

Auburn Montgomery Student Health Services

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

Date: 11/13/17

PATIENT: RUSSELL, ANGELA **DOB:** 02/02/1984 **Gender:** FEMALE **MRN:** S00372998 **AGE:** 33 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Vision loss

Symptoms: Last Thursday night, lost vision in (R) eye for a few moments, then it returned. No pain or injury occurred.

Location: (R) Eye

ModFact: No unusual activities that day. Did have a stress test that day.

VITALS: BP: 128/80 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 94; **Ht:** 66.2 in.; **Wt:** 126.9 lbs.; **BMI:** 20.35; **FDLMP:** 11/12/17

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

No Known Medications

PAST MEDICAL HISTORY: History of migraines, concussions and optic neuritis, and varicella. History of anorexia, anxiety, depression and other mental disorder.

PAST SURGICAL HISTORY:

SOCIAL HISTORY: Shoulder surgery (L) in 2009

FAMILY HISTORY: Mother with history of melanoma, father with history of htn. Maternal grandmother had breast cancer, maternal grandfather had colon cancer. All grandparents with a history of diabetes. Paternal grandfather with a history of HTN and heart disease. All grandparents with a history of HTN. Paternal grandparents with history of high cholesterol. Paternal grandparents with a history of stroke.

PHYSICAL EXAMINATION:

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

HEENT: EOMI, PERRLA, lids and conjunctiva appear normal, sclera white. Peripheral vision intact bilaterally. Vision 20/20 left and 20/25 right (with correction) Near vision-- able to read news print at 18 inches. Ophthalmoscopic exam WNL.

EARS: Ears appear normal. TM's intact and reflect NL. External auditory canal clear.

NOSE: Nose appears normal. Septum without deviation, nasal mucosa moist and pink, no turbinate hypertrophy, sinus nontender

THROAT: Throat is clear, no tonsillar hypertrophy, and no exudates.

NECK: Neck is supple, FROM, no JVD, no lymphadenopathy.

CARDIOVASCULAR: HRRR , no extra heart sounds, no murmur

RESPIRATORY: Lungs CTA; no rhonchi wheeze or rales; breath sounds symmetric; no chest wall tenderness.

MUSCULOSKELETAL: Pulses equal and bilaterally symmetric; No clubbing, cyanosis, or edema; No CVA tenderness.

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NEUROLOGIC: DTR's and +2/4 and bilaterally symmetric for upper and lower extremities. Cranial nerves grossly intact. No focal deficit.

PSYCHIATRIC: Alert and oriented x3; Mood and affect appropriate.

ASSESSMENT:

H53.9 - Unspecified visual disturbance (PRIMARY)

PLAN:

Pt to see primary care physician on Wednesday.

Will assist with neurological referral is needed.

Follow up PRN also if condition worsens or not improved

Electronically signed by Carol Stewart, NP on 11/13/17 5:00 PM