL
Referring Provider Speciality	Internal Medicine
Referred Provider Specialty	Rheumatology
Referral Priority	Routine

MEDICATIONS

Medication	SIG (Take, Route, Frequency, Duration)	Notes	Start Date	End Date	Status
traZODone HCl 100 MG Tablet	1/2 or 1 tablet at bedtime as needed for sleep Orally Once a day; Duration: 30 days		10/08/2025		Active
Melatonin 1 MG Capsule	1 tablet in the evening Orally Once a day; Duration: 90 days		08/02/2024		Active
Amphetamine-Dextroamphetamine 30 MG Tablet	1 tablet Orally Twice a day; Duration: 30 days		11/15/2025		Active
Amphetamine-Dextroamphetamine 30 MG Tablet	1 tablet Oral Twice a day; Duration: 30 days		10/08/2025		Active

IMMUNIZATIONS

No Information

SOCIAL HISTORY

Tobacco Use:

Social History Observation	Description	Date
Details (start date - stop date)	Never Smoker	NA - NA

Sex Assigned At Birth:

Social History Observation	Description
Sex Assigned At Birth	Male

Social History

Drug/Alcohol:			
Social Info	Question	Answer	Notes
AUDIT-C (Standard)	Did you have a drink containing alcohol in the past year?	No	
	Points	0	
	Interpretation	Negative	
Tobacco Use:			
Social Info	Question	Answer	Notes
Tobacco Control (Standard)	Tobacco use:	Nonsmoker	

PROBLEMS

Problem Type	SNOMED Code	ICD Code	Onset Dates	Problem Status	W/U Status	Risk	Notes
Problem	Primary insomnia (3972004)	Primary insomnia (F51.01)		Active	confirmed		
Problem	Attention deficit hyperactivity disorder (406506008)	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (F90.9)		Active	confirmed		
Problem	Vitamin D deficiency (34713006)	Vitamin D deficiency (E55.9)		Active	confirmed		
Problem	Loss of appetite (79890006)	Loss of appetite (R63.0)		Active	confirmed		

VITAL SIGNS

Heart Rate	73 /min	12/12/2024	
Blood pressure diastolic	83 mm Hg	12/12/2024	
Height	69 in	12/12/2024	
Blood pressure systolic	127 mm Hg	12/12/2024	

Weight	146 lbs	12/12/2024	
BMI	21.56 kg/m2	12/12/2024	

## PROCEDURES

No Information

## ENCOUNTERS

Encounter	Location	Date	Provider	Diagnosis
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	07/24/2024	NISHAAT QURAISHI	Annual physical exam Z00.00 ; Screening cholesterol level Z13.220 ; Screening for diabetes mellitus (DM) Z13.1 ; Screening for thyroid disorder Z13.29 ; Vitamin D deficiency E55.9 ; Vitamin B 12 deficiency E53.8 ; Fatigue, unspecified type R53.83 and Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type F90.9
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	08/02/2024	NISHAAT QURAISHI	Vitamin D deficiency E55.9 ; Primary insomnia F51.01 ; Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type F90.9 and Weight loss R63.4
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	08/30/2024	NISHAAT QURAISHI	Vitamin D deficiency E55.9 ; Acute cystitis without hematuria N30.00 ; Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type F90.9 ; Primary insomnia F51.01 and Loss of appetite R63.0
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	12/12/2024	BHAGWAT PATEL	Vitamin D deficiency E55.9 ; Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type F90.9 ; Primary insomnia F51.01 ; Loss of appetite R63.0 and Family history malignant neoplasm of biliary tract Z80.0
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	07/24/2024	BHAGWAT PATEL	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type F90.9
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR	07/24/2024	BHAGWAT PATEL	

	LAND, TX 77478-3399			
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	08/02/2024	NISHAAT QURAISHI	
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	08/02/2024	BHAGWAT PATEL	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type F90.9
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	08/08/2024	NISHAAT QURAISHI	ANA positive R76.8
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	08/30/2024	BHAGWAT PATEL	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type F90.9
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	09/03/2024	BHAGWAT PATEL	
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	09/03/2024	BHAGWAT PATEL	
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	11/22/2024	BHAGWAT PATEL	
BHAGWAT PATEL M.D.,P.A.	1250 CREEK WAY DR,STE 100 SUGAR LAND, TX 77478-3399	08/02/2024	NISHAAT QURAISHI	

## MEDICAL EQUIPMENT

No Information

## ASSESSMENTS

Encounter	Diagnosis (ICD Code)	Treatment Notes	Section
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Date			Notes
08/08/2024	ANA positive (ICD-10 - R76.8)		
08/30/2024	Acute cystitis without hematuria (ICD-10 - N30.00)		
08/02/2024	Primary insomnia (ICD-10 - F51.01)		
08/02/2024	Vitamin D deficiency (ICD-10 - E55.9)		
08/02/2024	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (ICD-10 - F90.9)		
07/24/2024	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (ICD-10 - F90.9)		
07/24/2024	Screening cholesterol level (ICD-10 - Z13.220)		
07/24/2024	Annual physical exam (ICD-10 - Z00.00)		
08/30/2024	Vitamin D deficiency (ICD-10 - E55.9)		
08/30/2024	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (ICD-10 - F90.9)		
12/12/2024	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (ICD-10 - F90.9)		
12/12/2024	Vitamin D deficiency (ICD-10 - E55.9)		
12/12/2024	Primary insomnia (ICD-10 - F51.01)		
07/24/2024	Screening for diabetes mellitus (DM) (ICD-10 - Z13.1)		
08/02/2024	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (ICD-10 - F90.9)	Dr patel will send medication, telephone encounter sent to Dr. Patel	
08/30/2024	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (ICD-10 - F90.9)	Dr. Patel will send medication . Telephone encounter sent to dr. patel.	
08/30/2024	Primary insomnia (ICD-10 - F51.01)		
07/24/2024	Screening for thyroid disorder (ICD-10 - Z13.29)		
12/12/2024	Loss of appetite (ICD-10 - R63.0)		
08/30/2024	Loss of appetite (ICD-10 - R63.0)		



07/24/2024	Vitamin D deficiency (ICD-10 - E55.9)		
08/02/2024	Weight loss (ICD-10 - R63.4)		
07/24/2024	Vitamin B 12 deficiency (ICD-10 - E53.8)		
12/12/2024	Family history malignant neoplasm of biliary tract (ICD-10 - Z80.0)		
07/24/2024	Fatigue, unspecified type (ICD-10 - R53.83)		
07/24/2024	Attention deficit hyperactivity disorder (ADHD), unspecified ADHD type (ICD-10 - F90.9)	Dr. Patel will send medication. Telephone encounter sent to Dr,. Patel.	

PLAN OF TREATMENT

Pending Test

Test Name	Order Date
Chest X-ray PA and lateral	08/02/2024
Urinalysis, Routine	07/24/2024

Next Appt

Details
Provider Name:BHAGWAT P PATEL, 01/08/2026 09:15:00 AM, 1250 CREEK WAY DR,STE 100, SUGAR LAND, TX, 77478-3399, 281-494-1420

GOALS SECTION

No Information

HEALTH CONCERNS

No Information

INSURANCE PROVIDERS

Payer Name	Payer Address	Payer Phone	Subscriber Number	Group Number	Insured Name	Patient Relationship to Insured	Coverage Start Date	Coverage End Date
FIRST HEALTH CURATIVE	PO BOX 1786 AUSTIN, TX 78767-1812	855-414-1083	05047335		KHAN, ZAIN	Self - patient is the insured		

PROGRESS NOTES

## Examination

Date	Category	Sub-Category	Detail	Notes	Category Notes
08/30/2024	Physical examination:	GENERAL APPEARANCE:	In no acute distress, well developed, well nourished.		
		HEAD:	normnocephalic, atraumatic		
		EYES:	pupils reactive to light, sclera anicteric		
		NECK/THYROID:	neck supple, full range of motion, no cervical lymphadenopathy, no thyromegaly, no jugular venous distention,		
		HEART:	Regular rate and rhythm. S1 and S1 are normal. No gallop or rub.		
		LUNGS:	Good air movement, no wheezes, no rales, no rhonchi		
		ABDOMEN:	Nondistended, soft, nontender. Normal bowel movements. No hepatosplenomegaly. No rebound or guarding tenderness.		
		SKIN:	Capillary refill is normal.		
		EXTREMITIES:	No edema. No cyanosis or clubbing.		
		BREASTS:	Deferred.		
		ORAL CAVITY:	mucosa moist		
		GENT:	Deferred		

## Examination

Date	Category	Sub-Category	Detail	Notes	Category Notes
07/24/2024	Physical examination:	GENERAL APPEARANCE:	In no acute distress, well developed, well nourished.		
		HEAD:	normnocephalic, atraumatic		
		EYES:	pupils reactive to light, sclera anicteric		
		NECK/THYROID:	neck supple, full range of motion, no cervical lymphadenopathy, no thyromegaly, no jugular venous distention,		
		HEART:	Regular rate and rhythm. S1 and S1 are normal. No gallop or rub.		
		LUNGS:	Good air movement, no wheezes,		

no rales, no rhonchi

ABDOMEN: Nondistended, soft, nontender. Normal bowel movements. No hepatosplenomegaly. No rebound or guarding tenderness.

SKIN: Capillary refill is normal.

EXTREMITIES: No edema. No cyanosis or clubbing.

BREASTS: Deferred.

ORAL CAVITY: mucosa moist

GENT: Deferred

#### Examination

Date	Category	Sub-Category	Detail	Notes	Category Notes
08/02/2024	Physical examination:	GENERAL APPEARANCE:	In no acute distress, well developed, well nourished.		
		HEAD:	normnocephalic, atraumatic		
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		HEART:	Regular rate and rhythm. S1 and S1 are normal. No gallop or rub.		
		LUNGS:	Good air movement, no wheezes, no rales, no rhonchi		
		ABDOMEN:	Nondistended, soft, nontender. Normal bowel movements. No hepatosplenomegaly. No rebound or guarding tenderness.		
		SKIN:	Capillary refill is normal.		
		EXTREMITIES:	No edema. No cyanosis or clubbing.		
		BREASTS:	Deferred.		
		ORAL CAVITY:	mucosa moist		
		GENT:	Deferred		

#### Examination

Date	Category	Sub-Category	Detail	Notes	Category Notes
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		HEAD:	normnocephalic, atraumatic
		EYES:	pupils reactive to light, sclera anicteric
		NECK/THYROID:	neck supple, full range of motion, no cervical lymphadenopathy, no thyromegaly, no jugular venous distention,
		HEART:	Regular rate and rhythm. S1 and S1 are normal. No gallop or rub.
		LUNGS:	Good air movement, no wheezes, no rales, no rhonchi
		ABDOMEN:	Nondistended, soft, nontender. Normal bowel movements. No hepatosplenomegaly. No rebound or guarding tenderness.
		SKIN:	Capillary refill is normal.
		EXTREMITIES:	No edema. No cyanosis or clubbing.
		BREASTS:	Deferred.
		ORAL CAVITY:	mucosa moist
		GENT:	Deferred

HISTORY AND PHYSICAL NOTES

HPI (History of Present Illness)

Date	Category	Sub-Category	Detail	Notes	Category Notes
08/30/2024	History of Present Illness:	General:	Denies Respiratory Distress, Denies Lethargy		
		Heart:	Denies chest pain, Denies palpitation		
		Abdomen:	Denies abdomen pain, Denies nausea, Denies vomiting, Denies constipation, Denies diarrhea.		
		GENT:	Denies dysuria, Denies urinary frequencies.		
		Neuro:	Denies diplopia, Denies curtain coming over the eyes.		
	Functional Status Assessment	Shopping for groceries:	able to perform		

Driving: able to perform

Cooking: able to perform

Housework: able to perform

Laundry: able to perform

Bathing: able to perform

Dressing: able to perform

Eating: able to perform

Walking: able to perform.

Getting  
in/out of  
chair: able to perform

Ambulate: able to perform

Function  
Status  
Assessment  
Date  
Function Status  
Assessment Date:  
08/30/2024

Pain  
Assessment  
Level of  
pain: No pain

Advanced  
Care  
Planning  
Advanced  
Care  
Planning  
Advanced Care Planning  
Date: 08/30/2024

DNR  
Discussed with patient. Patient wants to  
be full code.

Living Will  
Discussed with patient. Patient does not  
have living will.

Depression  
Screening  
PHQ-2  
(2015  
Edition)  
Little interest or pleasure  
in doing things?: Not at  
all  
Feeling down, depressed,  
or hopeless?: Not at all  
Total Score: 0

Fall  
Screening  
Fall Risk  
Screening  
Fall Risk Assessment::  
No falls in the past year

Flu Vaccine  
Flu Vaccine  
not  
administered  
Reason:: Patient Reason  
??Type of Patient  
Reason:: Refused

#### HPI (History of Present Illness)

Date	Category	Sub-Category	Detail	Notes	Category Notes
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07/24/2024 History of General: Denies Respiratory Distress, Denies

Present Illness:		Lethargy
	Heart:	Denies chest pain, Denies palpitation
	Abdomen:	Denies abdomen pain, Denies nausea, Denies vomiting, Denies constipation, Denies diarrhea.
	GENT:	Denies dysuria, Denies urinary frequencies.
	Neuro:	Denies diplopia, Denies curtain coming over the eyes.
Functional Status Assessment	Shopping for groceries:	able to perform
	Driving:	able to perform
	Cooking:	able to perform
	Housework:	able to perform
	Laundry:	able to perform
	Bathing:	able to perform
	Dressing:	able to perform
	Eating:	able to perform
	Walking:	able to perform.
	Getting in/out of chair:	able to perform
	Ambulate:	able to perform
	Function Status Assessment Date	Function Status Assessment Date: 07/24/2024
Pain Assessment	Level of pain:	No pain
Advanced Care Planning	Advanced Care Planning	Advanced Care Planning Date: 07/24/2024
	DNR	Discussed with patient. Patient wants to be full code.
	Living Will	Discussed with patient. Patient does not have living will.
Depression Screening	PHQ-2 (2015 Edition)	Little interest or pleasure in doing things?: Not at all  Feeling down, depressed, or hopeless?: Not at all

Total Score: 0

Fall Screening	Fall Risk Screening	Fall Risk Assessment:: No falls in the past year
Flu Vaccine	Flu Vaccine not administered	Reason:: Patient Reason ??Type of Patient Reason:: Refused

HPI (History of Present Illness)

Date	Category	Sub-Category	Detail	Notes	Category Notes
08/02/2024	History of Present Illness:	General:	Denies Respiratory Distress, Denies Lethargy		
		Heart:	Denies chest pain, Denies palpitation		
		Abdomen:	Denies abdomen pain, Denies nausea, Denies vomiting, Denies constipation, Denies diarrhea.		
		GENT:	Denies dysuria, Denies urinary frequencies.		
		Neuro:	Denies diplopia, Denies curtain coming over the eyes.		
	Functional Status Assessment	Shopping for groceries:	able to perform		
		Driving:	able to perform		
		Cooking:	able to perform		
		Housework:	able to perform		
		Laundry:	able to perform		
		Bathing:	able to perform		
		Dressing:	able to perform		
		Eating:	able to perform		
		Walking:	able to perform.		
		Getting in/out of chair:	able to perform		
		Ambulate:	able to perform		
		Function Status Assessment Date	Function Status Assessment Date: 08/02/2024		
	Pain Assessment	Level of pain:	No pain		

Advanced Care Planning	Advanced Care Planning	Advanced Care Planning Date: 08/02/2024
	DNR	Discussed with patient. Patient wants to be full code.
	Living Will	Discussed with patient. Patient does not have living will.
Depression Screening	PHQ-2 (2015 Edition)	Little interest or pleasure in doing things?: Not at all  Feeling down, depressed, or hopeless?: Not at all  Total Score: 0
Fall Screening	Fall Risk Screening	Fall Risk Assessment:: No falls in the past year
Flu Vaccine	Flu Vaccine not administered	Reason:: Patient Reason ??Type of Patient Reason:: Refused

#### HPI (History of Present Illness)

Date	Category	Sub-Category	Detail	Notes	Category Notes
12/12/2024	History of Present Illness:	General:	Denies Respiratory Distress, Denies Lethargy		
		Heart:	Denies chest pain, Denies palpitation		
		Abdomen:	Denies abdomen pain, Denies nausea, Denies vomiting, Denies constipation, Denies diarrhea.		
		GENT:	Denies dysuria, Denies urinary frequencies.		
		Neuro:	Denies diplopia, Denies curtain coming over the eyes.		
	Depression Screening	PHQ-9	Little interest or pleasure in doing things: Not at all  Feeling down, depressed, or hopeless: Not at all  Trouble falling or staying asleep, or sleeping too much: Not at all  Feeling tired or having little energy: Nearly every day  Poor appetite or		



overeating: Not at all

Feeling bad about  
yourself or that you are a  
failure, or have let  
yourself or your family  
down: Not at all

Trouble concentrating on  
things, such as reading  
the newspaper or  
watching television: Not  
at all

Moving or speaking so  
slowly that other people  
could have noticed; or the  
opposite, being so fidgety  
or restless that you have  
been moving around a lot  
more than usual: Not at  
all

Thoughts that you would  
be better off dead or of  
hurting yourself in some  
way: Not at all

Total Score: 3

Interpretation: Minimal  
Depression

Functional  
Status  
Assessment

Shopping for groceries:	able to perform
Driving:	able to perform
Cooking:	able to perform
Housework:	able to perform
Laundry:	able to perform
Bathing:	able to perform
Dressing:	able to perform
Eating:	able to perform
Walking:	able to perform.
Getting in/out of chair:	able to perform
Ambulate:	able to perform

Function Status Assessment Date	Function Status Assessment Date: 12/12/2024
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Pain Assessment	Level of pain:	No pain
Advanced Care Planning	Advanced Care Planning	Advanced Care Planning Date: 12/12/2024
	DNR	Discussed with patient. Patient wants to be full code.
	Living Will	Discussed with patient. Patient does not have living will.
Fall Screening	Fall Risk Screening	Fall Risk Assessment:: No falls in the past year
Flu Vaccine	Flu Vaccine not administered	Reason:: Patient Reason ??Type of Patient Reason:: Refused

CONSULTATION REQUEST NOTES

Referral Date	Referring Provider	Referred Provider	Notes
08/08/2024	PATEL, BHAGWAT	,	DR.LATIFA,FAKOYA NPI: 1215199971 PH: 281-980-2717FAX;281-265-3806   REF FAXED

CARE TEAM

Emergency contact

Zohaib Khan

Contact Info

12251 ASHFORD VALLEY DR SUGAR LAND, TX 77478-6125, US

Tel: 832-398-3734

Guardian

ZAIN KHAN

Contact Info

Tel: 832-382-1675