

Auburn Montgomery Warhawk Health Services

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

Date: 11/15/24

PATIENT: BRONSON, PORTIA **DOB:** 06/16/1983 **Gender:** FEMALE **MRN:** 4969 **AGE:** 41 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: 3 month follow up

HISTORY OF PRESENT ILLNESS: Ms. Bronson is a 41 yo female here today for diabetes follow up. She is currently taking farxiga and ozempic and seems to be doing well. She is down 9 lbs since September. Her A1C in August was 7.2%.

She was recently seen at urgent care for left shoulder pain. An x-ray was performed (see report uploaded). She was treated conservatively. She states her pain has since resolved.

VITALS: BP: 118/76 **Pulse:** 64; **Temp:** 97; **Resp:** 17; **Ht:** 65.3 in.; **Wt:** 319.3 lbs.; **BMI:** 52.64; **Pulse Oximetry:** 99%;
FDLMP: 10/15/24

ALLERGIES: YAZ (28)

MEDICATIONS:

Farxiga 10 mg tablet (TAKE 1 TABLET (10 MG) BY ORAL ROUTE ONCE DAILY IN THE MORNING)
Lancets,Ultra Thin (check blood sugar once daily)
Ozempic 2 mg/dose (8 mg/3 mL) subcutaneous pen injector (INJECT 2 MG BY SUBCUTANEOUS ROUTE ONCE WEEKLY ON THE SAME DAY OF EACH WEEK (DISP. 12 PENS FOR 3 MONTH SUPPLY).)
blood sugar diagnostic strips (check blood sugar once daily and as needed for low blood sugar symptoms.)
cephalexin 500 mg tablet (TAKE 1 TABLET (500 MG) BY ORAL ROUTE BID x 10 days)
indomethacin 25 mg capsule (TAKE 1 CAPSULE (25 MG) BY ORAL ROUTE 3 TIMES PER DAY WITH FOOD until toe pain is resolved.)
lisinopril 40 mg tablet (TAKE 1 TABLET (40 MG) BY ORAL ROUTE ONCE DAILY- to replace the 20mg dose.)
mupirocin 2 % topical ointment (APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY)

PAST MEDICAL HISTORY: T2DM, HTN, GERD

PAST SURGICAL HISTORY: Denies

SOCIAL HISTORY: Married. Her husband works on campus. They recently moved here from New York. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY:

HEALTH MX HISTORY:

DM Foot Exam- January 2024
Wellness- Jan. 2024
Microalbumin- Jan. 2024
Last eye exam- Summer 2024
Pap smear- April 2024- normal. - Dr. Brenner at Montgomery Women's Health Associates.
Mammogram- 2023- abnormal- had US in July 2023 and January 2024. See reports.
Last Hgb A1C- April 2024 6.6%

She was taken off metformin secondary to diarrhea on the lowest dose.

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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 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

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:

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

ASSESSMENT:

E11.9 - TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (PRIMARY)
I10 - ESSENTIAL (PRIMARY) HYPERTENSION
M25.512 - Pain in left shoulder

PLAN:

Diabetes and HTN- Follow up with lab results. Continue meds as directed for now pending labs. Follow up in 3 months for recheck.

For shoulder pain- her pain has resolved. She was inquiring about the need for an MRI. Suggested she wait for now, since she had no injury and pain has resolved at this point. If pain becomes recurrent or persistent, then will consider MRI at that time. She verbalized understanding.

Electronically signed by Lindsey Barton, CRNP on 11/18/24 2:21 PM

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L. Barton, DNP, CRNP