

Auburn Montgomery Student Health Services

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

Date: 02/18/22

PATIENT: BREWER, ASHLEY **DOB:** 06/19/1988 **Gender:** FEMALE **MRN:** S00095424 **AGE:** 33 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: neck and back pain

HISTORY OF PRESENT ILLNESS: Pt here for referral to PT. She reports seeing a chiropractor recently for neck and back pain. She reports abnormal cervical XR, but she does not have report with her. She feels it is painful to bend her neck to the side, forward, and back. She still has full ROM. She denies arm tingling or numbness. She has some mild lower back pain at times that is not debilitating. She feels she has a "crick" in her neck. S/S started 3-4 weeks ago. Also c/o sore throat, low grade fever, congestion starting last night.

VITALS: BP: 124/83 **Pulse:** 97; **Temp:** 99.1; **Resp:** 16; **Ht:** 67 in.; **Wt:** 128 lbs.; **BMI:** 20.04; **Pulse Oximetry:** 100%;
FDLMP: 01/18/22

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Claritin 10 mg tablet
Duexis 800 mg-26.6 mg tablet (TAKE 1 TABLET BY ORAL ROUTE 3 TIMES PER DAY as needed for pain)
Lo Loestrin Fe 1 mg-10 mcg (24)/10 mcg (2) tablet

PAST MEDICAL HISTORY: allergies, kidney stones

PAST SURGICAL HISTORY: Laparoscopy, breast augmentation

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

FAMILY HISTORY: Mother- HTN, HLD; Father- HTN, HLD; Maternal grandmother- cancer, stroke

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.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI.

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.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; negative straight leg test; radial 2+ pulses bilaterally, 2+ DP and PT pulses bilaterally, Full ROM to neck. No point tenderness on exam.

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.

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PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

Abbott Binax Now Rapid COVID (1 unit(s)): In-House Lab
Cervical Spine MRI W/O CONTRAST (1 unit(s)): Outside Diagnostic
Lumbar Spine MRI W/O CONTRAST (1 unit(s)): Outside Diagnostic
Thoracic Spine MRI W/O CONTRAST (1 unit(s)): Outside Diagnostic

ASSESSMENT:

J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED (PRIMARY)
R09.81 - NASAL CONGESTION
M54.2 - CERVICALGIA
M54.9 - DORSALGIA, UNSPECIFIED

PLAN:

Pt here for COVID like s/s. COVID negative.
Pt here for back pain and neck pain for the last 3-4 weeks. No relief from Chiropractor. Will get MRI of back and send to PT. Pt agrees. Will refer as needed to Neuro based on MRI. Pt agrees. For now heat as needed and NSAIDS.
Re-test in 2-3 days for COVID if s/s and fever worsen.
Call Monday with worsening s/s.

Cervical Spine MRI W/O CONTRAST

Lumbar Spine MRI W/O CONTRAST

Thoracic Spine MRI W/O CONTRAST

Referral: Physical Therapy, Pro Impact (Physical Therapy)
Instructions: abnormal XR with chiropractor, awaiting MRI

Electronically signed by Maranda Fain, CRNP on 02/18/22 9:13 AM

M. Fain, CRNP