

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 09/17/19

PATIENT: HIGDON, LEON **DOB:** 03/20/1966 **Gender:** MALE **MRN:** 1048 **AGE:** 53 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Here for follow-up with CRNP

Symptoms: States that BP is better but not where he thinks it needs to be. Patient reports some ankle edema a few days ago but says that he read that the swelling was a SE of amlodipine. He reports that the swelling occurred when he drove to Mobile.

Patient reports that his eating habits are better and he is walking 5-8 miles when he plays golf.

VITALS: BP: 120/82 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 65

ALLERGIES: Penicillins

MEDICATIONS:

amlodipine 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY)
amlodipine 5 mg tablet (TAKE 1 TABLET (5 MG) BY ORAL ROUTE ONCE DAILY)
cetirizine 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY)
cholecalciferol (vitamin D3) 50,000 unit capsule (1 capsule po weekly x 12 weeks)
diphenhydramine 25 mg capsule (2 capsules po every night prn)
prednisone 20 mg tablet (TAKE 1 TABLET (20 MG) BY ORAL ROUTE ONCE DAILY)
triamcinolone acetonide 0.1 % topical cream (Apply topically to affected areas twice daily)

REVIEW OF SYSTEMS:

HEENT: Patient denies: Blurred vision, Diplopia, Headache,

CARDIOLOGIC: Patient is positive for: mild LE edema

PHYSICAL EXAMINATION:

GENERAL: Well/Developed/Nourished; NAD; Appears Consistent with Age;

CARDIOVASCULAR: HRRR , no extra heart sounds, no murmur

RESPIRATORY: Lungs CTA; no rhonchi wheeze or rales; breath sounds symmetric; no chest wall tenderness.

NEUROLOGIC: No Focal Deficit;

PSYCHIATRIC: Mood and Affect Appropriate; Alert and Oriented x3;

BP readings uploaded--9/17/19

ASSESSMENT:

I10 - ESSENTIAL (PRIMARY) HYPERTENSION (PRIMARY)
J30.9 - ALLERGIC RHINITIS, UNSPECIFIED

PLAN:

amlodipine 10 mg tablet
Refills: 1 Qty: 30 TABLET(S)
Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 09/17/19

PATIENT: HIGDON, LEON **DOB:** 03/20/1966 **Gender:** MALE **MRN:** 1048 **AGE:** 53 Years

hydrochlorothiazide 12.5 mg tablet

Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (12.5 MG) BY ORAL ROUTE ONCE DAILY

cetirizine 10 mg tablet

Refills: 1 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY. TAKE IN THE EVENING

Continue with increasing physical activity and making better diet choices.

Continue to monitor BP and send readings to provider after 1-2 weeks.

RTC 2 months for follow up.

Electronically signed by Melodye Harvey, CRNP on 09/17/19 3:55 PM