

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery AL, 36117-8092
(334) 244-3281

Date: 07/16/21

PATIENT: STEWART, CAROL **DOB:** 09/03/1958 **Gender:** **MRN:** 3 **AGE:** 62 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Weight loss

HISTORY OF PRESENT ILLNESS: Mrs. Stewart presents today for help with weight loss. She has gained 20 lbs over the last few years. Her normal weight is in the 130s. She walks 3 miles nearly every day and works on her diet with no success. She is interested in trying contrave. She is currently on prozac for depression and trazodone for sleep. She states she was also on wellbutrin 300mg once daily in conjunction with the other 2 meds in the past and did well with them, but she quit taking the wellbutrin several years ago because she didn't want to be on 3 medications for her depression.

VITALS: BP: 118/82 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 87; **Temp:** 97.3; **Resp:** 16; **Ht:** 68 in.; **Wt:** 157.3 lbs.;
BMI: 23.91; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Activella 1 mg-0.5 mg tablet (1 table PO daily)
Adderall 10 mg tablet (2 tabs in am and 1 tab at noon)
Lotrisone 1 %-0.05 % topical cream (APPLY TO THE AFFECTED AND SURROUNDING AREAS OF SKIN BY TOPICAL ROUTE 2 times per day)
Maxalt 10 mg tablet (PRN)
Prozac 40 mg capsule (1 tab PO Daily)
Vitamin D3 125 mcg (5,000 unit) tablet (qd)
pravastatin 20 mg tablet (qd)
trazodone 50 mg tablet (1 tablet PO QHS)

PAST MEDICAL HISTORY: Migraines, depression, HLD; ADD; History of HTN controlled without meds now; insomnia.

PAST SURGICAL HISTORY: Breast augmentation; ventral hernia repair 2018; Brow lift 2021

SOCIAL HISTORY: Divorced. Single. Lives alone. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY: Mother- T2DM, HTN, CVD, hypothyroidism, depression. Father- CVD, HTN, HLD.

HEALTH MX HISTORY:

Psych- Dr. Ram

REVIEW OF SYSTEMS:

CONSTITUTIONALS: All 14 point review of systems negative except those listed in HPI.

PHYSICAL EXAMINATION:

GENERAL: GENERAL: No apparent distress noted; Well developed; Pleasant.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted; No carotid bruits noted. No peripheral edema bilateral lower extremities.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

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MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

PSYCHIATRIC: Appropriate mood and affect.

ASSESSMENT:

R63.5 - Abnormal weight gain (PRIMARY)

PLAN:

Rx for contrave. Her goal is to lose 10 lbs. Continue diet and exercise. Follow up in 1 month for weight recheck.

Contrave 8 mg-90 mg tablet, extended release

Refills: 0 Qty: 70 TABLET(S)

Instructions: Take 1 tablet PO once daily x 7 days; 1 tab PO BID x 7 days; 2 tabs in am and 1 tab QHS x 7 days; 2 tabs PO BID.

Electronically signed by Lindsey Barton, CRNP on 07/16/21 5:03 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style.