

Progress Notes

Patient: RAYBORN, Meredith
Account Number: 422771
DOB: 06/27/1974 **Age:** 50 Y **Sex:** Female
Phone: 334-320-5855
Address: 6220 BELL GABLES, MONTGOMERY, AL-36117-4376
Pcp: Lindsey Barton

Provider: Jessica McLemore MD

Date: 11/19/2024

Subjective:

Chief Complaints:

1. NP - SYNCOPE.

HPI:

Constitutional:

Ms. Rayborn is a 50 YOWF here for neurological consultation at the request of Lindsey Barton NP for her syncope. Referral states history of POTS and moved here from Florida. As of 10/22/2024 she had referral to the POTS clinic at UAB and was waiting on the appt to be scheduled.

She has been referred to cardiology as well. She did see cardiology 2 weeks and has follow up with echo ordered.

Wore heart monitor in 2007

Passed out over the summer at work while walking across campus at AUM. She states she is sensitive to the heat and had no warning with this spell like normal. Usually gets dizzy prior to passing out.

She passed out on 7/25/2024 and had CT brain and all normal.

No neurologist since 2007.

Was doing well until 7/2024 and has occurred 5-6x since then.

She is used to this and usually has a warning but no warning with any of her recent syncopal episodes. Can be sitting or standing. Only out a few seconds and feels shaky, groggy and confused when comes too. These symptoms only last a few minutes.

She states heat, dehydration, stress can all trigger but the recent episodes there is no pattern.

No MRI or EEG since 2007.

ROS:

GENERAL/CONSTITUTIONAL:

Patient denies change in appetite, fever, lightheadedness, weakness.

NEUROLOGIC:

Patient denies balance difficulty, dizziness, gait abnormality. Patient complains of fainting.

Medical History: Syncope and collapse, Postural orthostatic tachycardia syndrome [POTS], Calculus of kidney, Eczema herpeticum.

Surgical History: wisdom teeth extraction , nephrostomy , Hysterectomy .

Social History:

Tobacco Use: Tobacco Control (Standard) Tobacco use: Nonsmoker.

Drugs/Alcohol: Do you drink alcohol?: Socially.

Medications: Taking Cetirizine HCl 10 MG Tablet 1 tablet Orally Once a day , Taking Flonase Allergy Relief , Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals:

HR: 84 /min, BP: 122/80 mm Hg, Wt: 250 lbs, BMI: 35.87 Index, Ht: 70 in, Ht-cm: 177.8 cm, Wt-kg: 113.4 kg.

Examination:

General Examination:

GENERAL APPEARANCE: In no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: PERRL, EOMI.

NECK / THYROID: neck supple, full range of motion.

HEART: CV- RRR.

LUNGS: clear to auscultation bilaterally.

Neurological:

COGNITION: awake, alert, 0x3.

CRANIAL NERVES:

CI - Not Tested

CII - VF grossly intact

CIII,IV,VI - EOMI

CV - good masseter, good facial sensation

CVII - No facial asymmetry or weakness

CVIII - hearing grossly intact

CIX ,X- Uvula midline

CXI - Good Sternocleidomastoid, good trapezius

CXII - Tongue protruded midline.

MOTOR STRENGTH: Motor 5/5.

SENSORY: normal bilateral lower extremities.

REFLEXES: bilaterally symmetrical, 1-2+.

PLANTARS: negative Babinski bilateral.

TREMORS: absent.

COORDINATION: Good finger-to-nose and rapid alternating movements.

GAIT AND STATION: Gait within normal limits for age, Romberg -.

SPEECH: normal.

Assessment:

Assessment:

1. Syncope and collapse - R55 (Primary)
2. Postural orthostatic tachycardia syndrome [POTS] - G90.A
3. Eczema herpeticum - B00.0
4. Calculus of kidney - N20.0

Plan:

Treatment:

1. Others

Notes: 50YOF here for initial evaluation.

Syncope

- she has a long history of syncope - was related to dysautonomia in the past - she would have pro-dromal symptoms and did well until 7/2024.
- She now is having more frequent syncopal episodes - has had them from sitting without prodromal symptoms which is different than before
- she has been seeing cardiology and has upcoming ECHO
- i will check MRI Brain and EEG to r/o neurologic cause.

I reviewed patients medication list, evaluated for drug interactions and discussed medications with patient.

Patient has a new problem that needs that needs to be addressed by the workup outlined above.

I talked to patient at length and answered all questions during and at the end of the patient encounter.

Orders:

#1 Fax notes to Lindsey Barton NP

#2 Followup 8 weeks NP

#3 MRI Brain without contrast

#4 EEG

#5 Referral to Dr Paula Moore for dysautonomia

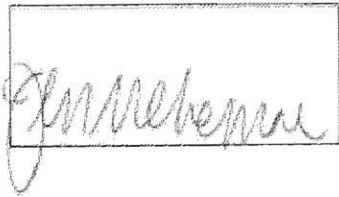
Billing Information:

Visit Code:

99244 Office Consultation Level 4.

Procedure Codes:

Procedure Codes.



Provider: Jessica McLeMore MD

Date: 11/19/2024

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Reviewed
J. Montan, CRP