

Auburn Montgomery Student Health Services

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

Date: 09/01/21

PATIENT: JAMES, VIVIAN **DOB:** 10/11/1957 **Gender:** FEMALE **MRN:** 4989 **AGE:** 63 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: MVA

HISTORY OF PRESENT ILLNESS: Patient presents to clinic after being in a MVA rear ended. She reports wearing her seatbelt. No loss of consciousness or head injury. Patient reports lower back pain that radiates down to the left hip and rates it at a 10/10. Patient does state that pain is not constant but comes and goes. Denies weakness, tingling, or numbness to lower extremities. She also c/o left sided neck pain. Described as muscle soreness/stiffness. Denies radiation of pain. No numbness, tingling, or weakness to upper extremities.

VITALS: BP: 132/94 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 90; **Temp:** 97.5; **Resp:** 16; **Ht:** 68 in.; **Wt:** 300.5 lbs.;
BMI: 45.69; **Pulse Oximetry:** 97%

ALLERGIES: codeine

MEDICATIONS:

metformin 500 mg tablet (1 tablet PO daily)

PAST MEDICAL HISTORY: DM2, HTN

PAST SURGICAL HISTORY: Right knee meniscus repair; left breast lumpectomy in 1991

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

FAMILY HISTORY:

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.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally. No vertebral point tenderness. FROM of complete spine. + TTP over left sciatic nerve area. Negative SLR bilaterally. 2+ Bilateral radial pulses. Hand grasp strong and equal bilaterally 5/5.

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:

THERAPEUTIC INJECTION ADMIN (1 unit(s)): Injection

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Toradol 60 MG (1 unit(s)): Injection

RESULTS:

Toradol 60 MG :
Site Given: Right Ventral Gluteal
Dosage Given: 2 milliliter(s)
Administered By: Barton, Lindsey - CRNP

ASSESSMENT:

M54.2 - CERVICALGIA (PRIMARY)
M54.42 - LUMBAGO WITH SCIATICA, LEFT SIDE
V89.2XXA - PERSON INJ IN UNSP MOTOR-VEHICLE ACC TRAF INIT

PLAN:

Her last Hgb A1C was 6% last week at her PCP office. She received a steroid shot for sinuses last week as well.

Today rx for muscle relaxer and NSAID. Recommended heating pad, no heavy lifting more than 10 lbs, and limit bending and squatting for the next 2 weeks. Given referral for L-spine and C-spine xrays. Follow up with results.

methocarbamol 750 mg tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: TAKE 1 TABLET (750 MG) BY ORAL ROUTE 3 TIMES PER DAY as needed for muscle spasms

ketorolac 10 mg tablet
Refills: 0 Qty: 20 TABLET(S)
Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE EVERY 8 HOURS AS NEEDED FOR UP pain TO 5 DAYS
TOTAL USE

Referral: EMIC, East Montgomery Imaging Center (Radiology)
Instructions: C-spine and L-spine x-rays. Given referral in office.

Electronically signed by Lindsey Barton, CRNP on 09/04/21 9:26 AM

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