Sign-In template

By Yotam Arens, 3/1/16

**RETURN**

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| **LAST, FIRST**  MRN: XXXXXXX  **RETURN**  9:00 AM  CC Sr: XXX | 53F last seen 4/25/15 here for f/u:  #DM2, uncontrolled, c/b retinopathy and albuminuria: A1c 14.0 (10/17/15) up from 10.8 (7/11/15), FFS ~200. On NPH 32u AM/PM, metformin 1500/1000mg AM/PM, glimepiride 1mg QD (since pt not compliant with insulin), lisinopril 20mg QD (BP doesn’t tolerate higher dose), aspirin 81mg QD, simvastatin 40mg QD (ASCVD risk 6.6%). Albuminuria uptrending, with UMicroalb/Cr 424 (7/11/15). Working with nutrition (last visit 12/13/14) to reduce overall starch intake and replace with vegetables. Walks 30-40 min/day. No neuropathy, diabetic foot exam wnl (6/2015).  #Diabetic retinopathy: progressing NPDR and dot blot hemorrhages (4/2015), did not f/u with Retina clinic 8/20/15.  # HLD: Total cholesterol 175, HDL 49, LDL 90, TG 182 (4/25/15). On simvastatin 40mg daily.  #HCM: BP wnl, BMI 24.5, Mammo BIRADS-2 3/2014, Pap wnl 10/2013, Colonoscopy wnl 1/24/13, HIV neg 10/5/13, RPR neg 10/20/10, urine GC/Chl neg 3/10/12, HBV non-immune (2010), HCV neg 6/7/14, pneumovax 2010, DTaP 2010. | Priority: High  [ ] Full med rec with patient  [ ] Counsel pt to uptitrate insulin to NPH 40/40 (pt was not adhering this higher dose in past for unclear reasons)  [ ] Counsel on medication adherence, identify barriers to adherence, review EHHOP pharm protocol (call ahead)  [ ] Refill diabetic supplies (needs test strips)  [ ] Initiate CHW referral/meet with CHW coach  [ ] ACT will re-schedule Retina Clinic f/u appt  [ ] Labs: Flu vax |

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| **LAST, FIRST**  MRN: XXXXXX  RETURN  11:30AM  CC Sr: XXX | 24F last seen 6/6/15 here for f/u:  #DM2, uncontrolled: A1C 9.1 (6/2015) with little change from A1c 9.8 (1/2015). On metformin 1000 mg BID, with pervasive history of non-adherence. Evidence of mild microvascular change on fundoscopic exam noted in EHHOPhtho on 8/2015, will require f/u in 6 months. No known nephropathy or neuropathy. Lipids: TC 240, HDL 82, LDL 102, TG 279. Not on statin or ASA (LFTs wnl 7/2015).  #Pelvic pain: G1P1001, h/o chlamydia and recurrent UTIs. Patient reports a history of chronic, intermittent pelvic pain of stabbing, sharp quality occurring every 1-2 days, lasting 10-20 mins each time. Pt denies ax nausea, vomiting, constipation, gas, or bladder fullness during the episodes. TVUS on 7/2015 WNL. At August WHC appt, Mirena IUD placed with no adverse effects, patient reported improvement in pain.  #HCM: Hep B series completed 6/6/2015, Last pap (3/2015) benign, C&G (3/2015) negative, HIV (1/2015) negative | Priority: High  [ ] Assess medication adherence  [ ] Address barriers to medication adherence  [ ] Review home BGM if time permits  [ ] Labs: A1c, UMicroalb/Cr, Gardasil #3, Flu vax |

**QV**

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| **LAST, FIRST**  MRN: XXXXX  QV  11:00AM  CC Sr: XXX | 47F h/o CKD5, DM2 c/b retinopathy and neuropathy, HTN, HLD, and depression, last seen on 9/26/15, here for QV for dizziness in setting of recent increase in diuretic dose:  #Dizziness: Pt saw Renal 10/14, metolazone 5mg daily (previously weekly) was added to furosemide 80mg BID, 30 min after metolazone due to fluid retention. On 10/20, pt reported dizziness/LH after morning dose of furosemide. Denied presyncope or syncope, orthostatic symptoms, or insulin use (h/o hypoglycemic dizziness). Pt taking meds at correct dose and time. Sx resolved with lying down, has not re-experienced dizziness since that episode despite continuing meds as prescribed. | Priority: High  [ ] Neuro, Cardiac exam  [ ] Check BP, orthostatics; if positive, consider decreasing metolazone dose frequency  [ ] Full visit scheduled for 11/7/15 |

**LABS ONLY**

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| **LAST, FIRST**  MRN: XXX  Labs,  10:40 AM  CC Sr: XXX | 69F h/o DM2, HTN, HLD, obesity, chronic HA, chronic joint pain, last seen 6/27/15, here for labs appt to measure HC/MMA levels in context of equivocally low B12 level with recent tongue and b/l foot pain | Priority: Medium  [ ] Labs: homocysteine, MMA levels  [ ] Full visit scheduled 8/8/15 |