Name: Jennifer Beth Cartrette | DOB: 9/13/1982 | MRN: 71030963 | PCP: Timothy Kennard, MD | Legal Name: Jennifer Beth Cartrette

# **Appointment Details**

Notes

# **Progress Notes**

## James Vollmer at 11/26/19 0930

Attestation signed by Brandon Valentine at 11/26/19 1035

Patient seen in the office today, history reviewed, and examined. Agree with physician assistant recorded history and exam.

The presenting history and exam are most consistent with carpal tunnel syndrome. This condition is reviewed at length in the office today.

We have discussed the etiology, pathophysiology, natural history, and treatment options for this condition. I have explained that with progressive symptoms I recommend electrodiagnostic testing to confirm the location and define the severity of any focal compressive neuropathy.

She may be a candidate for carpal tunnel release to prevent any permanent or further loss of feeling and strength in the hand. We have discussed the surgical procedure for carpal tunnel release in the office today as well, along with the risks and benefits.

She agrees to proceed with nerve study, and this is ordered today. Follow-up after nerve study.

Electronically signed by Brandon J Valentine, M.D.

# **Chief Complaint:**

**Chief Complaint** 

Patient presents with

Numbness
 Left Hand

## **History of Present Illness:**

Jennifer Beth Cartrette is a 37 y.o. female who presents today as a new patient to Dr. Valentine with left hand pain as well as numbness and tingling. Patient reports near constant numbness and tingling over the past 2 weeks, with intermittent symptoms prior. States it is affecting the left hand significantly, most prevalent into the thumb index and middle finger. States that it actively wakes her up at night, despite bracing. Recent bracing has started to cause some improvement

in symptoms. Did seek evaluation with primary care had x-rays taken in October which were negative. Patient states that the numbness and pain is impacting activities of daily living and ability to work as a manager of a restaurant. Patient did have prior spinal surgery with Dr. Hartman, C456 and 7. States that the numbness did not happen following the surgery. Did have a previous nerve study with Dr. Sue Huskey prior to the spinal surgery which was a normal study.

## Patient presents with

Numbness

Left Hand

## No Known Allergies

No outpatient medications have been marked as taking for the 11/26/19 encounter (Office Visit) with Brandon J Valentine, MD.

# Past Medical History:

Diagnosis Date

- ADHD
- Anorexia
- Bipolar disorder (\*)
- Broken teeth

upper left, lower right

• Colitis age 25

Ischemic

• Colon polyp 2005

Ischemic Colotis

- DDD (degenerative disc disease), cervical
- DDD (degenerative disc disease), cervical
- Dental crowns present
- Disease of thyroid gland
   Tracks's disease.

grave's disease

• Eating disorder Childhood
In remission

- Presence of dental prosthetic device Right lower x1
- PTSD (post-traumatic stress disorder)
- Teeth missing

#### Past Surgical History:

Procedure Laterality Date
• Sinus surgery 2008

Spinal fusion

# Social History

Socioeconomic History

Marital status: Significant Other

Spouse name: Not on file

Number of children:

Years of education: Not on fileHighest education level: Not on file

Occupational History

Occupation: front house - of restaurant

Social Needs

Financial resource strain: Not on file

Food insecurity

Worry: Not on file Inability: Not on file

Transportation needs

Medical: Not on file

Non-medical: Not on file

Tobacco Use

Smoking status: Former Smoker

Packs/day: 0.00 Start date: 1/1/2000 Last attempt to quit: 1/1/2013 Years since quitting: 6.9

Smokeless tobacco: Never Used

 Tobacco comment: Quit- age 30 Substance and Sexual Activity

• Alcohol use: Yes Comment: rarely

Drug use: Yes
 Types: Marijuana
 Comment: last used - 2 to 3 yrs. ago

Sexual activity: Yes
 Partners: Male
 Birth control/protection: None

Lifestyle

Physical activity

Days per week: Not on file Minutes per session: Not on file Stress: Not on file

Relationships

Social connections

Talks on phone: Not on file Gets together: Not on file Attends religious Not on file

service:

Active member of club

or organization:

Not on file

Attends meetings of Not on file

clubs or organizations:

Relationship status: Not on file

Intimate partner violence

Fear of current or ex Not on file

partner:

Emotionally abused:
Physically abused:
Forced sexual activity:
Other Topics

Not on file
Not on file
Concern

• Not on file

Social History Narrative

Not on file

**Family History** 

Problem Relation Age of Onset

Stroke
 Bipolar disorder
 Anxiety disorder
 ADD / ADHD
 Father
 Father

Thyroid disease Maternal Grandmother

Thyroid disease
 Maternal Aunt

Stroke
 Stroke
 Maternal Grandfather
 Paternal Grandfather

ADD / ADHD
 ADD / ADHD
 Brother

Anxiety disorderDepressionPaternal UnclePaternal Uncle

Stroke Paternal Grandmother

Cancer Neg Hx

Breast cancer
Colon cancer
Diabetes
Hypertension
Neg Hx
Neg Hx
Neg Hx

Past Medical History, Past Surgery History, Allergies, Social History, and Family History were reviewed and updated.

# **Review of Systems**

Comprehensive review of systems is performed and is negative except positive for **Chief Complaint** 

Patient presents with

Numbness

Left Hand

# Objective

Vitals:

11/26/19 0919

BP: 122/84 Pulse: 106

## Physical exam

General Appearance: Appears Stated Age, Well-Nourished; Oriented x 3; Gait: Ambulating without a limp; Eyes are clear, pupils symmetric and reactive to light; Skin: no lesions, no erythema; Neck: no thyroid enlargement, no jugular venous distension; heart: Regular rate and rhythm, lungs: Clear to auscultation bilaterally

Alert, oriented, pleasant, and cooperative. Skin is intact with no rashes, blemishes, or lesions. Sensibility and perfusion are intact throughout the digits

On examination today patient maintains full composite fist. Full digital range of motion. Full range of motion of the wrist

Nontender to palpation along the flexor tendon in all digits are near the A1 pulley

Positive Erkins of the left carpal tunnel, APB motor function intact

Negative Tinel's over the cubital tunnel, no intrinsic wasting

Watson's and provocative maneuvers negative for carpal instability

Negative Finkelstein

Negative thumb CMC grind

otherwise neurovascular examination grossly intact

PA lateral and oblique x-rays of the left wrist dated 10/18/2019 reviewed today by Dr. Valentine. X-rays negative for fracture

## Impression

- 1. Left hand paresthesia
- 2. Left hand pain

#### L NCS with cervicals

Plan

Patient seen and evaluated by Dr Valentine and seen and dictated by James Vollmer PA-C

See attestation from Dr Valentine for plan

Portions of this note were dictated using Dragon software. It has been reviewed for accuracy but may contain grammatical and clerical errors. If there are any questions, please feel free to contact me at 704-365-6730

## **Patient's Medications**

(i) Accurate as of November 26, 2019 9:30 AM. Reflects encounter med changes as of last refresh

#### **Continued Medications**

Continued Medications	
	Instructions
acetaminophen 325 mg tablet Commonly known as: TYLENOL	650 mg, Oral, Every 6 hours as needed, Take 3 tablets prn
* amphetamine- dextroamphetamine 20 MG tablet Commonly known as: ADDERALL Start taking on: <b>December 14, 2019</b>	20 mg, Oral, 3 times a day
* amphetamine- dextroamphetamine 20 MG tablet Commonly known as: ADDERALL Start taking on: January 13, 2020	20 mg, Oral, 3 times a day
* amphetamine- dextroamphetamine 20 MG tablet Commonly known as: ADDERALL Start taking on: February 11, 2020	20 mg, Oral, 3 times a day
ARIPiprazole 10 mg tablet Commonly known as: ABILIFY	10 mg, Oral, Daily, Take 1/2 tab daily for 7 days, then 1 tab daily thereafter.
Naproxen-Esomeprazole 500-20 MG Tbec per DR tablet Commonly known as: VIMOVO	1 tablet, Oral, 2 times a day

\* This list has 3 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.

No orders of the defined types were placed in this encounter.

There are no Patient Instructions on file for this visit. No follow-ups on file.

I will be happy to see them back at any point in time regarding this or any other issue that may arise.

Cc: Gina G LiCause, MD

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