

Progress Notes

Timothy Kennard, MD at 7/15/2024 3:00 PM

Subjective

Patient ID: Jennifer Beth Cartrette is a 41 y.o. female.

Chief Complaint

Patient presents with

- Follow-up
- Medication Refill
- Referral to TEACCH Center

Forms

The following information was reviewed by members of the visit team:

Tobacco | Allergies | Meds | Problems | Med Hx | Surg Hx | Fam Hx | Soc
Hx

HISTORY OF PRESENT ILLNESS

The patient presents for evaluation of Ehlers-Danlos syndrome.

The patient, 98 percent certain that she is autistic, suspects that her joint and health issues may be related to hypermobility syndrome and Ehlers-Dlos syndrome. Her rheumatologist, Dr. Banker, concurred with her and recommended a specialist for these conditions. Despite being generally smart, she struggles with social and communication skills. On 04/27/2023, she scored a 99 percent of autism assessment. Her goal is to seek alternate assessments for adults and the Teach Institute in Charlotte, where free assessments and research centers are available. Her condition has escalated to the point where she has not left her house in 4 years due to illness and pain. She is unable to communicate her pain and requires assistance with food and sleep. Despite being unable to perform routine tasks, she manages to engage in advanced tasks. She underwent an ADHD assessment in her 20s, which revealed a high Q and subsequent follow-up testing for a learning disability, which revealed a severe reading comprehensive learning disability. Her rheumatologist diagnosed her with hypermobility syndrome and Ehlers-Danlos syndrome. She has a history of fainting episodes and has been taking Zofran daily for the past 4 years for persistent nausea. Currently, she does not faint, but experiences constant lightheadedness. She recognizes when to sit down and when she needs to eat. In her 20s, she was hospitalized for starvation and required a feeding tube. She lives on milk and protein powder and has difficulty remembering to shower and eat. She believes her grandmother and aunt had Ehlers-Danlos syndrome. Her grandmother was unable to lift her right arm and died of a stomach aneurysm. She has temperature sensitivity and dental crowding due to Ehlers- Danlos syndrome. Her

psychiatrist prescribed Zoloft and propranolol, but she has not taken them due to fear. She is due for a follow-up with her psychiatrist at the Center for Emotional Health. She is considering reaching out to Monroe who is a patient advocate for Ehlers-Danlos syndrome. She has not worked in 4 years and does not wish to go on disability. She has dentures, but she has not been able to wear them due to sensory issues. She had a protrusion in her chest in 2018 and has been diagnosed with costochondritis.

Medication Refill

Pertinent negatives include no chest pain, chills, congestion, coughing, fever or sore throat.

Review of Systems

Constitutional: Negative for chills and fever.

HENT: Negative for congestion, rhinorrhea and sore throat.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain.

Objective



Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Head: Normocephalic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Neurological:

Mental Status: She is alert.

Psychiatric:

Mood and Affect: Mood normal.

Assessment/Plan

Diagnoses and all orders for this visit:

Attention deficit disorder, unspecified hyperactivity presence

- ToxAssure Flex 23, Urine

Bipolar affective disorder, remission status unspecified (CMS/HCC)

PTSD (post-traumatic stress disorder)

Polyarthralgia

- Ambulatory referral to Physical Therapy; Future

Hypermobility syndrome

- Ambulatory referral to Physical Therapy; Future

Pre-syncope

Oral aversion

- Ambulatory referral to Speech Therapy; Future

Ehlers-Danlos syndrome.

The patient's recent laboratory results have consistently returned normal results. A referral will be made to a speech therapist. A referral for sports-based physical therapy will be initiated.

Postural orthostatic tachycardia syndrome.

The patient is advised to increase her fluid intake and salt intake. A prescription for Zofran and Adderall will be refilled.

Patient did bring in a binder outlining all of her symptoms that she has had over her lifetime. This was reviewed with her at the time of her visit. Is working with a patient advocate for EDS. Does meet multiple criteria for both autism as well as EDS. Did review association between autism, EDS and POTS. Referral forms for teacher program to evaluate for possible underlying autism was completed. Work on PT and speech therapy.

Total time spent on day of encounter reviewing previous records, reviewing binder that she had provided, face-to-face review discussion greater than 47 minutes

Electronically signed:

Timothy P Kennard, MD

7/15/2024 3:33 PM