

Auburn Montgomery Student Health Services

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

Date: 02/04/22

PATIENT: GRAY, DEVONNA **DOB:** 03/25/1961 **Gender:** FEMALE **MRN:** 4959 **AGE:** 60 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: physical; lower back pain

HISTORY OF PRESENT ILLNESS: 60 year old female presents for a physical and for complaints of lower back pain. Back pain has been present for "a while". Patient goes on to explain that sometimes she also has pain in her neck intermittently with occasional night time awakening with right hand numbness. She reports having a herniated disc at one time but not sure if it were her neck or her lower back.

She also c/o low back pain w/ pain radiating down her left hip and leg. This has been ongoing for several years. She has been taking ibuprofen with some relief. She was prescribed flexeril in the past and would like a refill. She reports the pain in her back and left leg are worse at night as well.

VITALS: BP: 160/73 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 59; **Temp:** 96.9; **Resp:** 16; **Ht:** 64 in.; **Wt:** 208.2 lbs.; **BMI:** 35.73; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Eliquis 5 mg tablet (1 TABLET PO TWICE DAILY)
hydrochlorothiazide 25 mg tablet (1 TABLET DAILY)
ibuprofen 800 mg tablet (PRN)
omeprazole 40 mg capsule, delayed release (1 TABLET DAILY)
valacyclovir 1 gram tablet (1 TABLET DAILY)

PAST MEDICAL HISTORY: HTN, GERD; COVID August 2021. LLE DVT Sept. 2021. Chronic low back pain with left sciatica.

PAST SURGICAL HISTORY: Cholecystectomy

SOCIAL HISTORY: Recently moved here from New York with family. Works at AUM. Denies tobacco and illicit drug use. Admits to occasional alcohol intake.

FAMILY HISTORY:

HEALTH MX HISTORY:

Colonoscopy 2012 reportedly normal. Hemocult cards normal in 2019.
Mammogram- 2019- reportedly normal.
Pap smear- 2020- reportedly normal.

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. Ear canals are patent. Nose- septum- midline; No maxillary or frontal sinus tenderness. Throat- pink without exudates. No

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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.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally. No vertebral point tenderness. Negative SLR bilaterally. + FROM complete spine.

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:

Cervical Spine MRI W/O CONTRAST (1 unit(s)): Outside Diagnostic
Lumbar Spine MRI W/O CONTRAST (1 unit(s)): Outside Diagnostic
TSH (QUEST) (1 unit(s)): Quest Diagnostics
COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
LIPID PANEL (QUEST) (1 unit(s)): Quest Diagnostics
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics

ASSESSMENT:

Z00.00 - ENCNT FOR GEN ADULT MEDICAL EXAM W/O AB FIND (PRIMARY)
I10 - ESSENTIAL (PRIMARY) HYPERTENSION
M54.50 - LOW BACK PAIN, UNSPECIFIED
M54.2 - CERVICALGIA
Z12.11 - ECTR FOR SCREENING FOR MALIG NEOPLASM OF COLON
Z12.39 - ECTR FOR OTH SCREEN FOR MALIG NEOPLASM OF BREAST

PLAN:

Patient is educated on the need to go have her US of the LLE performed as it was due in December. Patient voices understanding and is aware that she is to schedule for the test to be done, due to her cancelling two other appointments that conflicted with her work schedule.

She took the Eliquis for 3-4 months as was prescribed. She has not had a refill since December for her DVT in leg diagnosed in Sept. 2021 after having COVID.

Referral: EMIC, East Montgomery Imaging Center (Radiology)
Instructions: MRI L-spine and C-spine w/o contrast

Referral: Health Center, Baptist Breast (Radiology)
No Special Instructions

Referral: Anderson, Dr. Mark (Gastroenterology)

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No Special Instructions

Electronically signed by Lindsey Barton, CRNP on 02/04/22 4:56 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style. The "J" is large and loops around the first part of the name. "Barton" is written in a standard cursive, and "CRNP" is written in a slightly more upright, blocky cursive style.