

Auburn Montgomery Student Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 02/22/22

PATIENT: CUI, RONG **DOB:** 06/02/1962 **Gender:** FEMALE **MRN:** 4800 **AGE:** 59 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Follow up

HISTORY OF PRESENT ILLNESS: Mrs. Rong is a 59 yo female here today for follow up for her chronic conditions. She was suppose to return to China last year but was unable to do so secondary to travel restrictions. Her daughter and SIL are at bedside. They would like to have a screening mammogram since this is not offered in her country. She has not had a colonoscopy or pap smear that she is aware of either. They are also concerned about her aneurysm history. She has an aneurysm that was left alone and was measuring 3 mm. Her last MRI was in 2018 and she was told she needs one in 4 years. She has no symptoms at this time. She is compliant with her meds except she ran out of the metformin 2 weeks ago. Her BP today is 145/96 and they are concerned about it being too high. At home, when they check it, it usually runs around 130s/80s but they rarely check it.

VITALS: BP: 145/96 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 82; **Temp:** 97.6; **Resp:** 16; **Ht:** 61.5 in.; **Wt:** 138.2 lbs.; **BMI:** 25.68; **Pulse Oximetry:** 98%

ALLERGIES: Lipitor; Penicillins

MEDICATIONS:

Crestor 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY AT BEDTIME)
Enteric Coated Aspirin 81 mg tablet, delayed release (TAKE 1 TABLET (81 MG) BY ORAL ROUTE ONCE DAILY)
Lotensin 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY)
metformin 500 mg tablet (TAKE 1 TABLET (500 MG) BY ORAL ROUTE 2 TIMES PER DAY WITH MORNING AND EVENING MEALS)
nifedipine ER 30 mg tablet, extended release (TAKE 1 TABLET (30 MG) BY ORAL ROUTE ONCE DAILY)

PAST MEDICAL HISTORY: HTN, DM2, Hyperlipidemia, Brain aneurysm, Stroke.

PAST SURGICAL HISTORY: brain aneurysm repair.

SOCIAL HISTORY: denies tobacco, alcohol, and illicit drug use.

HEALTH MX HISTORY:

Hgb A1C- 8/5/2021
Microalbumin- Oct. 2021
Foot exam- Oct. 2021

Mammogram- never
Colonoscopy- never
Pap smear- never

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.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI. Ears- tympanic membranes clear.

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Ear canals are patent. Nose- septum- midline; No maxillary or frontal sinus tenderness. Throat- pink without exudates. No anterior or posterior cervical nodes palpated; No palpable thyroid abnormality or enlargement.

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.

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.

ORDERS:

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
HEMOGLOBIN A1c (1 unit(s)): Quest Diagnostics

ASSESSMENT:

I10 - ESSENTIAL (PRIMARY) HYPERTENSION (PRIMARY)
E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E78.5 - HYPERLIPIDEMIA, UNSPECIFIED

PLAN:

Follow up with lab results. Given referral for mammogram. Offered pap smear appt when they get ready to schedule. She asked if her husband could be seen here as well. Ok to schedule.

Crestor 10 mg tablet

Refills: 1 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY AT BEDTIME

Enteric Coated Aspirin 81 mg tablet, delayed release

Refills: 1 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (81 MG) BY ORAL ROUTE ONCE DAILY

Lotensin 10 mg tablet

Refills: 1 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY

metformin 500 mg tablet

Refills: 1 Qty: 180 TABLET(S)

Instructions: TAKE 1 TABLET (500 MG) BY ORAL ROUTE 2 TIMES PER DAY WITH MORNING AND EVENING MEALS

nifedipine ER 30 mg tablet, extended release

Refills: 1 Qty: 90 TABLET(S)

Instructions: TAKE 1 TABLET (30 MG) BY ORAL ROUTE ONCE DAILY

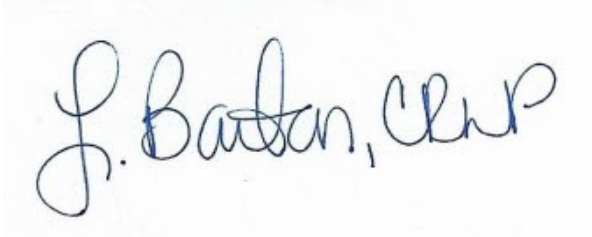
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Electronically signed by Lindsey Barton, CRNP on 02/22/22 4:51 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive style with a large initial "J" and a stylized "B".