

CONFIDENTIAL Fax

FROM:

AMY B COOPER MD
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TO:

HARVEY, MELODYE M, CRNP
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MCA • 273 Winton M Blount Loop, Montgomery AL 36117-3507

JENKINS, BRITTANEY D (id #26056, dob: 09/15/1989)**MONTGOMERY CARDIOVASCULAR ASSOCIATES PC**

273 Winton M Blount Loop

Montgomery, AL 36117-3507

Phone: (334) 280-1500

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Encounter Summary - Progress Note

Date Printed: 04/28/2020

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Patient	Jenkins, Brittaney D (30yo, F) #26056
DOB	09/15/1989

Patient Address	140 Hambleon Road Montgomery, AL 36117	Home Phone	(334) 538-1109
		Work Phone	

Encounter Reason/Date	Transition of Care Encounter Cardiac Evaluation and Management Followup: Electrocardiogram abnormal Followup: Chest pain Followup: Essential hypertension 04/28/2020 - 08:00AM - MCA East
History of Present Illness	Ms. Brittaney Jenkins is a 30-year-old female referred by Melodye Harvey, CRNP for evaluation and management of CP, HTN and abnormal EKG. She has a h/o nonrheumatic MVP diagnosed in her teens. Her mother has h/o MVP and her father suffered an MI. She reports a dull, soreness in her left chest into her left arm over the past couple of weeks w/occasional numbness in her left fingers. A couple of days prior to her symptoms, she was lifting some heavy boxes at work and also notes doing some heavy house work the day before. She does not recall any acute injury. Her symptoms come and go and she typically notices them at rest. She was given flexeril and toradol by her PCP to use prn. She has not had the chest soreness for the past 2 days. During her recent visit to her PCP, her HR was noted to be 104bpm on her EKG. She denies feeling any palpitations. Denies dizziness or syncope. Her EKG in office today shows ST w/rate 107bpm and she is asymptomatic. Her BP has been well controlled on her current regimen w/average numbers in the 120s/70s. She has recently started using a stationary bike for exercise and reports no symptoms during activity. She denies edema, orthopnea or PND. She is scheduled for an echo in our office next week.
Review of Systems	General: General: no recent weight gain or loss and no fever, weakness, fatigue, night sweats, exercise intolerance, or malaise or general achiness. Eyes: Eyes: no cataracts, double vision/diplopia, history of glaucoma, sensitivity to light/photophobia, or loss of vision. Ears/Nose/Mouth/Throat: Ears: no difficulty hearing, ear pain, or ringing in the ears/tinnitus. Nose: no nosebleeds or sinus problems. Mouth/Throat: no sore throat, bleeding gums, dry mouth, mouth ulcers, or teeth problems or dental decay. Respiratory: Respiratory: no cough, wheezing, snoring, shortness of

breath, or coughing up blood.

Gastrointestinal: Gastrointestinal: no vomiting, diarrhea, dyspepsia/indigestion, GERD, jaundice, constipation, nausea, abdominal pain, blood in stool or black/tarry stools, or difficulty swallowing /dysphagia and normal appetite and not vomiting blood.

Genitourinary: Genitourinary: no difficulty urinating or initiating urination and no incontinence, hematuria/blood in urine, increased frequency or urgency, burning sensation during urination, pain during urination/dysuria, or pelvic pain.

Musculoskeletal: Musculoskeletal: no muscle weakness or aches or cramps and no arthralgias/joint pain, back pain, or joint swelling.

Peripheral Vascular: right lower extremity no temperature change to right leg or right foot and no right lower leg pain with walking (no claudication), loss of hair from right lower limb, or skin discoloration or ulceration of right lower extremity. left lower extremity no temperature change to left leg or left foot and no left lower leg pain with walking (no claudication), loss of hair from left lower extremity, or skin discoloration or ulceration of left lower extremity.

Integumentary: Skin: no rashes or itching/puritis.

Neurologic: Neurologic: no seizures, dizziness, headaches, tremors, loss of consciousness, focal weakness, severe headaches, memory loss, or history of falls and normal gait/no unsteadiness or walking difficulty and **numbness**.

Psychiatric: Psych: no sleep disturbances or disturbances: excessive sleepiness during the day (daytime somnolence) and no depression, anxiety, hallucinations, or suicidal thoughts.

Endocrine: Endocrine: no fatigue, unusual sweating, heat intolerance, or intolerance to cold.

Hematologic/Lymphatic: Hematologic/Lymphatic no bruising, swollen glands, excessive bleeding, or unusual bleeding tendency.

Allergic/Immunologic: Allergy/Immunologic: no itching, hives, runny nose, sinus pressure, or frequent sneezing.

Vitals

Ht:	5 ft 4 in 04/28/2020 08:01 am	Wt:	214 lbs 04/28/2020 08:02 am	BMI:	36.7 04/28/2020 08:02 am
BP:	132/70 sitting 04/28/2020 08:09 am	HR:	107 04/28/2020 08:14 am		

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications	
amLODIPine 5 mg tablet Take 1 tablet(s) every day by oral route.	04/28/20 entered
benazepril 20 mg-hydrochlorothiazide 12.5 mg tablet Take 1 tablet(s) every day by oral route.	04/28/20 entered
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule Take 1 capsule(s) every week by oral route.	04/28/20 entered
ferrous sulfate 325 mg (65 mg iron) tablet Take 1 tablet(s) every day by oral route.	04/28/20 entered
Singulair 10 mg tablet Take 1 tablet(s) every day by oral route.	04/28/20 entered

	04/28/20 pt did not bring meds, reviewed list. bAR																				
Family History	<table border="1"> <tr> <td colspan="2">Reviewed Family History</td></tr> <tr> <td>Mother</td><td>- Family history of Cardiovascular disease - mitral valve prolapse</td></tr> <tr> <td></td><td>- Cerebrovascular accident</td></tr> <tr> <td>Father</td><td>- Myocardial infarction</td></tr> <tr> <td>Maternal Grandmother</td><td>- Family history of Cardiovascular disease - congestive heart failure</td></tr> <tr> <td></td><td>- Diabetes mellitus</td></tr> <tr> <td>Paternal Grandmother</td><td>- Cerebrovascular accident</td></tr> <tr> <td></td><td>- Hypertensive disorder</td></tr> <tr> <td>Maternal Grandfather</td><td>- Diabetes mellitus</td></tr> <tr> <td>Paternal Grandfather</td><td>- Hypertensive disorder</td></tr> </table>	Reviewed Family History		Mother	- Family history of Cardiovascular disease - mitral valve prolapse		- Cerebrovascular accident	Father	- Myocardial infarction	Maternal Grandmother	- Family history of Cardiovascular disease - congestive heart failure		- Diabetes mellitus	Paternal Grandmother	- Cerebrovascular accident		- Hypertensive disorder	Maternal Grandfather	- Diabetes mellitus	Paternal Grandfather	- Hypertensive disorder
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Results/Interpretations	None recorded																				
Physical Exam	Patient is a 30-year-old female. Constitutional: General Appearance: well-developed, appears stated age, and obese. Level of Distress: comfortable. CSHA Clinical Frailty Assessment 2: Well appearing. Psychiatric: Mental Status: normal affect, concentration, mood, and attention span and alert, cooperative, and cognition intact. Orientation: oriented to time, place, and person. HEENT: Head: normocephalic and atraumatic. Mouth, Lips, Teeth: no cyanosis or deformity or lesions and normal dentition. Ears: normal hearing. Nose: no lesions on external nose. Eyes: Lids and Conjunctivae: no discharge, pallor, xanthelasma, or arcus. Pupils: PERRLA and EOM intact. Neck: Neck: supple, trachea midline, no masses, and normal ROM. Carotid Arteries: no bruits or thrills and bilateral normal upstroke. Jugular Veins: normal jugular venous pressure. Lungs: Respiratory Effort: unlabored. Chest Exam: no thoracic deformity or chest wall tenderness and normal curvature. Auscultation: no wheezing, rales, or rhonchi and clear bilaterally. Cardiovascular: Precordial Exam: no heaves or precordial thrills and non displaced focal PMI. Rate And Rhythm: tachycardic. Heart Sounds: no rub, gallop, or click and normal S1 and physiologically split S2. Systolic Murmur: not heard. Diastolic Murmur: not heard. Extremities: no cyanosis, edema, clubbing, or peripheral signs of emboli and normal temperature and capillary refill. Peripheral Pulses: Pulses of Chest and Abdomen: no palpable aortic enlargement or audible aortic bruit. Radial Pulse: normal. Posterior Tibialis Pulse normal. Dorsalis Pedis Pulse: normal. Abdomen: Inspection and Palpation: non distended or tender and soft and no masses. Liver: non tender or no hepatomegaly. Musculoskeletal: Inspection: no joint tenderness or swelling, no erythema, and normal ROM. Neurologic: Gait: normal gait. Motor: normal strength and tone. Neurological: speech fluent and cranial nerves II-XII grossly intact.																				

Assessment and Plan	Skin: Inspection and Palpation: skin intact and warm and dry.
	1. Electrocardiogram abnormal - ST noted and she relates typical HRs in 90s. She has no sx related to this. Will arrange a 24 hour monitor and f/u on echo ordered by PCP R94.31: Abnormal electrocardiogram [ECG] [EKG] • ELECTROCARDIOGRAM 2. Chest pain - atypical and unrelated to exertion. Seems more c/w cervical disc issue after heavy lifting and sx improved with Flexeril. She has been fearful to exercise and push herself so will arrange GXT although I have a low suspicion for CAD R07.9: Chest pain, unspecified 3. Essential hypertension - good control typically in 130/80s or below at home I10: Essential (primary) hypertension • HIGH BLOOD PRESSURE: CARE INSTRUCTIONS 4. Iron deficiency anemia - started on Fe supplements recently for mild anemia, may be contributing to some degree to tachycardia D50.9: Iron deficiency anemia, unspecified 5. Mitral valve prolapse - no significant murmur on exam, echo pending I34.1: Nonrheumatic mitral (valve) prolapse Return to Office • Monitors for BioTel Holter Monitor at MCA East on 05/05/2020 at 11:00 AM • Echocardiogram for Echocardiogram at MCA East on 05/05/2020 at 08:15 AM • Nuclear Medicine for Standard Stress Test at MCA East on 05/12/2020 at 01:30 PM • Lauren Studdard, NP for Return MLP at MCA East on 05/29/2020 at 10:40 AM

Electronically Signed by: AMY B COOPER MD

