

Auburn Montgomery Student Health Services

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

Date: 05/31/17

PATIENT: DYESS, JENNIFER **DOB:** 10/13/1966 **Gender:** FEMALE **MRN:** 23 **AGE:** 50 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: In for recheck for anxiety and depression

ALLERGIES: Penicillins

MEDICATIONS:

Zoloft 50 mg tablet

PAST MEDICAL HISTORY: Hypercholesterolemia allergic rhinitis;; ovariaann cyst; vertigo;

PAST SURGICAL HISTORY: Ovarian cyst removal

FAMILY HISTORY: Father with history of: Hypertension; Brother with history of: Alcohol Problems; Maternal Grandmother with history of: Cancer; Thyroid Disease; Maternal Grandfather with history of: Cancer;

HEALTH MX HISTORY:

REVIEW OF SYSTEMS:

CONSTITUTIONALS: Constitutional Fatigue,

HEENT: All negative for cough, runny nose, congestion, sinus pain, earache, sore throat, bleeding gums, dysphagia, hearing loss, hoarseness, nose bleeds, tinnitus, & rhinorrhea.

All negative for blurred vision, cataracts, diplopia, dry eyes, drainage, glaucoma, headache, itching, pain, photophobia, and visual loss.

CARDIOLOGIC: All negative for: pain, murmur, palpitations, numbness, cardiovascular, dizziness, diaphoresis, exertional SOB, syncope.

RESPIRATORY: All negative for cough, hemoptosis, orthopnea, shortness of breath, sputum, and wheeze.

GASTROINTESTINAL: All negative for abdominal pain, appetite loss, anorexia, belching, constipation, diarrhea, flatulence, heartburn, hematchezia, hematemesis, indigestion, mass, swelling and ulcers.

MUSCULOSKELETAL: All negative for extremity pain, trouble with ambulation, joint pain and varicose veins.

NEUROLOGIC: All negative for headache, difficulty with vision, numbness in hands and feet, hot flashes, and night sweats.

PHYSICAL EXAMINATION:

GENERAL: Patient appears consistent with age, well developed/nourished, NAD, and alert and oriented x 3. Alert & Oriented x3; Appears Consistent with Age;

PSYCHIATRIC: Depression; Anxiety; Memory Intact; Alert and Oriented x3; :

REVIEW:

Depression Screening:

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1. Over the past two weeks, has the patient felt down, depressed or

Yes

2. Over the past two weeks, has the patient felt little interest or pleasure in doing things?

Yes

Functional Ability / Safety Screening

1. Was the patient's timed Up & Go test unsteady or longer than 30 seconds? Yes

2. Does the patient need help with the phone, transportation, shopping, preparing meals, housework, laundry, medications or managing money? No

3. Does the patient's have rugs in the hallway, lack grab bars in the bathroom, lack handrails on the stairs or have poor lighting? No

4. Have you noticed any hearing difficulties? No
25 minutes or more of this 40 minute visit were spent counseling the patient

ASSESSMENT:

F33.1 - Major depressive disorder, recurrent, moderate (PRIMARY)

F41.9 - Anxiety disorder, unspecified

PLAN:

GOALS: Continue medication plan and return to clinic as instructed.

Zoloft 100 mg tablet

Refills: 1 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (100 MG) BY ORAL ROUTE ONCE DAILY

Electronically signed by Carol Stewart, NP on 06/14/17 10:56 AM