

Last Name, First Name							
DOB							
Medicaid #							
Tier							
PCP							
Revision Dates	9/25/2014						
Principal Diagnosis	Diabetes, Obesity, Bipolar Disorder, Neuroma, HTN, Seizures, GERD, Diverticulitis, Renal Insufficiency, Sleep apnea						
Problem Areas	<ul style="list-style-type: none"> 1. Seizures 2. Renal Insufficiency 3. Diabetes 						
Goals	<ul style="list-style-type: none"> 1. Follow up with Neurology, take meds as directed 2. Follow up with Nephrology, take meds as directed, follow low sodium diet 3. Adhere to DM diet, check BS regularly, take meds as directed 						
Hospital Admissions	<u>Date/Reason/Outcome</u>						
ER Visits	<u>Date/Reason/Outcome</u>						
No Shows	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Date/Provider</td> <td style="width: 50%;"></td> </tr> <tr> <td>4/30/2014: cancel=Dr.</td> <td>1/23/2014:fail =Dr</td> </tr> <tr> <td>1/31/2014:re-scheduled=surgeon.</td> <td>1/20/2014: Fail=Dr</td> </tr> </table>	Date/Provider		4/30/2014: cancel=Dr.	1/23/2014:fail =Dr	1/31/2014:re-scheduled=surgeon.	1/20/2014: Fail=Dr
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Outside Services	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Neurology</td> <td style="width: 50%;">Counseling</td> </tr> <tr> <td>Nephrology</td> <td>Pain Management</td> </tr> </table>	Neurology	Counseling	Nephrology	Pain Management		
Neurology	Counseling						
Nephrology	Pain Management						
Potential Problems	<p>*Adherence to treatment plan.</p> <p>*Got a job, declined their insurance, and could be losing his current ins. at end of month. Working with financial counselor, physician, pharmD to determine all options for him to be able to stay on his meds and still get proper care. Will continue to monitor situation.</p>						
Upcoming Appointments	10/22/2014-Dr						

Reason for Appointment

1. Discuss meds
2. Medicaid Health Home

History of Present Illness

Constitutional:

Pt states his Medicaid will expire and he will be starting on new insurance through his job at [REDACTED]. Pt is concerned about the price of medication on his new insurance. He states that meds will be \$20 per rx for a month or \$40 for 3 months. He is trying to cut out as many meds as possible, because he is going to have a hard time affording all of these.

Medicaid Health Home:

Medicaid Health Home
BMI Yes
Overweight/Obese Yes
Registered Dietitian or Nutrition Counseling Referral Yes
Mammogram No
Documentation of Pain Assessment Yes
Depression Screening Score Yes
A1C < 8% in previous 12 months Yes
BP < 140/90 Yes
Diabetic Education Referral Yes
History of Hypertension Yes
BP < 140/90 Yes
History of Vascular Disease Yes
Lipid Panel Yes
LDL < 100 within previous 12 months Yes
Self-Management: Has ability to self-manage Yes
Self-Management: Uses tools to record self-care Yes
Checking BP Yes
Checking Blood Sugars Yes
Checking Weight Yes
Substance Abuse Screening Yes
New Episode No
Initiation of Treatment No
Engagement of Treatment No

Current Medications

Taking Lantus 40 units at bedtime, Notes: (Mig)
Taking Cymbalta 60 mg Capsule, Delayed Release(E.C.) 1 capsule 1 time per day, Notes: (Mig)
Taking Hydrocodone-Acetaminophen 7.5mg-325mg tablets 1-2 tablets every 4 hours prn, Notes: (Mig)
Taking Lamotrigine 100 mg Tablet 1.5 tablets 1 time per day, Notes: (Mig)
Taking Loratadine 10 mg Tablet 1 tablet 1 time per day, Notes: (Mig)
Taking Omeprazole 20 mg capsule, delayed release(DR/EC) 2 capsules 1 time per day, Notes: (Mig)
Taking Risperdal 2 mg Tablet 1 tablet at bedtime, Notes: (Mig)
Taking Trileptal 750 mg Tablet every am and pm, Notes: (Mig)
Taking Zofran ODT 4 mg tablet, disintegrating 1 tablet every 6-8 hours, Notes: (Mig)

Taking Minoxidil 2.5 mg Tablet 1 tablet 2 times per day, Notes: (Mig)
Taking Simvastatin 10 mg Tablet 1 tablet 1 time per day, Notes: (Mig)
Taking Humulin R 100 unit/mL Solution 10 units BID, 14units at supper 3x per day, Notes: (Mig)
Taking Lantus SoloStar 100 UNIT/ML Solution 40 units at bedtime
Taking Diltiazem HCl 240 mg Capsule, Extended Release 1capsule 1 time per day, Notes: (Mig)
Taking Metoprolol Tartrate 100 mg Tablet 1 tablet 2 times per day, Notes: (Mig)
Taking clonidine 0.2 mg Tablet 1 tablet 2 times per day, Notes: (Mig)
Medication List reviewed and reconciled with the patient

Past Medical History

Nonspecific abnormal electrocardiogram (ECG) (EKG)
Angioneurotic edema not elsewhere classified
Bipolar disorder, unspecified
Sleep apnea, obstructive
Generalized seizures
Osteoarthritis
Obesity, unspecified
Migraine with aura, without mention of intractable migraine without mention of status migrainosus
Insomnia, unspecified
Injury, other and unspecified, shoulder and upper arm
HTN (hypertension), benign
Pure hypercholesterolemia
Acid reflux disease
Diverticulitis
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled

Surgical History

right knee surgery [REDACTED]
Hiatal hernia repair- [REDACTED]
shoulder surgery [REDACTED]
testicle operation [REDACTED]
colonoscopy [REDACTED]

Allergies

Terramycin: as child, , unsure: Allergy
Tetanus: myalgia: Allergy

Review of Systems

General/Constitutional:

Change in appetite denies. Chills denies. Fever denies.

Ophthalmologic:

Blurred vision denies. Discharge denies. Pain denies.

Respiratory:

Cough denies. Shortness of breath at rest denies. Wheezing denies.

Cardiovascular:

Chest pain at rest denies. Irregular heartbeat denies. Shortness of breath denies.

Gastrointestinal:

Abdominal pain denies. Denies Diarrhea. Nausea denies.

Musculoskeletal:

Painful joints denies. Weakness denies.

Skin:

Dry skin denies. Itching denies. Rash denies.

Neurologic:

Dizziness denies. Fainting denies. Headache denies.

Vital Signs

Ht 68.5 in, Wt 234 lbs, Temp 98 F, BP 120/88 mm Hg, HR 72 /min, RR 16 /min, BMI 35.06 Index, Ht-cm 173.99 cm, Wt-kg 106.14 kg.

Examination

General Examination:

GENERAL APPEARANCE: Well developed in NAD.

HEAD: Normocephalic, atraumatic.

HEART: Regular rate and rhythm without murmur, S3 or S4, regular rate and rhythm, S1, S2 normal.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Obese, Bowel sounds active X4, Abdomen soft, nontender, nondistended without hepatosplenomegaly or masses.

Assessments

1. Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled - 250.00 (Primary)
2. HTN (hypertension), benign - 401.1
3. Pure hypercholesterolemia - 272.0
4. Generalized seizures - 780.39
5. Bipolar disorder, unspecified - 296.80

Treatment

1. Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled

Continue Humulin R Solution, 100 unit/mL, 10 units BID, 14units at supper, 3x per day, Notes: (Mig)

Continue Lantus SoloStar Solution, 100 UNIT/ML, 40 units, Subcutaneous, at bedtime

Notes: Discussed will check if can get the Lantus at any better price, will also talk to [REDACTED] and see if there is anyway he can get this as his diabetes is finally under better control and don't want to have to change this.

2. HTN (hypertension), benign

Decrease Minoxidil Tablet, 2.5 mg, 1 tablet, 1 time per day, Notes: (Mig)

Continue Diltiazem HCl Capsule, Extended Release, 240 mg, 1capsule, 1 time per day, Notes: (Mig)

Continue Metoprolol Tartrate Tablet, 100 mg, 1 tablet, 2 times per day, Notes: (Mig)

Continue clonidine Tablet, 0.2 mg, 1 tablet, 2 times per day, Notes: (Mig)

Notes: Will decrease the Minoxidil to only once a day and then see if we he can get off of it completely, could increase the Metoprolol if we had to to compensate as well. Will re-check in 1 month.

3. Pure hypercholesterolemia

Continue Simvastatin Tablet, 10 mg, 1 tablet, oral, 1 time per day, Notes: (Mig)

Notes: He needs to stay on this due to diabetes.

4. Generalized seizures

Continue Trileptal Tablet, 750 mg, every am and pm, Notes: (Mig)

Notes: He needs to stay on this as well, has tried other meds and has had seizures on them and if he has another seizure he loses his license for 1 year.

5. Bipolar disorder, unspecified

Notes: Per [REDACTED] will have her look and see if any changes can be made to help him.

6. Others

Notes: Spent >25 minutes going through this with him today.

Follow Up

4 Weeks

Reason for Appointment

1. Fu depression in 4 weeks
2. Medicaid health home

History of Present Illness

Medicaid Health Home:

Visited with [REDACTED] at length regarding medicaid health home program. She has not been able to test blood sugars because has run out of testing strips. [REDACTED] is unaware of what type of monitor she uses at home. Will provide a meter today with limited amount of testing strips. Denies any other questions or concerns today. Encouraged to call if any do arise. Receptive and verbalizes understanding. Called [REDACTED] medical supply company. They will need a blood sugar log of 28 days faxed to them in order to increase amount of testing strips to be sent. They did verify an order was sent yesterday of 300 strips. Talked with [REDACTED] for monitor and strip information. [REDACTED] instructed to meet with [REDACTED] was with a patient and [REDACTED] did not want to wait. Left without test strips, monitor or being seen. [REDACTED], RN.

Medicaid Health Home

BMI Yes

Cancer Screening No

Chronic Pain No

Depression Screening Yes

Depression Screening Score Yes 4/17/2014 BECK=7

History of Asthma No

History of Diabetes Yes Insulin pump managed by Dr. [REDACTED]

A1C < 8% in previous 12 months Yes

BP < 140/90 Yes

History of Hypertension Yes

History of Vascular Disease Yes

Lipid Panel Yes 5/8/2014

LDL < 100 within previous 12 months Yes 5/8/2014

Self-Management: Has ability to self-manage Yes

Self-Management: Uses tools to record self-care Yes

Checking Blood Sugars Yes

Substance Abuse Screening Yes

She is on the Wellbutrin 150 mg SR. She feels like she is doing better on this dose, she isn't crying as much, she feels like she is more irritable. She is sleeping okay. Denies suicidal issues.

She has gained 10 pounds since this summer. She is eating a lot of pasta.

Current Medications

Taking

- Aleve as needed, Notes: (Mig)
- Furosemide 20 mg Tablet 1 tablet 1 time per day, Notes: (Mig)
- Ibuprofen as needed, Notes: (Mig)
- Lorazepam 1 mg Tablet 1/2 tab q AM and 1 tab q PM 3 times per day, Notes: (Mig)
- minocycline 75 MG tablet 1 tablet 2 times per day, Notes: (Mig)
- ProAir HFA 90 mcg/Actuation HFA Aerosol Inhaler 2 puffs every 4 hours PRN, Notes: (Mig)
- Retin-A Topical Daily every pm, Notes: (Mig)
- Tylenol PRN 3 times per day, Notes: (Mig)

- Topiramate 50 MG Tablet TAKE 1 TABLET TWICE A DAY 2 times a day
- Wellbutrin SR 150 MG Tablet Extended Release 12 Hour 1 tablet 1 x daily for one week then BID
- NovoLog 100 UNIT/ML Solution USE IN INSULIN PUMP AS DIRECTED
- Lisinopril 10 mg tablet 1/2 tab 1 time per day, Notes: (Mig)
- Medication List reviewed and reconciled with the patient

Past Medical History

Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled
 HTN (hypertension), benign
 Tobacco abuse
 Anxiety

Surgical History

tubal ligation [REDACTED]
 cholecystectomy [REDACTED]

Family History

Daughter(s): Hx of Depression, Obesity
 Mother: Hx of healthy
 Siblings: Brother has a Hx of Asthma
 1 son(s) - healthy.
 Both sides of family have large history of diabetes and hypertension
 Maternal Family has a Hx of High Blood Pressure.

Allergies

Morphine: dyspnea, itch, Hives: Allergy

Hospitalization/Major Diagnostic Procedure

pneumonia [REDACTED]
 ketoacidosis multiple times
 MVA for observation after losing consciousness [REDACTED]

Review of Systems

General/Constitutional:

Change in appetite denies. Chills denies. Fever denies.

Respiratory:

Cough denies. Shortness of breath at rest denies. Wheezing denies.

Cardiovascular:

Chest pain at rest denies. Chest pain with exertion denies. Shortness of breath denies.

Genitourinary:

Blood in urine denies. Difficulty urinating denies. Frequent urination denies.

Musculoskeletal:

Painful joints denies. Weakness denies.

Skin:

Dry skin denies. Itching denies. Rash denies.

Psychiatric:

Admits Anxiety. Admits Depressed mood.

Vital Signs

Ht 65 in, Wt 193.6 lbs, Temp 98 F, BP 106/68 mm Hg, HR 88 /min, RR 16 /min, BMI 32.21 Index, Ht-cm 165.1, Wt-kg 87.82.

Examination

General Examination:

GENERAL APPEARANCE: mildly depressed, boyfriend is with today.
 ORAL CAVITY: mucosa moist.
 THROAT: clear.
 SKIN: warm and dry, no suspicious lesions.

HEART: regular rate and rhythm, S1, S2 normal, no murmurs.

LUNGS: clear to auscultation bilaterally, no wheezes, rales, rhonchi.

ABDOMEN: obese, nontender, nondistended, bowel sounds present, pump is present.

EXTREMITIES: No pedal edema noted bilaterally.

Assessments

1. Depression - 311 (Primary)
2. Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled - 250.03
3. Weight gain - 783.1
4. Candida infection - 112.9

Treatment

1. Depression

Increase Wellbutrin SR Tablet Extended Release 12 Hour, 200 MG, 1 tablet 1 x daily for one week then BID, Orally, 60, Refills 1

Notes: Discussed will increase the dose, as she is still having issue with irritability. Discussed will re-check in 1 month.

2. Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled

Notes: Discussed that will try to get strips, apparently she has been out of strips for a month, which is not acceptable, as she has Type 1 diabetes. Discussed she is going to meet with [REDACTED] and try to figure this out further.

3. Weight gain

Notes: Discussed that she needs to cut calories and start exercising, she just wants to have surgery or take a pill, discussed that wasn't an option.

4. Candida infection

Refill Fluconazole Tablet, 150 MG, TAKE 1 TABLET EVERY 3RD DAY TILL ALL GONE, 15, 5 Tablet, Refills 5

Follow Up

4 Weeks (Reason: depression)

Answered by [REDACTED]

Date: 10/16/2014

Time: [REDACTED]

Message

[REDACTED] stopped by today to discuss her issue with not having enough strips to test her blood sugars. I did provide her with a new Freestyle Lite glucometer and sample strips to get her by until she gets her shipment in the mail in the next few days. We did review the pharmacy's request for a 28 day log and discussed the importance of doing this and adhering to it so that she can get additional strips. I recommended she check before meals, after meals and at bedtime to at max 7-8x/day. The pharmacy was sending 300 strips so this should be enough to get her by for the 28 day period. We also discussed that she can change pharmacies if she would like since it takes her current pharmacy about 5 days to get her her strips as they mail them. She needs to stay with the current one for now since they just mailed strips, but after this month, she can change, she just needs to let us know where she'd like to go locally. [REDACTED] Pharmacy is not an option as [REDACTED] doesn't carry strips for Medicare insurance.

We also discussed her current pump and her blood sugar control. She has had about 5-7 lows the last few months of which she hasn't felt and has had to call the ambulance for help. She could greatly benefit from the new pump that communicates with the Contour Link meter and the sensor to help her improve her blood sugar control. I have contacted [REDACTED] Medtronic to see if an upgrade would be possible. I am waiting to hear back from him. [REDACTED] is interested in this and verbalized the desire to improve her non-compliance. [REDACTED] RN was also part of the visit and [REDACTED] expressed her skin being sensitive around her infusion set. [REDACTED] did not notice any swelling or redness, but she reports she is having a lot of itchiness. [REDACTED] recommended she try the infusion sets for sensitive skin, so I have asked [REDACTED] to send us some samples to see if that works better for [REDACTED]. [REDACTED] recommended she try hydrocortisone cream to help relieve the itchiness and to be sure she rotates site. I will update [REDACTED] as I hear back from [REDACTED]. She did schedule a follow up appointment with Dr. [REDACTED] today as well.

Action Taken

[REDACTED] 10/16/2014 1:12:30 PM > ok, thanks. [REDACTED] 10/16/2014 1:36:12 PM >

Addendum:

10/21/2014 08:17 AM [REDACTED] > Update from [REDACTED] Medtronic emailed to [REDACTED] on Monday: I am checking to see when her pump is out of warranty and what our options will be. I will let you know as soon as I hear back from our insurance verifier.