

Auburn Montgomery Warhawk Health Services

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

Date: 12/14/22

PATIENT: LETT, TODD **DOB:** 01/15/1985 **Gender:** MALE **MRN:** 5077 **AGE:** 37 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Abnormal weight gain

HISTORY OF PRESENT ILLNESS: Mr. Lett is a 37 yo male here today for abnormal weight gain. He is up 43 lbs since April 2022. He states he started working here at AUM in April and is on night shift. He has worked night shift in the past but it had been awhile. He states he is working on his diet and exercising 2-3 times per week. He reports 3 lb weight gain this week alone. Denies swelling in legs except for the chronic lymphedema in his right leg.

He c/o fatigue. He has difficulty falling asleep in the mornings when he gets off. He has tried several meds in the past to include ambien (sleep walking) and trazodone (didn't help).

He has a history of low testosterone in the past requiring replacement therapy. In 2017, he lost a bunch of weight and he was taken off all meds.

He has a history of T2DM from 2015-2017 treated with victoza.

History of HTN managed with Lisinopril/HCTZ. Again taken off all meds in 2017 when he lost weight.

VITALS: BP: 146/99 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 77; **Temp:** 97.3; **Resp:** 16; **Ht:** 71 in.; **Wt:** 341.8 lbs.; **BMI:** 47.67; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: lymphedema RLL secondary to lymph node resection in 2008. H/o HTN and T2DM in 2015 (Lost weight and taken off all meds in 2017). Insomnia related to night shift work (Has tried multiple meds for insomnia but couldn't tolerate them). H/o secondary hypogonadism- resolved with weight loss in 2017.

PAST SURGICAL HISTORY: Right groin lymph node resection 2008, appendectomy, tonsillectomy, gallbladder removed

SOCIAL HISTORY: Works night shift on campus. Denies smoking or alcohol use.

HEALTH MX HISTORY:

PCP: Dr. Elrod- hasn't seen him in several years.

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, Obese.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink. No palpable thyroid abnormality or enlargement.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted; No carotid bruits noted. Chronic lymphedema in RLE. 1+ pitting edema LLE.

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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

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:

EKG (1 unit(s)): Office Procedure

ASSESSMENT:

I10 - ESSENTIAL (PRIMARY) HYPERTENSION (PRIMARY)

R63.5 - ABNORMAL WEIGHT GAIN

R60.9 - EDEMA, UNSPECIFIED

Z86.39 - PERSONAL HISTORY OF END NUTRITIONAL & METAB DIS

PLAN:

EKG- NSR with no ischemic changes at 68 BPM. CBC, CMP, TSH, Hgb A1C, BNP order given. He will go to quest to have labs drawn. Follow up with results. Start mounjaro for treatment of diabetes. HCTZ for peripheral edema and HTN. Given BP log. Check BP twice daily. Return in 1 month for recheck.

Mounjaro 2.5 mg/0.5 mL subcutaneous pen injector

Refills: 0 Qty: 4 APPLICATOR(S)

Instructions: INJECT 2.5 MG BY SUBCUTANEOUS ROUTE ONCE WEEKLY FOR 4 WEEKS

hydrochlorothiazide 25 mg tablet

Refills: 1 Qty: 30 TABLET(S)

Instructions: TAKE 1 TABLET (25 MG) BY ORAL ROUTE ONCE DAILY

Electronically signed by Lindsey Barton, CRNP on 12/14/22 9:39 AM

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