MRN: 000017508205, DOB: 5/25/1955, Sex: M

Author Type: MEDICAL ASSISTANT

Creation Time: 5/5/2017 10:37 AM

05/05/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RETINAL (continued)

Visit Information

Provider Information

Encounter Provider

Catahan, Paola Lizeth (M.A.), M.A.

Department

Name	Address	Phone
INTERNAL MEDICINE RETINAL	6041 CADILLAC AVE	323-857-1163
	Los Angeles CA 90034-1702	

Reason for Visit

Chief Complaint

DIABETIC PHOTO

Visit Diagnosis

SCREENING FOR DIABETIC RETINOPATHY [Z13.5]

Clinical Notes

Progress Notes

Catahan, Paola Lizeth (M.A.), M.A. at 5/5/2017 1037

Author: Catahan, Paola Lizeth (M.A.),

M.A.

Filed: 5/8/2017 8:28 AM

Status: Signed

Service: —

Encounter Date: 5/5/2017

Editor: Catahan, Paola Lizeth (M.A.), M.A. (MEDICAL ASSISTANT)

HGBA1C 5.6 03/14/2017

Patient with h/o DM. Pt did not bring SMBG - POCT not indicated

Dilation

Both eyes: ONE drop of 2.5% Phenylephrine, ONE drop of 1.0% Tropicamide

Warned patient of increased light sensitivity and decreased vision due to dilation and not to drive until vision returns to normal or adequate for patient to drive safely.

.

MRN: 000017508205, DOB: 5/25/1955, Sex: M

05/05/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RETINAL (continued)

Clinical Notes (continued)

Electronically signed by Catahan, Paola Lizeth (M.A.), M.A. at 5/8/2017 8:28 AM

Other Orders

Eye Procedures

REMOTE IMAGING FOR RETINAL SCREENING W ANALYSIS AND REPORT UNDER PHYS SUPERVISION [805719867] (Final result)

Electronically signed by: Program, Complete Care on 11/11/16 0008

Status: Completed

Ordering user: Program, Complete Care 11/11/16 0008

Authorized by: Fong, Donald Saichung (M.D.), M.D.

Ordering mode: Standard

Class: Normal

Frequency: Routine 11/12/16 - Quantity: 1

Lab status: Final result

Instance released by: Catahan, Paola Lizeth (L.V.N.), L.V.N. 5/5/2017 10:37 AM

Diagnoses

SCREENING FOR DIABETIC RETINOPATHY [Z13.5]

Provider Details

Provider	NPI
Fong, Donald Saichung (M.D.), M.D.	1205907102

Order comments: HGBA1C 5.3 04/22/2016

Specimen Information

ID Type	Source	Collected By	
ECS2168057198 —	_	05/05/17 1126	
67			

REMOTE IMAGING FOR RETINAL SCREENING W ANALYSIS AND REPORT UNDER PHYS SUPERVISION [805719867]

Resulted: 05/05/17 1126, Result status: Final result

Order status: Completed

Filed by: Interface, Scal_Results_C 05/05/17 1126 Resulting lab: SCAL CVIS INTERFACE

Collected by: 05/05/17 1126

Components

Component	Value	Poforonoo Bonco	Flog	Lab
Component		Reference Range	Flag	Lau
PHOTOGRAPHER NAME	PCatahan	_	_	_
DATE OF RETINAL IMAGES	05/05/2017	_	_	_
OD VISUAL ACUITY	UNK	_	_	_
OD VISUAL ACUITY METHOD	UNK	_	_	_
OD INTRAOCULAR PRESSURE	0	_	_	
OD INTRAOCULAR PRESSURE METHOD	UNK	_	_	_
OD DILATION	yes	_	_	_
OS VISUAL ACUITY	UNK	_	_	_
OS VISUAL ACUITY METHOD	UNK	_	_	_
OS INTRAOCULAR PRESSURE	0	_	_	_
OS INTRAOCULAR PRESSURE METHOD	UNK	_	_	_
OS DILATION	yes	_	_	_
YEARS DIABETIC	9 (2008)	_	_	_
INSULIN	No	_	_	_
HGBA1C %	5.6	_	_	_
SUPERVISING PROVIDER	FONG, DONALD SAICHUNG (M.D.) [1570693]	_	_	_
RESULT STATUS Result: No Diabetic Retinopathy (Have Photos Re Years)		_	_	_
HGBA1C DATE	3/14/2017	_	_	_

INTERPRETATION

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

Resulted: 05/05/17 1103, Result status: In process

05/05/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RETINAL (continued)

Other Orders (continued)

Result:

R0 M0 N0 OU. RIGHT: NO DR

LEFT: NO DR LC

ORDERING PROVIDER NAME FONG, — — —

DONALD CAMERA LOCATION

WLACVMD RS01

REMOTE IMAGING FOR RETINAL SCREENING W ANALYSIS AND REPORT UNDER PHYS SUPERVISION [805719867]

Order status: Completed Filed by: Interface, Scal_Results_C 05/05/17 1103

Collected by: 05/05/17 1126 Resulting lab: SCAL CVIS INTERFACE

Indications

SCREENING FOR DIABETIC RETINOPATHY [Z13.5 (ICD-10-CM)]

END OF ENCOUNTER

06/12/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY

Visit Information

Provider Information

Encounter Provider Authorizing Provider

Talag, Emelita Borja (M.D.), M.D.

Talag, Emelita Borja (M.D.), M.D.

Department

NameAddressPhonePSYCHIATRY5105 GOLDLEAF CIRCLE323-298-3100

Los Angeles CA 90056-1269

Level of Service

Level of Service

OUTPT EST LEVEL 4

Reason for Visit

Chief Complaints

- MEDICATION MANAGEMENT
- PSYCHOSIS

Visit Diagnosis

Name	Code	Chronic?
SCHIZOAFFECTIVE DISORDER	F25.9	Yes

Clinical Notes

Progress Notes

Talag, Emelita Borja (M.D.), M.D. at 6/12/2017 1406

Printed on 1/12/24 5:46 PM

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

06/12/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

Author: Talag, Emelita Borja (M.D.), M.D. Service: — Author Type: Physician

Filed: 6/12/2017 2:35 PM Encounter Date: 6/12/2017 Creation Time: 6/12/2017 2:06 PM

Status: Signed Editor: Talag, Emelita Borja (M.D.), M.D. (Physician)

History: 6/12/2017 Lawson B Hawkins 000017508205 5/25/1955

Type of Visit: Medication Follow up

S: Patient came in for follow up; stable with his mood; no SI/HI; no A/VH; still with some paranoia but never acted on it and was never bothered by it; the only complaint is the mild tremor on his hands not sure if both hands or not; noted when he is holding a pot of cup; he said very slight; he admitted that he drinks a lot of coffee; he is also aware about the SGA can have that risk; good sleep and appetite; maintaining good weight; his BS is much better; pleased with his stability; now taking the Abilify regularly; reads book; takes care of his customers; no SI/HI; no other concerns. He wants to continue with the Abilify.

Mental Status Exam:

Patient is a 62 y/o AAM who presented with casual attire; cooperative; no speech abnormalities, mood - he said he feels fine, affect - bright, thought process revealed itself to be linear and goal directed, thought content - denied any SI/HI; Perception - denied any A/VH, denied delusion, he reported some paranoia but not worse than before; no gross cognitive abnormalities noted, insight/J/IC - unimpaired

DIAGNOSIS

SCHIZOAFFECTIVE DISORDER (primary encounter diagnosis)

AIMS SCALE

ABNORMAL INVOLUNTARY MOVEMENT SCALE

0 = NONE

1= MINIMAL

2 = MILD

3 = MODERATE

4= SEVERE

- 1.- MUSCLE of facial expression (forehead, eyebrows, periorbital area,cheeks.-frowning,blinking,smiling and grimacing) = 0
- 2.- LIPS and PERIORAL AREA (puckering, pouting, smacking) = 0
- 3.- Jaw (biting, clenching, chewing, mouth opening, lateral movement) = 0
- 4.- TONGUE (increase in movement both in and out of mouth and not inability to sustain movement) = 0
- 5.- UPPER EXTREMITY (choreic movements, athetoid movements = 0
- 6.- LOWER(foot tapping, heel dropping, inversion, eversion of foot) = 0

MRN: 000017508205, DOB: 5/25/1955, Sex: M

06/12/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

- 7.- NECK SHOULDERS AND HIP (rocking twisting) = 0
- 8.- SEVERITY OF ABNORMAL MOVEMENTS = 0
- 9.- INCAPACITATION DUE TO ABNORMAL MOVEMENTS = 0
- 10.- PT.'S AWARENESS OF ABNORMAL MOVEMENTS= 0
- 11.- CURRENT PROBLEMS WITH TEETH AND / DENTURES = 0
- 12.- DOES PATIENT NORMALLY WEAR DENTURES?

TOTAL SCORES= 0

Treatment Plan:

Stable with the medication; no s/e reported

MEDICATION

Abilify 20 mg tab - take 1 tab po QHS for mood stabilization

Monitor the tremors or will send message to Dr. Hooks

Therapy as needed

Return for follow up on October 12, 2017 at 11:00 AM or sooner if needed

Tel # 323 298 3125

EMELITA BORJA TALAG MD

Electronically signed by Talag, Emelita Borja (M.D.), M.D. at 6/12/2017 2:35 PM

Patient Instructions

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

06/12/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Patient Instructions (continued)

MEDICATION

Abilify 20 mg tab - take 1 tab po QHS for mood stabilization

Monitor the tremors or will send message to Dr. Hooks

Therapy as needed

Return for follow up on October 12, 2017 at 11:00 AM or sooner if needed

Tel # 323 298 3125

Others:

If you have a life-threatening medical or psychiatric emergency call 911 or go to the nearest Emergency Department.

The Kaiser Permanente Behavioral HealthCare Helpline, for crisis intervention and guidance, referrals, and resources, is available 24 hours a day, 7 days per week including holidays. The number is 1-800-900-3277.

Electronically signed by Talag, Emelita Borja (M.D.), M.D. at 6/12/2017 2:27 PM

END OF ENCOUNTER

07/03/2017 - Office Visit in INTERNAL MEDICINE AQUA2

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Stahl, Jerusha Emily (M.D.), M.D.	Stahl, Jerusha Emily (M.D.), M.D.

Department

Name	Address	Phone	
INTERNAL MEDICINE AQUA2	6041 CADILLAC AVE Los Angeles CA 90034-1702	833-574-2273	

Level of Service

Level	of	Service
LCVC	0.	OCI VICE

OUTPT EST LEVEL 3

Reason for Visit

Chief Complaint

PAIN (tailbone area x1 month, pain after waking up in the morning)

Visit Diagnosis

MRN: 000017508205, DOB: 5/25/1955, Sex: M

07/03/2017 - Office Visit in INTERNAL MEDICINE AQUA2 (continued)

Reason for Visit (continued)

COCCYX PAIN [M53.3]

Vitals

Vital Signs				Most recent update: 7/3/2017 1:29 PM
BP 144/99 (BP Location: RA- RIGHT ARM, BP Patient Position: STANDING, Cuff Size: Standard Adult)	Pulse 84	Temp 97.6 °F (36.4 °C) (Tympanic)	Ht 5' 6.5" (1.689 m)	Wt 216 lb 4.3 oz (98.1 kg)
BMI 34.38 kg/m²				

Pain Information (Last Filed)

Score	Location	Comments	Edu?
1 (scale 0-10)	OTHER - tailbone	None	None

Clinical Notes

Nursing Note

Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. at 7/3/2017 1325

Author: Gonzales, Ferdinand Ramos Author Type: LICENSED VOCATIONAL Service: —

(L.V.N.), L.V.N. NURSE

Filed: 7/3/2017 1:29 PM Encounter Date: 7/3/2017 Creation Time: 7/3/2017 1:25 PM

Status: Addendum Editor: Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. (LICENSED VOCATIONAL

NURSE)

Patient's vital signs, medication, pharmacy of choice, smoking history, chief complaint, allergies and history taken, reviewed and documented. Two identifiers verified, patient's address, birth date and telephone number verified by FERDINAND RAMOS GONZALES LVN.

Importance of hand hygiene applied for patient's protection and mines, pt aware.

Also, informed patient of possible wait time to see doctor. Patient verbalized understanding.

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: --- HYPERTENSION---

Blood Pressure above goal, repeat blood pressure taken and documented

BP Readings from Last 3 Encounters:

07/03/17: 153/98 05/05/17: 139/88 04/11/17: 129/79

-- LIFESTYLE AND HEALTH EDUCATION ---

Member given Patient Instructions on BMI/Weight Management

The patient exercises 0 minutes per week at a moderate to strenuous level.

Estimated body mass index is 34.39 kg/(m²) as calculated from the following:

Height as of this encounter: 5' 6.5" (1.689 m).

Weight as of this encounter: 216 lb 4.3 oz (98.1 kg).

MRN: 000017508205, DOB: 5/25/1955, Sex: M

Author Type: LICENSED VOCATIONAL

07/03/2017 - Office Visit in INTERNAL MEDICINE AQUA2 (continued)

Clinical Notes (continued)

BP: (!) 144/99 mmHg

BP Patient Position: STANDING Cuff Size: Standard Adult BP Location: RA-RIGHT ARM **BP Source: AUTOMATIC**

Pulse: 84

Temp: 97.6 °F (36.4 °C) Temp src: Tympanic

Wt - Scale: 216 lb 4.3 oz (98.1 kg)

Height: 5' 6.5" (168.9 cm) Pain Score: 1 (scale 0-10) Pain Loc: OTHER (tailbone)

HGBA1C 5.6 03/14/2017

Patient with h/o DM. Pt did not bring SMBG - POCT not indicated.

Electronically signed by Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. at 7/3/2017 1:29 PM

Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. at 7/3/2017 1347

Author: Gonzales, Ferdinand Ramos

(L.V.N.), L.V.N.

Filed: 7/3/2017 1:47 PM

Status: Signed

Service: —

Encounter Date: 7/3/2017

Creation Time: 7/3/2017 1:47 PM Editor: Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. (LICENSED VOCATIONAL

NURSE

NURSE)

After visit summary printed, explained and given to the patient with We care card. Patient verbalized understanding. FERDINAND RAMOS GONZALES LVN Patient given instructions and verbalized understanding.

Electronically signed by Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. at 7/3/2017 1:47 PM

Procedures

Filed on 7/5/2017 1436

Procedure Orders

1. XR SACRUM AND COCCYX 2 OR MORE VIEWS [822441538] ordered by Stahl, Jerusha Emily (M.D.), M.D. at 07/03/17 1335

CLINICAL HISTORY: Reason: persisting coccyx pain

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No fracture identified. Bony structures are within normal limits.

Printed on 1/12/24 5:46 PM Page 368

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

07/03/2017 - Office Visit in INTERNAL MEDICINE AQUA2 (continued)

Clinical Notes (continued)

No significant joint disease noted. No soft tissue abnormality is identified.

This report electronically signed by Dr. Annie Lee, M.D. on 7/5/2017 2:31 PM

Electronically signed by Lee, Annie (M.D.), M.D. at 7/5/2017 2:36 PM

Progress Notes

Stahl, Jerusha Emily (M.D.), M.D. at 7/3/2017 1334

Author: Stahl, Jerusha Emily (M.D.), M.D. Service: — Author Type: Physician

Filed: 7/3/2017 3:53 PM Encounter Date: 7/3/2017 Creation Time: 7/3/2017 1:34 PM Status: Signed Editor: Stahl, Jerusha Emily (M.D.), M.D. (Physician)

7/3/2017

Patient presents with:

PAIN: tailbone area x1 month, pain after waking up in the morning

Lawson B Hawkins is a 62 year old male with cc of PAIN

Outpatient Prescriptions Marked as Taking for the 7/3/17 encounter (Office Visit) with Stahl, Jerusha Emily (M.D.), M.D. Medication

ARIPiprazole (ABILIFY) 20 mg Oral Tab
 Take 1 tablet by mouth daily at bedtime

Subjective

Pt c/o pain in area of tail bone for a month - hurts more when he wakes up

BP Readings from Last 3 Encounters:

07/03/17 : 144/99 05/05/17 : 139/88 04/11/17 : 129/79

Doesn't take bp meds

Pain can be very bad - to the point of crying out Feels it once he moves in the morning out of bed

Goes away as the day goes

No radiation down his legs - feels the pain with walking

No change with bowel movements, doesn't hurt with bowel movement

No incontinence

No wt loss, no f/c/ns

Otherwise feels well

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

07/03/2017 - Office Visit in INTERNAL MEDICINE AQUA2 (continued)

Clinical Notes (continued)

Has had problems with hemorroids but this is not like that

20 yrs ago had an injury after jumping in suicide attempt - had back surgery but not that low Hasn't taken anything for pain

BP 144/99 mmHg | Pulse 84 | Temp(Src) 97.6 °F (36.4 °C) (Tympanic) | Ht 1.689 m (5' 6.5") | Wt 98.1 kg (216 lb 4.3 oz) | BMI 34.39 kg/m2

well appearing male in no acute distress

Normal exam, non tender though area of pain is in lower sacrm, not exactly talibone

Assessment and Plan:

COCCYX PAIN

Note: eval for arthritis

Plan: XR SACRUM AND COCCYX 2 OR MORE VIEWS

BP elevated today, will return for bp check in 2 weeks, low salt diet advised

Orders Placed This Encounter

XR SACRUM AND COCCYX 2 OR MORE VIEWS

Electronically signed by Stahl, Jerusha Emily (M.D.), M.D. at 7/3/2017 3:53 PM

Imaging

Imaging

XR SACRUM AND COCCYX 2 OR MORE VIEWS [822441538] (Final result)

Electronically signed by: Stahl, Jerusha Emily (M.D.), M.D. on 07/03/17 1335

This order may be acted on in another encounter.

Ordering user: Stahl, Jerusha Emily (M.D.), M.D. 07/03/17 1335 Authorized by: Stahl, Jerusha Emily (M.D.), M.D.

Ordering mode: Standard

Francisco Dantina 07/00/47

Frequency: Routine 07/03/17 -

Quantity: 1

Diagnoses

COCCYX PAIN [M53.3]

Provider Details

Provider NPI
Stahl, Jerusha Emily (M.D.), M.D. 1083894638

Order comments: Reason: persisting coccyx pain

XR SACRUM AND COCCYX 2 OR MORE VIEWS [822441538]

Resulted: 07/03/17 1410, Result status: Final result

Order status: Completed Resulted by: Lee, Annie (M.D.), M.D. Filed by: Interface, Scal_Radiology 07/05/17 1436 Accession number: 75542506

Resulting lab: SCAL RADIOLOGY INTERFACE

Acknowledged by: Stahl, Jerusha Emily (M.D.), M.D. on 07/05/17 1440

Transcription

Туре	ID	Date and Time	Dictating Provider
Diagnostic imaging	75542506	7/5/2017 2:36 PM	Lee, Annie (M.D.), M.D.
Signed by Lee, Annie (M	I.D.), MEDICAL DOCTOR	R on 07/05/17 at 1436	

Class: Normal Lab status: Final result Status: Completed

MRN: 000017508205, DOB: 5/25/1955, Sex: M

07/03/2017 - Office Visit in INTERNAL MEDICINE AQUA2 (continued)

Imaging (continued)

CLINICAL HISTORY: Reason: persisting coccyx pain

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No fracture identified. Bony structures are within normal limits.

No significant joint disease noted.

No soft tissue abnormality is identified.

This report electronically signed by Dr. Annie Lee, M.D. on 7/5/2017 2:31 PM

Recipients

Stahl, Jerusha E (M.D.), M.D.

Respon sible?	Delivery Method	Outcome	Message ID	
In	Result sent	255317247		

Basket

Provider: 138576 (provider defined by Results Routing) Result routed to linked user X496576 using In Basket

Testing Performed By

Order status: Completed

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

XR SACRUM AND COCCYX 2 OR MORE VIEWS [822441538]

Resulted by: Lee, Annie (M.D.), M.D.
Accession number: 75542506

Resulted: 07/03/17 1411, Result status: In process

Filed by: Interface, Scal_Radiology 07/03/17 1411
Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Transcription

Transcription.			
Туре	ID	Date and Time	Dictating Provider
Diagnostic imaging	75542506	7/5/2017 2:36 PM	Lee, Annie (M.D.), M.D.
Signed by Lee, Annie (N	I.D.), MEDICAL DOCTOR	on 07/05/17 at 1436	

CLINICAL HISTORY: Reason: persisting coccyx pain

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

Printed on 1/12/24 5:46 PM Page 371

MRN: 000017508205, DOB: 5/25/1955, Sex: M

07/03/2017 - Office Visit in INTERNAL MEDICINE AQUA2 (continued)

Imaging (continued)

IMPRESSION:

No fracture identified. Bony structures are within normal limits.

No significant joint disease noted.

No soft tissue abnormality is identified.

This report electronically signed by Dr. Annie Lee, M.D. on 7/5/2017 2:31 PM

Reviewed by

Stahl, Jerusha Emily (M.D.), M.D. on 07/06/17 1000 Stahl, Jerusha Emily (M.D.), M.D. on 07/05/17 1440

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

Indications

COCCYX PAIN [M53.3 (ICD-10-CM)]

All Reviewers List

Stahl, Jerusha Emily (M.D.), M.D. on 7/6/2017 10:00 Stahl, Jerusha Emily (M.D.), M.D. on 7/5/2017 14:40

Patient Instructions

Radiology is located on the 1st floor Room 120 of West LA Medical Offices at 6041 Cadillac Avenue. Please check in with the receptionist in Room 120.

Hours: Monday - Friday 8 am - 9:30 pm Saturday & Sunday 8 am - 4:30 pm. 323-857-2248 to schedule for X-ray.

Electronically signed by Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. at 7/3/2017 1:47 PM

END OF ENCOUNTER

07/17/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RAIN2

Visit Information

Provider Information

Encounter Provider

Gonzales, Ferdinand Ramos (L.V.N.), L.V.N.

Department

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

07/17/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RAIN2 (continued)

Visit Information (continued)

Name	Address	Phone
INTERNAL MEDICINE RAIN2	6041 CADILLAC AVE Los Angeles CA 90034-1702	833-574-2273

Reason for Visit

Chief Complaint

BLOOD PRESSURE CHECK

Vitals

Vital Signs		Most recent update: 7/17/2017 2:10 PM
BP	Pulse	Temp
138/78	91	97 °F (36.1 °C) (Tympanic)

Clinical Notes

Progress Notes

Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. at 7/17/2017 1405

Author: Gonzales, Ferdinand Ramos

(L.V.N.), L.V.N.

Filed: 7/17/2017 2:12 PM

Status: Signed

Encounter Date: 7/17/2017

Author Type: LICENSED VOCATIONAL

NURSE

Creation Time: 7/17/2017 2:05 PM

Editor: Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. (LICENSED VOCATIONAL

NURSE)

Service: —

Patient's vital signs, medication, pharmacy of choice, smoking history, chief complaint, allergies and history taken, reviewed and documented. Two identifiers verified, patient's address, birth date and telephone number verified by FERDINAND RAMOS GONZALES LVN.

Importance of hand hygiene applied for patient's protection and mines, pt aware.

No outpatient prescriptions have been marked as taking for the 7/17/17 encounter (Allied Health/Nurse Visit) with Gonzales, Ferdinand Ramos (L.V.N.), L.V.N..

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: There are no care gaps at this time

Evaluate BP

BP Readings from Last 3 Encounters:

07/17/17: 138/78 07/03/17: 144/99 05/05/17: 139/88

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

07/17/2017 - Allied Health/Nurse Visit in INTERNAL MEDICINE RAIN2 (continued)

Clinical Notes (continued)

Pulse Readings from Last 3 Encounters:

07/17/17 : 91 07/03/17 : 84 05/05/17 : 78

Patient came into clinic to have blood pressure checked.

Patient verbalized taking medication before coming to appointment.

Patient denies drinking coffee or any caffeine prior to b/p check appointment.

Patient denies any chest pain, no n/v, no dizziness, no headache, no s/sx of acute distress noted at this time. Patient able to verbalized needs.

After visit summary printed, explained and given to the patient. Patient verbalized understanding. FERDINAND RAMOS GONZALES LVN

Electronically signed by Gonzales, Ferdinand Ramos (L.V.N.), L.V.N. at 7/17/2017 2:12 PM

END OF ENCOUNTER

08/14/2017 - Office Visit in INTERNAL MEDICINE RAIN2

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Zhu, Sha Sha (D.O.), D.O.	Zhu, Sha Sha (D.O.), D.O.

Department

Name	Address	Phone	
INTERNAL MEDICINE RAIN2	6041 CADILLAC AVE Los Angeles CA 90034-1702	833-574-2273	

Level of Service

Leve	l of S	Servic	е
109	NOT	PEOI	IIPED

Reason for Visit

Chief Complaints

- INSECT STING (X 4 DAYS)
- CHRONIC DISEASE ADJUSTMENT
- PATIENT LEFT WITHOUT BEING SEEN, onset date 8/14/2017

Visit Diagnosis

• LEFT WO BEING SEEN [Z53.21]

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

08/14/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Reason for Visit (continued)

Vitals

 Vital Signs
 Most recent update: 8/14/2017 10:30 AM

 BP
 Pulse
 Temp
 Resp
 Ht

 130/89
 63
 97.2 °F (36.2 °C)
 16
 5' 6.5" (1.689 m)

 (Tympanic)
 (Tympanic)
 (Tympanic)

 $\begin{array}{ll} \text{Wt} & \text{BMI} \\ \text{216 lb 7.9 oz (98.2} & \text{34.42 kg/m}^2 \\ \text{kg)} & \end{array}$

Clinical Notes

Nursing Note

Zuniga, Pearl (L.V.N.), L.V.N. at 8/14/2017 1029

Author: Zuniga, Pearl (L.V.N.), L.V.N. Service: — Author Type: LICENSED VOCATIONAL

NURSE

Filed: 8/14/2017 10:35 AM Encounter Date: 8/14/2017 Creation Time: 8/14/2017 10:29 AM

Status: Addendum Editor: Zuniga, Pearl (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

Verified patient's identity using 2 identifiers such as patient's Name, Birthdate, kaiser Member Number and Address, hand hygiene and preventions applied.

Patient's height, weight, blood pressure and temperature taken, health history, medications, pharmacy, smoking history, chief complaint and allergies reviewed and documented.

.Lawson B Hawkins exercises 0 minutes 0 days per week at a moderate or strenuous level.

Estimated body mass index is 34.42 kg/(m^2) as calculated from the following:

Height as of this encounter: 5' 6.5" (1.689 m).

Weight as of this encounter: 216 lb 7.9 oz (98.2 kg).

Electronically signed by Zuniga, Pearl (L.V.N.), L.V.N. at 8/14/2017 10:35 AM

Zuniga, Pearl (L.V.N.), L.V.N. at 8/14/2017 1600

Author: Zuniga, Pearl (L.V.N.), L.V.N. Service: — Author Type: LICENSED VOCATIONAL

NURSE

Filed: 8/14/2017 4:00 PM Encounter Date: 8/14/2017 Creation Time: 8/14/2017 4:00 PM

Status: Signed Editor: Zuniga, Pearl (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

Patient left without being seen.

Electronically signed by Zuniga, Pearl (L.V.N.), L.V.N. at 8/14/2017 4:00 PM

Progress Notes

Zhu, Sha Sha (D.O.), D.O. at 8/14/2017 1047

Author: Zhu, Sha Sha (D.O.), D.O. Service: — Author Type: PHYSICIAN (D.O.) Filed: 8/14/2017 10:48 AM Encounter Date: 8/14/2017 Creation Time: 8/14/2017 10:47 AM

Status: Signed Editor: Zhu, Sha Sha (D.O.), D.O. (PHYSICIAN (D.O.))

Printed on 1/12/24 5:46 PM Page 375

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

08/14/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Clinical Notes (continued)

LEFT WITHOUT BEING SEEN NOTE

Lawson B Hawkins is a 62 year old male who left without being seen on this encounter date. Since there was no face to face visit, Medication Reconciliation/Review was not done. The Reviewed button was clicked solely to fulfill workflow requirements to close the chart.

Electronically signed by Zhu, Sha Sha (D.O.), D.O. at 8/14/2017 10:48 AM

END OF ENCOUNTER

08/16/2017 - Office Visit in DERMATOLOGY VENICE A 4TH FLOOR

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Zaghi, Daniel (M.D.), M.D.	Zaghi, Daniel (M.D.), M.D.

Department

Name	Address	Phone	
DERMATOLOGY VENICE A 4TH	5971 VENICE BLVD	833-574-2273	
FLOOR	Los Angeles CA 90034-1713		

Level of Service

Level of Service
OUTPT NEW LEVEL 2

Reason for Visit

Chief Complaints

- SKIN SCREEN (body)
- BUG BITE

Visit Diagnosis

• CAUSE OF INJURY, NONVENOMOUS ARTHROPOD, INIT [W57.XXXA]

Vitals

٧	ital Signs		Most recent update: 8/16/2017 10:49 AM
	Ht	Wt	BMI
	5' 7" (1.702 m)	210 lb (95.3 kg)	32.89 kg/m²

Clinical Notes

Nursing Note

Diaz, Laura (M.A.), M.A. at 8/16/2017 1050

Author: Diaz, Laura (M.A.), M.A.

Filed: 8/16/2017 10:51 AM

Status: Signed

Service: — Author Type: MEDICAL ASSISTANT Creation Time: 8/16/2017 10:50 AM

Editor: Diaz, Laura (M.A.), M.A. (MEDICAL ASSISTANT)

Printed on 1/12/24 5:46 PM Page 376

MRN: 000017508205, DOB: 5/25/1955, Sex: M

08/16/2017 - Office Visit in DERMATOLOGY VENICE A 4TH FLOOR (continued)

Clinical Notes (continued)

Per Kaiser policy two forms of identification is needed to verify patient. Patient's full name and date of birth was used to verify patient identity at this visit.

The purpose of hand hygiene per Kaiser policy was demonstrated in front of patient. "For YOUR safety & MYSELF we are preventing the spread of infection." By washing my hands or using the antibacterial gel. PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: Member states taking medication not on med list; MD to review and document.

There are no care gaps at this time for BP to be taken at this time...

- Missing Current Exercise Vitals
- Update BMI Take Height AND Weight

Electronically signed by Diaz, Laura (M.A.), M.A. at 8/16/2017 10:51 AM

Progress Notes

Zaghi, Daniel (M.D.), M.D. at 8/16/2017 1107

Author: Zaghi, Daniel (M.D.), M.D. Service: — Author Type: Physician

Filed: 8/16/2017 11:07 AM Encounter Date: 8/16/2017 Creation Time: 8/16/2017 11:07 AM

Status: Signed Editor: Zaghi, Daniel (M.D.), M.D. (Physician)

Nursing Notes:

Diaz, Laura (M.A.), M.A. 8/16/2017 10:51 AM Signed

Per Kaiser policy two forms of identification is needed to verify patient. Patient's full name and date of birth was used to verify patient identity at this visit.

The purpose of hand hygiene per Kaiser policy was demonstrated in front of patient. "For YOUR safety & MYSELF we are preventing the spread of infection." By washing my hands or using the antibacterial gel. PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: Member states taking medication not on med list; MD to review and document.

There are no care gaps at this time for BP to be taken at this time...

- Missing Current Exercise Vitals
- Update BMI Take Height AND Weight

S: Lawson B Hawkins is a 62 year old male with who presents for

MRN: 000017508205, DOB: 5/25/1955, Sex: M

08/16/2017 - Office Visit in DERMATOLOGY VENICE A 4TH FLOOR (continued)

Clinical Notes (continued)

A) "bed bugs"

ROS: Constitutional: negative for fevers, chills, night sweats or changes in weight. Skin: positive for skin lesions/symptoms discussed in HPi above.

ALLERGIES:

Allergies

Allergen Reactions

No Known Drug Aller*

PHYSICAL EXAM:

Ht 1.702 m (5' 7") | Wt 95.255 kg (210 lb) | BMI 32.88 kg/m2 General: well-appearing, pleasant male. In no apparent distress

Eyes: conjunctivae non-injected, no suspicious lesions on visual exam

Oropharynx: clear

Skin: A focused examination was performed of the arms, legs

The patient declined exam of the rest of the body even though the patient was informed that potentially deadly skin cancers can occur in both exposed and non-exposed areas of the body, including the mouth, genitals and even the eyes.

Pertinent positives include:

A) urticarial papules, arms, legs

ASSESSMENT/PLAN:

CAUSE OF INJURY, NONVENOMOUS ARTHROPOD, INIT

Note: arms, legsl. discussed etiology, treatment options and risk and benefits of treatment including no rx.

Plan: ALLEGRA ALLERGY 180 MG ORAL TAB

BETAMETHASONE, AUGMENTED 0.05 % TOP OINT

RTC: prn

The parent(s)/patient voiced understanding of the diagnosis and treatment plan, including potential adverse effects. All questions were answered to the satisfaction of the parent(s)/patient. For results, clarification of therapy or other correspondence, unless noted, patient agreed for messages to be left on listed phone numbers.

Daniel Zaghi, MD MS
Board-Certified Dermatologist
Department of Dermatology
West Los Angeles Medical Center

Electronically signed by: DANIEL ZAGHI MD 8/16/2017 11:07 AM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

08/16/2017 - Office Visit in DERMATOLOGY VENICE A 4TH FLOOR (continued)

Clinical Notes (continued)

Electronically signed by Zaghi, Daniel (M.D.), M.D. at 8/16/2017 11:07 AM

Other Orders

Medications

Fexofenadine (ALLEGRA ALLERGY) 180 mg Oral Tab [834997633] (Discontinued)

Electronically signed by: Zaghi, Daniel (M.D.), M.D. on 08/16/17 1106

Status: Discontinued

Ordering user: Zaghi, Daniel (M.D.), M.D. 08/16/17 1106

Authorized by: Zaghi, Daniel (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/16/17 - 10/24/17

Class: Fill Now

Discontinued by: Hooks, Sarah Elizabeth (M.D.), M.D. 10/24/17 0932

Diagnoses

CAUSE OF INJURY, NONVENOMOUS ARTHROPOD, INIT [W57.XXXA]

Provider Details

Provider	NPI
Zaghi, Daniel (M.D.), M.D.	1659638120

Questionnaire

Question	Answer
Is this medication for a workers' compensation condition?	No

Indications

CAUSE OF INJURY, NONVENOMOUS ARTHROPOD, INIT [W57.XXXA (ICD-10-CM)]

Betamethasone Dipropionate Aug 0.05 % Top Oint [834997634] (Discontinued)

Electronically signed by: Zaghi, Daniel (M.D.), M.D. on 08/16/17 1106

Status: Discontinued

Ordering user: Zaghi, Daniel (M.D.), M.D. 08/16/17 1106

Authorized by: Zaghi, Daniel (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/16/17 - 09/26/18

Class: Fill Now

Discontinued by: Hooks, Sarah Elizabeth (M.D.), M.D. 09/26/18 1020

Diagnoses

CAUSE OF INJURY, NONVENOMOUS ARTHROPOD, INIT [W57.XXXA]

Provider Details

Provider	NPI
Zaghi, Daniel (M.D.), M.D.	1659638120

Questionnaire

Question	Answer
Is this medication for a workers' compensation condition?	No

Indications

CAUSE OF INJURY, NONVENOMOUS ARTHROPOD, INIT [W57.XXXA (ICD-10-CM)]

END OF ENCOUNTER

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY

Visit Information

Provider Information

Encounter Provider	Authorizing Provider

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Visit Information (continued)

Talag, Emelita Borja (M.D.), M.D.

Talag, Emelita Borja (M.D.), M.D.

Department

Name	Address	Phone	
PSYCHIATRY	5105 GOLDLEAF CIRCLE	323-298-3100	
	Los Angeles CA 90056-1269		

Level of Service

Level of Service

OUTPT EST LEVEL 4

Reason for Visit

Chief Complaints

- MEDICATION MANAGEMENT
- PSYCHOSIS
- DEPRESSION
- ANXIETY

Visit Diagnosis

Name	Code	Chronic?
SCHIZOAFFECTIVE DISORDER	F25.9	Yes

Clinical Notes

Mental Health Treatment Plan Progress Note

Filed on 10/13/2017 1058

Document on 10/13/2017 10:58 AM by Talag, Emelita Borja (M.D.), M.D.: TPI: TREATMENT PROGRESS INDICATOR

Electronically signed by Talag, Emelita Borja (M.D.), M.D. at 10/13/2017 10:58 AM

Progress Notes

Talag, Emelita Borja (M.D.), M.D. at 10/13/2017 1102

Author: Talag, Emelita Borja (M.D.), M.D. Service: — Author Type: Physician

Filed: 10/13/2017 11:37 AM Encounter Date: 10/13/2017 Creation Time: 10/13/2017 11:02 AM

Status: Signed Editor: Talag, Emelita Borja (M.D.), M.D. (Physician)

History:

6/12/2017 Lawson B Hawkins 000017508205 5/25/1955

Type of Visit: Medication Follow up

S: Patient came in for follow up; stable with his mood; no SI/HI; no A/VH; still with some paranoia but never acted on it and was never bothered by it; the only complaint is the mild tremor on his hands not sure if both hands or not; noted when he is holding a pot of cup; he said very slight; he admitted that he drinks a lot of

Printed on 1/12/24 5:46 PM Page 380

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

coffee; he is also aware about the SGA can have that risk; good sleep and appetite; maintaining good weight; his BS is much better; pleased with his stability; now taking the Abilify regularly; reads book; takes care of his customers; no SI/HI; no other concerns. He wants to continue with the Abilify.

Mental Status Exam:

Patient is a 62 y/o AAM who presented with casual attire; cooperative; no speech abnormalities, mood - he said he feels fine, affect - bright, thought process revealed itself to be linear and goal directed, thought content - denied any SI/HI; Perception - denied any A/VH, denied delusion, he reported some paranoia but not worse than before; no gross cognitive abnormalities noted, insight/J/IC - unimpaired

DIAGNOSIS

SCHIZOAFFECTIVE DISORDER (primary encounter diagnosis)

AIMS SCALE
ABNORMAL INVOLUNTARY MOVEMENT SCALE

0 = NONE

1= MINIMAL

2 = MILD

3 = MODERATE

4= SEVERE

- 1.- MUSCLE of facial expression (forehead, eyebrows, periorbital area,cheeks.-frowning,blinking,smiling and grimacing) = 0
- 2.- LIPS and PERIORAL AREA (puckering, pouting, smacking) = 0
- 3.- Jaw (biting, clenching, chewing, mouth opening, lateral movement) = 0
- 4.- TONGUE (increase in movement both in and out of mouth and not inability to sustain movement) = 0
- 5.- UPPER EXTREMITY (choreic movements, athetoid movements = 0
- 6.- LOWER(foot tapping, heel dropping, inversion, eversion of foot) = 0
- 7.- NECK SHOULDERS AND HIP (rocking twisting) = 0
- 8.- SEVERITY OF ABNORMAL MOVEMENTS = 0
- 9.- INCAPACITATION DUE TO ABNORMAL MOVEMENTS = 0
- 10.- PT.'S AWARENESS OF ABNORMAL MOVEMENTS= 0
- 11.- CURRENT PROBLEMS WITH TEETH AND / DENTURES = 0
- 12.- DOES PATIENT NORMALLY WEAR DENTURES?

TOTAL SCORES= 0

Treatment Plan:

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

Stable with the medication; no s/e reported

MEDICATION

Abilify 20 mg tab - take 1 tab po QHS for mood stabilization

Monitor the tremors or will send message to Dr. Hooks

Therapy as needed

Return for follow up on October 12, 2017 at 11:00 AM or sooner if needed

Tel # 323 298 3125

EMELITA BORJA TALAG MD

10/13/2017 Lawson B Hawkins 000017508205 5/25/1955

Type of Visit: Medication Follow up

S: Patient came in for follow up; stable with the mood; went to Idaho; sleep and appetite are good; however he said he had gained weight lately because he was not able to follow his diet so he will try again; no A/VH but still rarely with paranoia; he said once in a while he said saw peculiar things but not bothersome; takes the Abilify; now that it is generic, he has a very small amount of co-pay and so he is pleased

TPI discussed - this was in the past and he denied current symptoms

Mental Status Exam:

Patient is a 62 y/o AAM who presented with casual attire; cooperative; no speech abnormalities, mood - he said he feels fine, affect - bright, thought process revealed itself to be linear and goal directed, thought content - denied any SI/HI; Perception - denied any A/VH, denied delusion, he reported some paranoia but not worse than before; no gross cognitive abnormalities noted, insight/J/IC - unimpaired

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

DIAGNOSIS

SCHIZOAFFECTIVE DISORDER (primary encounter diagnosis)

AIMS SCALE

ABNORMAL INVOLUNTARY MOVEMENT SCALE

0 = NONE

1= MINIMAL

2 = MILD

3 = MODERATE

4= SEVERE

- 1.- MUSCLE of facial expression (forehead, eyebrows, periorbital area,cheeks.-frowning,blinking,smiling and grimacing) = 0
- 2.- LIPS and PERIORAL AREA (puckering, pouting, smacking) = 0
- 3.- Jaw (biting, clenching, chewing, mouth opening, lateral movement) = 0
- 4.- TONGUE (increase in movement both in and out of mouth and not inability to sustain movement) = 0
- 5.- UPPER EXTREMITY (choreic movements, athetoid movements = 0
- 6.- LOWER(foot tapping, heel dropping, inversion, eversion of foot) = 0
- 7.- NECK SHOULDERS AND HIP (rocking twisting) = 0
- 8.- SEVERITY OF ABNORMAL MOVEMENTS = 0
- 9.- INCAPACITATION DUE TO ABNORMAL MOVEMENTS = 0
- 10.- PT.'S AWARENESS OF ABNORMAL MOVEMENTS= 0
- 11.- CURRENT PROBLEMS WITH TEETH AND / DENTURES = 0
- 12.- DOES PATIENT NORMALLY WEAR DENTURES?

TOTAL SCORES= 0

Treatment Plan:

Stable with the medication; no s/e reported

MEDICATION

Abilify 20 mg tab - take 1 tab po QHS for mood stabilization

Therapy as needed

PCP for all medical concerns; also on labs

Return for follow up on Feb 13, 2018 at 8:30 AM or sooner if needed

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Clinical Notes (continued)

Tel # 323 298 3125

EMELITA BORJA TALAG MD

Electronically signed by Talag, Emelita Borja (M.D.), M.D. at 10/13/2017 11:37 AM

Patient Instructions

MEDICATION

Abilify 20 mg tab - take 1 tab po QHS for mood stabilization

Therapy as needed

Pls see PCP for all medical concerns

Return for follow up on Feb 13, 2018 at 8:30 AM or sooner if needed

Tel # 323 298 3125

Others:

If you have a life-threatening medical or psychiatric emergency call 911 or go to the nearest Emergency Department.

The Kaiser Permanente Behavioral HealthCare Helpline, for crisis intervention and guidance, referrals, and resources, is available 24 hours a day, 7 days per week including holidays. The number is 1-800-900-3277.

Electronically signed by Talag, Emelita Borja (M.D.), M.D. at 10/13/2017 11:24 AM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Documents

TPI Clinical Report - Document on 10/13/2017 10:58 AM: TPI: TREATMENT PROGRESS INDICATOR

Document (below)



Date: 10/13/2017

Name: HAWKINS,
 LAWSON B

Birthdate: 05/25/1955

MRN#: 17508205

Emotional Vital Signs / TPI

Intake Report

Critical Alerts

Current Suicidal Thoughts	Not at all	Behavioral Health Impairment (BHI)
Current Thoughts of Harming Others	Never	
History of Suicidal Thoughts	Attempt & intent	LOW 5

Symptoms

MENTAL HEALTH SYMPTOMS

Depression - PHQ-2 Negative

Anxiety - GAD2 Negative

PTSD Screen Negative

SUBSTANCE USE SYMPTOMS

 Risky Drinking (AUDIT 1-3 (US), max = 18)
 1 - No

 Drug Use
 No

Functional Impairment

Manages Day-to-Day Life Very well
Satisfied with Relationships All/Almost all of the time

Performs Routine Tasks

Getting Along Emotionally

Very well

Quite well

WATERIDGE - PSY | TALAG, EMELITA

PAGE 1 OF 3

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Documents (continued)

Date: **10/13/2017**

Name: HAWKINS,

LAWSON B
Birthdate: 05/25/1955

MRN#: **17508205**

Treatment History

Emotional Vital Signs / TPI

TREATMENT HISTORY

Intake Report

Previous Psych. Hospitalizations

Once

Medication

Prescribed Psychiatric Medications

Yes - Most of the

Confident Medication is Helping

Agree

Yes

BARRIERS TO TAKING MEDS

Stopped - Felt Sick

Stopped - Felt Better

Forgets

Doesn't Know Why Needed

Heard they are bad

Cost

Other

Occasion

Too Many Pills

Substance Use Detail

ALCOHOL USE

Drinks Alcohol

AUDIT 1-3 (US), max = 18

1 - No

Less than monthly

Drinks on Typical Day Drinks 4+ Drinks per 1 drink Never

DRUG USE

Patient reports not using drugs

WATERIDGE - PSY | TALAG, EMELITA

PAGE 2 OF 3

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Documents (continued)

Emotional Vital Signs / TPI

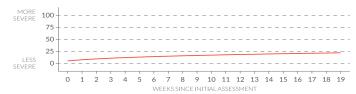
Intake Report

Date: 10/13/2017
Name: HAWKINS,
LAWSON B
Birthdate: 05/25/1955
MRN#: 17508205

Expected Response to Treatment

BEHAVIORAL HEALTH IMPAIRMENT (PERCENTILE)

What is the patient's expected response to treatment?



WATERIDGE - PSY | TALAG, EMELITA

PAGE 3 OF 3

Hawkins, Lawson B MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Hawkins, Lawson B (MR # 000017508205)

Page 1 of 2

 After Visit Summary
 Lawson B Hawkins

 10/13/2017
 MRN: 000017508205

Visit and Patient Information

Visit Information

Date & Time Provider Department
10/13/2017 11:00 AM EMELITA BORJA TALAG MD, M.D. Psywlwtr Psyw

Visit Summary

Health Problems Reviewed

None.

Patient Instructions

MEDICATION

Abilify 20 mg tab - take 1 tab po QHS for mood stabilization

Therapy as needed

PIs see PCP for all medical concerns

Return for follow up on Feb 13, 2018 at 8:30 AM or sooner if needed

Tel # 323 298 3125

Others:

If you have a life-threatening medical or psychiatric emergency call 911 or go to the nearest Emergency Department.

The Kaiser Permanente Behavioral HealthCare Helpline, for crisis intervention and guidance, referrals, and resources, is available 24 hours a day, 7 days per week including holidays. The number is 1-800-900-3277.

Allergies				
Allergies as of 10/13/2017			Reviewed On: 8	/16/2017 By: Diaz, Laura (M.A.), M.A.
	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	08/08/2007		
Ba - di di				

Medications

Upcoming Administrations

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 1 of 2

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Hawkins, Lawson B (MR # 000017508205)
Upcoming Administrations (continued)

Page 2 of 2

None

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Orders

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to http://www.everybodywalk.org. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 2 of 2

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)



Date: 10/13/2017 HAWKINS, Name: LAWSON B Birthdate: 05/25/1955 MRN#: 17508205

Quite well

Emotional Vital Signs / TPI

Intake Report

Critical Alerts

Current Suicidal Thoughts Not at all Behavioral Health Impairment (BHI) **Current Thoughts of** Never Harming Others **History of Suicidal Thoughts** Attempt & intent

Symptoms

MENTAL HEALTH SYMPTOMS

Depression - PHQ-2 Negative Anxiety - GAD2 Negative PTSD Screen Negative

SUBSTANCE USE SYMPTOMS

Risky Drinking (AUDIT 1-3 1 - No (US), max = 18) Drug Use No

Functional Impairment

Manages Day-to-Day Life Very well All/Almost all of the Satisfied with Relationships time

Performs Routine Tasks Very well

Getting Along Emotionally

WATERIDGE - PSY | TALAG, EMELITA

PAGE 1 OF 3

Printed on 1/12/24 5:46 PM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Date: 10/13/2017

HAWKINS, Name: LAWSON B

Birthdate: 05/25/1955

Intake Report

MRN#: 17508205

Treatment History

Emotional Vital Signs / TPI

TREATMENT HISTORY

Previous Psych. Hospitalizations

Once

Medication

Prescribed Psychiatric Medications

Yes - Most of the time

Confident Medication is Helping

Agree

BARRIERS TO TAKING MEDS

Stopped - Felt Sick

Stopped - Felt Better

Forgets

Doesn't Know Why Needed

Heard they are bad

Too Many Pills

Cost

Other

Occasion

Yes

Substance Use Detail

ALCOHOL USE

Drinks Alcohol

AUDIT 1-3 (US), max = 18

1 - No

Less than monthly

Drinks on Typical Day Drinks 4+ Drinks per

1 drink Never

DRUG USE

Patient reports not using drugs

WATERIDGE - PSY | TALAG, EMELITA

PAGE 2 OF 3

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/13/2017 - OFFICE VISIT - MH/BH in PSYCHIATRY (continued)

Date: **10/13/2017**

Name: HAWKINS, LAWSON B
Birthdate: 05/25/1955

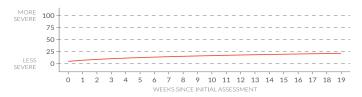
MRN#: **17508205**

Emotional Vital Signs / TPI Intake Report

Expected Response to Treatment

BEHAVIORAL HEALTH IMPAIRMENT (PERCENTILE)

What is the patient's expected response to treatment?



WATERIDGE - PSY | TALAG, EMELITA

PAGE 3 OF 3

END OF ENCOUNTER

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2

Visit Information

Provider Information

Printed on 1/12/24 5:46 PM

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Visit Information (continued)

Encounter Provider Authorizing Provider

Hooks, Sarah Elizabeth (M.D.), M.D.

Hooks, Sarah Elizabeth (M.D.), M.D.

Department

Name	Address	Phone	
INTERNAL MEDICINE RAIN2	6041 CADILLAC AVE Los Angeles CA 90034-1702	833-574-2273	

Follow-up and Dispositions

· Return if symptoms worsen or fail to improve.

Level of Service

Level of Service

OUTPT EST LEVEL 3

Reason for Visit

Chief Complaint

TREMOR

Visit Diagnoses

- DECLINES INFLUENZA VACCINATION [Z28.20]
- TREMOR (primary) [R25.1]
- COCCYX PAIN [M53.3]
- DECLINES STATINS [Z53.20]

Vitals

Vital Signs	gns			Most recent update: 10/24/2017 9:25 AM	
BP 129/95 (BP Location: RA- RIGHT ARM, BP Patient Position: STANDING, Cuff Size: Large Adult)	Pulse 82	Temp 97 °F (36.1 °C) (Tympanic)	Ht 5' 7" (1.702 m)	Wt 222 lb 3.6 oz (100.8 kg)	
BMI 34.81 kg/m²					

Clinical Notes

Nursing Note

Johnson, Cheryl (M.A.), M.A. at 10/24/2017 0918

Author: Johnson, Cheryl (M.A.), M.A. Service: — Author Type: MEDICAL ASSISTANT Filed: 10/24/2017 9:58 AM Encounter Date: 10/24/2017 Creation Time: 10/24/2017 9:18 AM

Status: Addendum Editor: Johnson, Cheryl (M.A.), M.A. (MEDICAL ASSISTANT)

PATIENT IDENTIFICATION VERIFIED USING IDENTIFIERS SUCH AS BIRTH DATE, ADDRESS AND PHONE NUMBERS.

Patient's vital signs and history taken, reviewed and documented, information on how to register onto

Printed on 1/12/24 5:46 PM Page 393

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Clinical Notes (continued)

Kp.org provided.

Patient has a future A1c ordered

HGBA1C 5.6 03/14/2017

Patient with h/o DM. Pt did not bring SMBG - ask Provider if POCT is needed.

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions:

Blood Pressure above goal, repeat blood pressure taken and documented

BP Readings from Last 3 Encounters:

10/24/17 (!) 129/95 08/14/17 130/89 07/17/17 138/78

Hemoglobin A1c lab order staged

Flu immunization declined

The patient exercises 0 minutes per week at a moderate to strenuous level.

AVS GIVEN AND EXPLAINED TO PATIENT, PATIENT VERBALIZED CLEAR UNDERSTANDING OF ALL DIRECTIONS

Electronically signed by Johnson, Cheryl (M.A.), M.A. at 10/24/2017 9:58 AM

Progress Notes

Hooks, Sarah Elizabeth (M.D.), M.D. at 10/24/2017 1016

Author: Hooks, Sarah Elizabeth (M.D.), Service: — Author Type: Physician

M.D.

Filed: 10/24/2017 11:43 AM Encounter Date: 10/24/2017 Creation Time: 10/24/2017 10:16 AM

Status: Signed Editor: Hooks, Sarah Elizabeth (M.D.), M.D. (Physician)

History:

- -increasing intention hand tremor over past year
- -persistent coccyx pain, s/p visit/xray

History Reviewed:

I have reviewed the Medical/Surgical history as displayed in HealthConnect on the date of the encounter or the portion(s) as noted in the progress note.

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Clinical Notes (continued)

Physical Exam

Constitutional: He is well-developed, well-nourished, and in no distress.

Pulmonary/Chest: Effort normal.

Neurological: He is alert. He displays no tremor.

Skin: Skin is warm and dry. Psychiatric: Affect normal.

Vitals reviewed.

A/P:

PMR for coccyx pain

Neuro for tremor eval, patient aware could be Abilify SE and OK with it if no red flags per Neuro

Patient Active Problem List:

SCHIZOAFFECTIVE DISORDER

DM 2 W DIABETIC HYPERLIPIDEMIA, MIXED - fingersticks good per patient; declines statin

COLON POLYP

CHOLELITHIASIS

ACQUIRED DEFORMITY OF RIGHT ANKLE

OBESITY, BMI 30-34.9, ADULT - working on it

THROMBOCYTOPENIA

Electronically signed by Hooks, Sarah Elizabeth (M.D.), M.D. at 10/24/2017 11:43 AM

Other Orders

Referral

REFERRAL NEUROLOGY [859076405] (Active)

Electronically signed by: Hooks, Sarah Elizabeth (M.D.), M.D. on 10/24/17 0938

Status: Active

Ordering user: Hooks, Sarah Elizabeth (M.D.), M.D. 10/24/17 Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.

0938

Ordering mode: Standard

Frequency: Routine 10/24/17 - Class: Internal referral

Quantity: 1 Diagnoses TREMOR [R25.1]

Provider Details

Provider	NPI
Hooks, Sarah Elizabeth (M.D.), M.D.	1497814131

Questionnaire

Question	Answer
Reason:	*Consult/Referral, Adult (All)
For consults, do you authorize this department to book a	Yes

telephone or video visit if available?

Order comments: Reason: hand tremor, could be Abilify but doing well on this med, just want to make sure no sign of something more

Printed on 1/12/24 5:46 PM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Other Orders (continued)

Referral Details

Referred By Referred To **Type Priority** Diagnoses: TREMOR *WEST LOS ANGELES Hooks, Sarah Elizabeth Outpatient Routine (M.D.), M.D. Order: Referral Neurology (WLA) Service 5971 VENICE BLVD Reason: Specialty Services FOR REFERRALS LOS ANGELES CA Required **ONLY** LOS ANGELES CA 90034-1713 Phone: 833-574-2273 90034-1702 Fax: 833-574-2273 Specialty: Neurology

Comment: Reason: hand tremor, could be Abilify but doing well on this med, just want to make sure no sign of something

more

 Question
 Answer

 Reason::
 *Consult/Referral, Adult (All)

 For consults, do you authorize this department to book a
 Yes

telephone or video visit if available?:

Indications

TREMOR [R25.1 (ICD-10-CM)]

REFERRAL PHYSICAL MEDICINE [859078846] (Active)

Electronically signed by: Hooks, Sarah Elizabeth (M.D.), M.D. on 10/24/17 0941 Status: Active

Ordering user: Hooks, Sarah Elizabeth (M.D.), M.D. 10/24/17 Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D.

0941

Ordering mode: Standard Frequency: Routine 10/24/17 -

equency: Routine 10/24/17 - Class: Internal referral

Quantity: 1 Diagnoses

COCCYX PAIN [M53.3]

Provider Details

Provider	NPI
Hooks, Sarah Elizabeth (M.D.), M.D.	1497814131

Questionnaire

Question	Answer
Reason:	*Consult/Referral (All)
For consults, do you authorize this department to book a telephone or video visit if available?	Yes

Order comments: Reason: persistent coccyx pain, no trauma, xray OK, many weeks no better For electric scooters/wheelchairs, (1) all criteria in the LINK BELOW must be met (ONLY for HOME functional mobility; community mobility is not a covered benefit except for rare Medi-Cal patients), (2) If sending from BP, SB, or SD use DME Eval Non-oxygen order instead of a referral to Physical Med.

Referral Details

Referred By			Referred To	Туре	Priority
Hooks, Sarah El	0	es: COCCYX PAIN	*WEST LOS ANGELES	Outpatient	Routine
(M.D.), M.D.	Order: R	Referral Physical Medicine	(WLA)	Service	
5971 VENICE BI	VD Reason:	Specialty Services	FOR REFERRALS		
LOS ANGELES	CA Required	d	ONLY		
90034-1713			LOS ANGELES CA		
Phone: 833-574-	2273		90034-1702		
Fax: 833-574-22	73		Specialty: Physical		
			Modicino		

Comment: Reason: persistent coccyx pain, no trauma, xray OK, many weeks no better

For electric scooters/wheelchairs, (1) all criteria in the LINK BELOW must be met (ONLY for HOME functional mobility; community mobility is not a covered benefit except for rare Medi-Cal patients), (2) If sending from BP, SB, or SD use DME Eval Non-oxygen order instead of a referral to Physical Med.

Question	Answer
Reason::	*Consult/Referral (All)
For consults, do you authorize this department to book a	Yes

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Other Orders (continued)

telephone or video visit if available?:

Indications

COCCYX PAIN [M53.3 (ICD-10-CM)]

Patient Instructions

 You are booked to see Neurology at the West Los Angeles Medical Offices, 6041 Cadillac Ave., 4th Floor, Dept. 444 on:

•

Future Appointments

Date	Time	Provider	Department	Center
10/24/2017	2:00 PM	Benton, David Arthur (D.O.), D.O.	WLPHM2	WLAU
10/24/2017	3:30 PM	Jiang, Tong (M.D.), M.D.	WLNEU	WLAU

•

- •Please plan to arrive at your appointment 15 minutes early to check-in. Contact us at 1 (800) 954-8000 if you need to reschedule or cancel your appointment.
- •You are booked to see Physical Medicine at the West Los Angeles Medical Offices, 6041 Cadillac Ave., 1st Floor, Dept. 142 or 143 on:

Future Appointments

Date	Time	Provider	Department	Center
10/24/2017	2:00 PM	Benton, David Arthur (D.O.), D.O.	WLPHM2	WLAU
10/24/2017	3:30 PM	Jiang, Tong (M.D.), M.D.	WLNEU	WLAU

•

•Please plan to arrive at your appointment 15 minutes early to check-in at the first floor lobby reception desk. You will then be instructed to go the correct department module. Contact us at (323) 857-3373 if you need to reschedule or cancel your appointment.

Electronically signed by Johnson, Cheryl (M.A.), M.A. at 10/24/2017 10:09 AM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Hawkins, Lawson B (MR # 000017508205)

Page 1 of 3

After Visit Summary Lawson B Hawkins 10/24/2017 MRN: 000017508205

Visit and Patient Information

Visit Information

Date & Time Department 10/24/2017 9:10 AM SARAH ELIZABETH HOOKS MD, M.D.

Intwlwla Med9 Rain2

Visit Summary

Vitals

ΒP Pulse Wt (!) 129/95 (BP 82 97 °F (36.1 °C) 5' 7" (1.702 m) 222 lb 3.6 oz (100.8 Location: RA-(Tympanic) kg) RIGHT ARM, BP **Patient Position:** STANDING, Cuff Size: Large Adult)

BMI 34.81 kg/m²

BMI and BSA Data

Body Mass Index: 34.81 kg/m² Body Surface Area: 2.18 m²

Health Problems Reviewed

PATIENT DECLINES INFLUENZA VACCINATION TREMOR

COCCYGODYNIA

Patient Instructions You are booked to see Neurology at the West Los Angeles Medical Offices, 6041 Cadillac Ave., 4th Floor, Dept. 444 on:

Future Appointments

Date	Time	Provider	Department	Center
10/24/2017	2:00 PM	Benton, David Arthur (D.O.), [D.O. WLPHM2	WLAU
10/24/2017	3:30 PM	Jiang Tong (M.D.) M.D.	WINFU	WLAU

Please plan to arrive at your appointment 15 minutes early to check-in. Contact us at 1 (800) 954-8000 if you need to reschedule or cancel your appointment.

You are booked to see Physical Medicine at the West Los Angeles Medical Offices, 6041 Cadillac Ave., 1st Floor, Dept. 142 or 143 on:

Future Appointments

Date	Time	Provider	Department	Center

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 1 of 3

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Hawkins, Lawson B (MR # 000017508205) Page 2 of 3 Patient Instructions (continued) 10/24/2017 2:00 PM Benton, David Arthur (D.O.), D.O. WLPHM2 WLAU 10/24/2017 3:30 PM Jiang, Tong (M.D.), M.D. WLNEU WLAU

Please plan to arrive at your appointment 15 minutes early to check-in at the first floor lobby reception desk. You will then be instructed to go the correct department module. Contact us at (323) 857-3373 if you need to reschedule or cancel your appointment.

Follow-up and Disposition

Return if symptoms worsen or fail to improve.

Allergies

Reviewed On: 10/24/2017 By: Johnson, Allergies as of 10/24/2017 Cheryl (M.A.), M.A. Severity Noted Reaction Type Reactions No Known Drug Allergies 08/08/2007

Medications

Upcoming Administrations

None

Visit Medication List Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

Dosage

ARIPiprazole (ABILIFY) 20 mg Oral Tab Take 1 tablet by mouth daily at bedtime (Taking)

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Orders

New Orders

Normal Orders This Visit REFERRAL NEUROLOGY [200336 Custom]

REFERRAL PHYSICAL MEDICINE [200554 Custom]

ture Annointments

ru	iture Appointments				
	Date & Time	Provider	Department	Center	Type of Visit
	10/24/2017 2:00 PM	Benton, David Arthur (D.O.)	PHYSYCAL MEDICINE	WLAU	Consult
	10/24/2017 3:30 PM	Jiang, Tong (M.D.)	NEUROLOGY BLANK	WLAU	Consult
	2/13/2018 8:30 AM	Talag, Emelita Borja	PSYCHIATRY	WTRU	Office Visit

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 2 of 3

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Hawkins, Lawson B (MR # 000017508205)

Page 3 of 3

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to http://www.everybodywalk.org. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 3 of 3

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Hawkins, Lawson B (MR # 00	00017508205)				Page 1 of
After Visit Summary 10/24/2017				Lawson B Hawkin MRN: 0000175082	
Visit and Patient Infor	mation				
Visit Information					
Date & Time 10/24/2017 9:10 AM	Provider SARAH ELIZA	BETH HOO	OKS MD, M.D.	Department Intwlwla Med9 F	Rain2
Visit Summary					
/itals					
BP Pu (!) 129/95 (BP 82 Location: RA- RIGHT ARM, BP Patient Position: STANDING, Cuff Size: Large Adult)	lse	Temp 97 °F (36 (Tympan		Ht 5' 7" (1.702 m)	Wt 222 lb 3.6 oz (100.8 kg)
BMI 34.81 kg/m² BMI and BSA Data Body Mass Index: 34.81	Ira/m² Do	du Curface	Area: 2.18 m²		
Health Problems Reviewed PATIENT DECLINES INFL TREMOR COCCYGODYNIA		ATION			
Patient Instructions					
None					
Follow-up and Disposition Return if symptoms worse	fail to imanus				
Allergies	en or iall to improv	ve.			
Allergies as of 10/24/2017				Reviewed O	n: 10/24/2017 By: Johnson Cheryl (M.A.), M.A
No Known Drug Allergie	Severity Not Spe	cified	Noted 08/08/2007	Reaction Type	Reactions
Medications					
Upcoming Administrations					
None					
Visit Medication List relevant to this visit. This n	nay not reflect al	II medicati			ed, and new medications
ARIPiprazole (ABILIFY) (Taking)	20 mg Oral Tab	Dosa Take		uth daily at bedtime	

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 1 of 2

Page 2 of 2

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in INTERNAL MEDICINE RAIN2 (continued)

Hawkins, Lawson B (MR # 000017508205)

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Orders

New Orders

Normal Orders This Visit

REFERRAL NEUROLOGY [200336 Custom]

REFERRAL PHYSICAL MEDICINE [200554 Custom]

Future Appointments

Date & Time	Provider	Department	Center	Type of Visit
10/24/2017 2:00 PM	Benton, David Arthur (D.O.)	PHYSYCAL MEDICINE	WLAU	Consult
10/24/2017 3:30 PM	Jiang, Tong (M.D.)	NEUROLOGY BLANK	WLAU	Consult
2/13/2018 8:30 AM	Talag, Emelita Borja (M.D.)	PSYCHIATRY	WTRU	Office Visit

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to http://www.everybodywalk.org. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 2 of 2

END OF ENCOUNTER

10/24/2017 - Office Visit in PHYSYCAL MEDICINE

Visit Information

Provider Information

Printed on 1/12/24 5:46 PM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Visit Information (continued)

Encounter Provider	Authorizing Provider	Referring Provider
Benton, David Arthur (D.O.), D.O.	Benton, David Arthur (D.O.), D.O.	Hooks, Sarah Elizabeth (M.D.), M.D.

Department

Name	Address	Phone	
PHYSYCAL MEDICINE	6041 CADILLAC AVE Los Angeles CA 90034-1702	323-857-2476	

Follow-up and Dispositions

Return if symptoms worsen or fail to improve, for pain.

Level of Service

Level of Service

OUTPT NEW LEVEL 3

Reason for Visit

Chief Complaint

CONSULTATION (coccyx pain sometimes radiates down to bilateral buttock started 2 months. worsens when standing up.)

Visit Diagnoses

Name	Code	Chronic?
DECLINES INFLUENZA VACCINATION	Z28.20	No
ARTHROPATHY OF LUMBAR FACET	M12.9	Yes
SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT	M99.04	No
SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT	M99.04	No
SPONDYLOLISTHESIS	M43.10	Yes
LUMBAR SPONDYLOSIS	M47.816	Yes
DM 2 W DIABETIC HYPERLIPIDEMIA, MIXED	E11.69, E78.2	Yes
OBESITY, BMI 30-34.9, ADULT	E66.9	No
ACQUIRED DEFORMITY OF RIGHT ANKLE	M21.961	No

Clinical Notes

Nursing Note

Kaneshiro, Sandra (R.N.), R.N. at 10/24/2017 1404

Author: Kaneshiro, Sandra (R.N.), R.N.

Filed: 10/24/2017 2:05 PM

Status: Signed

Service: — Encounter Date: 10/24/2017 Author Type: REGISTERED NURSE Creation Time: 10/24/2017 2:04 PM

Editor: Kaneshiro, Sandra (R.N.), R.N. (REGISTERED NURSE)

BP Readings from Last 3 Encounters:

10/24/17 (!) 129/95 08/14/17 130/89 07/17/17 138/78

Estimated body mass index is 34.81 kg/m² as calculated from the following:

Height as of an earlier encounter on 10/24/17: 5' 7" (1.702 m).

Weight as of an earlier encounter on 10/24/17: 222 lb 3.6 oz (100.8 kg).

PROACTIVE CARE ACTIONS

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MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Clinical Notes (continued)

Proactive Office Encounter Actions: patient reminded Hemoglobin A1c lab order staged, go to lab to have order completed.

Flu immunization declined

Electronically signed by Kaneshiro, Sandra (R.N.), R.N. at 10/24/2017 2:05 PM

Procedures

Filed on 11/7/2017 1418

Procedure Orders

1. XR LUMBAR SPINE FLEXION AND EXTENSION 2 VIEWS [859240165] ordered by Benton, David Arthur (D.O.), D.O. at 10/24/17 1448

CLINICAL HISTORY: Reason: L4-5 listhesis please evaluate for instability at this or other levels. Thank you. RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

Spinal fixation hardware is present at L1-L3. Grade 1 anterolisthesis is present at L4-5 which remains essentially unchanged in the flexion and extension views. Mild degenerative changes are present at L4-5 and L5-S1. Moderate degenerative changes are present at T11-12 and T12-L1. There is mild anterior wedging of T12.

This report electronically signed by Albert Cho, MD on 11/7/2017 2:13 PM

Electronically signed by Cho, Albert (M.D.), M.D. at 11/7/2017 2:18 PM

Progress Notes

Benton, David Arthur (D.O.), D.O. at 10/24/2017 1414

Author: Benton, David Arthur (D.O.), D.O. Service: — Author Type: PHYSICIAN (D.O.)
Filed: 10/25/2017 7:59 AM Encounter Date: 10/24/2017 Creation Time: 10/24/2017 2:14 PM

Status: Signed Editor: Benton, David Arthur (D.O.), D.O. (PHYSICIAN (D.O.))

Primary Physician: Hooks, Sarah Elizabeth (M.D.) Referring Physician: Hooks, Sarah Elizabeth *

Reason for referral:

Chief Complaint
Patient presents with

CONSULTATION

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Clinical Notes (continued)

coccyx pain sometimes radiates down to bilateral buttock started 2 months. worsens when standing up.

History:

Lawson B Hawkins is a 62 year old male with history of a remote high fall/suicide attempt, lumbar fusion surgery here for low back pain x2 months. Pain began insidiously and is currently rated 3-7/10 worsened with sleep and prolonged walking and better with positional ease. Pain is localized to low-back and gluteal area. There is NO associated numbness and/or paresthesia in the same distribution. No bowel nor bladder incontinence. No new weakness. Pain is not worsened with valsalva maneuver. Pain is described as dull with rare sharp electrical pain.

Meds:none

FuncHx: Inedependent with full ADLs and IADLs

Ambulates independently to range greater than 1 block

ROS: Gen: [-]recent wt loss, [-]fever, [-]chills

Heart: [-]Chest Pain, [-]palpitation

Lungs: [-]SOB, [-]cough

Abd: [-]abd pain, [-]diarrhea, [-] constipation, [-]bowel/bladder changes

Ext: [-]ankle swelling

Neuro: [-] headache, [-]falls

PE: Gen: WD/WN in NAD, A&O x3, lucid, cooperative, appropriate

HEENT: NCAT, PERRL, EOMI

CV: Reg Rate

Lungs: Clear bilaterally

Extr: Pedal pulses 2/4 bilaterally. BLE are warm

Focused Exam: Back:

Inspection: No atrophy, no erythema, no asymmetry, no open lesions

Palpation: + iliac crests unleveling(left superior innominate shear), + left standing flexion test, no lumbar tenderness to

palpation

ROM: flexion 90, extension 20

Facet loading: +

Slump test: -

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Clinical Notes (continued)

SLR: -

Lasegue: -

FABER: - b/l, tight peri-hip musculature bilaterally

FemoroAcetabular Grind: - b/l

MMT:	HF	Quad	TA	EHL	GS	Hams
R:	5	5	5	5	5	5
L:	5	5	5	5	5	5

Inspection: no atrophy, fasciculations, or tremor

Tone: normal tone diffusely

Neuro:

Deep tendon reflexes:	Patellar	Achilles
Right:	1	1
Left:	1	mute

Sensory: Sensation intact to light touch preserved diffusely throughout

Gait: normal

Sitting to standing: normal

Hoffman: neg b/l

Babinski: neg b/l

Clonus: none

IMAGING:

Xray sacrum/coccyx 7/3/17: "IMPRESSION:

No fracture identified. Bony structures are within normal limits.

No significant joint disease noted.

No soft tissue abnormality is identified.

HGBA1C 5.6 03/14/2017

Estimated body mass index is 34.81 kg/m² as calculated from the following:

Height as of an earlier encounter on 10/24/17: 1.702 m (5' 7").

Weight as of an earlier encounter on 10/24/17: 100.8 kg (222 lb 3.6 oz).

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Clinical Notes (continued)

A: Lawson B Hawkins is a 62 year old male here for:

		ICD-10-CM
1.	DECLINES INFLUENZA VACCINATION	Z28.20
2.	ARTHROPATHY OF LUMBAR FACET	M12.9
3.	SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT	M99.04
4.	SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT	M99.04
5.	SPONDYLOLISTHESIS	M43.10
6.	LUMBAR SPONDYLOSIS	M47.816
7.	DM 2 W DIABETIC HYPERLIPIDEMIA, MIXED	E11.69
		E78.2
8.	OBESITY, BMI 30-34.9, ADULT	E66.9

There are no current neurologic red flags, upper motor neuron signs, nor any lower motor neuron signs with negative straight leg raise but cannot rule out proximal L5 radiculopathy/ L4-5 stenosis(grade I listhesis), vs referred pain from facet arthropathy/SIJ dysfunction.

Orders Placed This Encounter

- XR LUMBAR SPINE, FLEXION AND EXTENSION 2 VIEWS (No imaging for back pain of <4 Weeks, assuming no Red Flags)
- REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY
- Gabapentin (NEURONTIN) 100 mg Oral Cap
- · Diclofenac Sodium (VOLTAREN) 1 % Top Gel
- gabapentin low-dose titration. Please call our clinic if you experience any untoward side effects with this medication or if this medication is not beneficial after a 3 week trial.
- trial topical voltaren gel tid as needed for inflammatory pain control. The patient was advised that NSAID-type medications have two very important potential side effects: gastrointestinal irritation including hemorrhage and renal injuries. He was asked to take the medication with food and to stop if he experiences any GI upset. I asked him to call for vomiting, abdominal pain or black/bloody stools. The patient expresses understanding of these issues and questions were answered.
- reinforced importance of daily home exercise program, PHYSICAL THERAPY referral placed.
- encouraged pt to apply warm compresses to affected area for 20 minutes daily prior to activities
- encouraged pt to apply menthol cream to affected area tid prn pain and to trial OTC topical remedies if menthol cream is not well-tolerated, may instead trial icy hot if menthol smell is bothersome or trial salon pas patches as tolerated, discussed T-relief cream over the counter
- recommend acetaminophen 500mg three times per day scheduled for 10 days and may take a fourth tablet as needed. Please do not exceed 2000mg(4 tablets) in 24hours--> after 10days, decrease to taking just as needed for pain control(if helpful).
- encouraged trial of oral turmeric(spice) ~500mg in food or as pill taken with food, 3 times per day as tolerated for inflammation modulating properties.
- Patient was advised to apply cold packs for 15 minutes tid and as needed for pain.
- offered further imaging and referrral to pain management for consideration of LUMBAR epidural steroid injection under fluoro, which patient declined at this time
- will bring patient back on an as needed basis, clinic contact information provided at this visit and instructed pt to contact us as needed.plan to email xray results when available.

Electronically signed by:

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Clinical Notes (continued)

DAVID ARTHUR BENTON DO 10/24/2017 2:14 PM

Electronically signed by Benton, David Arthur (D.O.), D.O. at 10/25/2017 7:59 AM

Imaging

Imaging

XR LUMBAR SPINE FLEXION AND EXTENSION 2 VIEWS [859240165] (Final result)

Electronically signed by: Benton, David Arthur (D.O.), D.O. on 10/24/17 1448

Status: Completed

This order may be acted on in another encounter.

Ordering user: Benton, David Arthur (D.O.), D.O. 10/24/17 1448

Class: Normal

Authorized by: Benton, David Arthur (D.O.), D.O.

Ordering mode: Standard Frequency: Routine 10/24/17 -

Quantity: 1

Lab status: Final result

Diagnoses

SPÖNDYLOLISTHESIS, UNSPECIFIED SITE [M43.10]

LUMBAR SPONDYLOSIS [M47.816]

Provider Details

Provider	NPI
Benton, David Arthur (D.O.), D.O.	1790915262

Order comments: Reason: L4-5 listhesis please evaluate for instability at this or other levels. Thank you.

XR LUMBAR SPINE, FLEXION AND EXTENSION 2 VIEWS (No imaging for

back pain of <4 Weeks, assuming no Red Flags) [859240165] Resulted: 11/06/17 1046, Result status: Final result

Order status: Completed Accession number: 77448795

Filed by: Interface, Scal_Radiology 11/07/17 1418 Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

CLINICAL HISTORY: Reason: L4-5 listhesis please evaluate for

instability at this or other levels. Thank you.

RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

Impression:

impressior .

Spinal fixation hardware is present at L1-L3. Grade 1 anterolisthesis is present at L4-5 which remains essentially unchanged in the flexion and extension views. Mild degenerative changes are present at L4-5 and L5-S1. Moderate degenerative changes are present at T11-12 and T12-L1. There is mild anterior wedging of T12.

This report electronically signed by Albert Cho, MD on 11/7/2017

Acknowledged by: Benton, David Arthur (D.O.), D.O. on 11/10/17 1703

Transcription

Туре	ID	Date and Time	Dictating Provider
Diagnostic imaging	77448795	11/7/2017 2:18 PM	Cho, Albert (M.D.), M.D.
Signed by Cho, Albert (N	1.D.), MEDICAL DOCTOR	R on 11/07/17 at 1418	

CLINICAL HISTORY: Reason: L4-5 listhesis please evaluate for

Printed on 1/12/24 5:46 PM Page 408

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Imaging (continued)

instability at this or other levels. Thank you. RIS TECH NOTES:

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

Spinal fixation hardware is present at L1-L3. Grade 1 anterolisthesis is present at L4-5 which remains essentially unchanged in the flexion and extension views. Mild degenerative changes are present at L4-5 and L5-S1. Moderate degenerative changes are present at T11-12 and T12-L1. There is mild anterior wedging of T12.

This report electronically signed by Albert Cho, MD on 11/7/2017 2:13 PM

Recipients

Benton, David Arthur (D.O.), D.O.

Added By?	Delivery Method	Outcome	Message ID	Address Source
Scheme	In Basket	Result sent	267085922	Authorizing Provider

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY	Unknown	Unknown	02/13/04 0000 - Present

XR LUMBAR SPINE, FLEXION AND EXTENSION 2 VIEWS (No imaging for back pain of <4 Weeks, assuming no Red Flags) [859240165]

Resulted: 11/06/17 1046, Result status: In process Order status: Completed

Accession number: 77448795

Narrative:

Filed by: Interface, Scal_Radiology 11/06/17 1046 Resulting lab: SCAL RADIOLOGY INTERFACE

Transcription

Туре	ID	Date and Time	Dictating Provider
Diagnostic imaging	77448795	11/7/2017 2:18 PM	Cho, Albert (M.D.), M.D.
Signed by Cho, Albert (M	I.D.), MEDICAL DOCTO	OR on 11/07/17 at 1418	

CLINICAL HISTORY: Reason: L4-5 listhesis please evaluate for instability at this or other levels. Thank you. RIS TECH NOTES:

COMPARISON: No previous study available.

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Imaging (continued)

FINDINGS/

IMPRESSION:

Spinal fixation hardware is present at L1-L3. Grade 1 anterolisthesis is present at L4-5 which remains essentially unchanged in the flexion and extension views. Mild degenerative changes are present at L4-5 and L5-S1. Moderate degenerative changes are present at T11-12 and T12-L1. There is mild anterior wedging of T12.

This report electronically signed by Albert Cho, MD on 11/7/2017 2:13 PM

Reviewed by

Benton, David Arthur (D.O.), D.O. on 01/01/18 1506 Benton, David Arthur (D.O.), D.O. on 01/01/18 1503 Benton, David Arthur (D.O.), D.O. on 11/10/17 1703

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

Indications

SPONDYLOLISTHESIS [M43.10 (ICD-10-CM)] LUMBAR SPONDYLOSIS [M47.816 (ICD-10-CM)]

All Reviewers List

Benton, David Arthur (D.O.), D.O. on 1/1/2018 15:06 Benton, David Arthur (D.O.), D.O. on 1/1/2018 15:03 Benton, David Arthur (D.O.), D.O. on 11/10/2017 17:03

Other Orders

Medications

Gabapentin (NEURONTIN) 100 mg Oral Cap [859240162] (Discontinued)

Electronically signed by: Benton, David Arthur (D.O.), D.O. on 10/24/17 1448 Status: Discontinued

Ordering user: Benton, David Arthur (D.O.), D.O. 10/24/17 1448 Authorized by: Benton, David Arthur (D.O.), D.O.

Ordering mode: Standard

Frequency: Routine 10/24/17 - 09/26/18 Class: Fill Now

Discontinued by: Hooks, Sarah Elizabeth (M.D.), M.D. 09/26/18 1020

Diagnoses

SPONDYLOLISTHESIS, UNSPECIFIED SITE [M43.10]

Provider Details

Provider	NPI
Benton, David Arthur (D.O.), D.O.	1790915262

Questionnaire

Question	Answer
Is this medication for a workers' compensation condition?	No

KAISER PERMANENTE

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Other Orders (continued)

Indications

SPONDYLOLISTHESIS [M43.10 (ICD-10-CM)]

Diclofenac Sodium (VOLTAREN) 1 % Top Gel [859240163] (Discontinued)

Electronically signed by: Benton, David Arthur (D.O.), D.O. on 10/24/17 1448

Status: Discontinued

Ordering user: Benton, David Arthur (D.O.), D.O. 10/24/17 1448 Authorized by: Benton, David Arthur (D.O.), D.O.

Ordering mode: Standard

Frequency: Routine 10/24/17 - 09/26/18 Class: Fill Now

Discontinued by: Hooks, Sarah Elizabeth (M.D.), M.D. 09/26/18 1020

Diagnoses

ARTHROPATHY OF LUMBAR FACET [M12.9]

SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT [M99.04]

SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT [M99.04]

SPONDYLOLISTHESIS, UNSPECIFIED SITE [M43.10]

LUMBAR SPONDYLOSIS [M47.816]

Provider Details

Provider	NPI
Benton, David Arthur (D.O.), D.O.	1790915262

Questionnaire

Question	Answer
Is this medication for a workers' compensation condition?	No

Indications

ARTHROPATHY OF LUMBAR FACET [M12.9 (ICD-10-CM)]

SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT [M99.04 (ICD-10-CM)]

SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT [M99.04 (ICD-10-CM)]

SPONDYLOLISTHESIS [M43.10 (ICD-10-CM)]

LUMBAR SPONDYLOSIS [M47.816 (ICD-10-CM)]

Referral

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY [859240164] (Active)

Electronically signed by: Benton, David Arthur (D.O.), D.O. on 10/24/17 1448

Status: Active

Ordering user: Benton, David Arthur (D.O.), D.O. 10/24/17 1448 Authorized by: Benton, David Arthur (D.O.), D.O.

Ordering mode: Standard

Frequency: Routine 10/24/17 - Class: Internal referral

Quantity: 1 Diagnoses

SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT [M99.04]

SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT [M99.04]

ARTHROPATHY OF LUMBAR FACET [M12.9]

SPONDYLOLISTHESIS, UNSPECIFIED SITE [M43.10]

LUMBAR SPONDYLOSIS [M47.816]

Provider Details

Provider	NPI
Benton, David Arthur (D.O.), D.O.	1790915262

Questionnaire

Question	Answer
Reason:	Other (specify)

Order comments: Reason: Please work on mckenzie program to centralize pain(directional preference), quadriceps, hamstring, hip flexor/extensor/rotator and lumbar spine stretches, improve core strength, teach safe mechanics and postural corrections, incorporate modalities (including manual techniques) as needed, and transition to home exercise program- patient reports remote history of lumbar fusion surgery. Thank you

Referral Details

Printed on 1/12/24 5:46 PM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Other Orders (continued)

Referred By		Referred To	Туре	Priority
Benton, David Arthur (D.O.), D.O. 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 Phone: 833-574-2273 Fax: 833-574-2273	Diagnoses: SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT ARTHROPATHY OF LUMBAR FACET SPONDYLOLISTHESIS, UNSPECIFIED SITE LUMBAR SPONDYLOSIS	WEST LA MEDICAL CENTER U 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 Phone: 323-857-2000 Specialty: Physical Therapy	Outpatient Service	Routine
	Order: Referral Physical Therapy / Occupational Therapy Reason: Specialty Services Required			
	Please work on mckenzie program to c			

hip flexor/extensor/rotator and lumbar spine stretches, improve core strength, teach safe mechanics and postural corrections, incorporate modalities (including manual techniques) as needed, and transition to home exercise programpatient reports remote history of lumbar fusion surgery. Thank you

 Question
 Answer

 Reason::
 Other (specify)

Indications

SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT [M99.04 (ICD-10-CM)] SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT [M99.04 (ICD-10-CM)] ARTHROPATHY OF LUMBAR FACET [M12.9 (ICD-10-CM)] SPONDYLOLISTHESIS [M43.10 (ICD-10-CM)] LUMBAR SPONDYLOSIS [M47.816 (ICD-10-CM)]

Patient Instructions

TOPICAL COMFORT MEASURE:

BEFORE activity: - apply warm compresses to affected area for 20 minutes daily prior to activities, unless warmth makes symptoms

- apply menthol cream to affected area up to three times daily as needed for pain and can try other over the counter topical remedies if menthol cream is not well-tolerated, may instead trial **icyhot** if menthol smell is bothersome or trial **salon pas patches** if you prefer patches to creams, as tolerated

AFTER activities: - apply cold packs for 15 minutes, 3 times daily(up to 15minutes every hour) and as needed for pain/ inflammation, unless cold makes symptoms worse

- <u>T-relief(traumeel)</u> or arnica **cream topically**(I do not recommend the oral preparations as this is an herb), apply to affected area 2-3 times daily, may purchase at <u>health food store or online</u>(such as Whole Foods, GNC, Sprouts, or online at amazon.com)
- -also can consider **salonpas or icyhot patches with 4% lidocaine** over the counter to use for over night pain.

DIETARY CONSIDERATIONS:

- discussed consideration of dietary changes to avoid or limit intake of pro-inflammatory sugary foods such as white rice, corn, potatoes, wheat, gluten, dairy/cheese, sweets and to consider more anti-inflammatory foods such as: **turmeric(spice, 500mg 3 times per day as tolerated)**, with **fish oils or flax seed oil, and consider cherries** as tolerated, may consider more of a mediterranean type diet. Discussed with patient potential side effect of weight loss. There are many "anti-inflammatory" diets that you

KAISER PERMANENTE

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Patient Instructions (continued)

can read further about and pursue if interested.

- unless contraindicated due to allergy, intolerance, or lack of benefit: recommend acetaminophen 500mg three times per day scheduled for 10 days and may take a fourth tablet as needed. Please do not exceed 2000mg(4 tablets) in 24hours--> after 10days, decrease to taking just as needed for pain control(if helpful).

I would encourage you to use pain as a guide with current exercise program and to stop immediately for worsening pain, if pain increases to 5/10, or if pain forces altered movements/limp; also if you are sore after the exercise including the next day(you did too much) you should cross-train with something else the next day and and reduce the causative activity by 50% and then increase 10% per week.

- gabapentin low-dose titration. Please call our clinic if you experience any untoward side effects with this medication or if this medication is not beneficial after a 3 week trial.

You are due for the **influenza** (FLU) **vaccination**.

If you did not receive one today, you may walk in for a nurse visit Monday - Friday 8:00 AM - 5:00 PM at the West LA Medical Center and all Medical Office Buildings. Hours may vary slightly. Please call our Flu hotline number for hours of operation. No appointment is needed. Check in upon arrival.

For more information (only available during Flu season), please visit: **kp.org/flu or call our Flu hotline at** (866) 706-6358.

According to our records you are due to check the A1C test.

- . Fasting is NOT REQUIRED. It's best if you complete the lab before you leave today.
- . The best care for people with diabetes includes at minimum an annual lab test for A1c (Blood Sugar Marker), Cholesterol, Kidney and Urine.
- . A1c shows blood sugar control over the past 2-3 months.
- . This test is done in addition to daily blood sugar monitoring.
- . Treatments for Diabetes should at minimum achieve an A1c<8 (<7 in some)
- . Results above 8.0 raise your risk Of complications like stroke, heart attack, loss of limbs, blindness, and kidney failure.
- . These test results will allow your Doctor and care team to better support you in achieving your best health.

Electronically signed by Benton, David Arthur (D.O.), D.O. at 10/24/2017 2:50 PM

Referrals

Outpatient Service	#21610391996
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Reason: Specialty Services Required Priority: Routine

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Referrals (continued)

Class: Internal Status: Closed

Status updated on: 10/24/2017 Valid dates: From 10/24/2017 to 10/24/2018

Referred From

Location: WEST LA MEDICAL CENTER U Department: INTWLWLA MED9 RAIN2

Provider: Hooks, Sarah Elizabeth (M.D.), M.D. Provider phone: 833-574-2273

Provider address: 5971 VENICE BLVD LOS ANGELES CA 90034-1713

Referred To

Location: *WEST LOS ANGELES (WLA) Specialty: Physical Medicine

Visits

Requested: 1 Authorized: 1 Completed: 3 Scheduled: 0

Procedures

REFERRAL PHYSICAL MEDICINE

Number requested: 1 Number approved: 1

Diagnoses

M53.3 (ICD-10-CM) - COCCYX PAIN

Referral Notes

Provider Comments by Hooks, Sarah Elizabeth (M.D.), M.D. at 10/24/2017 0941

Summary: Provider Comments

Reason: persistent coccyx pain, no trauma, xray OK, many weeks no better

For electric scooters/wheelchairs, (1) all criteria in the LINK BELOW must be met (ONLY for HOME functional mobility; community mobility is not a covered benefit except for rare Medi-Cal patients), (2) If sending from BP, SB, or SD use DME Eval Non-oxygen order instead of a referral to Physical Med.

Questionnaire

Question	Answer
RUC ONLY QUESTIONS BELOW - LEAVE BLANK	_
RUC denial process	_
Please enter the department providing supporting	_
documentation.	
Enter Denial Letter subtype	-
Enter Letter type	_
Enter Title of Denial Rationale	_
Please select the Commercial Letter subtype	_
Please select the CSI Letter subtype	_
Please select the FEHBP - Federal Letter subtype	-
Please select the Medi-Cal Letter subtype	_
Please select the Medicare Letter subtype	-
Please select the Self-Funding Letter subtype	-
Please select the coverage type	_
Enter Phone	-
Select the preferred written language	_
Interpreter Required? (Y or N)	-
Semi-Translation? (Y or N)	-
Does the member need a full translation?	_
Enter Full Translation Request Date	-
Enter Full Translation Preferred Language	_
Enter Translation Vendor Notification Date	_

KAISER PERMANENTE

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Referrals (continued)

Enter Translation Vendor Completion Date Enter Full Translation Delivery Date Enter Authorized Representative (Relationship) Enter Authorized Rep Name Enter Authorized Rep Phone Number Enter Alternate Street Address Enter Alternate City Address **Enter Alternate State** Enter Alternate Zip Code Was additional information needed? Enter date additional information was requested Enter time additional information was requested Enter date additional information received Enter time additional information received Enter Physician Decision Maker Name Enter Physician Decision Maker Phone Enter Non-physician Decision-Maker Name Enter Denial Letter type Authorized Representative (Includes parents, guardians, conservators) Member Requests DX/TX Information (Y or N) Date Member Request to MSCC Date UM mailed information to Member Date UM received Request Select change for appointment type. What is the specialty visit type? Does the Authorized Rep have the same contact info? Record relevant DX/TX related UM Denial Please select the KPIC Letter subtype Insert level of service Was there an Extension letter issued? Deadline for decision Enter Extension date sent to provider Enter Extension time sent to provider Enter date Extension Letter sent to member Was requested information received Date requested information received Was this letter retracted/Reinstated? Date of Retraction/reinstatement Enter time Extension Letter sent to member Time requested information received

Order

REFERRAL PHYSICAL MEDICINE [859078846]

Electronically signed by: Hooks, Sarah Elizabeth (M.D.), M.D. on 10/24/17 0941

Status: Active

Ordering user: Hooks, Sarah Elizabeth (M.D.), M.D. 10/24/17 Authorized by: Hooks, Sarah Elizabeth (M.D.), M.D. 0941

Ordered during: Office Visit on 10/24/2017

Diagnoses

COCCYX PAIN [M53.3]

Order comments: Reason: persistent coccyx pain, no trauma, xray OK, many weeks no better For electric scooters/wheelchairs, (1) all criteria in the LINK BELOW must be met (ONLY for HOME functional mobility; community mobility is not a covered benefit except for rare Medi-Cal patients), (2) If sending from BP, SB, or SD use DME Eval Non-oxygen order instead of a referral to Physical Med.

Triage

Triage Information

Decision: None Schedule by date: 11/7/2017

MRN: 000017508205, DOB: 5/25/1955, Sex: M

Hawkins, Lawson B (MR # 000017508205)

Page 1 of 4

 After Visit Summary
 Lawson B Hawkins

 10/24/2017
 MRN: 000017508205

Visit and Patient Information

Visit Information

Date & Time Provider Department

10/24/2017 2:00 PM DAVID ARTHUR BENTON DO. D.O. Phmwlwla Phm2 Phm2

Visit Summary

Health Problems Reviewed

PATIENT DECLINES INFLUENZA VACCINATION
ARTHROPATHY OF LUMBAR FACET
SOMATIC DYSFUNCTION OF RIGHT SACROILIAC JOINT
SOMATIC DYSFUNCTION OF LEFT SACROILIAC JOINT
SPONDYLOLISTHESIS
LUMBAR SPONDYLOSIS
DIABETES TYPE 2 WITH HYPERLIPIDEMIA
OBESITY, BMI 30-34.9, ADULT
ACQUIRED DEFORMITY OF RIGHT ANKLE

Patient Instructions

TOPICAL COMFORT MEASURE:

BEFORE activity: - apply warm compresses to affected area for 20 minutes daily prior to activities, unless warmth makes symptoms

- apply menthol cream to affected area up to three times daily as needed for pain and can try other over the counter topical remedies if menthol cream is not well-tolerated, may instead trial **icyhot** if menthol smell is bothersome or trial **salon pas patches** if you prefer patches to creams, as tolerated

AFTER activities: - apply cold packs for 15 minutes, 3 times daily(up to 15minutes every hour) and as needed for pain/ inflammation, unless cold makes symptoms worse

- <u>T-relief(traumeel)</u> or arnica **cream topically**(I do not recommend the oral preparations as this is an herb), apply to affected area 2-3 times daily, may purchase at <u>health food store or online</u>(such as Whole Foods, GNC, Sprouts, or online at amazon.com)
- -also can consider salonpas or icyhot patches with 4% lidocaine over the counter to use for over night pain.

DIETARY CONSIDERATIONS:

- discussed consideration of dietary changes to avoid or limit intake of pro-inflammatory sugary foods such as white rice, corn, potatoes, wheat, gluten, dairy/cheese, sweets and to consider more anti-inflammatory foods such as: turmeric(spice, 500mg 3 times per day as

tolerated), with **fish oils or flax seed oil**, **and consider cherries** as tolerated, may consider more of a mediterranean type diet. Discussed with patient potential side effect of weight loss. There are many "anti-inflammatory" diets that you can read further about and pursue if interested.

- unless contraindicated due to allergy, intolerance, or lack of benefit: recommend acetaminophen 500mg three times per day scheduled for 10 days and may take a fourth tablet as needed. Please do not exceed 2000mg(4 tablets) in 24hours--> after 10days, decrease to taking just as needed for pain control(if helpful).

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

Page 1 of 4

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Hawkins, Lawson B (MR # 000017508205) Patient Instructions (continued)

Page 2 of 4

I would encourage you to use pain as a guide with current exercise program and to stop immediately for worsening pain, if pain increases to 5/10, or if pain forces altered movements/limp; also if you are sore after the exercise including the next day(you did too much) you should cross-train with something else the next day and and reduce the causative activity by 50% and then increase 10% per week.

- gabapentin low-dose titration. Please call our clinic if you experience any untoward side effects with this medication or if this medication is not beneficial after a 3 week trial.

You are due for the influenza (FLU) vaccination.

If you did not receive one today, you may walk in for a nurse visit Monday - Friday 8:00 AM - 5:00 PM at the West LA Medical Center and all Medical Office Buildings. Hours may vary slightly. Please call our Flu hotline number for hours of operation. No appointment is needed. Check in upon arrival.

For more information (only available during Flu season), please visit: kp.org/flu or call our Flu hotline at (866) 706-6358.

According to our records you are due to check the A1C test.

- . Fasting is NOT REQUIRED. It's best if you complete the lab before you leave today.
- . The best care for people with diabetes includes at minimum an annual lab test for A1c (Blood Sugar Marker), Cholesterol, Kidney and Urine.
- . A1c shows blood sugar control over the past 2-3 months.
- . This test is done in addition to daily blood sugar monitoring.
- . Treatments for Diabetes should at minimum achieve an A1c<8 (<7 in some)
- . Results above 8.0 raise your risk Of complications like stroke, heart attack, loss of limbs, blindness, and kidney failure.
- . These test results will allow your Doctor and care team to better support you in achieving your best health.

Allergies						
Allergies as of 10/24/2017			Reviewed On:	10/24/2017 By: Johnson, Cheryl (M.A.), M.A.		
	Severity	Noted	Reaction Type	Reactions		
No Known Drug Allergies	Not Specified	08/08/2007				
Medications						
NEW Medications						
Gabapentin (NEURONTIN) 100 mg Oral Cap						
Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205) Page :				Page 2 of 4		

Printed on 1/12/24 5:46 PM

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Hawkins, Lawson B (MR # 000017508205)

Page 3 of 4

NEW Medications (continued)

Diclofenac Sodium (VOLTAREN) 1 % Top Gel

Upcoming Administrations

None

Visit Medication List Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

Dosage

Gabapentin (NEURONTIN) 100 mg Oral Cap
One cap po qhs x7dys, then one cap po bid x7dys, then one cap po tid; may consolidate to qhs dosing if daytime somnolence occurs

Diclofenac Sodium (VOLTAREN) 1 % Top

APPLY TO AFFECTED AREA(S) BID PRN PAIN

Gel (Taking)

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Orders

New Orders

Normal Orders This Visit

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY [229965 Custom] XR LUMBAR SPINE FLEXION AND EXTENSION 2 VIEWS [72120 CPT(R)]

Future	Δn	noin	tme	nts

Date & Time	Provider	Department	Center	Type of Visit
10/24/2017 3:30 PM	Jiang, Tong (M.D.)	NEUROLOGY BLANK	WLAU	Consult
11/11/2017 8:10 AM	Louie, Jessica Sue (R.N.)	INTERNAL MEDICINE RAIN2	WLAU	Office Visit
2/13/2018 8:30 AM	Talag, Emelita Borja (M.D.)	PSYCHIATRY	WTRU	Office Visit

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

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MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in PHYSYCAL MEDICINE (continued)

Hawkins, Lawson B (MR # 000017508205) walking) for five or more days each week, unless instructed otherwise by your provider. For more information health benefits of walking please refer to http://www.everybodywalk.org . THRIVE!	Page 4 of 4 n on the
Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more abopersonal health, or obtain tips for healthy living!	ut your
Save money and time! Get your refills for home delivery at www.kp.org/refill	

Kaiser Permanente, SCPMG: Hawkins, Lawson B (000017508205)

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END OF ENCOUNTER

10/24/2017 - Office Visit in NEUROLOGY BLANK

Visit Information

Provider Information

KAISER PERMANENTE

Hawkins, Lawson B

MRN: 000017508205, DOB: 5/25/1955, Sex: M

10/24/2017 - Office Visit in NEUROLOGY BLANK (continued)

Visit Information (continued)

Encounter ProviderAuthorizing ProviderReferring ProviderJiang, Tong (M.D.), M.D.Jiang, Tong (M.D.), M.D.Hooks, Sarah Elizabeth (M.D.), M.D.

Department

Name	Address	Phone	
NEUROLOGY BLANK	6041 CADILLAC AVE	833-574-2273	
	Los Angeles CA 90034-1702		

Follow-up and Dispositions

• Return in about 1 year (around 10/24/2018).

Level of Service

Level of Service

OUTPT NEW LEVEL 3

Reason for Visit

Chief Complaint

CONSULTATION

Visit Diagnoses

Name	Code	Chronic?
TREMOR	R25.1	No
SCHIZOAFFECTIVE DISORDER	F25.9	Yes
DECLINES INFLUENZA VACCINATION	728.20	No

Vitals

\	Vital Signs				Most recent update: 10/24/2017 3:06 PM
	BP 128/96 (BP Location: RA- RIGHT ARM, BP Patient Position: STANDING, Cuff Size: Large Adult)	Pulse 85	Temp 99 °F (37.2 °C) (Tympanic)	Ht 5' 6.5" (1.689 m)	Wt 219 lb 2.2 oz (99.4 kg)
	BMI 34.84 kg/m²				

Clinical Notes

Nursing Note

Delia-Beebe, Barbara A (L.V.N.), L.V.N. at 10/24/2017 1502

Author: Delia-Beebe, Barbara A (L.V.N.), Service: — Author Type: LICENSED VOCATIONAL

L.V.N. NURSE

Filed: 10/24/2017 3:07 PM Encounter Date: 10/24/2017 Creation Time: 10/24/2017 3:02 PM Status: Addendum Editor: Delia-Beebe, Barbara A (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

Proactive Office Encounter Actions: Two identifiers used for patient: Name and Date of birth

Proactive Office Encounter Actions: Patient observed hand hygiene during this visit

Medication checklist and allergies reviewed with patient.

Proactive Office Encounters: Verified exercise vitals