

Auburn Montgomery Student Health Services

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

Date: 01/03/19

PATIENT: TYRE, BREANNA **DOB:** 11/25/1996 **Gender:** FEMALE **MRN:** 234 **AGE:** 22 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Needs refill on prescription.

Symptoms: Wants a referral to someone in Auburn who can assist with prescribing her medication.

Other: Patient reports that her anxiety was worse over the break dealing with family. She reports feeling pressure from her family. Patient reports that she does not like spending time with extended family (aunts, cousins, etc). She anticipates graduating in May. She reports that her anxiety is paralyzing at times where she will not leave her home.

Denies thoughts of suicide or homicide. Patient reports that she is sleeping fair. Difficulty with going to sleep and maintaining sleep.

Last counseling session was 2-3 weeks ago.

COMPLAINT 2: Wants to know blood type.

VITALS: BP: 106/71 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 68

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Lexapro 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY)

Prozac 20 mg capsule (TAKE 2 CAPSULES (40 MG) BY ORAL ROUTE DAILY IN THE MORNING AND 1 CAPSULE (20 MG) BY ORAL ROUTE IN THE AFTERNOON.)

Prozac 40 mg capsule (TAKE 1 CAPSULE (40 MG) BY ORAL ROUTE ONCE DAILY IN THE MORNING)

fluoxetine 40 mg capsule (TAKE 1 CAPSULE (40 MG) BY ORAL ROUTE ONCE DAILY IN THE MORNING AND 1 CAPSULE IN THE AFTERNOON)

trazodone 50 mg tablet (TAKE 1 TABLET (50 MG) BY ORAL ROUTE ONCE DAILY AT BEDTIME)

REVIEW OF SYSTEMS:

Psychiatric: increased anxiety and panic attack over the break due to feeling pressure from her family (extended)

PHYSICAL EXAMINATION:

GENERAL: Well/Developed/Nourished; NAD; Appears Consistent with Age;

NEUROLOGIC: No Focal Deficit;

PSYCHIATRIC: Alert and Oriented x 3; Anxiety;

ASSESSMENT:

F41.9 - ANXIETY DISORDER, UNSPECIFIED (PRIMARY)

F33.41 - MAJOR DEPRESSV DISORDER RECUR IN PARTIAL REMIS

PLAN:

buspirone 7.5 mg tablet

Refills: 1 Qty: 60 TABLET(S)

Instructions: TAKE 1 TABLET (7.5 MG) BY ORAL ROUTE EVERY 12 HOURS

fluoxetine 40 mg capsule

Refills: 1 Qty: 60 CAPSULE(S)

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Instructions: TAKE 1 CAPSULE (40 MG) BY ORAL ROUTE ONCE DAILY IN THE MORNING AND 1 CAPSULE IN THE AFTERNOON

Continue with counseling sessions as scheduled.

Advised patient that student health at Auburn (main campus) could provide her with prescriptions refills.

Continue with Prozac as prescribed.

Follow-up in 4 days for recheck

Electronically signed by Melodye Harvey, CRNP on 01/03/19 4:57 PM