



CONFIDENTIAL Fax

FROM:

TAMJEED ARSHAD, MD
1758 Park Place, MONTGOMERY, AL 36106-1135
Phone: (334) 264-9191
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TO:

LINDSEY BARTON CRNP
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[ID:24590801-H-9186]

1/8/24
Reviewed
L. Barton
CRNP

Jackson Clinic • 1758 Park Place, MONTGOMERY AL 36106-1135

SHUMACK, Kellie A (id #28484, dob: 04/25/1967)

JACKSON HOSPITAL & CLINIC, INC.

1758 Park Place Suite 401

MONTGOMERY, AL 36106-1135

Phone: (334) 264-9191

Fax: (334) 264-9199

Encounter Summary - Progress Note

Date Printed: 01/08/2024

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Patient	Shumack, Kellie A (56yo, F) #28484
DOB	04/25/1967

Patient Demographics:

Address	1507 Tara Ln Montgomery, AL 36117-4740	Home Phone	(334) 324-4147
		Work Phone	(334) 244-3000

Encounter Notes:

Encounter Reason/Date	None recorded 01/04/2024 - 02:30PM - JCC Jackson Cardiology
History of Present Illness	None recorded
Review of Systems	None recorded
Vitals	None recorded
Results/Interpretations	None recorded
Physical Exam	None recorded
Assessment and Plan	1. Essential hypertension I10: Essential (primary) hypertension • ECHOCARDIOGRAM, PACS Return to Office • Himanshu Aggarwal, MD for Follow-Up 15 at JUG Jackson Urogynecology on 04/08/2024 at 09:15 AM

Patient Medical History:

Allergies List	Allergies not reviewed (last reviewed 04/04/2023) CODEINE: Other (Moderate severity)
Medications	Medications not reviewed (last reviewed 12/05/2023) albuterol sulfate HFA 90 mcg/actuation aerosol inhaler 04/19/23 filled INHALE TWO PUFFS BY MOUTH TWICE A DAY FOR 14 DAYS aspirin 81 mg tablet, delayed release 10/23/17 entered Take 1 tablet(s) every day by oral route. Internal Note: Strong family history of CAD

	bisoprolol fumarate 5 mg tablet 1 and 1/2 po qhs estradiol 0.01% (0.1 mg/gram) vaginal cream DISCARD APPLICATORFUL AND USE PEA SIZE AMOUNT OF CREAM AT THE OPENING OF VAGINA AT BEDTIME THREE TIMES A WEEK. Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension Spray 1 spray(s) twice a day by intranasal route. levothyroxine 75 mcg tablet TAKE ONE TABLET BY MOUTH EVERY DAY rosuvastatin 5 mg tablet TAKE ONE TABLET BY MOUTH EVERY evening UribeL 118 mg-10 mg-40.8 mg-36 mg capsule TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY AS NEEDED FOR 5 DAYS	12/05/23 filled 04/12/23 filled 10/01/18 prescribed 01/02/24 filled 01/02/24 filled 04/30/23 filled																																																																								
Family History	Family History not reviewed (last reviewed 04/04/2023) <table border="1"> <tr> <td data-bbox="289 541 743 583">Unspecified Relation</td> <td data-bbox="751 541 1520 583">- Diabetes mellitus</td> </tr> <tr> <td data-bbox="289 583 743 625"></td> <td data-bbox="751 583 1520 625">- Hypcholesterolemia</td> </tr> <tr> <td data-bbox="289 625 743 667"></td> <td data-bbox="751 625 1520 667">- Hypertensive disorder</td> </tr> <tr> <td data-bbox="289 667 743 709"></td> <td data-bbox="751 667 1520 709">- History of malignant neoplasm</td> </tr> <tr> <td data-bbox="289 709 743 751">Father</td> <td data-bbox="751 709 1520 751">- Cerebrovascular accident</td> </tr> <tr> <td data-bbox="289 751 743 793"></td> <td data-bbox="751 751 1520 793">- Coronary arteriosclerosis</td> </tr> <tr> <td data-bbox="289 793 743 835"></td> <td data-bbox="751 793 1520 835">- Hypercholesterolemia</td> </tr> <tr> <td data-bbox="289 835 743 877">Brother</td> <td data-bbox="751 835 1520 877">- Coronary arteriosclerosis</td> </tr> <tr> <td data-bbox="289 877 743 919"></td> <td data-bbox="751 877 1520 919">- Hypercholesterolemia</td> </tr> <tr> <td data-bbox="289 919 743 961">Mother</td> <td data-bbox="751 919 1520 961">- Hypercholesterolemia</td> </tr> </table>		Unspecified Relation	- Diabetes mellitus		- Hypcholesterolemia		- Hypertensive disorder		- History of malignant neoplasm	Father	- Cerebrovascular accident		- Coronary arteriosclerosis		- Hypercholesterolemia	Brother	- Coronary arteriosclerosis		- Hypercholesterolemia	Mother	- Hypercholesterolemia																																																				
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Past Medical History	Past Medical History not reviewed (last reviewed 04/04/2023) Cancer: Y - ductile carcinoma Ear or Hearing Problems: Y Hearing Loss: Y Hyperlipidemia: Y Hypothyroidism: Y Thyroid Problems: Y - Hypothyroidism Notes: mitral valve prolapse,irregular heartbeat,																																																																									
Vaccine History	Vaccines not reviewed (last reviewed 04/04/2023) <table border="1"> <thead> <tr> <th>Vaccine Type</th> <th>Date</th> <th>Amt.</th> <th>Route</th> <th>Site</th> <th>NDC</th> <th>Lot #</th> <th>Mfr.</th> <th>Exp. Date</th> <th>VIS</th> <th>VIS Given</th> <th>Vaccinator</th> </tr> </thead> <tbody> <tr> <td colspan="12">Diphtheria, Tetanus, Pertussis</td></tr> <tr> <td>Tdap</td><td>03/17/14</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="12">Influenza</td></tr> <tr> <td>Influenza, injectable, quadrivalent, preservative free</td><td>02/10/20</td><td>0.5 mL</td><td>Intramuscular</td><td>Deltoid, Left</td><td></td><td>3325F</td><td>ID Biomedica</td><td>06/30/20</td><td>Inactivated Influenza 08/15/2019</td><td>02/10/20</td><td>April Robertson</td></tr> <tr> <td>Influenza, injectable, quadrivalent, preservative free</td><td>10/23/17</td><td>0.5 mL</td><td>Intramuscular</td><td>Left Arm</td><td></td><td>UI852AC</td><td>Sanofi Pasteur</td><td>06/30/18</td><td>TIV/QIV 8/07/2015</td><td>10/23/17</td><td>Eddmeka Hunter</td></tr> </tbody> </table>		Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator	Diphtheria, Tetanus, Pertussis												Tdap	03/17/14											Influenza												Influenza, injectable, quadrivalent, preservative free	02/10/20	0.5 mL	Intramuscular	Deltoid, Left		3325F	ID Biomedica	06/30/20	Inactivated Influenza 08/15/2019	02/10/20	April Robertson	Influenza, injectable, quadrivalent, preservative free	10/23/17	0.5 mL	Intramuscular	Left Arm		UI852AC	Sanofi Pasteur	06/30/18	TIV/QIV 8/07/2015	10/23/17	Eddmeka Hunter
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Electronically Signed by: TAMIEED ARSHAD, MD



01/08/2024 01:12 PM * 01/08/2024 *