

Auburn Montgomery Student Health Services

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

Date: 06/09/21

PATIENT: SMITH, FREDDIE **DOB:** 01/25/1977 **Gender:** MALE **MRN:** 1448 **AGE:** 44 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Wellness and recheck uric acid for gout

HISTORY OF PRESENT ILLNESS: Mr. Smith is a 44 yo male. Here today to establish care and would like a wellness exam. He is fasting. He reports his ankle pain from his visit last month resolved with treatment, but returned about 2 weeks ago in his toe. He took the indomethacin for a few days and it resolved. He is concerned about recurrent gout flare ups. He does lawn care and he is a PT so he is on his feet all the time. He would like to start preventative medicine if need be. He has had 2 gout flare ups this year. Prior to that was several years ago. He mom has gout and takes uloric. Denies any pain today.

VITALS: BP: 136/88 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 64; **Temp:** 98.1; **Resp:** 16; **Wt:** 214.5 lbs.; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

indomethacin 50 mg capsule (TAKE 1 CAPSULE (50 MG) BY ORAL ROUTE 3 TIMES PER DAY WITH FOOD AS NEEDED FOR GOUT FLARE UP)

PAST MEDICAL HISTORY: Gout

PAST SURGICAL HISTORY: 2 left foot surgeries and esophageal dilatation.

SOCIAL HISTORY: Married. Wife is employed here at AUM. He owns lawncare business and is a Physical therapist. Drinks alcohol socially. Denies smoking or illicit drug use.

FAMILY HISTORY: Father- deceased from MVA in his 40s. Mother- diabetes, gout. Grandparents- colon cancer, diabetes, heart disease, HTN, high cholesterol, and sudden cardiac arrest.

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.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted.

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

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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:

TSH (QUEST) (1 unit(s)): Quest Diagnostics

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

LIPID PANEL (QUEST) (1 unit(s)): Quest Diagnostics

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

URIC ACID (1 unit(s)): Quest Diagnostics

BLOOD DRAW (1 unit(s)): In-House Lab

ASSESSMENT:

Z00.00 - ENCNT FOR GEN ADULT MEDICAL EXAM W/O AB FIND (PRIMARY)

M10.9 - GOUT, UNSPECIFIED

PLAN:

Follow up with lab results. Follow up in 1 year for wellness and as needed.

Electronically signed by Lindsey Barton, CRNP on 06/09/21 9:03 AM

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