

Auburn Montgomery Student Health Services

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

Date: 01/19/18

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

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: In for recheck with CRNP

VITALS: BP: 112/77 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 62; **Ht:** 66.2 in.; **Wt:** 125.6 lbs.; **BMI:** 20.15

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.

DERMATOLOGICAL: Reports pruritic rash over left upper extremity and lower extremities bilaterally. She states that it subsided but returned and is now reddened.

PSYCHOLOGICAL: Patient reports occasional episodes of severe panic attacks usually associated with leaving her home, going to the store, being at work, or in any public place. She states that they are better now than they have been in the past. She also states that the Celexa makes her feel more alert during the day.

PHYSICAL EXAMINATION:

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

DERMATOLOGIC: Temperature: warm dry; normal turgor, no jaundice, no signs of infection, rash with redness and excoriation noted. It is widely distributed over left arm and lower legs bilaterally. Areas vary in size. Edges not well demarcated. No weeping, no vesicles, no pustules noted.

PSYCHIATRIC: Alert and Oriented x3; appears anxious but answers questions appropriately, eye contact improved since previous visit.

ASSESSMENT:

L30.9 - DERMATITIS, UNSPECIFIED (PRIMARY)

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F41.9 - ANXIETY DISORDER, UNSPECIFIED

F33.0 - MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD

PLAN:

triamcinolone acetonide 0.1 % topical cream

Refills: 0 Qty: 454 GRAM(S)

Instructions: APPLY BID TO AFFECTED AREA.

Continue Celexa as prescribed

Follow-up in 2 weeks

Electronically signed by Carol Stewart, NP on 01/19/18 11:10 AM