

Auburn Montgomery Warhawk Health Services

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

Date: 11/21/23

PATIENT: TAMAYO, LORINA **DOB:** 01/18/1982 **Gender:** FEMALE **MRN:** 1578 **AGE:** 41 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: tenderness to belly button since Tuesday of this week.

HISTORY OF PRESENT ILLNESS: Ms. Tamayo is a 41 yo female here today for pain around her navel. She states the pain comes and goes and is a burning type sensation at times. Pain is worse with sitting for long periods of time and is better with lying down. She thinks she may have a hernia. She denies recent heavy lifting.

She also c/o heartburn for the past week. She was treated with pepcid in October. She states it helps some but she still feels like she has to clear her throat at times.

VITALS: BP: 100/64 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 88; **Temp:** 98.1; **Resp:** 16; **Ht:** 61 in.; **Wt:** 160 lbs.;
BMI: 30.23; **Pulse Oximetry:** 97%; **FDLMP:** 11/03/23

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Claritin 10 mg tablet
Pepcid 20 mg tablet (TAKE 1 TABLET (20 MG) BY ORAL ROUTE 2 TIMES PER DAY)
albuterol sulfate HFA 90 mcg/actuation aerosol inhaler

PAST MEDICAL HISTORY: Sinus infections, seasonal allergies, asthma, anemia, GERD.

PAST SURGICAL HISTORY: Fallopian tube unblocking, uterine fibroid removal.

SOCIAL HISTORY: Denies smoking, and illicit drug use, drinks occasionally

FAMILY HISTORY: Grandparent: Diabetes, hyperlipidemia and thyroid issues.

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. No CVA tenderness. She does have tenderness to palpation at the top of her navel. No visible or palpable bulge with straining her abdominal muscles.

MUSCULOSKELETAL: Normal range of movement x 4 extremities

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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.

ASSESSMENT:

R10.33 - Periumbilical pain (PRIMARY)

K21.9 - Gastro-esophageal reflux disease without esophagitis

Z87.09 - Personal history of other diseases of the respiratory system

PLAN:

Referral for abdominal US to r/o umbilical hernia. As for reflux, add carafate and continue pepcid. Given dietary instructions to help reduce symptoms of GED. She is instructed to stop both medications on Saturday. She will return on Monday for UBIT testing for H. Pylori. Consider referral for EGD if no improvement in symptoms. She verbalized understanding.

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

Carafate 1 gram tablet

Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (1 GRAM) BY ORAL ROUTE 2 TIMES PER DAY ON AN EMPTY STOMACH in morning AND AT BEDTIME

Electronically signed by Lindsey Barton, CRNP on 11/21/23 5:14 PM

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