

Auburn Montgomery Student Health Services

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

Date: 11/22/19

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

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Follow up with CRNP

Symptoms: States that BP has been better but diastolic is still elevated.

VITALS: BP: 129/89 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 70

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. TAKE IN THE EVENING)
cholecalciferol (vitamin D3) 50,000 unit capsule (1 capsule po weekly x 12 weeks)
diphenhydramine 25 mg capsule (2 capsules po every night prn)
hydrochlorothiazide 12.5 mg tablet (TAKE 1 TABLET (12.5 MG) BY ORAL ROUTE ONCE DAILY)
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)

PAST MEDICAL HISTORY: Childhood asthma, allergies

PAST SURGICAL HISTORY: Tonsillectomy

SOCIAL HISTORY: Exercises regularly; Does not live alone; Married; Consumes alcohol. Frequency: weekly Type: beer

FAMILY HISTORY: Father with history of: HTN---Does not take medication

REVIEW OF SYSTEMS:

CONSTITUTIONALS: Patient denies: Dizziness, Patient is positive for: Fatigue,

ENMT: Patient is positive for: Rhinorrhea, Patient denies: cough, congestion, sinus pain,

CARDIOLOGIC: Patient is positive for: swelling in LE that resolves overnight

PHYSICAL EXAMINATION:

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

HEENT: Normocephalic; Allergic shiners noted

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;

ASSESSMENT:

I10 - ESSENTIAL (PRIMARY) HYPERTENSION (PRIMARY)

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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

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 to monitor BP and record.

Take HCTZ daily as prescribed.

RTC 8-12 weeks for recheck.

Electronically signed by Melodye Harvey, CRNP on 11/22/19 8:46 AM