

Auburn Montgomery Student Health Services

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

Date: 01/12/18

PATIENT: RUSSELL, ANGELA **DOB:** 07/13/1989 **Gender:** FEMALE **MRN:** 326 **AGE:** 28 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Pt in for follow-up with CRNP. Thinks she had the flu over the weekend and is recovering from that. Other: Weight obtained with shoes on.

COMPLAINT 2: Anxiety

COMPLAINT 3: Rash

VITALS: BP: 111/74 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 70; **Wt:** 124.6 lbs.

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Celexa 20 mg tablet (TAKE 1 TABLET (20 MG) BY ORAL ROUTE ONCE DAILY)
cholecalciferol (vitamin D3) 50,000 unit capsule (1 capsule by mouth weekly x 4 weeks)
prednisone 5 mg tablet (DISP 12 DAYS. TAKE AS DIRECTED ON PACKAGE)

PAST MEDICAL HISTORY: Optic neuritis, anxiety, Had an eating disorder in school. Weight dropped to 83 lbs.

PAST SURGICAL HISTORY: Shoulder surgery-- rotator cuff repair, frenectomy, migraines

SOCIAL HISTORY: Consumes alcohol. socially, There are no environmental risks involved at my home/job. Has Not been exposed to someone with TB. Has Not had excessive exposure to the sun. Exercises regularly; Is Not experiencing unusual stress. Lives alone; Single; Does not use recreational drugs; Does not use tobacco; Does wear a seat belt;

FAMILY HISTORY: Sister with history of: OCD & depression, IBS, Migraine headache. Mother with history of:CREST syndrome (auto immune dz) melanoma, migraines. Father with history of: HTN, anxiety, depression, Maternal Grandmother with history of: Deceased (breast CA). Maternal Grandfather with history of: DMII, colon cancer. Paternal Grandmother with history of: hyperlipademia, HTN, depression, Paternal Grandfather with history of: CHF, CABG. deceased

REVIEW OF SYSTEMS:

CONSTITUTIONALS: All negative for fever, chills, nausea, vomiting, dizziness, fatigue, infertility, & malaise.

GASTROINTESTINAL: Patient is positive for nausea (since beginning the celexa).

SKIN: Lesions on lower legs resolving. States she did not pick up steroid pack from the pharmacy. Itching has decreased. Lesions are smaller and less erythematous.

PSYCHIATRIC: Has been taking Celexa x one week. However, has been home with viral illness. most likely the flu. Therefore, distinguishing fatigue and nausea causation is difficult to determine at this time. Concerned about sexual side effects of Celexa that she read in the literature. However, has had no issues as of today.

PHYSICAL EXAMINATION:

GENERAL: Patient appears consistent with age, well developed/nourished, NAD, and alert and oriented x 3.

DERMATOLOGIC: Temperature: warm dry; normal turgor, no jaundice, no signs of infection. Lesions on lower legs bilaterally decreased in size since previous visit one week ago.

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PSYCHIATRIC: Mood and Affect Appropriate; Alert and Oriented x3; no episodes of anxiety or panic attacks since last visit one week ago.

ASSESSMENT:

F41.9 - Anxiety disorder, unspecified (PRIMARY)
F33.0 - Major depressive disorder, recurrent, mild
L30.9 - Dermatitis, unspecified

PLAN:

Will continue Celexa at current dose and return to clinic for RTC in one week.
Will d/c prescription steroid order and use OTC hydrocortisone 1% if needed.
Return to clinic sooner than one week if needed.

Electronically signed by Carol Stewart, NP on 01/12/18 3:50 PM