

**Auburn Montgomery Warhawk Health Services**

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

**Date:** 08/16/23

**PATIENT:** MOORE, LAKAYLA   **DOB:** 03/09/1987   **Gender:** FEMALE   **MRN:** 4903   **AGE:** 36 Years

**VISIT TYPE:** Office Visit Established

**CHIEF COMPLAINT:** Follow up with abdominal pain from yesterday.

**HISTORY OF PRESENT ILLNESS:** Ms. Moore is a 36 yo female here today for continued abdominal pain across the lower abdomen. She states the nausea/vomiting/diarrhea have resolved. She currently rates her pain "6/10" as a constant, dull ache. Denies urinary symptoms, blood, or mucus in her stool. She is concerned she has diverticulitis. She states she has no personal history of it, but her dad has had it in the past with similar symptoms. She denies fever since that one incident 1-2 days ago.

Her last normal BM was several days ago. She states she does have problems with constipation ever since having her hysterectomy. She states she will have a BM 1-2 times a week and occasionally has to take stool softeners as well.

**VITALS:** BP: 121/77   **Pulse:** 87;   **Temp:** 97;   **Resp:** 16;   **Wt:** 125.7 lbs.;   **Pulse Oximetry:** 98%

**ALLERGIES:** Amoxicillin (product)

**MEDICATIONS:**

ondansetron HCl 4 mg tablet (take 1 tablet every 8 hrs as needed for nausea/vomiting. )

**PAST MEDICAL HISTORY:** endometriosis, constipation.

**PAST SURGICAL HISTORY:** uterine ablation. Partial hysterectomy in Jan 2023.

**SOCIAL HISTORY:** ETOH on occasion; Does not use tobacco; Does not use recreational drugs;

**FAMILY HISTORY:** Father- diverticulitis.

**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.

GASTROINTESTINAL: Abdomen is soft; + Tenderness to palpation across the lower abdomen. Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted. No CVA tenderness.

MUSCULOSKELETAL: Normal range of movement x 4 extremities

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.

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**ASSESSMENT:**

K59.00 - Constipation, unspecified (PRIMARY)  
K43.9 - Ventral hernia without obstruction or gangrene  
R10.30 - Lower abdominal pain, unspecified

**PLAN:**

Given referral to BMCE outpatient department for CT abd/pelvis with contrast and labs. Review of CT report shows no diverticulitis. + constipation, simple cyst in upper pole of left kidney and left lobe of the liver, with wide neck ventral hernia present (see report). D/W Mrs. Moore. Senokot for constipation and referral to gen. surg for ventral hernia.

Senokot 8.6 mg tablet

Refills: 1 Qty: 60 TABLET(S)

Instructions: TAKE 2 TABLETS (17.2 MG) BY ORAL ROUTE ONCE DAILY as needed for constipation.

Referral: Cooper, Jack (General Surgery)

No Special Instructions

Electronically signed by Lindsey Barton, CRNP on 08/16/23 3:34 PM

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