

Auburn Montgomery Student Health Services

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

Date: 02/15/18

PATIENT: STRONG, JOHNITA **DOB:** 08/31/1965 **Gender:** **MRN:** 467 **AGE:** 52 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: Back pain

Symptoms: Was trying to move a table bottom and may have pulled a muscle in the (L) side of her upper back.

Quality: Throbbing pain

Severity: 6-8 on pain scale

Duration: Happened today

ModFact: Took some Tylenol for pain

Other: Takes several medications for HTN, high cholesterol. Crestor Prvastatin and an inhaler. Several others.

VITALS: BP: 155/94 **Pulse:** 76; **Ht:** 62.7 in.; **Wt:** 148.4 lbs.; **BMI:** 26.54

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: History of HTN, high cholesterol, uses the inhaler for SOB. arthritis, heart disease.

PAST SURGICAL HISTORY: Hysterectomy

SOCIAL HISTORY: Sexually active female with 1 partner not using any BC. Did not indicate if she smoked, used recreational drugs or smoked tobacco.

PHYSICAL EXAMINATION:

GENERAL: Well/Developed/Nourished; Appears Consistent with Age; NAD;

HEENT: Normocephalic; EOMI; Sclera White; Conjunctiva Clear; Oropharynx appears normal. Airways patent, no cyanosis of lips or mucosa. membranes moist, gums pink, tongue and uvula midline, good dentation.

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

NOSE: Septum without Deviation; Nasal mucosa moist and pink; No Turbinate Hypertrophy; Sinus nontender;

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

CARDIOVASCULAR: HRRR , no extra heart sounds, no murmur

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

MUSCULOSKELETAL: Gait Normal; muscle tenderness noted. left upper back---tenderness with palpation, tenderness with ROM

NEUROLOGIC: No Focal Deficit; Gait and Station Normal;

PSYCHIATRIC: Mood and Affect Appropriate; Alert and Oriented x3;

ASSESSMENT:

S29.012A - STR MUS AND TENDON OF BACK WALL OF THORAX INIT (PRIMARY)

PLAN:

ketorolac 10 mg tablet

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Refills: 0 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE EVERY 6 HOURS AS NEEDED

cyclobenzaprine 10 mg tablet

Refills: 0 Qty: 20 TABLET(S)

Instructions: 1 tab po every 8 hours as needed

Warm compress to affected area 2-3 times per day.

RTC 1 week

Electronically signed by Melodye Harvey, CRNP on 02/15/18 4:59 PM