

Auburn Montgomery Student Health Services

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

Date: 06/10/21

PATIENT: WASHINGTON, MARCUS **DOB:** 08/15/1984 **Gender:** MALE **MRN:** 1680 **AGE:** 36 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Patient is here for 2wk f/u on blood pressure

HISTORY OF PRESENT ILLNESS: BP log brought in for review. He did not feel comfortable taking the amlodipine so he has not taken it. His BP without medication is running 120s-130s/60s-80s. He would also like to review his recent lab results.

VITALS: BP: 152/85 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 73; **Temp:** 98.3; **Resp:** 19; **Ht:** 70 in.; **Wt:** 421.2 lbs.;
BMI: 60.43; **Pulse Oximetry:** 97%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

No Known Medications

PAST MEDICAL HISTORY: Seasonal allergies, hypertension, heart murmur, hemorrhoids, migraines, sleep apnea

PAST SURGICAL HISTORY: wisdom teeth extraction

SOCIAL HISTORY: Drinks occasionally, denies smoking and illicit drug use

FAMILY HISTORY: Mother: Diabetes, HTN; stomach cancer; Father: HTN

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.

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; 2+ DP and PT pulses bilaterally

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:

I10 - ESSENTIAL (PRIMARY) HYPERTENSION (PRIMARY)

G47.33 - OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)

PLAN:

Reviewed BP log. He can d/c norvasc. He has white coat syndrome. His BP is normal at home, but elevated in clinic.

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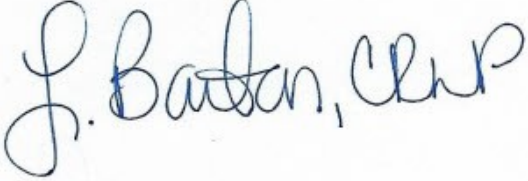
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Advised him to continue to monitor his BP periodically and work on weight loss, diet, and exercise. He verbalized understanding. Follow up yearly or sooner if needed.

Electronically signed by Lindsey Barton, CRNP on 06/10/21 1:32 PM



J. Barton, CRNP