

Auburn Montgomery Warhawk Health Services

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

Date: 02/23/23

PATIENT: WALKER, DAVID **DOB:** 05/28/1960 **Gender:** MALE **MRN:** 5106 **AGE:** 62 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Right ear feels "tight" and muffled" all the sudden while sitting at his desk.

HISTORY OF PRESENT ILLNESS: He has HTN. He didn't take his BP meds this morning. He took them about 20 min prior to arrival to the clinic. He notes his BP yesterday was elevated at 140/101. He is not sure if that is what is causing his issue with his ear. It seems to be getting a little bit better since coming to the clinic. He states this happened once before after putting some ear buds in his ears, and that eventually went away over a few hours on it's own.

VITALS: BP: 161/104 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 77; **Temp:** 97.3; **Resp:** 16; **Wt:** 185.2 lbs.; **Pulse Oximetry:** 99%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector
Trulicity 1.5 mg/0.5 mL subcutaneous pen injector (INJECT 1.5 MG BY SUBCUTANEOUS ROUTE ONCE WEEKLY; please dispense 90 day supply.)
diclofenac 1 % topical gel
glimepiride 2 mg tablet
hydrochlorothiazide 12.5 mg capsule (TAKE ONE CAPSULE BY MOUTH ONE TIME DAILY)
lisinopril 20 mg tablet (TAKE ONE TABLET BY MOUTH ONE TIME DAILY)
metformin 1,000 mg tablet
methocarbamol 750 mg tablet
pantoprazole 20 mg tablet,delayed release (TAKE ONE TABLET BY MOUTH ONE TIME DAILY)

PAST MEDICAL HISTORY: T2DM, HTN, chronic joint pain, herniated disc in cervical spine with bilateral arm pain and numbness in left finger tips. He goes to orthopedist in Athens, GA.

PAST SURGICAL HISTORY: right inguinal hernia repair 10 years ago.

SOCIAL HISTORY: Works on campus. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY:

HEALTH MX HISTORY:

PCP- Dr. Patel

Colonoscopy- 2015- reportedly normal.

Flu shot UTD.

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.

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HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI. Ears- Left tympanic membrane is clear. Right TM with serous fluid. 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.

MUSCULOSKELETAL: Normal range of movement x 4 extremities

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.

ASSESSMENT:

H65.01 - Acute serous otitis media, right ear (PRIMARY)

PLAN:

Gave him some samples of zyrtec to take once daily for the next 5 days. He can obtain more etc. Also recommended flonase (he has at home). With the acute onset could possible be related to his uncontrolled BP. He recently took his meds pta to clinic. He can stop back by later this afternoon for a BP check if he would like. He verbalized understanding.

Electronically signed by Lindsey Barton, CRNP on 02/23/23 3:16 PM

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