

COMPEX

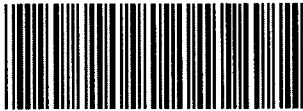
Tomorrow's Solution TODAY

Delivery Types: Paper - 1
Records of. : Alena Khamenia
Defendant. : Macy's
Client/Insured : Macy's
Adjuster: MARSHA MATHEWS
Claim #: *4A2302G37SS- 0001
File Number : 8934
Case Number : ADJ17287529

CA1138090-001



5724286



ID# INFO:

CA1138090-001

Location : Northeast Valley Health Corp.
12756 Van Nuys Boulevard
Pacoima, CA 91331

Record Types : Medical
Deliver To : Workers Defenders Law Group
Attention : Natalia Foley
751 S Weir Canyon Rd., Ste 157 455
Anaheim, California 92808

Attorney : Natalia Foley
Office Responsible for Delivery
90503
Hand/Mail Delivery Field Office
MAIL

Customer A/c#

53242

Route #

Note(s) :

Primary Provider : Gloria Monsalve Blanco, MD

Additional Recipients :

REQUEST: CA1138090

I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 325 Maple Avenue
Torrance, CA 90503

On 08/24/2023, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 325 Maple Avenue
Torrance, CA 90503

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 08/24/2023.

SIGNED: 
LaTasha Glover

Workers Defenders Law Group
Natalia Foley
751 S Weir Canyon Rd., Ste 157 455
Anaheim, CA 92808

PROOF OF SERVICE BY MAIL

00001

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY: JILLELYNN RODERICK (BAR #) FELLMAN & ASSOCIATES 5777 WEST CENTURY BOULEVARD, SUITE 1195, LOS ANGELES, CA 90045 ATTORNEY FOR: MACY'S</p>	<p>TELEPHONE NO</p> <p>FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</p> <p>STREET ADDRESS: 1065 NORTH LINK, SUITE 170</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE: ANAHEIM, 92806-2131</p> <p>BRANCH NAME: WCAB - ANAHEIM</p>	
<p>PLAINTIFF/PETITIONER: ALENA KHAMENIA</p> <p>DEFENDANT/RESPONDENT: MACY'S</p> <p>CASE NUMBER: ADJ17287529</p>	
<p>NOTICE OF DEPOSITION</p>	

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

<p>NORTHEAST VALLEY HEALTH CORP. 1600 SAN FERNANDO ROAD,, SAN FERNANDO, CA 91340</p>	<p>DATE 09/12/2023</p>	<p>TIME 09:00 AM</p>
---	----------------------------	--------------------------

NO DEPOSITION TESTIMONY WILL BE TAKEN, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above-named Custodian will be accepted as sufficient compliance by said Custodian.

Date:

JILLELYNN RODERICK
 (Type or Print Name)

 /S/ **JILLELYNN RODERICK**
 (Signature)

ATTORNEY AT LAW
 (Title)

NOTICE OF DEPOSITION

C.C.P. 1985

DECLARATION FOR SUBPOENA DUCES CUM

Case No. ADJ17287529

STATE OF CALIFORNIA, County of ORANGE

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That the subpoenaed Custodian of Records has in his/her possession or under his/her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

To assist in determining one or more of the following: To determine present and/or past physical conditions; nature, extent and duration of sickness; injury, disability arising out of employment and in the course of employment and/or necessity of further treatment; employment occupation and duties, earnings and earnings capacity self-procured and future medical treatment, vocational rehabilitation under Labor Code 129.5 and status as Q.I.W (Qualified Injured Worker).; Jurisdiction and statute of limitations. If no objection is made by any party to this case prior to copying then no valid objection exists.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

[X] That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of the declaration below. See instructions on front of subpoena.)

I declare under penalty that the foregoing is true and correct

Executed on 08/24/2023, at LOS ANGELES California.

FELLMAN & ASSOCIATES
5777 WEST CENTURY BOULEVARD,
SUITE 1195
LOS ANGELES, CA 90045

/S/ JILLELYNN RODERICK

310-396-5220

Signature

Address

Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of

I, the undersigned, state that I served the foregoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, via Hand, at the date and place set forth opposite each name.

Table with 3 columns: Name of Person Served, Date, Place. Row 1: NOEL, 08/29/2023, 1600 SAN FERNANDO ROAD, SAN FERNANDO, CA 91340.

I declare under penalty of perjury that the foregoing is true and correct

Executed on 08/29/2023

[Handwritten Signature]

Signature

00003

REQUEST: CA1138090

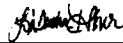
I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 325 Maple Avenue
Torrance, CA 90503

On 08/24/2023, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 325 Maple Avenue
Torrance, CA 90503

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 08/24/2023.

SIGNED: 
LaTasha Glover

Workers Defenders Law Group
Natalia Foley
751 S Weir Canyon Rd., Ste 157 455
Anaheim, CA 92808

Proof of Service by Mail

00004

ATTORNEY OR PARTY WITHOUT ATTORNEY: JILLELYNN RODERICK (BAR #) FELLMAN & ASSOCIATES 5777 WEST CENTURY BOULEVARD, SUITE 1195, LOS ANGELES, CA 90045 ATTORNEY FOR: MACY'S	TELEPHONE NO 310-396-5220	FOR COURT USE ONLY
WCAB, COUNTY OF ORANGE STREET ADDRESS: 1065 NORTH LINK, SUITE 170 MAILING ADDRESS: CITY AND ZIP CODE: ANAHEIM, 92806-2131 BRANCH NAME: WCAB - ANAHEIM		
PLAINTIFF/PETITIONER: ALENA KHAMENIA DEFENDANT/RESPONDENT: MACY'S CASE NUMBER: ADJ17287529		

NOTICE OF DEPOSITION

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

NORTHEAST VALLEY HEALTH CORP. 1600 SAN FERNANDO ROAD,, SAN FERNANDO, CA 91340	DATE 09/12/2023	TIME 09:00 AM
--	--------------------	------------------

NO DEPOSITION TESTIMONY WILL BE TAKEN, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above named Custodian will be accepted as sufficient compliance by said Custodian.

Date: 08/23/2023

JILLELYNN RODERICK
 (Type or Print Name)

/S/ JILLELYNN RODERICK
 (Signature)
ATTORNEY AT LAW
 (Title)

ATTACHMENT 3

PERTAINING TO:

Alena Khamenia

Date of Birth: 02/18/1981, Social Security Number: 592-95-9857

Include any and all records of treatment rendered by Gloria Monsalve Blanco, MD

All documents and records stored in any format or method including, but not limited to, all medical records, intake forms, patient completed forms and/or documents, correspondence, all office records, emergency room records or reports, inpatient and outpatient charts and records, lien files, SOAP notes, pathology records and reports, lab reports, pharmacy and prescription records, physical therapy records, sign-in sheets, all descriptions of exercises prescribed, documentation which indicate date and time of patient's appointments, insurance documents, all radiology reports and readings, and any other documents maintained pertaining to the care, treatment and examination of the patient.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

ALENA KHAMENIA	
vs.	Claimant/Applicant,
MACY'S	
	Employer/Insurance Carrier/Defendant.

Case No. ADJ17287529
(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above
Case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after
January 1, 1990 and before January 1, 1994, subpoena will
be valid without a case number, but subpoena must be served
on claimant and employer and/or insurance carrier.

See instruction below.*

The People of the State of California Send Greetings to:

**NORTHEAST VALLEY HEALTH CORP.
12756 VAN NUYS BOULEVARD
PACOIMA, CA 91331**

**WE COMMAND YOU to appear before COMPEX LEGAL SERVICES
at 325 MAPLE AVENUE, TORRANCE, CALIFORNIA, 90503**

**on the 12th day of September, 2023 at 09:00 o'clock A.M. to testify in the above entitled matter and to bring with you
and produce the following described documents, papers, books and records:**

SEE ATTACHMENT 3

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all
losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is
served herewith.

Date: 08/23/2023

**WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**



Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990
AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under
penalty of perjury that the Employee's Claim for Workers' Compensation Benefits
(Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be
executed properly.

**SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies Evid. Code 1561) to the person and place
stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice
from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.





Order Details	
Order Location:	Northeast Valley Health Corp.
Form Created By:	CI4 Production
Date & Time :	9/15/2023 2:37:13 AM
Depo Date :	9/12/2023 12:00:00 AM

Record Subject Information	
Subject Name :	Alena Khamenia
AKA:	
SSN :	592-95-9857
DOB :	2/18/1981

Location Information	
<input type="checkbox"/> Billing Office Only	<input type="checkbox"/> Film Only Location

Client Preferences	
Load File :	Not Required
Long Page Handling:	No
Custodian Certificate :	Copy

CNR Verification		
<input type="checkbox"/> CNR Received	<input type="checkbox"/> CNR Rejected	<input type="checkbox"/> CNR Approved

ITEM Received	
Status	Comments

Material Received	
Status	Comments

Record Type and Mode of Receipt		
Northeast Valley Health Corp. 12756 Van Nuys Boulevard, Pacoima, California, Los Angeles, 91331		
	Status	Comments
Medical	All Items Record Types Received - Medical	All Items Record Types Received - Medical

Fee Paid					
Check Number	Payee Name	Amount	Check Date	Payment Type	Memo
0000001	IRM c/o Med Rec Payments	20.00	9/14/2023 12:00:00 AM	Custodial Fee (State Legislated)	IRM73100739
300720503	Northeast Valley Health Corp.	15.00	8/22/2023 12:24:55 PM	Witness Fee	

Clause Information	
Date Range :	Treated By: Gloria Monsalve Blanco, MD
Include any and all records of treatment rendered by Gloria Monsalve Blanco, MD	
All documents and records stored in any format or method including, but not limited to, all medical records, intake forms, patient completed forms and/or documents, correspondence, all office records, emergency room records or reports, inpatient and outpatient charts and records, lien files, SOAP notes, pathology records and reports, lab reports, pharmacy and prescription records, physical therapy records, sign-in sheets, all descriptions of exercises prescribed, documentation which indicate date and time of patient's appointments, insurance documents, all radiology reports and readings, and any other documents maintained pertaining to the care, treatment and examination of the patient.	



Northeast Valley Health Corporation
a californiah⁺center

12756 Van Nuys Blvd.
Pacoima, CA 91331-1626
Phone: (818)896-0531 Fax: (818)896-5850
www.nevhc.org

Patient: **ALENA KHAMENIA**
Date of Birth: 02/18/1981
Gender Identity: Female
Date: 12/09/2021 03:40 PM
Visit Type: Office Visit

This 40 year old female presents for Episodic.

History of Present Illness

This 40 year old female presents for Episodic.

1. Episodic

Lab results. back pain...Hbeloso,ma

Due to the Corona virus Pandemic based on and follow the recommendations of the CDC and LA County Department of Public Health and NEVHC pt agreed for phone visit, certain aspect of the encounter may be limited, including physical exam and vitals.

Patient verbally consented for telephone visit.

Two patient identifier were confirmed.

NEVHC Pacoima health center.

Patient's home.

Past Medical/Surgical History

(Reviewed, updated)

Family History

(Reviewed, updated)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
				Family history of Diabetes mellitus		N

Social History (Reviewed, updated)

Tobacco use reviewed.

Preferred language is English.

KHAMENIA, ALENA 00000627127 02/18/1981 12/09/2021 03:40 PM 1/5

00008

The patient needs an interpreter.

Marital Status/Family/Social Support

Marital status: Married

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

Tobacco Screening

Patient has never used tobacco.

Smoking Status

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				

Tobacco/Vaping Exposure

No passive smoke exposure.

Alcohol

There is no history of alcohol use.

Caffeine

The patient uses caffeine: coffee.

Confidential Information

Drug Use/Abuse

The patient denies illicit drug use.

Abuse/Domestic Violence History

There is no history of domestic violence.

Sexual Practices

Gender Identity is Female.

Medications (active prior to today)

Patient is on no medications.

Medication Reconciliation

Medications reconciled today.

Patient is on no medications.

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
ANESTHESIA TRAY	Itching		

Reviewed, no changes.

Screening Summary

Pain is described as 0/10. Evaluated pain score with Numeric Pain Intensity Scale.

Functional status has not changed.

Most recent assessment: 12/09/2021

Cognitive status has not changed.

Most recent assessment: 12/09/2021

There are no indicators of domestic abuse present.

The following were reviewed: tobacco use, alcohol use, caffeine use and drugs of abuse

ADULT TUBERCULIN RISK ASSESSMENT

1. Have you had a documented positive TB test? NO
2. Were you born in a country listed below? NO

i List - Areas of High Risk for TB

Latin America: Belize, Colombia, Brazil, Barbados, Argentina, Venezuela, Guyana, Guatemala, Cuba, Jamaica, Bolivia, Peru, Nicaragua, Mexico, Uruguay, The Bahamas, Panama, Haiti, Trinidad, Ecuador, Costa Rica, El Salvador, Chile, Dominican Republic, Honduras

Africa, Asia, Eastern Europe: Russia, Czech Republic, Poland, Hungary, Romania, Croatia, Lithuania, Latvia, Estonia, Slovenia, Slovakia, Bulgaria, Ukraine, Serbia, Montenegro, Bosnia Albania, Kosovo, Macedonia.

3. In what year did you arrive in the U.S.?
4. Have you had a documented TB test since your arrival? NO
5. Have you spent more than 30 days in a row in any of the countries listed in # 2 since the last TB test? NO
6. Have you shared housing with someone with active TB disease since your last TB test? NO
7. Are you positive for HIV infection, had an organ transplant or currently take or plan to take a steroid (example Prednisone 15mg/day for more than 30 days or anticancer treatment (chemotherapy or radiation), or medication that weakens immune system for illnesses like Rheumatoid Arthritis, Ulcerative Colitis NO

KHAMENIA, ALENA 000000627127 02/18/1981 12/09/2021 03:40 PM 3/5

00010

or Crohn's disease?

8. Have you lived in a prison, long term facility, hospital, homeless shelter half-way house or addiction treatment center? NO

9. Do you have signs and symptoms of TB like fever weight loss that you can't explain, chronic cough lasting more than 3 weeks, night sweats or coughing up blood? NO

Any Yes Answers no

All Answers No - No further action needed.

Any Yes Answers - Your provider or care team will discuss the answers with you.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Allergy, initial encounter (T78.40xA).
	Patient Plan	Education provided considers health literacy level. Patient states/demonstrates understanding of the assessment, plan, and health education provided, including medication regimen.
	Provider Plan	we discussed lab results & how allergies are determined pt. thinks she has tomatoes allergy
	Plan Orders	follow-up visit for PRN. Reason for referral: PRN.

Counseling / Educational Factors

Counseling / educational factors reviewed.

The patient was counseled today by Humberto Belloso MA on Health Literacy Proficient: 4 - 5. The method of counseling used included verbal explanations. Evaluation of counseling: the patient returned the demonstration.

Time spent counseling was 1 minutes.

Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty
BAL			Emergency	Spouse			

KHAMENIA, ALENA 00000627127 02/18/1981 12/09/2021 03:40 PM 4/5

00011

KHAMENIA
Georgina
Bachoura

Contact
Patient PCP
provider

Provider: *Georgina Bachoura FNP 12/09/2021 02:32 PM*
Document generated by: *Georgina Bachoura FNP 12/09/2021 02:32 PM*

NORTHEAST VALLEY HEALTH CORPORATION

Electronically signed by Humberto Beloso MA on 12/09/2021 03:20 PM on behalf of Georgina Bachoura FNP



Northeast Valley Health Corporation

a californiah⁺health center

12756 Van Nuys Blvd..

Pacoima, CA 91331-1626

Phone: (818)896-0531 Fax: (818)896-5850

www.nevhc.org

Patient: **ALENA KHAMENIA**
Date of Birth: 02/18/1981
Date: 11/18/2021 01:40 PM
Visit Type: Preventive Medicine

This 40 year old female presents for Episodic.

History of Present Illness

This 40 year old female presents for Episodic.

1. Episodic

Physical Exam

lower back pain for long time

covid vaccines completed

ESTABLISH CARE

pt originally from Russia

reports food non specific allergies

PMH: denies

PSH: c section

Meds: none

Social: no smoking, etoh, or recreational drugs.

works in retail

PHQ: 0

Last tdap:

Last dental: > 1 yr

FH: mom w/ DM

Last labs > 1 year

Medical/Surgical/Interim History

Reviewed, no change.

Family History

Reviewed, no changes.

Patient reports there is no relevant family history.

Social History (Reviewed, updated)

KHAMENIA, ALENA 000000627127 02/18/1981 11/18/2021 01:40 PM 1/6

00013

Tobacco use reviewed.

Preferred language is English.
The patient needs an interpreter.

Marital Status/Family/Social Support

Marital status: Married

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

Smoking Status

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				

Tobacco/Vaping Exposure

No passive smoke exposure.

Alcohol

There is no history of alcohol use.

Caffeine

The patient uses caffeine: coffee.

Medications (active prior to today)

Patient is on no medications.

Medication Reconciliation

Medications reconciled today.
Patient is on no medications.

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
ANESTHESIA TRAY	Itching		

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Fever, Malaise, Night sweats, Weight gain and Weight loss.
Respiratory	Negative	Chronic cough, Cough, Dyspnea, Known TB exposure and Wheezing.
Integumentary	Positive	Rash.

Integumentary Negative Brittle hair, Brittle nails, Change in shape/size of mole(s), Hair loss, Hirsutism, Hives, Pruritus and Skin lesion.

MS Positive Back pain.

Reproductive Negative Breast discharge and Breast lumps.

Vital Signs

Last menses was 10/25/2021.

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	BMI kg/m ²	BSA m ²	O ₂ Sat%
1:37 PM	122/77	65	16	98.4	6.0	0.00	182.88	175.00	79.379	23.73		

Measured by

Time	Measured by
1:37 PM	Delia Camberos MA

Screening Summary

Pain is described as 5/10. Evaluated pain score with Numeric Pain Intensity Scale.

There are no indicators of domestic abuse present.

The following were reviewed: tobacco use, alcohol use, caffeine use, drugs of abuse and date of last hearing screening

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Well developed.
Eyes	*	Visual acuity - OD: Uncorrected: 20/100, OS: Uncorrected: 20/20. threshold.
Eyes	Normal	Visual acuity - Corrective lenses - No. Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	*	Reason for Test - Screening. Frequency - Right: 1 khz: Response, 2 khz: Response, 3 khz: Response, 4 khz: Response, Left: 1 khz: Response, 2 khz: Response, 3 khz: Response, 4 khz: Response.
Ears	Normal	Inspection - Right: Normal, Left: Normal. Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal. Hearing - Right: Normal, Left: Normal.
Nose/Mouth/Throat	Normal	External nose - Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Vascular	Normal	Pulses - Dorsalis pedis: Normal. Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal. No abdominal tenderness. No hepatic enlargement. No spleen enlargement.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Normal	Cranial nerves - Cranial nerves II through XII grossly intact.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate

ADULT TUBERCULIN RISK ASSESSMENT

1. Have you had a documented positive TB test? NO
2. Were you born in a country listed below? NO

i List - Areas of High Risk for TB

Latin America: Belize, Colombia, Brazil, Barbados, Argentina, Venezuela, Guyana, Guatemala, Cuba, Jamaica, Bolivia, Peru, Nicaragua, Mexico, Uruguay, The Bahamas, Panama, Haiti, Trinidad, Ecuador, Costa Rica, El Salvador, Chile, Dominican Republic, Honduras

Africa, Asia, Eastern Europe: Russia, Czech Republic, Poland, Hungary, Romania, Croatia, Lithuania, Latvia, Estonia, Slovenia, Slovakia, Bulgaria, Ukraine, Serbia, Montenegro, Bosnia Albania, Kosovo, Macedonia.

3. In what year did you arrive in the U.S.?
4. Have you had a documented TB test since your arrival? NO
5. Have you spent more than 30 days in a row in any of the countries listed in # 2 since the last TB test? NO
6. Have you shared housing with someone with active TB disease since your last TB test? NO
7. Are you positive for HIV infection, had an organ transplant or currently take or plan to take a steroid (example Prednisone 15mg/day for more than 30 days or anticancer treatment (chemotherapy or radiation), or medication that weakens immune system for illnesses like Rheumatoid Arthritis, Ulcerative Colitis or Crohn's disease? NO
8. Have you lived in a prison, long term facility, hospital, homeless shelter half-way house or addiction treatment center? NO
9. Do you have signs and symptoms of TB like fever weight loss that you can't explain, chronic cough lasting more than 3 weeks, night sweats or coughing up blood? NO

Any Yes Answers no

All Answers No – No further action needed.

Any Yes Answers - Your provider or care team will discuss the answers with you.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for general adult medical examination without abnormal findings (Z00.00).
	Patient Plan	Encourage healthy food choices Get at least 30 minutes of exercise 5 times a week Wear sunscreen SPF 30+ daily Encourage safer sex Counseled on tobacco, alcohol, and drug safety Immunizations reviewed.
	Plan Orders	CBC ABSOLUTE (\$) to be performed. Obtained on 11/18/2021, DIABETES PANEL (\$) to be performed. Obtained on 11/18/2021, GC/CT AMP URINE(QUEST Document CERVICALorURINE) (\$) to be performed. Obtained on 11/18/2021 and TSH W/REFLEX TO T4 (\$) to be performed. Obtained on 11/18/2021. follow-up visit for Review Lab Results. Reason for referral: Review Lab Results.
2.	Assessment	Allergy, initial encounter (T78.40xA).
	Provider Plan	f/u allergy panel
	Plan Orders	Allergy Panel - Food (Quest W/ Rfx; Primex W/o Rfx) to be performed. Obtained on 11/18/2021.
3.	Assessment	Varicose veins of left lower extremity with both ulcer of calf and inflammation, unspecified ulcer stage (I83.222).
	Patient Plan	= Exercise. Get moving. Walking recommended. = Watch your weight and your diet. = Avoid high heels. Low-heeled shoes work calf muscles more, which is better for your veins. =Don't wear tight clothes around your waist, legs or groin because these garments can reduce blood flow. =Elevate your legs. To improve the circulation in your legs, take several short breaks daily to elevate your legs above the level of your heart. = Avoid long periods of sitting or standing.
4.	Assessment	Back pain without radiation (M54.9).
	Impression	likely 2/2 muscle spasm.
	Provider Plan	= counseled on Muscle Strengthening, home exercises discussed = counseled on Physiotherapy (Heat, Cold) =Returned precautions, F/U if symptoms fail to improve or worsen = NSAIDS side effects discussed in detail.
5.	Assessment	Body mass index (BMI) 23.0-23.9, adult (Z68.23).

Counseling / Educational Factors

Counseling / educational factors reviewed.

The patient was counseled today by Delia Camberos MA on Health Literacy Proficient: 4 - 5. The method of counseling used included verbal explanations. Evaluation of counseling: the patient verbalized an understanding.

2 minutes were spent counseling.

The patient was checked out at 2:38 PM by Gloria Monsalve MD.

Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty
BAL			Emergency	Spouse			
KHAMENIA			Contact				
Georgina			Patient	PCP			
Bachoura			provider				

Provider: Gloria Monsalve 11/18/2021 02:39 PM

Document generated by: Gloria Monsalve MD 11/18/2021 02:39 PM

NORTHEAST VALLEY HEALTH CORPORATION

Electronically signed by Gloria Monsalve on 11/18/2021 04:32 PM



12756 Van Nuys Blvd..
Pacoima, CA 91331-1626
Phone: (818)896-0531 Fax: (818)896-5850
www.nevhc.org

Patient: **ALENA KHAMENIA**
Date of Birth: 02/18/1981
Date: 08/31/2021 10:20 AM
Visit Type: Office Visit

This 40 year old female presents for Episodic.

History of Present Illness

This 40 year old female presents for Episodic.

1. Episodic

The symptoms are reported as being moderate. The client states the symptoms are chronic.
OB/GYN referral

. Patient location: home

Provider location: Provider's home

Reason for telephone visit: COVID-19 "stay at home" directive

Patient consent: patient verbally consented for telephone visit

Due to infection control recommendations, this visit was conducted virtually.

The provider confirmed the identity of the patient and historian. They agreed to a virtual visit.

40 y/o seen for OB/GYN referral via telehealth visit. She is requesting outside OB/GYN referral to check placement of IUD; she was previously seen by Dr. Norma Salcido in Pacoime; referral placed. Keep CPE as scheduled.

Screening Tools

Other Screenings

Encounter Date	Performed Date	Screening Tool	Score	Severity/ Interpretation	MDD Classification	Scanned Document
08/31/2021	08/31/2021	Patient Health Questionnaire (PHQ-9)	0	Negative screening		

Medical/Surgical/Interim History

Reviewed, no change.

KHAMENIA, ALENA 00000627127 02/18/1981 08/31/2021 10:20 AM 1/4

00019

Family History

Reviewed, no changes.

Social History (Reviewed, updated)

Tobacco use reviewed.

Preferred language is English.
The patient needs an interpreter.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

Tobacco Screening

Patient has never used tobacco. Patient has not used tobacco in the last 30 days. Patient has not used smokeless tobacco in the last 30 days.

Smoking Status

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				

Tobacco/Vaping Exposure

No passive smoke exposure.

Alcohol

There is no history of alcohol use.

Caffeine

The patient uses caffeine: coffee.

Medication Reconciliation

Medications reconciled today.
Patient is on no medications.

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
ANESTHESIA TRAY	Itching		

Reviewed, updated.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fever.
ENMT	Negative	Otalgia.

KHAMENIA, ALENA 00000627127 02/18/1981 08/31/2021 10:20 AM 2/4

00020

Eyes	Negative	Eye pain.
Respiratory	Negative	Cough and Wheezing.
Cardio	Negative	Chest pain.
Neuro	Negative	Dizziness.

Vital Signs

Last menses was 08/25/2021.

Measured by

Time	Measured by
10:54 AM	Jessica Torrez Diaz MA

Screening Summary

There are no indicators of domestic abuse present.

The following were reviewed: tobacco use, alcohol use, caffeine use and drugs of abuse

Physical Exam

Exam	Findings	Details
General Exam	Comments	telehealth visit

Completed Orders (This Visit)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
Patient Health Questionnaire (PHQ-9)				Negative screening	0		

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for intrauterine device placement (Z30.430).
	Provider Plan	referred to Dr. Norma Salcido in Pacoima for IUD placement
	Plan Orders	follow-up visit for PRN. Reason for referral: PRN. OBGYN Routine (1 Week) for IUD placement. Reason for referral: IUD placement, Clinical information/comments: 40 y/o requesting outside OB/GYN referral for IUD placement by Dr. Norma Salcido in Pacoima. Provider has been her Specialist for 16 yrs, pls refer to Dr. Salcido for continuity of care if in-network. .

Counseling / Educational Factors

Counseling / educational factors reviewed.

KHAMENIA, ALENA 00000627127 02/18/1981 08/31/2021 10:20 AM 3/4

00021

The patient was counseled today by Jessica Torrez Diaz MA on Health Literacy Proficient: 4 - 5. The method of counseling used included verbal explanations. Evaluation of counseling: the patient verbalized an understanding.
Time spent counseling was 1 minutes.

The patient was checked out at 11:37 AM by Kena Williams NP.

Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty
Georgina Bachoura			Patient provider	PCP			

Provider: Kena Williams FNP 08/31/2021 11:38 AM

Document generated by: Kena Williams NP 08/31/2021 11:38 AM

NORTHEAST VALLEY HEALTH CORPORATION

Electronically signed by Kena Williams FNP on 08/31/2021 11:42 AM

Northeast Valley Health Corporation
 1172 N Maclay Ave
 San Fernando, CA, 91340
 Phone #: (818) 898-1388

KHAMENIA, ALENA
 18444 COLLINS ST APT 3
 TARZANA, CA, 91356
 Person #: 291830 , MRN: 627127
 Sex: F
 DOB: 02/18/1981

Order Date: 11/18/2021

Ordering: Monsalve MD, Gloria Performing #: QuestDiag Location: Pacoima Adult Medicine
 Tests Ordered : Allergy Panel - Food (Quest W/ Rfx; Primex W/o Rfx) (NG999342)

FOOD ALLERGY PROFILE WITH REFLEXES (Collection Date: 11/18/2021 14:09, Status: Final)

Component	Result	Units	Flag	Range	Comment
ALMOND (F20) IGE	<0.10	ku/L			
CASHEW NUT (F202) IGE	<0.10	ku/L			
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CLASS	0				
CODFISH (F3) IGE	<0.10	ku/L			
COW'S MILK (F2) IGE	<0.10	ku/L			
EGG WHITE (F1) IGE	<0.10	ku/L			
HAZELNUT (F17) IGE	<0.10	ku/L			
INTERPRETATION					

Specific Level of Allergen
 IGE Class ku/L Specific IGE Antibody

 0 <0.10 Absent/Undetectable
 0/1 0.10-0.34 Very Low Level
 1 0.35-0.69 Low Level
 2 0.70-3.49 Moderate Level
 3 3.50-17.4 High Level
 4 17.5-49.9 Very High Level
 5 50-100 Very High Level
 6 >100 Very High Level

Patient: KHAMENIA, ALENA , DOB: 2/18/1981 00023

The clinical relevance of allergen results of 0.10-0.34 kU/L are undetermined and intended for specialist use.

Allergens denoted with a "***" include results using one or more analyte specific reagents. In those cases, the test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

PEANUT (F13) IGE	<0.10 kU/L
SALMON (F41) IGE	<0.10 kU/L
SCALLOP (F338) IGE	<0.10 kU/L
SESAME SEED (F10) IGE	<0.10 kU/L
SHRIMP (F24) IGE	<0.10 kU/L
SOYBEAN (F14) IGE	<0.10 kU/L
TUNA (F40) IGE	<0.10 kU/L
WALNUT (F256) IGE	<0.10 kU/L
WHEAT (F4) IGE	<0.10 kU/L

COPY(IES) SENT TO: (Collection Date: 11/18/2021 14:09, Status: Final)

Component	Result	Units	Flag	Range	Comment
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COPY(IES) SENT TO:

COPY TO - NEVHC MASTER SITE
12756 VAN NUYS BLVD
PACOIMA, CA 91331-1626

Patient: KHAMENIA, ALENA , DOB: 2/18/1981 00024

627127
Williams

Saint Ana Women's Medical Clinic
Norma C. Salceda, M.D., F.A.C.O.G.
ASSISTANT CLINICAL PROFESSOR-UCLA

ALENA KHAMENIA

Patient ID: 59380010 DOB: 02/18/1981 Sex: F Account No.:
Encounter ID: 247779172 Encounter Date: 11/11/2021
Encounter Type: Office Visit

SUBJECTIVE:

Chief Complaint: 40 year old female presented with PATIENT IS HERE FOR ANNUAL EXAM MG
LMP 10/25/2021
LAST PAP 11/15/2017 NEG -HPV
LAST MAMMOGRAM NEVER

Medical History:

Surgical History:

Gynecological History:

Headache SELF
C/SECTIONX4
Sexually Transmitted disease: NO
Vaginal discharge presently: NO
Itching/Burning: NO
Color: NO
Odor: NO
Dysuria: NO
Does partner have dysuria/penile discharge: NO
P.I.D: NO
Endometriosis: NO
Abnormal Pap NO
Last Pap Smear 11/15/2017 NEG
Last Mammogram NEEVR

Family History:

Social History:

Diabetes MOTHER
High Blood Pressure MOTHER
Alcohol: NO
Substance Use/Abuse: NO
Partner(s) history of substance use/abuse: NO
Age at first intercourse: 18
Frequency of intercourse: 3X PER WEEK
Currently having intercourse: YES
Pain: NO
Bleeding: No
Have you ever had a sexual experience (or intercourse) with someone when you did not want to? NO
Do you and your partner only have intercourse with each other? Yes
Smoking Status: Never Smoked
No known allergies

Allergies:

Current Medications:

MENSTRUAL HISTORY:

Currently not taking medications
First Day of LNMP: 10/25/2021
Character of LNMP: Regular
Age of onset: 13
Duration: 7
Amount: Moderate
Interval: 30
Cramps: YES
Bleeding between periods: NO

Saint Ana Women's Medical Clinic
Norma C. Salceda, M.D., F.A.C.O.G.
ASSISTANT CLINICAL PROFESSOR-UCLA

ALENA KHAMENIA

Patient ID: 59380010 DOB: 02/18/1981 Sex: F Account No.:
Encounter ID: 247779172 Encounter Date: 11/11/2021
Encounter Type: Office Visit

OBSTETTRICAL HISTORY: PMS (moderate to severe): NO
Gravida 4 Para 4 # Living Child 4
When: 06/07/2005 Weeks Gestation: FT Birth Weight 7 C-SECTION Complications NO
When: 12/27/2006 Weeks Gestation: FT Birth Weight 8 C-SECTION Complications NO
When: 03/19/2011 Weeks Gestation: FT Birth Weight 7 C-SECTION Complications NO
When: 04/18/2018 Weeks Gestation: FT Birth Weight 8 C-SECTION Complications NO
Breastfeeding: YES
Formula: Yes
Future Pregnancy Desired NO

OBJECTIVE:
Vital Signs: Height: 72.00 in
Weight: 174.00 lbs
BMI: 23.60
Blood Pressure: 116/82 mmHg
Pulse: 78 beats/min

Physical Exam: Chest/Breasts: LEFT BREAST UPPER OUTER PAIN ON EXAM BUT NO MASS FELT
Gastrointestinal (Abdomen): Soft
Genitourinary: Bartholins Gland Normal
Urethra Normal
Skene Gland Normal
CERVIX -CMT IUD STRINGS NOT SEEN
Extremities: No edema
Varicosities No
Calf Tenderness No
PERINEUM: Good Support
Cystocele No
Rectocele No
VAGINA: No Discharge No Odor
UTERUS: Normal
ADNEXAE: No mass felt

ASSESSMENT:
Diagnosis: ICD-10 Codes:
1); WELL WOMEN EXAM ABNORMAL
2); LEFT BREAST PAIN
3); IUD
4); R/O MISPLACED IUD

PLAN:
Care Plan: PAP HPV G.C. CHLAMYDIA VAGINAL CULTURE CBC LIPID CMP TSH HIV-1 RPR HEPATITIS PANEL HEMOGLOBIN A1C
Patient Instructions: Patient counseled
Patient instructed

Saint Ana Women's Medical Clinic
Norma C. Salceda, M.D., F.A.C.O.G.
ASSISTANT CLINICAL PROFESSOR-UCLA

ALENA KHAMENIA

Patient ID: 59380010 DOB: 02/18/1981 Sex: F Account No.:

Encounter ID: 247779172 Encounter Date: 11/11/2021

Encounter Type: Office Visit

Patient understood completely and all questions were answered

Return Appointment: 2 weeks

EDUCATION:

Emergency number given

REFERRAL:

Diagnostic Mammogram

Breast Ultrasound

Pelvic Ultrasound

MINUTES SPENT:

PROVIDER INTERACTED WITH THE PATIENT APPROXIMATELY 30 MINUTES

[Electronically Signed] - Date: 11/12/2021 8:47:37 AM

_____ Date: _____

[Physician Extender]: Sheila O'Shea, PAC

[Provider]: Norma Salceda, MD