



Veterans Health Administration

VHA Medical Documentation

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WASHINGTON VAMC 50 Irving St Nw, Washington, District Of Columbia 20422-0001 VA

Referrals phone: 202-745-8000 Fax: 202-745-2230

Point of Contact (POC): POC Phone:

Fax:

Patient Name:

DOB: MM/DD/YYYY

Phone (residential): nnn-xxx-xxxx

Phone (mobile): nnn-xxxxxxx

Referral Type: Community Care Network

Next of Kin contact information

Address (Next Of Kin)

Patient Name

Phone: nnn-xxx-xxxx

CONSULTS

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ICR-Initiate Community Care Referral
SEOC - VHA Office of Community Care-----

VHA Office of Community Care - Standardized Episode of Care
Acupuncture Initial

CAT-SEOC CoC: ACUPUNCTURE
SEOC ID: PMR_ACUPUNCTURE INITIAL_1.0.8
Description: This authorization covers services associated with the

specialty(s) identified for this episode of care, including all medical care listed below relevant to the referred care specified on the consult order.

Duration: 60 days

Procedural Overview:

1. Initial outpatient evaluation for this episode of care
2. Twelve (12) acupuncture visits maximum is approved for this episode of care. Approved services include acupuncture with or without electrostimulation. A maximum of one additional unit of acupuncture (with or without electrostimulation) is allowed when the re-insertion of needles is supported in medical documentation.
3. If indicated, approved modalities that can be utilized during the approved acupuncture visits noted in #2 above can include: manual therapy and therapeutic exercise procedures including but not limited to: cupping, myofascial release, and therapeutic exercises.
4. Outpatient re-evaluation during this episode of care as clinically indicated.

*Additional acupuncture care beyond this trial must provide documentation of: Objective measures demonstrating the extent of meaningful clinical improvement to date; and rationale for the additional treatment requested (e.g. to reach further durable improvement, or for ongoing pain management); and any further information supporting the need for additional care

*Please visit the VHA Storefront

www.va.gov/COMMUNITYCARE/providers/index.asp

for additional resources and requirements pertaining to the following

* Pharmacy prescribing requirements

* Durable Medical Equipment (DME), Prosthetics, and Orthotics prescribing requirements

* Precertification (PRCT) process requirements

* Request for Services (RFS) requirements

SEO-----

PROBLEM LIST

Sensitive Diagnoses

No sensitive diagnoses were provided.

Other Diagnoses

Problem	Code
Essential (primary) hypertension	I10.
Hyperlipidemia, unspecified	E78.5
Lumbago with sciatica, unspecified side	M54.40
OBSERV OTH SPEC SUSPEC COND	V71.89
Type 2 diabetes mellitus without complications	E11.9

MEDICATIONS

100 most recent outpatient medications released by VA to Veteran in the last 6 months

Medication Name and Dose	Quantity	Refill Number	Issue and Fill Date	Status
AMLODIPINE BESYLATE 10MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR HIGH BLOOD PRESSURE. AVOID GRAPEFRUIT JUICE. **PHONE IN MAIL REFILLS AT 202 745 4046**	Qty:90	Fill: 2 of 3	Orig: 2019-11-18 Last: 2020-07-15	ACTIVE
ATORVASTATIN CALCIUM 80MG TAB TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME . FOR CHOLESTEROL **DO NOT TAKE WITH GRAPEFRUIT JUICE **	Qty:45	Fill: 2 of 3	Orig: 2019-11-18 Last: 2020-07-15	ACTIVE
CHLORTHALIDONE 25MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY	Qty:90	Fill: 2 of 3	Orig: 2019-11-18 Last: 2020-07-15	ACTIVE
ESTROGENS CONJUGATD 0.625MG/GM VAG CREAM INSERT 1 GM (SEE APPLICATOR) INTO VAGINALLY ON MONDAY, WEDNESDAY AND FRIDAY PLEASE APPLY ONE APPLICATORFUL OF CREAM VAGINALLY AT NIGHT, 3 TIMES A WEEK	Qty:60	Fill: 1 of 1	Orig: 2020-01-29 Last: 2020-07-06	ACTIVE
GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH EVERY MORNING FOR 90 DAYS, AND TAKE TWO CAPSULES AT BEDTIME FOR 90 DAYS	Qty:270	Fill: 3 of 3	Orig: 2019-11-18 Last: 2020-09-24	ACTIVE
MEDERMA TOPICAL GEL 20GM APPLY 1 SPARINGLY TO AFFECTED AREA TWICE A DAY FOR CICATRIX	Qty:20	Fill: 1 of 2	Orig: 2020-03-30 Last: 2020-03-30	ACTIVE
MELOXICAM 15MG TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR PAIN OR INFLAMMATION	Qty:30	Fill: 2 of 3	Orig: 2019-11-18 Last: 2020-09-10	ACTIVE
METFORMIN HCL 500MG 24HR SA TAB TAKE ONE TABLET BY MOUTH EVERY DAY	Qty:30	Fill: 3 of 5	Orig: 2019-12-07 Last: 2020-09-17	ACTIVE
LIDOCAINE 5% PATCH APPLY 2 PATCHES TO CLEAN AREA OF SKIN EVERY DAY **APPLY PATCH FOR 12 HOURS, THEN REMOVE FOR 12 HOURS	Qty:60	Fill: 1 of 3	Orig: 2019-08-21 Last: 2020-07-06	EXPIRED
MEDICATION DISPOSAL PATIENT PKT USE ONE ENVELOPE AS DIRECTED AS NEEDED FOR MEDICATION DISPOSAL	Qty:2	Fill: 1 of 0	Orig: 2020-06-29 Last: 2020-06-29	EXPIRED

NON-VA MEDICATIONS

Local Drug Name and Dose	Medication Route	Schedule
Missing	MOUTH	
Missing	MOUTH	

ALLERGIES

Name	Origin	Verified
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AMOXICILLIN	Origin: 2014-10-09	Verified: 2014-10-09
CORN	Origin: 2015-04-28	Verified: 2015-04-28
LATEX	Origin: 2014-10-09	Verified: 2014-10-09
LISINOPRIL	Origin: 2014-10-08	Verified: 2014-10-08
PEANUTS	Origin: 2015-04-28	Verified: 2015-04-28
WHEAT	Origin: 2015-04-28	Verified: 2015-04-28

LABS

Lab	Result	Abnormal	Specimen Date	Reference Range	Units
ALT	17		2020-01-29	6 - 33	U/L
CHOLESTEROL	215	H	2020-08-26	0 - 200	mg/dL
CO2	31		2020-08-26	21 - 31	mmol/L
CREATININE,SERUM	0.7		2020-08-26	0.7 - 1.5	mg/dL
FINGERSTICK GLUCOSE	73		2020-02-13	70 - 121	mg/dL
GLUCOSE	93		2020-08-26	70 - 121	mg/dL
HCT	39.6		2020-01-29	35 - 46.5	%
HDL-CHOLESTEROL	84		2020-08-26	35.0 - 9999.9	mg/dL
Hgb A1C	6.0		2020-08-26	4.0 - 6.0	%
LDL CHOLESTEROL,DIRECT MEASUREMENT	124		2020-08-26	0.00 - 130.00	mg/dL
NON-FASTING TRIGLYCERIDE	69		2020-08-26	60 - 190	mg/dL
PLT	224		2020-01-29	152 - 375	K/cmm
POTASSIUM	3.8		2020-08-26	3.5 - 5.3	mmol/L
SGOT	27		2020-01-29	8 - 40	U/L
SODIUM	140		2020-08-26	135 - 147	mmol/L
TOT. BILIRUBIN	0.4		2020-01-29	0.2 - 1.2	mg/dL
U-GLUCOSE	Negative		2020-01-29	"NEG" -	mg/dL
URINE CREAT	165.2		2019-08-21	10 - 400	mg/dL
WBC	5.2		2020-01-29	3.2 - 9.5	K/cmm