

Auburn Montgomery Warhawk Health Services

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

Date: 06/27/25

PATIENT: BRADFORD, CHRISTINA **DOB:** 06/01/1985 **Gender:** FEMALE **MRN:** 5664 **AGE:** 40 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: heartburn, sore throat, nausea, and joint pain

HISTORY OF PRESENT ILLNESS: Ms. Bradford is a 40 yo female here today for nausea and heartburn since yesterday. She has a history of intermittent reflux. She normally takes zantac over the counter when she has a flare up. She took pepcid and rolaids this morning with some relief, but the symptoms have since returned. She denies abdominal pain or fever. Associated with sore throat and waking up to reflux in the back of her throat in the middle of the night.

She also c/o diffuse joint pain for the past few days. She has a history of fibromyalgia and spondyl arthritis. She feels like she has a flare up.

VITALS: BP: 132/90 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 80; **Temp:** 98.2; **Resp:** 16; **Ht:** 66 in.; **Wt:** 254.5 lbs.;
BMI: 41.07; **Pulse Oximetry:** 97%

ALLERGIES: Penicillin

MEDICATIONS:

Zoloft 50 mg tablet
methocarbamol 750 mg tablet (TAKE 1 TABLET (750 MG) BY ORAL ROUTE at bedtime for neck spasms)

PAST MEDICAL HISTORY: tension headaches, cluster headaches, migraine headaches. Spondylarthritis. Obesity. Currently enrolled in a trial for a GLP-1 weight loss medication called Cagrisema 0.25mg qweek.

PAST SURGICAL HISTORY: Appendectomy, cancerous femur, partial hysterectomy, ovarian cyst,

SOCIAL HISTORY: Married with 3 children. Works in OGI on campus. Denies smoking, drinking, or illicit drug use.

FAMILY HISTORY:

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. Ears- tympanic membranes clear. 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.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted. No CVA tenderness.

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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.

ORDERS:

STREP A (1 unit(s)): In-House Lab
THERAPEUTIC INJECTION ADMIN (2 unit(s)): Injection
Toradol 60 MG (1 unit(s)): Injection
Dexamethasone 4mg/ml (1 unit(s)): Injection
Depo-Medrol 40mg/ml (1 unit(s)): Injection

RESULTS:

STREP A:
Value: Negative

Toradol 60 MG :
Site Given: Left Ventragluteal
Dosage Given: 60 milligram(s)
Administered By: Bicknell, Miranda - RN

Dexamethasone 4mg/ml:
Site Given: Right Ventragluteal
Dosage Given: 4 milligram(s)
Administered By: Bicknell, Miranda - RN

Depo-Medrol 40mg/ml:
Site Given: Right Ventragluteal
Dosage Given: 40 milligram(s)
Administered By: Bicknell, Miranda - RN

ASSESSMENT:

M49.80 - SPOND IN DISEASES CLASSIFIED ELSEWHERE SITE UNSP (PRIMARY)
M25.50 - Pain in unspecified joint
K21.9 - Gastro-esophageal reflux disease without esophagitis
J02.9 - ACUTE PHARYNGITIS, UNSPECIFIED

PLAN:

She recently stopped the GLP-1 3 weeks ago because she has ovarian cysts and is seeking out a second opinion on possible removal of the cysts. So she does not think this is contributing to her reflux. Recommended otc pepcid twice daily and she can take peptobismol as needed to help coat her stomach during the flare up.

Given steroid and toradol injections for arthritis flare up. We discussed that this may make her reflux worse temporarily.

Follow up as needed.

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Electronically signed by Lindsey Barton, CRNP on 06/27/25 4:20 PM

L. Barton, DNP, CRNP