

## Cardiology RBM Clinical Case 2

Save

Personalize

Service Order

Notes

Interaction History

Medical Review

Nurse Review

Member Information

Authorization Date Update

Cloned Details

Service Order ID:

Member:

Date of Birth:

Age:

Gender:

Member ID:

PRI-ME:

SO Status:

Open Activity:

Program:

Referring Physician:

Primary Specialty:

Case Specialty:

Open

RNREV DNR

Commercial

GWHCIGNA SI-PPO/OAP

INTERNAL MEDICINE

Cardiology

Medical Record Required

Nurse Job Aid

Call Center Disposition History

PersonalizeFind1 of 1FirstLast

Disposition DetailsAudit

Disposition	Type	Detail	Contact Name	Contact Type	Received Datetime
Assistance				Requesting MD	

OB Ultrasound Medical History

Oncology Member Medical History

Notes

FindView AllFirst8 of 8Last

Note Type:INTERNAL NOTEAll Notes\*Template ID:Select Note Text

\*Summary:Nurse Reviewer Note

Details:

Added:

Delete

Attach a FileAdd Note or AttachmentDelete NoteDate Time StampClinical Notes History

UM Product: CARDIAC

Member: MI

Physician: MI

Facility: MI

Tax IDs Match

Policy State: NJ

Fund Type Self Insured

Jurisdiction State: MI

Type:Phone

Case Type:Standard

DOS

Expand AllCollapse All

CPT/ICDActivitiesHistoryClinical AdvantageSaved NotesMem.Phys.FacServiceBottomNotes Upads

CPT, ICD, Guideline

CPT InfoMember Rational Text

Dup	Service Group Name	Unit	CPT	Description	*Status	Rationale	Repost	Provider Language	Member Language	Modifier	BodyPart	Description		
<input type="checkbox"/>		1	93351	Echocardiography, transthoracic, includes M-mode recording when performed, during rest and CV stress test using treadmill, bicycle and/or pharmacologically induced stress; including performance of continuous ECG monitoring, with physician supervision	Pending		Repost						+	-

Approve All

Deny All

Duplicate CPT

Status Pending

RN-Rationale Decision Tool

Post Decision

\*ICD-10 Code

ICD Description

1R07.89

OTHER CHEST PAIN

+

-

Get Default Guidelines

Guidelines Required

Change Specialty

Case Specialty Cardiology

Guideline Names

GuideLine Name	Description		
1		+	-

Notes

### Activity History

Step	Activity	Status	Start	End	Assigned Group	
<input type="checkbox"/> 10	Initiate Request	3 - Completed	10/09/2024 4:27PM	10/09/2024 4:28PM	Intake Workgroup	Alicia Angelle
<input type="checkbox"/> 20	Give Verbal Recap, If Approved - Do Not Send To IVR	3 - Completed	10/09/2024 4:28PM	10/09/2024 4:30PM	Intake Workgroup	<input type="text"/>
<input type="checkbox"/> 21	Pending Additional Information	3 - Completed	10/09/2024 4:30PM	10/09/2024 5:15PM	Pending Addition	ORCA User
<input type="checkbox"/> 22	Notes Received	2 - Started	10/09/2024 5:15PM		RN Workgroup	<input type="text"/>
<input type="checkbox"/> 30	RN Review - Give Verbal Recap, If Approved - Do Not Send To IVR	1 - Queued			RN Workgroup	<input type="text"/>
<input type="checkbox"/> 40	MD Review - Give Verbal Recap, If Approved - Do Not Send To IVR	1 - Queued			MD Priority Work	<input type="text"/>
<input type="checkbox"/> 50	NU Wrap Up - No Verbal Notification Required	1 - Queued			NU No Verbal Nc	<input type="text"/>
<input type="checkbox"/> 60	Notify Member of Decision - SilverLink	1 - Queued			NU Member Noti	<input type="text"/>

Activity: 
 Step Number 

☐ All Activities

### Member History Information

**Medical Status:** Pending  
**SO Status:** Open  
**Created:** 10/09/2024  
**Auth Start:**  
**Auth End:**  
**Member:**  
**Physician:**  
**Facility:** ENVISION DIAGNOSTIC CENTER


Status	CPT	Rationale
Pending	93351	Echocardiography, transthoracic, includes M-mode recording when performed, during rest and CV stress test using treadmill, bicycle and/or pharmacologically induced stress; including performance of continuous ECG monitoring, with physician supervision
ICD Version	ICD ID	
10	R07.9	Chest pain, unspecified

**Medical Status:** Denied  
**SO Status:** Complete  
**Created:** 10/04/2024  
**Auth Start:** 10/04/2024  
**Auth End:** 04/02/2025  
**Member:**  
**Physician:**  
**Facility:** REGIONAL MEDICAL IMAGING

Status	CPT	Rationale
Denied	75571	CT, HEART, without contrast with quantitative evaluation of coronary calcium
ICD Version	ICD ID	
10	E78.5	Hyperlipidemia, unspecified

### Saved Notes

**Additional Clinicals will not be provided**

 RCVD FAX: Clinical attachment added via ORCA



10/09/2024 5:15PM

orcauser

UPADSNotes  
93351

10/09/2024 4:30PM

This request is not in scope for real time claims lookups.

The medical record for this patient is required to complete medical necessity review. This request will be pended until relevant medical records are uploaded at eviCore.com. (If the medical record is not currently attached to this case, DO NOT transfer to nurse)

Read to Caller:

The medical record for this patient is required to complete the medical necessity review of this request. This request will be pended until relevant medical records are uploaded at eviCore.com.

Action to Take (Do not read to caller):

Please click submit, and continue with next activity. DO NOT TRANSFER TO NURSE.

REQUEST CLINICAL INFO - UPADS Survey

10/09/2024 4:30PM

The medical record for this patient is required to complete medical necessity review. This request will be pended until relevant medical records are uploaded at eviCore.com. Medical records include: Current signs and symptoms indicating the exam Prior diagnostic studies with results (e.g. imaging studies or biopsies) Prior management including conservative therapies Medications with dose and duration

# Imaging Order

10/03/2024

To Provider	From Provider
ENVISION DIAGNOSTIC CENTER - INTERNAL FOR REFERENCE  29409 HAGGERTY RD STE 100A NOVI, MI 48377 Phone: Phone: (248) 471-0675 Fax: Fax: (248) 254-3874	J. [REDACTED], DO VM MI Novi 39475 LEWIS DR STE 130 NOVI, MI 48377-2977 Phone: (248) 471-0675 Fax: (248) 254-3874

## Imaging Order Information

Diagnosis	<ul style="list-style-type: none"><li>Chest pain ICD-10: R07.9: Chest pain, unspecified</li></ul>
Order Name	Orders included: 1  Chest pain   ICD-10: R07.9: Chest pain, unspecified <ul style="list-style-type: none"><li>93351   radhrt-stress echocardiogram</li></ul> NOTE TO IMAGING FACILITY: 93351, 93325, 93320  Place of service: OFFICE Procedure code: 93320, 93351, 93325
Notes	

## Patient Information

Patient Name	[REDACTED]
Sex - DOB - Age	F ( [REDACTED] ) 59yo
Address	[REDACTED] [REDACTED]
Phone	[REDACTED] [REDACTED]
Primary Insurance	Cigna (PPO) ID: 1 [REDACTED] Group: ( [REDACTED] ) Policy Holder: I [REDACTED]  Eligibility: Member is eligible. (Verified 10/03/2024)
Secondary Insurance	None recorded.

[illegible]

influenza, injectable, quadrivalent, preservative free	12/10/21	0.5 mL				UJ778AB	Sanofi Pasteur				
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## Problems

### Reviewed Problems

- Gastroesophageal reflux disease without esophagitis - Onset: 08/29/2022
- Atopic dermatitis
- Thoracic back pain - Onset: 09/18/2023
- Low back pain - Onset: 08/29/2022
- Osteopenia - Onset: 09/18/2023
- Heart murmur - Onset: 09/18/2023
- Chronic cough - Onset: 08/29/2022

## Family History

Family History not reviewed (last reviewed 08/29/2022)

Father	- Essential hypertension - Family history of diabetes mellitus - Diabetes mellitus - Renal failure syndrome (died age: 84)
Daughter	- No family history of
Mother	- No family history of - Parkinson's disease (died age: 77)
Brother	- No family history of
Son	- No family history of
Sister	- No family history of

## Social History

### Reviewed Social History

#### Home and Environment

Where do you live?: Single-level house  
Do you have smoke and carbon monoxide detectors in your home?: Yes  
Are you passively exposed to smoke?: No  
Are there any smokers in your house?: No  
Are there any guns present in your home?: No  
Do you use sunscreen routinely?: Yes

#### Substance Use

Do you or have you ever smoked tobacco?: Never smoker (Notes: Has never smoked or chewed tobacco)  
Do you or have you ever used any other forms of tobacco or nicotine?: No  
What was the date of your most recent tobacco screening?: 09/18/2023  
Has tobacco cessation counseling been provided?: No  
What is your level of alcohol consumption?: Occasional (Notes: social drinker)  
Do you use any illicit or recreational drugs?: No  
What is your level of caffeine consumption?: Moderate

#### Education and Occupation

What is the highest grade or level of school you have completed or the highest degree you have received?: Bachelor's degree (e.g., BA, AB, BS)  
Are you currently employed?: Yes (Notes: Currently employed)  
What is your occupation?: buyer

#### Activities of Daily Living

Are you able to care for yourself?: Yes  
Are you blind or do you have difficulty seeing?: No  
Are you deaf or do you have serious difficulty hearing?: No  
Do you have transportation difficulties?: No

#### Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night)? : Not at all  
Do you wear a helmet when biking?: Yes  
Do you use your seat belt or car seat routinely?: Yes

#### Diet and Exercise

What type of diet are you following?: Regular  
What is your exercise level?: Moderate  
How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days?: 4  
On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise?: 60

#### Advance Directive

Do you have an advance directive?: No  
Do you have a medical power of attorney?: No

#### Marriage and Sexuality

What is your relationship status?: Divorced  
How many children do you have?: 2

#### Other

Marital status: Divorced

#### ER/Admissions

Have you had an unplanned hospital admission in the last year?: No

Have you had an unplanned hospital admission in the last 30 days?: No

Have you had an ER visit since you were last seen?: No

**Medication Adherence**

Do you have any barriers to taking your medications as prescribed?: No barriers. I am able to take as prescribed.

**Gender Identity and LGBTQ Identity**

Gender identity: Identifies as Female

Assigned sex at birth: Female

Pronouns: she/her

First name used: ELAINE

Sexual orientation: Straight or heterosexual

**Surgical History**

Reviewed Surgical History

\*Procedure Name: denies surgical history

**Past Medical History**

Notes: Mammogram: 2/23/19

**Screening**

Name	Score	Notes
PHQ-2/PHQ-9	0 (for the PHQ-2), Finding: Negative	Screening form completed by patient using Phreesia.
AUDIT-C	1	
STEADI Fall Risk	0	Screening form completed by patient using Phreesia.

**HPI**

Patient presents for routine Complete Physical.

Works as a buyer for hardware/software for online casinos.

Divorced, 2 kids (29 yo son and 24 yo daughter who is in 4th year of med school-engaged).

Optho: 6 months ago

Dentist: <1 week ago.

Diet Regular

Exercise ModerateInterval runs and jogs, boxing.

Sleep Adequate6-7 hours.

HIV/STD risk/testing discussed

Vaccine recommendations discussed

**ROS**

**Constitutional:** Constitutional: no fever, chills, or night sweats.

**Eyes:** Eyes: no vision change.

**Cardiovascular:** Cardiovascular: no palpitations, chest pain, shortness of breath when walking, or ankle swelling.

**Respiratory:** Respiratory: no cough or shortness of breath.

**Gastrointestinal:** Gastrointestinal: no nausea, vomiting, constipation, diarrhea, or abdominal pain anddyspepsia and GERD.

**Genitourinary:** Genitourinary: no hematuria, difficulty urinating, or increased frequency.

**Musculoskeletal:** Musculoskeletal: muscle aches (+Thoracic back pain.).

**Integumentary:** Skin: no rashes or abnormal mole.

**Neurologic:** Neurologic: no numbness or seizures.

**Psychiatric:** Psych: no depression or anxiety.

**Physical Exam**

**Constitutional:** General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD.

**Psychiatric:** Orientation: to time, place, and person.

**Eyes:** EOM: EOML.

**ENMT:** Oropharynx: moist mucous membranes.

**Lungs:** Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

**Cardiovascular:** Heart Auscultation: RRR, normal S2, and murmur.

**Abdomen:** Inspection and Palpation: no tenderness, guarding, or rebound tenderness and soft and non-distended.

**Musculoskeletal:** Joints, Bones, and Muscles: normal movement of all extremities. Extremities: no cyanosis or edema.

**Neurologic:** Cranial Nerves: grossly intact.

## Assessment / Plan

Reviewed MICR.

### 1. Adult health examination -

OB/GYN: 1 MD. Pap, mammogram and DEXA done 7/27/23.

Colonoscopy: Due @ 60 yo.

Z00.00: Encounter for general adult medical examination without abnormal findings

- URINALYSIS, DIPSTICK
- ELECTROCARDIOGRAM
- LABH-CBC W/ AUTO DIFF
- LABP-COMP METABOLIC PANEL
- LABSCH-TSH
- LABP-LIPID PANEL I - CALC LDL
- LABH-HBA1C

### 2. Gastroesophageal reflux disease without esophagitis -

Follows up with GI. EGD scheduled for 10/26/23 Dr. ....

K21.9: Gastro-esophageal reflux disease without esophagitis

### 3. Osteopenia -

DEXA 7/27/23:

AP Spine -1.6 osteopenia

Femoral Neck -1.7 osteopenia

Total Hip -1.2 osteopenia

-Taking Viactive.

M85.80: Other specified disorders of bone density and structure, unspecified site

### 4. Thoracic back pain -

Chronic.

M54.6: Pain in thoracic spine

### 5. Active or passive immunization -

Will update Tdap today. Repeat every 10 years.

Z23: Encounter for immunization

- ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE - Administer 0.5mL intramuscularly  
Tdap Site: Deltoid, Left Qty: (0.5) mL Administered on 09/18/2023 Perform Date: 09/18/2023

### 6. Heart murmur -

Will order echocardiogram to evaluate.

R01.1: Cardiac murmur, unspecified

- RADHRT-ECHOCARDIOGRAM

Place of service: OFFICE

Procedure code: 93306

Authorization: Cigna (PPO) | NOTREQUIRED | Not Required for 93306

### URINALYSIS, DIPSTICK

Name	Interpretation
UA test performed using:	Automated device/analyzer (81003,QW)
Color	Yellow
Clarity	Clear
Glucose (mg/dL)	Negative

Bilirubin	Negative
Ketone (mg/dL)	Negative
Specific Gravity	1.010
Occult Blood	Trace-Intact (or Trace Non- Hemolyzed)
pH	6.0
Protein	Negative
Urobilinogen	0.2
Nitrites	Negative
Leukocytes	Negative

#### ELECTROCARDIOGRAM

##### • Results:

- Rate & Rhythm:
- QRS:
- PR Interval:
- QRS Duration:
- QT Interval:

#### Patient Instructions

Aware to get Shingrix at pharmacy.

#### Discussion Notes

Thank you for trusting me as your partner in health. Please visit our patient portal for easier communication. Most test results will be back within 2-3 days. I will contact you either via the portal or via phone call with the results. If you don't hear from me within a week--please contact me. Occasionally labs are lost, misplaced, or mishandled.

Plan on once-yearly physicals at a minimum. Many patients will need to be seen more frequently-- especially if they are on a medication that requires monitoring, or if there is an active problem being managed. Prescriptions can be refilled electronically through your pharmacy, but can be declined at the discretion of your physician if you are overdue for an office visit.

Maintain a healthy diet and exercise habits. Avoid tobacco and limit alcohol intake. If you need assistance with diet, exercise, mental health or addiction, please let me know. Our office has the means of helping you.

#### General health maintenance guidelines (can vary depending on your individual case):

All adults: Yearly checkups, colon cancer screening starting at age 45

Women: Yearly pap smears over age 21, yearly mammograms over age 40

Men: Prostate cancer screening starting at age 40 or 50, testicular self-exam

The new two dose SHINGLES vaccine is recommended for everybody 50 and older.  
Everyone 65 and older should receive the Pneumonia vaccines.



DOB: 01/01/1964  
Age: 58 years  
Gender: Female

## STEADI - Stay Independent



Phreesia

Date of Visit: 09/18/2023 4:00 PM

### Check Your Risk for Falling

#### Fall Risk Assessment <sup>4</sup>

	Yes	No
I have fallen in the past year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I use or have been advised to use a cane or walker to get around safely.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sometimes I feel unsteady when I am walking.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I steady myself by holding onto furniture when walking at home.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am worried about falling.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I need to push with my hands to stand up from a chair.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have some trouble stepping up onto a curb.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I often have to rush to the toilet.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have lost some feeling in my feet.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I take medicine that sometimes makes me feel light-headed or more tired than usual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I take medicine to help me sleep or improve my mood.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I often feel sad or depressed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total: $\Sigma$	0	

### Scoring Interpretation

Yes = 2 pts (Questions 1-2)

Yes = 1 pt (Questions 3-12)

No = 0 pts (All Questions)

Add up the number of points for each "Yes" answer. If you scored 4 points or more, you may be at risk for falling.

### Why it Matters

Assessment Questions	Why it Matters
Question 1: I have fallen in the past year.	People who have fallen once are likely to fall again.
Question 2: I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Question 3: Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Question 4: I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Question 5: I am worried about falling.	People who are worried about falling are more likely to fall.
Question 6: I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Question 7: I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Question 8: I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Question 9: I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Question 10: I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Question 11: I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Question 12: I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.

Patient ID: 11363952  
Patient Gender: Female  
DOB: 01/01/1965  
Age: 58 years

Patient Health  
Questionnaire

 Phreesia  
Date of Visit: 09/18/2023 4:00 PM

Patient Health Questionnaire (PHQ 2/9)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television	Full PHQ-9 not displayed based on patient responses			
8. 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				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
10. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Question not displayed based on patient responses			

Results: 0

Results Interpretation:	Responses for each item are added for the total score. The total score determines the depression severity based on the following scale
	0 - 4 None
	5 - 9 Mild Depression
	10 - 14 Moderate Depression
	15 - 19 Moderately Severe Depression
	20 - 27 Severe Depression

[illegible]

influenza, injectable, quadrivalent, preservative free	12/10/21	0.5 mL				UJ778AB	Sanofi Pasteur				
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## Problems

### Reviewed Problems

- Gastroesophageal reflux disease without esophagitis - Onset: 08/29/2022
- Atopic dermatitis
- Thoracic back pain - Onset: 09/18/2023
- Low back pain - Onset: 08/29/2022
- Osteopenia - Onset: 09/18/2023
- Heart murmur - Onset: 09/18/2023
- Chronic cough - Onset: 08/29/2022

## Family History

Family History not reviewed (last reviewed 08/29/2022)

- |          |   |
|----------|---|
| Father   | - Essential hypertension                |
|          | - Family history of diabetes mellitus   |
|          | - Diabetes mellitus                     |
|          | - Renal failure syndrome (died age: 84) |
| Daughter | - No family history of                  |
| Mother   | - No family history of                  |
|          | - Parkinson's disease (died age: 77)    |
| Brother  | - No family history of                  |
| Son      | - No family history of                  |
| Sister   | - No family history of                  |

## Social History

### Reviewed Social History

#### Home and Environment

Where do you live?: Single-level house  
 Do you have smoke and carbon monoxide detectors in your home?: Yes  
 Are you passively exposed to smoke?: No  
 Are there any smokers in your house?: No  
 Are there any guns present in your home?: No  
 Do you use sunscreen routinely?: Yes

#### Substance Use

Do you or have you ever smoked tobacco?: Never smoker (Notes: Has never smoked or chewed tobacco)  
 Do you or have you ever used any other forms of tobacco or nicotine?: No  
 What was the date of your most recent tobacco screening?: 09/18/2023  
 Has tobacco cessation counseling been provided?: No  
 What is your level of alcohol consumption?: Occasional (Notes: social drinker)  
 Do you use any illicit or recreational drugs?: No  
 What is your level of caffeine consumption?: Moderate

#### Education and Occupation

What is the highest grade or level of school you have completed or the highest degree you have received?: Bachelor's degree (e.g., BA, AB, BS)  
 Are you currently employed?: Yes (Notes: Currently employed)  
 What is your occupation?: buyer

#### Activities of Daily Living

Are you able to care for yourself?: Yes  
 Are you blind or do you have difficulty seeing?: No  
 Are you deaf or do you have serious difficulty hearing?: No  
 Do you have transportation difficulties?: No

#### Lifestyle

Do you feel stressed (tense, restless, nervous, or anxious, or unable to sleep at night?): Not at all  
 Do you wear a helmet when biking?: Yes  
 Do you use your seat belt or car seat routinely?: Yes

#### Diet and Exercise

What type of diet are you following?: Regular  
 What is your exercise level?: Moderate  
 How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days?: 4  
 On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise?: 60

#### Advance Directive

Do you have an advance directive?: No  
 Do you have a medical power of attorney?: No

#### Marriage and Sexuality

What is your relationship status?: Divorced  
 How many children do you have?: 2

#### Other

Marital status: Divorced

#### ER/Admissions

Have you had an unplanned hospital admission in the last year?: No

Have you had an unplanned hospital admission in the last 30 days?: No

Have you had an ER visit since you were last seen?: No

**Medication Adherence**

Do you have any barriers to taking your medications as prescribed?: No barriers. I am able to take as prescribed.

**Gender Identity and LGBTQ Identity**

Gender identity: Identifies as Female

Assigned sex at birth: Female

Pronouns: she/her

First name used: ELAINE

Sexual orientation: Straight or heterosexual

**Surgical History**

Reviewed Surgical History

\*Procedure Name: denies surgical history

**Past Medical History**

Notes: Mammogram: 2/23/19

**Screening**

Name	Score	Notes
PHQ-2/PHQ-9	0 (for the PHQ-2), Finding: Negative	Screening form completed by patient using Phreesia.
AUDIT-C	1	
STEADI Fall Risk	0	Screening form completed by patient using Phreesia.

**HPI**

Patient presents for routine Complete Physical.

Works as a buyer for hardware/software for online casinos.

Divorced, 2 kids (29 yo son and 24 yo daughter who is in 4th year of med school-engaged).

Optho: 6 months ago

Dentist: <1 week ago.

Diet Regular

Exercise ModerateInterval runs and jogs, boxing.

Sleep Adequate6-7 hours.

HIV/STD risk/testing discussed

Vaccine recommendations discussed

**ROS**

**Constitutional:** Constitutional: no fever, chills, or night sweats.

**Eyes:** Eyes: no vision change.

**Cardiovascular:** Cardiovascular: no palpitations, chest pain, shortness of breath when walking, or ankle swelling.

**Respiratory:** Respiratory: no cough or shortness of breath.

**Gastrointestinal:** Gastrointestinal: no nausea, vomiting, constipation, diarrhea, or abdominal pain anddyspepsia and GERD.

**Genitourinary:** Genitourinary: no hematuria, difficulty urinating, or increased frequency.

**Musculoskeletal:** Musculoskeletal: muscle aches (+Thoracic back pain.).

**Integumentary:** Skin: no rashes or abnormal mole.

**Neurologic:** Neurologic: no numbness or seizures.

**Psychiatric:** Psych: no depression or anxiety.

**Physical Exam**

**Constitutional:** General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD.

**Psychiatric:** Orientation: to time, place, and person.

**Eyes:** EOM: EOML.

**ENMT:** Oropharynx: moist mucous membranes.

**Lungs:** Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

**Cardiovascular:** Heart Auscultation: RRR, normal S2, and murmur.

**Abdomen:** Inspection and Palpation: no tenderness, guarding, or rebound tenderness and soft and non-distended.

**Musculoskeletal:** Joints, Bones, and Muscles: normal movement of all extremities. Extremities: no cyanosis or edema.

**Neurologic:** Cranial Nerves: grossly intact.

Assessment / Plan

Reviewed MICR.

**1. Adult health examination -**

OB/GYN: ' , MD. Pap, mammogram and DEXA done 7/27/23.

Colonoscopy: Due @ 60 yo.

Z00.00: Encounter for general adult medical examination without abnormal findings

- URINALYSIS, DIPSTICK
- ELECTROCARDIOGRAM
- LABH-CBC W/ AUTO DIFF
- LABP-COMP METABOLIC PANEL
- LABSCH-TSH
- LABP-LIPID PANEL I - CALC LDL
- LABH-HBA1C

**2. Gastroesophageal reflux disease without esophagitis -**

Follows up with GI. EGD scheduled for 10/26/23 Dr. ' .

K21.9: Gastro-esophageal reflux disease without esophagitis

**3. Osteopenia -**

DEXA 7/27/23:

AP Spine -1.6 osteopenia

Femoral Neck -1.7 osteopenia

Total Hip -1.2 osteopenia

-Taking Viactive.

M85.80: Other specified disorders of bone density and structure, unspecified site

**4. Thoracic back pain -**

Chronic.

M54.6: Pain in thoracic spine

**5. Active or passive immunization -**

Will update Tdap today. Repeat every 10 years.

Z23: Encounter for immunization

- ADACEL (TDAP ADOLESEN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE - Administer 0.5mL intramuscularly  
Tdap Site: Deltoid, Left Qty: (0.5) mL Administered on 09/18/2023 Perform Date: 09/18/2023

**6. Heart murmur -**

Will order echocardiogram to evaluate.

R01.1: Cardiac murmur, unspecified

- RADHRT-ECHOCARDIOGRAM

Place of service: OFFICE

Procedure code: 93306

Authorization: Cigna (PPO) | NOTREQUIRED | Not Required for 93306

**URINALYSIS, DIPSTICK**

Name	Interpretation
UA test performed using:	Automated device/analyzer (81003.QW)
Color	Yellow
Clarity	Clear
Glucose (mg/dL)	Negative

Bilirubin	Negative
Ketone (mg/dL)	Negative
Specific Gravity	1.010
Occult Blood	Trace-Intact (or Trace Non- Hemolyzed)
pH	6.0
Protein	Negative
Urobilinogen	0.2
Nitrites	Negative
Leukocytes	Negative

#### ELECTROCARDIOGRAM

##### • Results:

- Rate & Rhythm:
- QRS:
- PR Interval:
- QRS Duration:
- QT Interval:

#### Patient Instructions

Aware to get Shingrix at pharmacy.

#### Discussion Notes

Thank you for trusting me as your partner in health. Please visit our patient portal for easier communication. Most test results will be back within 2-3 days. I will contact you either via the portal or via phone call with the results. If you don't hear from me within a week--please contact me. Occasionally labs are lost, misplaced, or mishandled.

Plan on once-yearly physicals at a minimum. Many patients will need to be seen more frequently-- especially if they are on a medication that requires monitoring, or if there is an active problem being managed. Prescriptions can be refilled electronically through your pharmacy, but can be declined at the discretion of your physician if you are overdue for an office visit.

Maintain a healthy diet and exercise habits. Avoid tobacco and limit alcohol intake. If you need assistance with diet, exercise, mental health or addiction, please let me know. Our office has the means of helping you.

#### General health maintenance guidelines (can vary depending on your individual case):

All adults: Yearly checkups, colon cancer screening starting at age 45

Women: Yearly pap smears over age 21, yearly mammograms over age 40

Men: Prostate cancer screening starting at age 40 or 50, testicular self-exam

The new two dose SHINGLES vaccine is recommended for everybody 50 and older.  
Everyone 65 and older should receive the Pneumonia vaccines.

Patient ID:  
Patient Gender: Female  
DOB:  
Age: 58 years

### Patient Health Questionnaire



Phreesia

Date of Visit: 09/18/2023 4:00 PM

## Patient Health Questionnaire (PHQ 2/9)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Not At All

Several  
Days

## More Than Half the Days

Nearly  
Every Day

1. Little interest or pleasure in doing things

0

1

2

42

2. Feeling down, depressed or hopeless

0

1

2

3

3. Trouble falling asleep, staying asleep, or sleeping too much

4. Feeling tired or having little energy

5. Poor appetite or overeating

6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down

7. Trouble concentrating on things, such as reading the newspaper or watching television

Full PHQ-9 not displayed based on patient responses

8. 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.

9. Thoughts that you would be better off dead or of hurting yourself in some way

10. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Question not displayed based on patient responses.

## Results

**Results Interpretation:**

Responses for each item are added for the total score. The total score determines the depression severity based on the following scale:

15 - 4

None

5-9

### Mild Depression

10-14

### Moderate Depression

15.19

### Moderately Severe Depression

20 - 27

### Severe Depression



DOB: --  
Age: 58 years  
Gender: Female

## STEADI - Stay Independent



Phreesia

Date of Visit: 09/18/2023 4:00 PM

### Check Your Risk for Falling

#### Fall Risk Assessment \*

	Yes	No
I have fallen in the past year.		<input checked="" type="checkbox"/>
I use or have been advised to use a cane or walker to get around safely.		<input checked="" type="checkbox"/>
Sometimes I feel unsteady when I am walking.		<input checked="" type="checkbox"/>
I steady myself by holding onto furniture when walking at home.		<input checked="" type="checkbox"/>
I am worried about falling.		<input checked="" type="checkbox"/>
I need to push with my hands to stand up from a chair.		<input checked="" type="checkbox"/>
I have some trouble stepping up onto a curb.		<input checked="" type="checkbox"/>
I often have to rush to the toilet.		<input checked="" type="checkbox"/>
I have lost some feeling in my feet.		<input checked="" type="checkbox"/>
I take medicine that sometimes makes me feel light-headed or more tired than usual.		<input checked="" type="checkbox"/>
I take medicine to help me sleep or improve my mood.		<input checked="" type="checkbox"/>
I often feel sad or depressed.		<input checked="" type="checkbox"/>
Total: *	0	

### Scoring Interpretation

Yes = 2 pts (Questions 1-2)

Yes = 1 pt (Questions 3-12)

No = 0 pts (All Questions)

Add up the number of points for each "Yes" answer. If you scored 4 points or more, you may be at risk for falling.

### Why it Matters

Assessment Questions	Why it Matters
Question 1: I have fallen in the past year.	People who have fallen once are likely to fall again.
Question 2: I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Question 3: Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Question 4: I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Question 5: I am worried about falling.	People who are worried about falling are more likely to fall.
Question 6: I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Question 7: I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Question 8: I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Question 9: I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Question 10: I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Question 11: I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Question 12: I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.

ID: [REDACTED]  
DOB: [REDACTED]  
59 Years  
Female Asian  
Med:  
Location:  
Referring Physician:  
Notes:

9/28/2024 9:17:57 AM

Vert. Rate: 61 BPM  
PR Int: 177 ms  
QRS dur: 103 ms  
QT/QTc: 435/437 ms  
P-R-T axes: 64 104 54  
Avg. RR: 981 ms  
QTcB: 438 ms  
QTcF: 437 ms

SINUS RHYTHM  
RIGHT AXIS DEVIATION  
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK  
MODERATE ST DEPRESSION  
ABNORMAL ECG

UNCONFIRMED REPORT

91

NSR, right axis deviation, incomplete RBBB, moderate ST depression, d/w  
pt. Will order stress test. -Dr. Norayan

Electronically signed by [REDACTED] DO  
on 11/03/2024 at 05:07:21 pm

