

CONFIDENTIAL Fax

FROM:

LAUREN STUDDARD, NP
273 Winton M Blount Loop, Montgomery, AL 36117-3507
Phone: (334) 280-1500
Fax: (334) 280-1600

TO:

HARVEY, MELODY M, CRNP
Fax: (334) 244-3396

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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

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Encounter Summary - Progress Note

Date Printed: 06/01/2020

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

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

Encounter Reason/Date	Cardiac Evaluation and Management Followup: Mitral valve prolapse Followup: Electrocardiogram abnormal Followup: Iron deficiency anemia Followup: Essential hypertension Followup: Chest pain 06/01/2020 - 08:20AM - MCA East
History of Present Illness	Ms. Jenkins is a 30 year old female who returns for reassessment of symptoms and risk assessment following diagnostic testing. She was referred to Dr. Cooper for evaluation of chest pain and abnormal EKG. She was recently found to be anemic and placed on iron supplements. She has a history of nonrheumatic MVP. EKG showed sinus tachycardia. Her chest pain was atypical. GXT was low risk for ischemia. Holter monitor was benign with high average HR of 98. There were no arrhythmias. Echo revealed an EF of 65-70%, normal wall motion, normal filling, and mild TR. She returns to the office today feeling well. She denies any recurrent chest pain or arm pain. She denies shortness of breath, dizziness, near syncope, or syncope.
Review of Systems	Neurologic: Neurologic: no numbness, seizures, dizziness, tremors, loss of consciousness, focal weakness, severe headaches, memory loss, or history of falls and normal gait/no unsteadiness or walking difficulty. General: General: no recent weight gain or loss and no fever, weakness, fatigue, night sweats, exercise intolerance, or malaise or general achiness. Respiratory: Respiratory: no cough, wheezing, snoring, shortness of breath, or coughing up 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. 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.

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.

Integumentary:Skin: no rashes or itching/puritis.

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.

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

Vitals

Ht:	5 ft 4 in Standing 06/01/2020 08:32 am	Wt:	212.6 lbs With clothes 06/01/2020 08:32 am	BMI:	36.5 06/01/2020 08:32 am
BP:	128/72 sitting 06/01/2020 08:36 am	HR:	93 06/01/2020 08:35 am		

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

Allergy Relief (cetirizine) 10 mg capsule Take 1 capsule(s) every day by oral route as needed.	05/12/20 entered
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
cyclobenzaprine 5 mg tablet Take 1 tablet(s) every 8 hours by oral route as needed.	05/12/20 entered
ferrous sulfate 325 mg (65 mg iron) tablet Take 1 tablet(s) every day by oral route.	04/28/20 entered
ketorolac 10 mg tablet Take 1 tablet(s) every 6 hours by oral route as needed.	05/12/20 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

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

	<table> <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>	Paternal Grandmother	- Cerebrovascular accident		- Hypertensive disorder	Maternal Grandfather	- Diabetes mellitus	Paternal Grandfather	- Hypertensive disorder
Paternal Grandmother	- Cerebrovascular accident								
	- Hypertensive disorder								
Maternal Grandfather	- Diabetes mellitus								
Paternal Grandfather	- Hypertensive disorder								
Past Medical History	Reviewed Past Medical History Anemia: Y Hypertension: Y								
Past Surgical History	Reviewed Surgical History ✧ Procedure on ankle ✧ Standard Stress Test - 05/12/2020 - normal ✧ Echocardiogram - 05/05/2020 - ef 65-70%, mild tr, no pericardial effusion ✧ Holter - 05/05/2020 - NSR with high average HR of 98BPM. no arrhythmias seen								
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: regular rate and rhythm. 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. Skin: Inspection and Palpation: skin intact and warm and dry.								

Assessment and Plan

Ms. Jenkins returns to the office today after recent diagnostic testing. Standard stress test, holter monitor, and Echocardiogram were normal. Reassurance was provided. Weight loss and exercise were encouraged. She will continue routine follow up with her PCP for management of her blood pressure. I have encouraged her to follow back up in our office if needed in the future.

1. Chest pain

R07.9: Chest pain, unspecified

2. Electrocardiogram abnormal

R94.31: Abnormal electrocardiogram [ECG] [EKG]

3. Mitral valve prolapse

I34.1: Nonrheumatic mitral (valve) prolapse

4. Essential hypertension

I10: Essential (primary) hypertension

5. Iron deficiency anemia

D50.9: Iron deficiency anemia, unspecified

Patient Instructions

- I have discussed with patient the importance of routine primary care follow up. I have not arranged a routine follow up with me but am happy to see patient at any point should cardiac symptoms or concerns arise.

Return to Office

None recorded

Electronically Signed by: LAUREN STUDDARD, NP

