

Auburn Montgomery Warhawk Health Services

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

Date: 11/21/24

PATIENT: WELLS, WYATT **DOB:** 06/18/1964 **Gender:** MALE **MRN:** 1575 **AGE:** 60 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: cough, feeling feverish

HISTORY OF PRESENT ILLNESS: Mr. Wells is a 60 yo male here today for cough with occasional cream colored sputum and feeling feverish earlier this morning. He reports his cough started last night. He denies shortness of breath or wheezing, runny nose, congestion, or sore throat.

VITALS: BP: 129/88 **Pulse:** 84; **Temp:** 97.1; **Resp:** 16; **Ht:** 69 in.; **Wt:** 296.8 lbs.; **BMI:** 43.82; **Pulse Oximetry:** 98%

ALLERGIES: Lamisil; erythromycin base

MEDICATIONS:

pantoprazole 40 mg tablet, delayed release (TAKE 1 TABLET BY MOUTH DAILY)
sertraline 100 mg tablet (TAKE 1 TABLET BY MOUTH EVERY DAY WITH 25 MG OF SERTRALINE FOR TOTAL DAILY DOSE OF 125 MG)
sertraline 25 mg tablet (TAKE 1 TABLET BY MOUTH ONCE DAILY. TAKE WITH 100 MG TABLET FOR TOTAL DAILY DOSE 125)
simvastatin 40 mg tablet (TAKE 1 TABLET BY MOUTH DAILY)
valsartan 160 mg tablet (TAKE 1 TABLET BY MOUTH DAILY)

PAST MEDICAL HISTORY: GERD, HLD, GAD/depression, HTN, bronchitis, seasonal allergies, kidney stones.

PAST SURGICAL HISTORY: Hernia repair, pin in left foot

SOCIAL HISTORY: Works at AUM. Drinks alcohol socially. Denies smoking or illicit drug use.

FAMILY HISTORY:

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

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.

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PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

INFLUENZA Rapid Test (1 unit(s)): In-House Lab
COVID Rapid Testing (1 unit(s)): In-House Lab

RESULTS:

INFLUENZA Rapid Test:
Value: Negative
Comment: Flu A and flu B negative.

COVID Rapid Testing:
Value: Negative

ASSESSMENT:

J06.9 - Acute upper respiratory infection, unspecified (PRIMARY)
R05.1 - ACUTE COUGH
I10 - ESSENTIAL (PRIMARY) HYPERTENSION
E78.5 - HYPERLIPIDEMIA, UNSPECIFIED

PLAN:

Will treat symptoms. Lungs are clear and no fever. Follow up if no improvement or worsening symptoms.

Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup
Refills: 0 Qty: 120 ML(S)

Instructions: TAKE 10 MILLILITERS BY ORAL ROUTE EVERY 4 HOURS as needed for cough/congestion

Electronically signed by Lindsey Barton, CRNP on 11/21/24 2:37 PM

L. Barton, DNP, CRNP