

DOB: [REDACTED] GENDER: F ID: [REDACTED]

[REDACTED] DOB: [REDACTED] (88 yo F) Acc No. [REDACTED] DOS: 05/03/2021

**Progress Notes**

**Patient:** [REDACTED]  
**Account Number:** [REDACTED]  
**DOB:** [REDACTED] **Age:** 88 Y **Sex:** Female  
**Phone:** [REDACTED]  
**Address:** [REDACTED]

**Provider:** Hashani Perkins MD**Date:** 05/03/2021**Subjective:****Chief Complaints:**

1. Patient presents for a follow up.

**HPI:**Depression Screening:

## PHQ-9

Little interest or pleasure in doing things *Not at all*Feeling down, depressed, or hopeless *Several days*Trouble falling or staying asleep, or sleeping too much *Nearly every day*Feeling tired or having little energy *Several days*Poor appetite or overeating *Several days*

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 6

Interpretation *Mild Depression*AM:

Pt noted to have DVT managed with warfarin PT noted to have hld managed fenofibrate. PT noted htn managed with amlodipine.

**ROS:**All Other Systems:

Review of Systems (ROS) **All others negative except those mentioned in HPI, All others negative except those mentioned in HPI.**

General/Constitutional:

Patient denies chills, sweats, chills, sweats.

Ophthalmologic:

Patient denies double vision, discharge, double vision, discharge.

ENT:

Patient denies difficulty swallowing, hoarseness, difficulty swallowing, hoarseness.

Respiratory:

Patient denies hemoptysis, pain with inspiration, hemoptysis, pain with inspiration.

Cardiovascular:

Patient denies chest pain with exertion, rapid heartbeat, chest pain with exertion, rapid heartbeat.

Gastrointestinal:

Patient denies abdominal pain, nausea, vomiting, abdominal pain, nausea, vomiting.

Hematology:

Patient denies bleeding problems, easy bruising, bleeding problems, easy bruising.

Musculoskeletal:

Patient denies swollen joints, muscle aches, swollen joints, muscle aches.

Skin:

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Patient denies rash, hives, rash, hives.

**Medical History:** Hyperlipidemia, unspecified, Other abnormal findings in urine, Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity, Acute kidney failure, unspecified, Cervicalgia, Hyperglycemia, unspecified, Disorder of cartilage, unspecified, Dorsalgia, unspecified, Dizziness and giddiness, Long term (current) use of anticoagulants, Hypercalcemia, Vitamin D deficiency, unspecified, Other spondylosis, sacral and sacrococcygeal region, Essential (primary) hypertension, Calculus of kidney with calculus of ureter, Other hydronephrosis, Urinary tract infection, site not specified, Hematuria, unspecified, Hypercoagulable state, Atherosclerosis of aorta, Essential (primary) hypertension.

**Surgical History:** Kidney Stone 09/2015.

**Hospitalization/Major Diagnostic Procedure:** see above .

**Family History:** Father: deceased 87 yrs. Mother: deceased 42 yrs. 5 brother(s) . 2 son(s) , 6 daughter(s) - healthy. .  
4 brothers deseased.

**Social History:**

Tobacco Use:

Tobacco Use/Smoking

Are you a *former smoker*

How long has it been since you last smoked? *> 10 years*

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? *No*

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Interpretation *Negative*

1 minute.

**Medications:** Taking Fenofibrate 160MG Tablet 1 Tablet Orally Once a day, Taking Lactulose 20 GM/30ML Solution 15 ml prn constipation Orally Once a day, Notes: prn, Taking Metamucil 28 % Packet 1 packet with 8 ounces of liquid as needed Orally Once a day, Notes: prn, Taking Amlodipine Besylate 5 mg Tablet 1 tablet Orally Once a day, Taking Warfarin Sodium 4 MG Tablet 1 tablet Orally Once a day, Discontinued Magnesium Citrate 200 MG Tablet 1 Tablet until BM Orally Twice a day, Discontinued Amlodipine Besylate 5MG Tablet TAKE 1 TABLET DAILY Orally Once a day, Medication List reviewed and reconciled with the patient

**Allergies:** Tramadol, Codeine Sulfate.

**Objective:**

**Vitals:** Temp **97.0 F**, HR **76 /min**, BP **128/72 mm Hg**, Ht **63 in**, Wt **153 lbs**, BMI **27.10 Index**, RR **16 /min**, Oxygen sat % **93 %**.

**Past Orders:**

**Lab:LIPID PANEL (Quest)**

Collection Date	04/05/2021	08/31/2020	06/24/2020
Order Date	04/05/2021	08/31/2020	06/24/2020
	<b>161 H</b>	102	101
TRIGLYCERIDES	(Ref Range: <150 mg/dL)	(Ref Range: <150 mg/dL)	(Ref Range: <150 mg/dL)
	158	155	176
CHOLESTEROL, TOTAL	(Ref Range: <200 mg/dL)	(Ref Range: <200 mg/dL)	(Ref Range: <200 mg/dL)
	58	66	68
HDL CHOLESTEROL	(Ref Range: > OR = 50 mg/dL)	(Ref Range: > OR = 50 mg/dL)	(Ref Range: > OR = 50 mg/dL)
	74	70	89
LDL-CHOLESTEROL	(Ref Range: mg/dL (calc))	(Ref Range: mg/dL (calc))	(Ref Range: mg/dL (calc))

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CHOL/HDLRATIO	2.7 (Ref Range: <5.0 (calc))	2.3 (Ref Range: <5.0 (calc))	2.6 (Ref Range: <5.0 (calc))
NON HDL CHOLESTEROL	100 (Ref Range: <130 mg/dL (calc))	89 (Ref Range: <130 mg/dL (calc))	108 (Ref Range: <130 mg/dL (calc))

**Lab:TSH+FREE T4 (Quest)**

Collection Date	04/05/2021	08/31/2020	06/24/2020
Order Date	04/05/2021	08/31/2020	06/24/2020
T4, FREE	1.1 (Ref Range: 0.8-1.8 ng/dL)	1.2 (Ref Range: 0.8-1.8 ng/dL)	1.3 (Ref Range: 0.8-1.8 ng/dL)
TSH	1.30 (Ref Range: 0.40-4.50 mIU/L)	1.64 (Ref Range: 0.40-4.50 mIU/L)	2.11 (Ref Range: 0.40-4.50 mIU/L)

**Lab:MICROALBUMIN, RANDOM URINE (W/CREATININE) (Quest)**

Collection Date	04/05/2021	08/31/2020	06/24/2020
Order Date	04/05/2021	08/31/2020	06/24/2020
CREATININE, RANDOM URINE	184 (Ref Range: 20-275 mg/dL)	49 (Ref Range: 20-275 mg/dL)	39 (Ref Range: 20-275 mg/dL)
MICROALBUMIN	70.5 (Ref Range: See Note: mg/dL)	0.2 (Ref Range: See Note: mg/dL)	<0.2 (Ref Range: See Note: mg/dL)
MICROALBUMIN/CREATININE\$RATIO, RANDOM URINE	<b>383 H</b> (Ref Range: <30 mcg/mg creat)	4 (Ref Range: <30 mcg/mg creat)	NOTE (Ref Range: <30 mcg/mg creat)

**Lab:COMPREHENSIVE METABOLIC PANEL (Quest)**

Collection Date	04/05/2021	08/31/2020	06/24/2020
Order Date	04/05/2021	08/31/2020	06/24/2020
GLUCOSE	<b>107 H</b> (Ref Range: 65-99 mg/dL)	84 (Ref Range: 65-99 mg/dL)	91 (Ref Range: 65-99 mg/dL)
UREA NITROGEN (BUN)	22 (Ref Range: 7-25 mg/dL)	17 (Ref Range: 7-25 mg/dL)	19 (Ref Range: 7-25 mg/dL)
CREATININE	<b>1.19 H</b> (Ref Range: 0.60-0.88 mg/dL)	<b>0.98 H</b> (Ref Range: 0.60-0.88 mg/dL)	<b>1.11 H</b> (Ref Range: 0.60-0.88 mg/dL)
eGFR NON-AFR. AMERICAN	<b>41 L</b> (Ref Range: > OR = 60 mL/min/1.73m2)	<b>52 L</b> (Ref Range: > OR = 60 mL/min/1.73m2)	<b>45 L</b> (Ref Range: > OR = 60 mL/min/1.73m2)
eGFR AFRICAN AMERICAN	<b>48 L</b> (Ref Range: > OR = 60 mL/min/1.73m2)	60 (Ref Range: > OR = 60 mL/min/1.73m2)	<b>52 L</b> (Ref Range: > OR = 60 mL/min/1.73m2)
BUN/CREATININE RATIO	18 (Ref Range: 6-22 (calc))	17 (Ref Range: 6-22 (calc))	17 (Ref Range: 6-22 (calc))
SODIUM	142 (Ref Range: 135-146 mmol/L)	145 (Ref Range: 135-146 mmol/L)	144 (Ref Range: 135-146 mmol/L)
POTASSIUM	4.6 (Ref Range: 3.5-5.3 mmol/L)	4.5 (Ref Range: 3.5-5.3 mmol/L)	4.2 (Ref Range: 3.5-5.3 mmol/L)
CHLORIDE			

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	107 (Ref Range: 98-110 mmol/L)	109 (Ref Range: 98-110 mmol/L)	108 (Ref Range: 98-110 mmol/L)
CARBON DIOXIDE	26 (Ref Range: 20-32 mmol/L)	26 (Ref Range: 20-32 mmol/L)	29 (Ref Range: 20-32 mmol/L)
CALCIUM	9.4 (Ref Range: 8.6-10.4 mg/dL)	9.6 (Ref Range: 8.6-10.4 mg/dL)	9.4 (Ref Range: 8.6-10.4 mg/dL)
PROTEIN, TOTAL	6.1 (Ref Range: 6.1-8.1 g/dL)	6.4 (Ref Range: 6.1-8.1 g/dL)	6.6 (Ref Range: 6.1-8.1 g/dL)
ALBUMIN	4.2 (Ref Range: 3.6-5.1 g/dL)	4.4 (Ref Range: 3.6-5.1 g/dL)	4.4 (Ref Range: 3.6-5.1 g/dL)
GLOBULIN	1.9 (Ref Range: 1.9-3.7 g/dL (calc))	2.0 (Ref Range: 1.9-3.7 g/dL (calc))	2.2 (Ref Range: 1.9-3.7 g/dL (calc))
ALBUMIN/GLOBULIN RATIO	2.2 (Ref Range: 1.0-2.5 (calc))	2.2 (Ref Range: 1.0-2.5 (calc))	2.0 (Ref Range: 1.0-2.5 (calc))
BILIRUBIN, TOTAL	0.3 (Ref Range: 0.2-1.2 mg/dL)	0.5 (Ref Range: 0.2-1.2 mg/dL)	0.5 (Ref Range: 0.2-1.2 mg/dL)
ALKALINE PHOSPHATASE	99 (Ref Range: 37-153 U/L)	83 (Ref Range: 37-153 U/L)	77 (Ref Range: 37-153 U/L)
AST	18 (Ref Range: 10-35 U/L)	20 (Ref Range: 10-35 U/L)	25 (Ref Range: 10-35 U/L)
ALT	12 (Ref Range: 6-29 U/L)	15 (Ref Range: 6-29 U/L)	21 (Ref Range: 6-29 U/L)

**Lab: CBC (INCLUDES DIFF/PLT) Quest**

Collection Date	04/05/2021	08/31/2020	06/24/2020
Order Date	04/05/2021	08/31/2020	06/24/2020
WHITE BLOOD CELL COUNT	7.7 (Ref Range: 3.8-10.8 Thousand/uL)	4.5 (Ref Range: 3.8-10.8 Thousand/uL)	5.1 (Ref Range: 3.8-10.8 Thousand/uL)
RED BLOOD CELL COUNT	4.48 (Ref Range: 3.80-5.10 Million/uL)	4.37 (Ref Range: 3.80-5.10 Million/uL)	4.22 (Ref Range: 3.80-5.10 Million/uL)
HEMOGLOBIN	13.3 (Ref Range: 11.7-15.5 g/dL)	13.3 (Ref Range: 11.7-15.5 g/dL)	12.7 (Ref Range: 11.7-15.5 g/dL)
HEMATOCRIT	40.2 (Ref Range: 35.0-45.0 %)	40.1 (Ref Range: 35.0-45.0 %)	38.2 (Ref Range: 35.0-45.0 %)
MCV	89.7 (Ref Range: 80.0-100.0 fL)	91.8 (Ref Range: 80.0-100.0 fL)	90.5 (Ref Range: 80.0-100.0 fL)
MCH	29.7 (Ref Range: 27.0-33.0 pg)	30.4 (Ref Range: 27.0-33.0 pg)	30.1 (Ref Range: 27.0-33.0 pg)
MCHC	33.1 (Ref Range: 32.0-36.0 g/dL)	33.2 (Ref Range: 32.0-36.0 g/dL)	33.2 (Ref Range: 32.0-36.0 g/dL)
RDW	13.7 (Ref Range: 11.0-15.0 %)	13.3 (Ref Range: 11.0-15.0 %)	13.8 (Ref Range: 11.0-15.0 %)

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PLATELET COUNT	305 (Ref Range: 140-400 Thousand/uL)	253 (Ref Range: 140-400 Thousand/uL)	262 (Ref Range: 140-400 Thousand/uL)
NEUTROPHILS	68.8 (Ref Range: %)	41.9 (Ref Range: %)	45.5 (Ref Range: %)
ABSOLUTE NEUTROPHILS	5298 (Ref Range: 1500-7800 cells/uL)	1886 (Ref Range: 1500-7800 cells/uL)	2321 (Ref Range: 1500-7800 cells/uL)
LYMPHOCYTES	22.2 (Ref Range: %)	43.5 (Ref Range: %)	39.8 (Ref Range: %)
ABSOLUTE LYMPHOCYTES	1709 (Ref Range: 850-3900 cells/uL)	1958 (Ref Range: 850-3900 cells/uL)	2030 (Ref Range: 850-3900 cells/uL)
MONOCYTES	7.4 (Ref Range: %)	9.5 (Ref Range: %)	9.8 (Ref Range: %)
ABSOLUTE MONOCYTES	570 (Ref Range: 200-950 cells/uL)	428 (Ref Range: 200-950 cells/uL)	500 (Ref Range: 200-950 cells/uL)
EOSINOPHILS	0.6 (Ref Range: %)	3.5 (Ref Range: %)	3.5 (Ref Range: %)
ABSOLUTE EOSINOPHILS	46 (Ref Range: 15-500 cells/uL)	158 (Ref Range: 15-500 cells/uL)	179 (Ref Range: 15-500 cells/uL)
BASOPHILS	1.0 (Ref Range: %)	1.6 (Ref Range: %)	1.4 (Ref Range: %)
ABSOLUTE BASOPHILS	77 (Ref Range: 0-200 cells/uL)	72 (Ref Range: 0-200 cells/uL)	71 (Ref Range: 0-200 cells/uL)
MPV	11.6 (Ref Range: 7.5-12.5 fL)	11.4 (Ref Range: 7.5-12.5 fL)	11.1 (Ref Range: 7.5-12.5 fL)

**Lab: URINALYSIS, COMPLETE W/REFLEX TO CULTURE (Quest)**

Collection Date	04/05/2021	08/31/2020	02/07/2020
Order Date	04/05/2021	08/31/2020	02/07/2020
LEUKOCYTE ESTERASE	NEGATIVE (Ref Range: NEGATIVE)	<b>TRACE A</b> (Ref Range: NEGATIVE)	<b>2+ A</b> (Ref Range: NEGATIVE)
NITRITE	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)
COLOR	YELLOW (Ref Range: YELLOW)	YELLOW (Ref Range: YELLOW)	YELLOW (Ref Range: YELLOW)
APPEARANCE	<b>CLOUDY A</b> (Ref Range: CLEAR)	CLEAR (Ref Range: CLEAR)	CLEAR (Ref Range: CLEAR)
BILIRUBIN	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)
KETONES	<b>TRACE A</b> (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)
SPECIFIC GRAVITY	1.019 (Ref Range: 1.001-1.035)	1.010 (Ref Range: 1.001-1.035)	1.012 (Ref Range: 1.001-1.035)
OCCULT BLOOD	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)
PH	< OR = 5.0 (Ref Range: 5.0-8.0)	7.5 (Ref Range: 5.0-8.0)	7.0 (Ref Range: 5.0-8.0)
PROTEIN	<b>2+ A</b> (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)
WBC	NONE SEEN	NONE SEEN	6-10
RBC			

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	NONE SEEN (Ref Range: < OR = 2 /HPF)	NONE SEEN (Ref Range: < OR = 2 /HPF)	NONE SEEN (Ref Range: < OR = 2 /HPF)
SQUAMOUS EPITHELIAL CELLS	NONE SEEN (Ref Range: < OR = 5 /HPF)	NONE SEEN (Ref Range: < OR = 5 /HPF)	0-5 (Ref Range: < OR = 5 /HPF)
BACTERIA	NONE SEEN	NONE SEEN	NONE SEEN
HYALINE CAST	NONE SEEN (Ref Range: NONE SEEN /LPF)	NONE SEEN (Ref Range: NONE SEEN /LPF)	NONE SEEN (Ref Range: NONE SEEN /LPF)
GLUCOSE	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)	NEGATIVE (Ref Range: NEGATIVE)
Notes:			Hodge,Alyrra 2/14/2020 3:14:25 PM > dov

**Lab:HEMOGLOBIN A1c (Quest)**

Collection Date	04/05/2021	08/31/2020	06/24/2020
Order Date	04/05/2021	08/31/2020	06/24/2020
	5.6	<b>5.7 H</b>	5.6
HEMOGLOBIN A1c	(Ref Range: <5.7 % of total Hgb)	(Ref Range: <5.7 % of total Hgb)	(Ref Range: <5.7 % of total Hgb)

**Lab:VITAMIN D, 1,25 DIHYDROXY LC/MS/MS (Quest) (Order Date - 04/05/2021) (Collection Date - 04/05/2021)**

	<u>Value</u>	<u>Reference Range</u>
VITAMIN D, 1,25 (OH) <sub>2</sub> ,	40	18-72 - pg/mL
VITAMIN D3, 1,25 (OH) <sub>2</sub>	40	- pg/mL
VITAMIN D2, 1,25 (OH) <sub>2</sub>	<8	- pg/mL

**Lab:REFLEXIVE URINE CULTURE**

Collection Date	04/05/2021	08/02/2019	02/22/2019
Order Date	04/05/2021	08/02/2019	02/22/2019
REFLEXIVE URINE CULTURE	NR	NO CULTURE INDICATED	NO CULTURE INDICATED
Notes:	eclinicalworks, support 04/09/2021 06:04:06 : This order was created by the Interface.	eclinicalworks, support 08/03/2019 10:52:05 : This order was created by the Interface.	eclinicalworks, support 02/25/2019 03:29:22 : This order was created by the Interface.

**Examination:**

General Examination:

GENERAL APPEARANCE: well developed, well nourished, in no distress , well developed, well nourished, in no distress .

HENT: Normocephalic, atraumatic , Normocephalic, atraumatic .

EYES: extraocular movement intact (EOMI),sclera anicteric, fundus normal , extraocular movement intact (EOMI),sclera anicteric, fundus normal.

EARS: normal, tympanic membrane intact, clear , normal, tympanic membrane intact, clear .

ORAL CAVITY: no oral lesions, gums normal , no oral lesions, gums normal .

THROAT: clear, no tonsillar enlargement , clear, no tonsillar enlargement .

NECK/THYROID: neck supple, no jugular venous distention, no adenopathy, thyroid normal , neck supple, no jugular venous distention, no adenopathy, thyroid normal .

SKIN: no rashes, no indurations , no rashes, no indurations .

CARDIOVASCULAR: no murmurs, no gallop, PMI nondisplaced, no carotid bruit , no murmurs, no gallop, PMI nondisplaced, no carotid bruit .

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RESPIRATORY clear to auscultation, normal respiratory effort , clear to auscultation, normal respiratory effort .

ABDOMEN: soft, nontender, nondistended, BS benign, no hepatosplenomegaly appreciated , soft, nontender, nondistended, BS benign, no hepatosplenomegaly appreciated .

EXTREMITIES: no clubbing, upper extremity muscle mass and range of motion good , no clubbing, upper extremity muscle mass and range of motion good .

NEUROLOGIC: no focal motor or sensory deficits alert and oriented no rigidity no tremor , no focal motor or sensory deficits alert and oriented no rigidity no tremor .

PSYCH: Alert and oriented x 3, normal affect , Alert and oriented x 3, normal affect .

## Assessment:

### Assessment:

1. Hypertensive CKD Stage 1-4 or uns stage - I12.9
2. Atherosclerosis of aorta - I70.0 (Primary)
3. Stage 3a chronic kidney disease - N18.31
4. Constipation by delayed colonic transit - K59.01
5. Benign paroxysmal positional vertigo due to bilateral vestibular disorder - H81.13
6. Frequent falls - R29.6
7. Long term (current) use of anticoagulants - Z79.01
8. Ex-heavy cigarette smoker (20-39 per day) - Z87.891
9. BMI 27.0-27.9,adult - Z68.27
10. DVT, left leg - I82.492

## Plan:

### 1. Atherosclerosis of aorta

Notes: monitor for progression clinically.

### 2. Hypertensive CKD Stage 1-4 or uns stage

Continue Amlodipine Besylate Tablet, 5MG, TAKE 1 TABLET DAILY, Orally, Once a day .

Notes: pt counselled to follow a low salt DASH diet and daily exercise.

### 3. Stage 3a chronic kidney disease

Notes: Patient is advised not to use any type of NSAIDS which includes Over the counter Motrin, Aleve and Ibuprofen. Recommend to drink adequate amount of water to be well hydrated .We will recheck the patient's Creatine and GFR periodically. Explained to patient about CKD- chronic kidney disease Stages and its complication.

### 4. Constipation by delayed colonic transit

Refill Lactulose Solution, 20 GM/30ML, 15 ml prn constipation, Orally, Once a day, 14 days, 210 ml, Refills 3 ; Start Metamucil Packet, 28 %, 1 packet with 8 ounces of liquid as needed, Orally, Once a day, 30 days, 30, Refills 0 .

### 5. Benign paroxysmal positional vertigo due to bilateral vestibular disorder

Notes: stable.

### 6. Frequent falls

Notes: monitor for progression clinically.

### 7. Long term (current) use of anticoagulants

LAB: INR

### 8. Ex-heavy cigarette smoker (20-39 per day)

Notes: Clinically stable. Continue to monitor.

### 9. DVT, left leg

Continue Warfarin Sodium Tablet, 4 MG, 1 tablet, Orally, Once a day .

### 10. Others

Notes: Patient is advised not to use any type of NSAIDS which includes Over the counter Motrin, Aleve and Ibuprofen. Recommend to drink adequate amount of water to be well hydrated .We will recheck the patient's Creatine and GFR periodically. Explained to patient about CKD- chronic kidney disease Stages and its complication .

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**Procedure Codes:** 93793 ANTICOAG MGMT PT WARFARIN, 85610 PROTHROMBIN TIME, Modifiers: QW , 1159F MED LIST DOCD IN RCRD, 1160F RVW MEDS BY RX/DR IN RCRD, 3048F LDL-C <100 MG/DL, 3060F POS MICROALBUMINURIA > 31, 3044F HG A1C LEVEL < 7.0%, 3288F FALL RISK ASSESSMENT DOCD, 1126F AMNT PAIN NOTED NONE PRSNT, 3017F COLORECTAL CA SCREEN DOC REV, 1170F FXNL STATUS ASSESSED, 3074F SYST BP < 130 MM HG, 3078F DIAST BP < 80 MM HG, G8420 BMI >=22 AND <30 DOC W/O FOLLOWUP

**Preventive Medicine:**

Immunizations:

Tetanus

Have you had a tetanus shot *No*

Pneumococcal

Have you had a pneumonia shot *No*

Influenza

Did you get your Flu Shot last flu season (Aug 2014-Mar 2015)? *Yes*

Date of flu shot last flu season? *11/20/2020*

Did you get your Flu Shot this flu season (Aug 2015- March 2016)? *No*

Screenings:

FALL RISK SCREENING

Date of Last Fall Assessment Done *05/03/2021*

Fall Risk Assessment: *Two or more falls without injury in the past year*

Can you turn on a light without having to walk into a dark room? *Yes*

Are lamp, extension or phone cords out of the flow of foot traffic in this room? *Yes*

Are passageways in your home free from objects and clutter (paper, furniture)? *Yes*

Do your carpets lie flat? *No*

Do your small rugs and runners stay put (don't slide or roll up) when you push them with your foot? *Yes*

Can you reach regularly used items without climbing to reach them? *Yes*

Do you have a step stool that is sturdy and in good repair? *Yes*

Do you have a lamp or light switch within easy reach of your bed? *Yes*

Does your shower or tub have a non-skid surface, mat, decals, or abrasive strips? *Yes*

Does the tub/shower have a sturdy grab-bar (not towel rack)? *Yes*

Are you able to get on and off the toilet easily? *Yes*

Do all your entrances to your home have outdoor lights? *Yes*

Are walkways to your entry free from cracks and holes? *Yes*

Do you have stairs? *No*

URINARY INCONTINENCE SURVEY

In the past 6 months, have you accidentally leaked urine? *Yes*

How much of a problem, if any, was the urine leakage for you? *A small problem*

Have you talked with your current doctor or other health provider about your urine leakage problem? *Yes*

Date of the last Urinary Incontinence Survey *05/03/2021*

PAIN ASSESSMENT

Are you experiencing pain? *No*

Date of Last Pain Assessment done *05/03/2021*

MEDICATION REVIEW

Date of Last Medication Review done *05/03/2021*

DIABETIC EYE EXAM

Have you had a Diabetic Dilated Retinal Eye Exam in the last 2 years? *No*

Was a referral set up for patient today? *No*

PHYSICAL ACTIVITY

During the last week, did you participate in any of the following Physical Activity? *Walking (including walking to work, shopping, etc...)*

How much time is spent on above mentioned activity *3 hours or more per week*

How would you describe your usual walking pace *Slow Pace*

Date last addressed Physical Activity questions *05/03/2021*

ANNUAL WELLNESS VISIT

Have you had a previous Annual Wellness Visit *Yes*

Date of previous Annual Wellness Visit *05/03/2021*

ECHO

Have you ever had an Echo *No*

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CAROTID

Have you ever had a Carotid U/S done *No*  
 Result of last Carotid U/S performed *Not done*

DIABETIC LABS

Have you had a HgbA1c done for the current year? *Yes*  
 What was the result of your most recent HgbA1c *1*  
 Have you had an Urine Microalbumin/Creatinine Ratio done for the current year? *Yes*

LIPID PANEL

Have you had a Lipid Panel blood test for the current year? *Yes*  
 Date of most recent Lipid Panel blood test *04/05/2021*  
 Was the result of the LDL-C below 100 *Yes*

CONTROLLING BLOOD PRESSURE

Is today's blood pressure below 140/90? *Yes*

BREAST CANCER SCREENING:

Have you had a recent mammogram *Yes*  
 Date of the most recent mammogram *05/03/2021*  
 Result of most recent mammogram *Normal*  
 Provider recommended recheck *...*

CERVICAL CANCER SCREENING:

Have you had a PAP Smear in the last 2 years? *Yes*  
 Date of last Pap Smear was performed on *05/03/2016*  
 Result of last Pap Smear Exam *Normal*

COLORECTAL CANCER SCREENING RECOMMENDED:

Have you ever had a colonoscopy or colorectal cancer screen *Yes*  
 Date of last colorectal cancer screening *01/01/2020*  
 Colorectal Exam Type *Colonoscopy*  
 Result of most recent exam *Normal*

FUNCTIONAL CAPACITY:

Patient mobility: *is normal*  
 The patient maintains ability to: *bathe herself, feed herself, get dressed, groom herself, lift legs, move in the house/home, use the toilet, walk*  
 Patient cognitive status *Other*  
 Hearing *Good*  
 Vision *Glasses*  
 Touch *No problems*  
 Smell/Taste *No problems*  
 Date of Last Functional Capacity Done *05/03/2021*

GLAUCOMA SCREENING:

Date of most recent screening: *03/20/2020*  
 Glaucoma screening: *was done less than a year ago*

OSTEOPOROSIS SCREENING:

Have you had a bone density scan *No*  
 Date of most recent screening: *05/03/2021*

**Follow Up:** 3 Months

**Care Plan Details**



Electronically signed by Hashani Perkins, MD on 05/19/2021 at 07:47 AM EDT

Sign off status: Completed

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**Provider:** Hashani Perkins MD

**Date:** 05/03/2021