

Medical Records - CONFIDENTIAL

FROM: AL - Jackson Hospital

Tamekia W
1758 Park Place, MONTGOMERY, AL 36106-1135
Phone: (334) 264-9191
Fax: (334) 264-9199

TO: LINDSEY BARTON CRNP

7461 EAST DR, MONTGOMERY, AL 36117-8092
Phone: (334) 244-3281
Fax: (334) 244-3396

Name: THORNE, MATTHEW RICHARD

DOB: 04/24/1984

Date Range: 01/01/2023 to 02/09/2023

This document contains the following records of the patient:
• Encounters and Procedures

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[ID:326273-A-9186]

THORNE, Matthew RICHARD (id #326273, dob: 04/24/1984)

Encounters and Procedures

Clinical Encounter Summaries

THORNE, Matthew RICHARD (id #326273, dob: 04/24/1984)

Encounter Date: 02/01/2023

Patient

Name THORNE, MATTHEW (38yo, M) ID# 326273 **Appt. Date/Time** 02/01/2023 01:15PM

DOB 04/24/1984 **Service Dept.** JCC_Jackson Cardiology

Provider CASSANDRA KELLEY, NP

Insurance Med Primary: BCBS-AL (PPO)
Insurance # : QAU815637280
Prescription: PRIME BCBS ALABAMA - Member is eligible. details

Chief Complaint

Pt here for NPCE review. Pt states no new issues are concerns

Patient's Care Team

Other: LINDSEY BARTON CRNP: 7461 EAST DR, MONTGOMERY, AL 36117-8092, Ph (334) 244-3281, Fax (334) 244-3396 NPI: 1215285879

Patient's Pharmacies

WALGREENS DRUG STORE #07746 (ERX): 6680 ATLANTA HWY, MONTGOMERY, AL 36117, Ph (334) 409-0611, Fax (334) 409-5742

Vitals

Ht: 6 ft 1 in
02/01/2023 01:35 pm

Wt: 244 lbs With clothes
02/01/2023 01:36 pm

BMI: 32.2 02/01/2023 01:36 pm

BP: 122/90 sitting L arm 02/01/2023 01:36 pm

Pulse: 89 bpm
02/01/2023 01:36 pm

O2Sat: 98% Room Air at Rest 02/01/2023 01:36 pm

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler
PLEASE SEE ATTACHED FOR DETAILED DIRECTIONS

11/17/22 filled

Vaccines

Reviewed Vaccines
Tetanus around 2017

Problems

Reviewed Problems
No known problems

Family History

Reviewed Family History

Father

- No current problems or disability
- Hypertensive disorder
- Hyperlipidemia

Mother

- No current problems or disability

Paternal Grandmother

- Myocardial infarction

Social History

2/9/23
Reviewed
J. Barton, CRNP

THORNE, Matthew RICHARD (id #326273, dob: 04/24/1984)

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

What was the date of your most recent tobacco screening?: 05/14/2019

What is your level of alcohol consumption?: Occasional

What is your level of caffeine consumption?: Moderate

Surgical History

Reviewed Surgical History

✦ Unlisted procedure shoulder

Past Medical History

Reviewed Past Medical History

Ear or Hearing Problems: **Y****Screening**

None recorded.

HPI

Mr. Thorne is a 38yowm who was referred to our office for chest pain and shortness of breath. He reports no significant medical history. Notes he had COVID over a year ago. He tells me that back in August he noticed having problems with shortness of breath and states that he felt like the bottom of his lungs were "freezing" with associated chest tightness. Tells me that these episodes resolved fairly quickly with rest. Tells me this would happen sometimes with exertion, but noticed it more when he would wake up from sleep. He tells me that his last episode was about a month ago on 12/21/22 where he woke from sleep, noticed tightness in his chest and sob with associated nausea. Denies any palpitations, dizziness or syncope. No claudication or LE edema. No unusual fatigue. He does have an inhaler. He tells me that since the first of the year he has adjusted his diet and stopped drinking energy drinks and has been doing better. Denies any Fh of CAD. Does note his grandmother had a history of CVA. He states he occasionally drinks alcohol. Denies any tobacco or illicit drug use. He works as a soccer coach at AUM.

ROS**Additionally reports:****reviewed and negative except as noted in HPI.****Physical Exam****Constitutional:** General Appearance: well-nourished, well-developed, and appears stated age. Level of Distress: comfortable.**Psychiatric:** Mental Status: alert and normal affect. Insight: good judgement. Orientation: to time, place, and person.**Neck:** Neck: supple, FROM, trachea midline, and no masses. Carotid Arteries: no bruits. Jugular Veins: normal jugular venous pressure.**Lungs:** Respiratory Effort: unlabored. Chest Exam: no thoracic deformity or chest wall tenderness and normal curvature. Auscultation: no wheezing, rales, or rhonchi and clear.**Cardiovascular:** Rate And Rhythm: regular. Heart Sounds: normal S1 and S2. Systolic Murmur: not heard. Diastolic Murmur: not heard. Extremities: no edema.**Peripheral Pulses:** Posterior Tibialis Pulse normal. Dorsalis Pedis Pulse: normal. Popliteal Pulse: normal.**Skin:** Inspection and Palpation: warm and dry. Nails: no clubbing.**Head:** Head: normocephalic and atraumatic.**Musculoskeletal::** Joints, Bones, and Muscles: normal movement of all extremities.**Procedure Documentation****EKG Findings:**

FINDINGS: Normal sinus rhythm, PR and Qtc interval wnl, nsst changes. No previous available for comparison.

Assessment / Plan

Will schedule for echocardiogram to assess LV function and cardiac valves. Will schedule for plain GXT to further evaluate his atypical CP. No medication changes. Continue use of Inhaler as directed. F/u pending results.

> 30 minutes spent on chart review/prep, EKG interpretation, test review, F2F discussion, med rec, scheduling, Collaboration, etc

1. Atypical chest pain

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R07.89: Other chest pain

2. Dyspnea on exertion

R06.09: Other forms of dyspnea

3. Acid reflux -

rare, brief episodes.

K21.9: Gastro-esophageal reflux disease without esophagitis

4. History of SARS-CoV-2

Z86.16: Personal history of COVID-19

Return to Office

- GXT for GXT ONLY at JCC_Jackson Cardiology on 02/17/2023 at 10:30 AM
- Jackson Clinic Cardiology for ECHO ONLY at JCC_Jackson Cardiology on 02/17/2023 at 09:45 AM

Encounter Sign-Off

Encounter signed-off by CASSANDRA KELLEY, NP, 02/01/2023.

Encounter performed and documented by CASSANDRA KELLEY, NP

Encounter reviewed & signed by CASSANDRA KELLEY, NP on 02/01/2023 at 4:16pm