

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

## Appointment Details

### Notes

### Progress Notes

**Vinaya Maddukuri at 06/13/22 1020**



13808 PROFESSIONAL CENTER DRIVE  
HUNTERSVILLE NC 28078-7948  
704-377-4009

### Consultation

**Referring Physician:** Starr, Eric W, PA

#### Subjective

**Patient ID:** Jennifer Beth Cartrette is a 39 y.o. (DOB 9/13/1982) female.

#### CC:

Patient presents with

- Emesis

*Reports persistent nausea/vomiting in the AM since 12/2019; hx of bulimia from age 10-30; c/o periumbilical and lower abdominal pain after eating; reports lower abdominal cramping while eating; (+) constipation, can go up to 6 days w/o BM; will take OTC laxatives at that time w/o relief; will also use fiber; currently taking one dose of methotrexate weekly as directed by rhem x 3 weeks; reports N/V and abdominal pain have improved since then; denies diarrhea or blood in stool*

#### HPI:

**Ms. Cartrette is a pleasant 39-year-old woman who presents for evaluation of several chronic abdominal symptoms.**

**Reports she has had symptoms since childhood but, her symptoms worsened in the past 3 years. Complains of postprandial upper abdominal pain and nausea. Has a history of bulimia, self-induced vomiting leading to dental caries and also laxative abuse. Reports she hates food in general, especially solid food. She prefers liquid diet like smoothies. Denies heartburn, dysphagia or odynophagia. Denies hematemesis or melena. Denies unintentional weight loss. Has been taking NSAIDs almost on a daily basis for several years. Takes ibuprofen 800 mg almost every night for arthritis.**

She also complains of chronic constipation which she attributes to her low fiber diet. Denies diarrhea, urgency, hematochezia or change in bowel habits. Takes over-the-counter laxatives which do not work well for her. Family history is significant for colon cancer in one of her aunts. Reports a colonoscopy when she was living in Atlanta in 2008 which showed colon ulcers. Reports she was treated with a nonabsorbable steroid? Budesonide. Previous GI records are not available.

She takes methotrexate for psoriatic arthritis which was started recently. She cannot tolerate Humira or Plaquenil in the past.

Denies tobacco or alcohol use. Former, chronic marijuana user but reports she discontinued a year ago.

#### Impression:

Postprandial abdominal pain and nausea without GI bleeding or weight loss  
Chronic constipation

History of colon ulcers, etiology unclear  
Family history of colon cancer  
Chronic NSAID use  
history of bulimia

Overall, suspect functional bowel disease with functional dyspepsia and constipation predominant IBS

#### Plan:

Trial of Linzess (samples given)  
Discussed avoiding NSAIDs  
Start PPI  
Diagnostic upper endoscopy and colonoscopy for evaluation abdominal pain, nausea, history of colon ulcers, colon cancer screening

#### Lab Results

Component	Value	Date
WBC	7.7	02/28/2022
Hemoglobin	13.2	02/28/2022
Hematocrit	38.3	02/28/2022
MCV	90	02/28/2022
Platelet Count	241	02/28/2022

Chemistry					
Component	Value	Date/Time	Component	Value	Date/Time
NA	139	12/16/2021 1244	CALCIUM	9.2	12/16/2021 1244
NA	137	07/27/2018 1125	ALKPHOS	53	02/28/2022 1642
K	5.1	12/16/2021 1244	AST	11	02/28/2022 1642
K	4.2	08/07/2018 0542	ALT	7	02/28/2022 1642
CL	101	12/16/2021 1244	BILITOT	0.3	02/28/2022 1642
CL	99	07/27/2018 1125			
CO2	26	12/16/2021			

CO2	26	1244 07/27/2018 1125
BUN	11	12/16/2021 1244
BUN	11	07/27/2018 1125
CREATININE	0.83	02/28/2022 1642
GLUCOSE	89	12/16/2021 1244
GLUCOSE	103 (H)	07/27/2018 1125

**Lab Results**

Component	Value	Date
TSH	2.890	06/08/2022

**Lab Results**

Component	Value	Date
Hemoglobin A1c	4.8	02/14/2018

**Lab Results**

Component	Value	Date
CRP	2	02/28/2022

**Lab Results**

Component	Value	Date
Sed Rate	16	02/28/2022

**Review of Systems:**

Review of Systems

Constitutional: Negative for chills, diaphoresis, fatigue and fever.

HENT: Negative for ear discharge, hearing loss, mouth sores and sinus pressure.

Eyes: Negative for pain and redness.

Respiratory: Negative for shortness of breath and wheezing.

Cardiovascular: Negative for chest pain and palpitations.

Endocrine: Negative for polydipsia and polyphagia.

Genitourinary: Negative for dysuria and hematuria.

Musculoskeletal: Negative for gait problem and joint swelling.

Skin: Negative for pallor and rash.

Psychiatric/Behavioral: Negative for agitation and confusion.

**Past Medical History:**

Diagnosis	Date
• ADHD	
• Anorexia	
• Bipolar disorder (*)	
• Broken teeth <i>upper left, lower right</i>	
• Colitis <i>Ischemic</i>	age 25
• Colon polyp <i>Ischemic Colitis</i>	2005
• DDD (degenerative disc disease), cervical	
• Graves' disease	
• Graves' eye disease	

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

**Patient Active Problem List**

Diagnosis	Date Noted
• Psoriatic arthritis (*)	06/09/2022
• Immunodeficiency due to drugs (*)	06/08/2022
• ADHD (attention deficit hyperactivity disorder), combined type	05/27/2020
• DDD (degenerative disc disease), cervical	06/05/2018
6/2018-Total spine- <b>C6 radiculopathy</b> , Degeneration of C5-C6 intervertebral disc, Protrusion of cervical intervertebral disc. Discussed options including revisiting PT, cervical ESI, surgical consult. proceed with surgical consult given the longstanding nature of her symptoms and her weakness on exam. We have prescribed tramadol for breakthrough pain. Consult with Dr. Hartman	
6/2018-Dr Zuhosky.- C5-C6 degenerative disc with clinical presentation of right C6 radiculopathy. She has a history of peptic ulcer disease, as such we will not pursue any oral steroids at this time. Once daily antiinflammatory in the form of Celebrex. Proceed with an MRI of the cervical spine especially given her neurologic deficit on exam	

• Chronic right shoulder pain	03/29/2018
• Graves disease	03/08/2018
• Graves' eye disease	03/08/2018
• Anorexia nervosa with bulimia	02/04/2015
• Bipolar affective disorder (*)	02/04/2015
• PTSD (post-traumatic stress disorder)	02/04/2015
• Victim of sexual assault (rape)	02/04/2015

**Medications:****Outpatient Medications Marked as Taking for the 6/13/22 encounter (Office Visit) with Vinaya C Maddukuri, MD**

Medication	Sig	Dispense	Refill
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take one tablet (20 mg dose) by mouth 3 (three) times a day for 30 days.	90 tablet	0
• chlorhexidine (PERIDEX) 0.12% solution	SMARTSIG:1 Capful(s) By Mouth 3 Times Daily		
• folic acid 1 mg tablet	Take one tablet (1 mg dose) by mouth daily.	30 tablet	3
• methotrexate 2.5 MG tablet	Take four tablets (10 mg dose) by mouth once a week.	16 tablet	3
• mupirocin (BACTROBAN) 2 % ointment	Apply topically 2 (two) times daily.	30 g	1
• ondansetron (ZOFTRAN-ODT) 4 mg disintegrating tablet	Take one tablet (4 mg dose) by mouth every 8 (eight) hours as needed for Nausea.	18 tablet	0

No Known Allergies

**Past Surgical History:**

## Procedure

- Colonoscopy
- Sinus surgery
- Spinal fusion  
ACDF C4-5, C5-6

## Laterality

## Date

2008  
2008

**Social History**

## Socioeconomic History

- Marital status: Significant Other  
Spouse name: None
- Number of children: 0
- Years of education: None
- Highest education level: None

## Occupational History

*Comment: Manager*

## Tobacco Use

- Smoking status: Former Smoker  
Packs/day: 0.25  
Years: 10.00  
Pack years: 2.50  
Start date: 1/1/2000  
Quit date: 1/1/2013  
Years since quitting: 9.4
- Smokeless tobacco: Never Used

## Vaping Use

- Vaping Use: Never used

## Substance and Sexual Activity

- Alcohol use: Not Currently  
*Comment: rarely*
- Drug use: Not Currently  
Types: Marijuana  
*Comment: last used - 2 to 3 yrs. ago*
- Sexual activity: Yes  
Partners: Male  
Birth control/protection: None

## Other Topics

- None Concern

## Social History Narrative

- None

**Social Determinants of Health**

Financial Resource Strain: Not on file

Food Insecurity: No Food Insecurity

- Worried About Running Out of Food in the Last Year: Never true
- Ran Out of Food in the Last Year: Never true

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

**Family History**

## Problem

- No Known Problems
- Stroke

## Relation

Mother  
Father

## Age of Onset

• Bipolar disorder	Father
• Anxiety disorder	Father
• ADD / ADHD	Father
• Thyroid disease	Maternal Grandmother
• Thyroid disease	Maternal Aunt
• Crohn's disease	Maternal Aunt
• Colon cancer	Maternal Aunt
• Stroke	Maternal Grandfather
• Stroke	Paternal Grandfather
• ADD / ADHD	Sister
• ADD / ADHD	Brother
• Anxiety disorder	Paternal Uncle
• Depression	Paternal Uncle
• Stroke	Paternal Grandmother
• Cancer	Neg Hx
• Breast cancer	Neg Hx
• Diabetes	Neg Hx
• Hypertension	Neg Hx
• Lupus	Neg Hx
• Rheum arthritis	Neg Hx
• Ankylosing spondylitis	Neg Hx
• Psoriasis	Neg Hx
• Ulcerative colitis	Neg Hx

## Objective

BP 130/86 | Ht 5' 3" (1.6 m) | Wt 144 lb (65.3 kg) | LMP 05/23/2022 | BMI 25.51 kg/m<sup>2</sup>

### Physical Exam

#### HENT:

Head: Normocephalic and atraumatic.

#### Eyes:

General: No scleral icterus.

Right eye: No discharge.

Left eye: No discharge.

#### Neck:

Thyroid: No thyromegaly.

Trachea: No tracheal deviation.

#### Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

#### Musculoskeletal:

General: Normal range of motion.

#### Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

#### Abdominal:

Palpations: Abdomen is soft. There is no mass.

#### Skin:

General: Skin is warm and dry.

#### Neurological:

Mental Status: She is alert and oriented to person, place, and time.

#### Psychiatric:

Behavior: Behavior normal.

**Assessment**

1. **Pain of upper abdomen**
2. Nausea and vomiting, intractability of vomiting not specified, unspecified vomiting type
3. Constipation, unspecified constipation type
4. Family history of colon cancer
5. Encounter for screening colonoscopy
6. NSAID long-term use

**Plan****Orders Placed This Encounter**

## Procedures

- EGD Diagnostic
- COLONOSCOPY

**Discontinued Medications**

No medications on file

**Modified Medications**

No medications on file

**New Prescriptions**

PANTOPRAZOLE                      Take one tablet (40 mg  
SODIUM (PROTONIX) 40      dose) by mouth daily.  
MG TABLET

No follow-ups on file.

There are no Patient Instructions on file for this visit.

Risks, benefits, and alternatives of the medications and treatment plan prescribed today were discussed, and patient expressed understanding. Plan follow-up as discussed or as needed if any worsening symptoms or change in condition.

A yearly health maintenance exam was recommended where appropriate.

**Discussion and Summary:**

Medical Decision Making documentaion used from above to select Evaluation and Management Code

Diagnoses managed, amount and complexity of data as well as risk was used to select billing code for this visit.

Level/Type of diagnoses managed:

(Moderate) 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment

Highest level for all diagnoses managed:

Moderate

Amount and complexity of pertinent data reviewed and analyzed for visit documented in note: (Unique source, means seprate CPT code or different note source/author)

(Moderate-1) order/review 3 unique results/notes or order/review 2 unique results/notes and perform your independent interpretation of test and discussion of management or test interpretation (may call another MD to interpret as well and report)

Total amount of points for data complexity:

(Moderate)

Level of risk for visit.

(Moderate, Level 4): Diagnostic endoscopy with no identified risk factors

Overall medical decision making for visit (Two of the three sections met to determine the following decision making level)

Moderate: Level 4

References:

CPT® Evaluation and Management (E/M) changes for 2021. E/M Introductory Guidelines related to Office or Other Outpatient Codes 99202-99215, American Medical Association

Mueller M, 2014 Coding, Billing & Compliance Handbook for Gastroenterology.

Centers for Medicare & Medicaid 1997 Documentation Guidelines For Evaluation and Management of Services.

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