

Auburn Montgomery Warhawk Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 11/17/22

PATIENT: THORNE, MATTHEW **DOB:** 04/24/1984 **Gender:** MALE **MRN:** 1343 **AGE:** 38 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: shortness of breath and chest tightness

HISTORY OF PRESENT ILLNESS: Mr. Thorne is a 38 yo male here today for shortness of breath with exertion and chest tightness mainly during exercise. Onset of symptoms began in August. They occur intermittently. Typically last 3-4 min and go away with sitting down or lowering the intensity of his exercise. Occasionally he feels as if his heart is racing. Twice he has woken up in the middle of the night with chest tightness and shortness of breath. It occurred last night. He does not snore that he is aware of. He sleeps on 2 pillows at night. Denies swelling in his legs. No history of asthma or EIB that he is aware of.

VITALS: BP: 145/89 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 72; **Temp:** 96.6; **Resp:** 19; **Ht:** 73 in.; **Wt:** 235 lbs.;
BMI: 31; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Denies

PAST SURGICAL HISTORY: Right humerus surgery

SOCIAL HISTORY: Men's soccer coach at AUM. Married with 3 children. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY: Mother-asthma, Grandmother- stroke in her 60s-70s. Aunt- stroke

REVIEW OF SYSTEMS:

CONSTITUTIONALS: All 14 point review of systems negative except those listed in HPI.

PHYSICAL EXAMINATION:

GENERAL: GENERAL: No apparent distress noted; Well developed; Pleasant.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI. Ears- tympanic membranes clear. Ear canals are patent. Nose- septum- midline; No maxillary or frontal sinus tenderness. Throat- pink without exudates. No anterior or posterior cervical nodes palpated; No palpable thyroid abnormality or enlargement.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted; No carotid bruits noted. No peripheral edema bilateral lower extremities.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics

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CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics
LIPID PANEL (QUEST) (1 unit(s)): Quest Diagnostics
TSH (QUEST) (1 unit(s)): Quest Diagnostics

ASSESSMENT:

R07.9 - CHEST PAIN, UNSPECIFIED (PRIMARY)
R06.09 - OTHER FORMS OF DYSPNEA

PLAN:

Referral for CXR. Follow up with labs. Possibly EIB will trial albuterol 30 min to 1 hr before exercise and get PFTs.
R/o underlying cardiac pathology with referral to cards.

Referral: EMIC, East Montgomery Imaging Center (Radiology)
No Special Instructions

Referral: Montgomery Pulmonary, Montgomery Pulmonary Consultants (Pulmonology)
Refer to BMCE OP department for PFTs please.

Referral: Dr. Brazil at Jackson Cardiology (Cardiology)
No Special Instructions

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler
Refills: 0 Qty: 1 UNIT(S)

Instructions: INHALE 2 PUFFS (180 MCG) BY INHALATION ROUTE EVERY 4-6 HOURS AS NEEDED and 30 min
to 1 hr prior to exercise

Electronically signed by Lindsey Barton, CRNP on 11/17/22 2:20 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style.