

Auburn Montgomery Student Health Services

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

Date: 08/26/21

PATIENT: MITCHELL, CANDICE **DOB:** 10/31/1982 **Gender:** FEMALE **MRN:** 4973 **AGE:** 38 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: nausea and fatigue for 1.5 months.

HISTORY OF PRESENT ILLNESS: Patient presents to clinic with complaints of nausea and fatigue that have been present for about 1.5 months. Patient was recently diagnosed with hyperthyroidism. She had a thyroid US yesterday and is waiting on the results. She reports 19 lbs. unintentional weight loss and occasional palpitations. She was also told her liver enzymes were abnormal and also had a RUQ US yesterday as well. Results are pending. She has a normal appetite. Denies abdominal pain, vomiting, diarrhea, constipation, or urinary symptoms. Her PCP is Dr. Adejiji. She brought a copy of her most recent labs. She needs some recommended blood work.

VITALS: BP: 130/74 **Site:** RIGHT ARM **Position:** SITTING **Pulse:** 100; **Temp:** 98.1; **Resp:** 16; **Ht:** 71 in.; **Wt:** 175.1 lbs.; **BMI:** 24.42; **Pulse Oximetry:** 98%; **FDLMP:** 08/07/21

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

amlodipine 10 mg tablet (1 tablet daily)
trazodone 100 mg tablet (1 tablet QHS)
Risperidone daily

PAST MEDICAL HISTORY: Hyperthyroidism, insomnia, HTN, HLD, Migraines, PTSD, insomnia, anxiety, depression.

PAST SURGICAL HISTORY: tubal ligation, lipo 360.

SOCIAL HISTORY: Lives off campus. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY: Mother- thyroid problems and HLD.

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; + thyromegaly.

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. Negative Murphy's sign. No CVA tenderness.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

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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: + anxious mood and affect.

ORDERS:

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics
AMYLASE (QUEST) (1 unit(s)): Quest Diagnostics
LIPASE (QUEST) (1 unit(s)): Quest Diagnostics
TSH W/REFLEX T4, FREE (QUEST) (1 unit(s)): Quest Diagnostics
T3 TOTAL (QUEST) (1 unit(s)): Quest Diagnostics
HEPATITIS PANEL ACUTE W/REFLEX TO CONFIRMATION (1 unit(s)): Quest Diagnostics
Thyroid peroxidase and Thyroglobulin Antibodies (1 unit(s)): Quest Diagnostics

ASSESSMENT:

E05.90 - THYROTOX UNSP WITHOUT THYROTOXIC CRISIS OR STORM (PRIMARY)
R94.5 - ABNORMAL RESULTS OF LIVER FUNCTION STUDIES

PLAN:

Follow up with lab results. Send a copy to her PCP. She will need to follow up with Dr. Adejiji for referrals and results of her recent testing. She verbalized understanding.

Electronically signed by Lindsey Barton, CRNP on 09/16/21 8:55 AM

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