



F A X S H E E T

Date: Jun-09-2023 02:22:59
To:
Subject: Faxing Multiple Encounters
Fax Number: 334-244-3396
To Company:
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From Company: NCM MONTGOMERY
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Number of Pages(s): 4

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Progress Notes

Patient: Woods, Bailey
Account Number: 415709
DOB: 12/12/2007 **Age:** 15 Y **Sex:** Female
Phone: 334-320-7575
Address: 664 HOLLIS DR, MONTGOMERY, AL-36117-3430
Pcp: Lindsey Barton

Provider: Jessica McLemore MD

Date: 06/05/2023

Subjective:

Chief Complaints:

1. New patient- headaches.

HPI:

Constitutional:

Ms. Woods is a 15 YOWF here for neurological consultation at the request of Lindsey Barton NP for her headaches. She states she has been having headaches for about 1.5 years occurring on and off during the day. It can start anytime of the day lasting 30 minutes to one hour. The pain is across the forehead and right temple area. It is a throbbing pain. She has some nausea, dizziness, and some photophobia but no vomiting or blurred vision.

She has rizatriptan but has not tried it yet.

She takes Tylenol with no relief and ibuprofen.

Last October she was hit in the ear by a tennis ball and was dazed.

CT brain 5/30/2023 - normal

No MRI brain done.

She does have some increased stress.

Her mother states the patient has a "severe caffeine addiction".

Her mother states she can drink 3 Monster energy drinks and 3 cokes in one day but the patient states she is not doing that except during school and is not anymore. Her mother said she could drink a coke right before bed and still go to sleep.

ROS:

GENERAL/CONSTITUTIONAL:

Patient denies change in appetite, fever, lightheadedness, weakness.

NEUROLOGIC:

Patient denies balance difficulty, dizziness, gait abnormality. Patient complains of headache.

Medical History: Headaches.

Surgical History: Denies Past Surgical History.

Family History: Mother: migraine, chronic low back pain. Maternal Grand Mother: multiple sclerosis, lupus, migraine. Maternal Grand Father: diagnosed with Heart disease in 1.

Social History:

Tobacco Use: Tobacco Use/Smoking Tobacco use: nonsmoker.

Medications: Taking Rizatriptan Benzoate 10 MG Tablet 1 tablet Orally Once a day, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: HR: 72 /min, BP: 102/60 mm Hg, Wt: 105 lbs, BMI: 19.84 Index, Ht: 61 in, Ht-cm: 154.94 cm, Wt-kg: 47.63 kg, Wt %: 25.7 %, BMI %: 46.04 %, Ht %: 13.06 %.

Examination:

General Examination:

GENERAL APPEARANCE: In no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: PERRL, EOMI, discs sharp.

NECK / THYROID: neck supple, full range of motion.

HEART: CV- RRR.

LUNGS: clear to auscultation bilaterally.

Neurological:

COGNITION: awake, alert, 0x3.

CRANIAL NFRVS:

Reviewed
6/13/23
J. Barton, CRP

CI - Not Tested
CII - VF grossly intact
CIII,IV,VI - EOMI
CV - good masseter, good facial sensation
CVII - No facial asymmetry or weakness
CVIII - hearing grossly intact
CIX ,X- Uvula midline
CXI - Good Sternocleidomastoid, good trapezius
CXII - Tongue protruded midline.
MOTOR STRENGTH: Motor 5/5.
SENSORY: normal bilateral lower extremities.
REFLEXES: bilaterally symmetrical,1-2+.
PLANTARS: negative Babinski bilateral.
TREMORS: absent.
COORDINATION: Good finger-to-nose and rapid alternating movements.
GAIT AND STATION: Gait within normal limits for age, Romberg -.
SPEECH: normal.

Assessment:

Assessment:

1. headache- Chronic tension-type not intractable - G44.229 (Primary)
2. Migraine without aura and without status migrainosus, not intractable - G43.009
3. Anxiety - F41.9

Plan:

1. Others

Notes: 15yoF here for evaluation of headaches.

Type of headache: daily tension type headache, migraine without aura

Rizatriptan PRN for migraine.

Plan:

- discussed sleep hygiene, stress relief
- Cut back on caffeine
- Magnesium, riboflavin and CoQ10

Discussed sleep hygiene, stress relief, hydration goal per day, diet and exercise.

Encouraged patient to cut back on caffeine, artificial sweeteners, sugar in general and other dietary triggers such as red wine, cheeses, nitrate rich meats, MSG, etc.

I talked to the patient about symptomatic and prophylactic treatment for migraine headaches, medication overuse headaches, and tension headaches at length.

My general rule is that when a patient has 4 days per month ruined by headaches,

I use prophylactic medication if the symptomatic medication does not abort it to their satisfaction.

I also talked to patient at length regarding the classes of medication used in the treatment of headaches, both prophylactic and symptomatic, and our plan of attack.

We talked about the physiology of this type of headache as well.

I spent a considerable amount of time reviewing old records.

I reviewed patients medication list, evaluated for drug interactions and discussed medications with patient.

Patient has a new problem that needs that needs to be addressed by the workup outlined above.

I talked to patient at length and answered all questions during and at the end of the patient encounter.

Orders:

#1 Fax notes to Lindsey Barton NP

#2 Follow-up clinic appt 2 months Dr McLemore

#3 MRI brain without contrast- IMI, Sonos Imaging, or SIS

Follow Up: 2 Months

Billing Information:

Visit Code:

99244 Office Consultation Level 4.

Procedure Codes:

Provider: Jessica McLemore MD

Date: 06/05/2023