

Auburn Montgomery Warhawk Health Services

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

Date: 12/01/23

PATIENT: HINES, KATHERINE **DOB:** 12/21/2002 **Gender:** FEMALE **MRN:** 5289 **AGE:** 20 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Weight Loss visit #6 of 6

HISTORY OF PRESENT ILLNESS: She is up 7 lbs since her last visit. She states she is taking her dog for a walk about 20 min each day. She is eating sausage and a biscuit most mornings for breakfast. She skips lunch and is eating dinner, but she thinks she is less than 2000 calories per day. She mostly drinks water. She reports compliance with her synthroid for hypothyroidism.

VITALS: BP: 146/87 **Site:** RIGHT ARM **Position:** SITTING **Pulse:** 90; **Temp:** 96.1; **Resp:** 16; **Ht:** 68.5 in.; **Wt:** 350.8 lbs.; **BMI:** 52.56; **Pulse Oximetry:** 97%; **FDLMP:** 10/18/23

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Dayvigo 5 mg tablet
Prozac 10 mg capsule
liothyronine 5 mcg tablet

PAST MEDICAL HISTORY: Hypothyroidism, depression/anxiety, insomnia

PAST SURGICAL HISTORY: ligament replacement to right knee

SOCIAL HISTORY: Denies smoking, ETOH or illicit drug use.

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

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:

Z68.43 - Body mass index [BMI] 50.0-59.9, adult (PRIMARY)
E03.9 - Hypothyroidism, unspecified

PLAN:

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This is her last visit required for her surgical procedure. Follow up as needed.

Electronically signed by Lindsey Barton, CRNP on 12/01/23 4:49 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive style with a large initial "J" and "B".