

0806C-86th MEDGRP-Ramstein

7781 Arlington Boulevard
Falls Church, VA 22041-

Patient Name: Curtis, Jerimy Shane

MRN: 40882653000001

FIN: 87274214

DOB/Age/Sex: 9/23/1979 44 years Male

Date of Service: 12/18/2023

Provider: COLON,DEBORAH E

Office and Clinic Notes

Document Type:

Service Date/Time:

Result Status:

Perform Information:

Sign Information:

Primary Care Note

12/18/2023 04:43 CET

Auth (Verified)

COLON,DEBORAH E (12/22/2023 04:44 CET)

COLON,DEBORAH E (12/22/2023 04:44 CET)

Chief Complaint

med and lab f/u

Assessment/Plan

1. Adjustment disorder with mixed anxiety and depressed mood

THIS IS A VIRTUAL APPOINTMENT. THIS IS NOT A FACE TO FACE ENCOUNTER. THE LIMITATIONS OF A VIRTUAL ENCOUNTER RATHER THAN A FACE-TO-FACE APPOINTMENT WERE EXPLAINED AND PATIENT ELECTS TO CONTINUE WITH VIRTUAL VISIT. PATIENT CONTACTED BY PHONE AND 2 PATIENT IDENTIFIERS OBTAINED.

REVIEWED BHCF NOTES FROM 13 DEC 2023. PT STATES MEDICATION IS HELPING, BUT FEELS LIKE MEDICATION IS WEARING OFF TOWARDS THE END OF THE DAY. DENIES ANY S/I OR H/I.

PRIOR PHQ-9:7 AND GAD-7: 12

PHQ-9: 3

GAD-7: 5

WE DISCUSSED OPTIONS- CONTINUING ON CURRENT TO SEE IF THOSE SYMPTOMS START TO IMPROVE OR INCREASE DOSE. WE ALSO DISCUSSED POSSIBLY SWITCHING TO WELLBUTRIN SR FORMULATION AND TAKING TWICE DAILY. PT WOULD LIKE TO TRY INCREASED DOSE. INCREASED DOSE WELLBUTRIN XL 150 MG TO 300 MG.

CONTINUE WITH MR PROFILE

REVIEWED RECENT LABS WITH PT:

CBC: WNL

CMP: ELEVATED CA, ELEVATED AST/ALT-SEE BELOW PLANS

LIPID: SEE BELOW

TSH/T4: WNL

TESTOSTERONE: WNL

Problem List/Past Medical History**Ongoing**

Backache
Bilateral myopia of eyes
Body mass index
Calcaneal spur
Closed fracture of cuboid bone of foot
Cough
Diet education
Dysthymia
Foot pain
Hyperlipidemia
Hypertension screening
Lateral epicondylitis of elbow
Left achilles tendonitis
Moderate recurrent major depression
Myopia
Nicotine dependence
Obesity
Overweight
Pain in limb
Plantar fasciitis of left foot
Rehabilitation therapy
Tobacco user
Vitamin D deficiency

Historical

No qualifying data

Procedure/Surgical History

No procedure history documented

Medications

naproxen 500 mg oral tablet, 500 mg= 1 tab(s),
Oral, BID
Vitamin D2 1.25 mg (50,000 intl units) oral
capsule, 1.25 mg, Oral, every week, 1 refills
Wellbutrin XL 300 mg/24 hours oral tablet,
extended release, 300 mg= 1 tab(s), Oral,
Daily, 1 refills

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U/A: NEG

F/U IN 3-4 WEEKS VIA VE APPT OR SOONER IF NEEDED. PVU AND AGREES WITH PLAN.

2. Vitamin D deficiency

VIT D INSUFFICIENT: 16. RECOMMENDED VIT D2 50,000 INTERNATIONAL UNITS ONCE A WEEK X 6 MONTHS. WILL REPEAT VIT D LAB AT THAT TIME AND IF WNL THEN WILL RECOMMEND TO CHANGE TO OTC VIT D3 1000-2000 INTERNATIONAL UNITS DAILY. PVU AND AGREES WITH PLAN.

3. Hyperlipidemia

(+) TOB, (-) HTN, (-) DM, (-)AGE NOT GREATER THAN 45, (-)CVD, FAM HX UNKNOWN

AHA/ACC 10 YEAR CVD RISK SCORE: 7.08% (INTERMEDIATE RISK: 5-7.4%), DISCUSSED THAT IF HE QUIT TOB USE HIS SCORE WOULD DECREASE TO : 2.55%. STATIN NOT YET RECOMMENDED

LIPIDS: ELEVATED TRIG- RECOMMENDED TO DECREASE FRIED, FATTY FODDS, ETOH- RECOMMENDED TO SEE DIETICIAN AT HEALTH PROMOTIONS- NO REFERRAL NEEDED FOR AD. HDL: 47.8, LDL: 145

REPEAT LIPIDS IN 6-12 MONTHS, QUIT TOB USE.

PVU AND AGREES WITH PLAN.

4. Hypercalcemia

INSTRUCTED PT TO COMPLETE : CA/PTH LAB. WILL F/U AT HIS NEXT APPT TO DISCUSS LABS.

5. Elevated liver enzymes level

ETOH: 2021 WAS DRINKING MORE HEAVILY. HAS NOT HAD ANY ETOH IN 2 MONTHS. NOT GREAT DIET. NO RUQ PAIN, NO YELLOWING OF SKIN OR EYES. NO RUQ U/S IN THE PAST.

INSTRUCTED TO COMPLETE : LFT, RUQ U/S.

F/U AT NEXT F/U APPT. PVU AND AGREES WITH PLAN.

6. Nicotine dependence

ENCOURAGED PT TO QUIT TOB USE AGAIN DUE TO INCREASED RISK FOR HEART DISEASE/STROKE. DISCUSSED WELLNESS COACH AVAILABLE AT HEALTH PROMOTIONS AS WELL. PVU

Maj Deborah E. Colón, USAF, PA-C, BSC

NPI: 1639485352

Warrior Medicine Clinic

Ramstein Air Base, Germany

DSN- 314-479-2357

Allergies

No Known Medication Allergies

Social HistoryAlcohol

Current (Last 12 months) Use: Beer, Liquor
Type: Monthly or less Frequency: 2-3
Average drinks per episode in last year: 12/18/2023

Current (Last 12 months) Use: Beer, Liquor
Type: Two to four times a month
Frequency: 1-2 Average drinks per episode in last year: 11/13/2023

Read Only: ILER Critical Exposures

1 Exposure Pathway Count. 0 Industrial
Hygiene Count. 0 Registries Count. 7 Health
Assessments Count. 0 Incidents Count. 16
Deployments Count. 0 Individual Monitoring
Count., 12/13/2023

Tobacco

Never-cigarette user Cigarette use:
Former-other tobacco user (not cigarettes)
Other Tobacco use: Smokeless tobacco
Other Tobacco type: 12/18/2023
Never-cigarette user Cigarette use:
Yes-current everyday other tobacco user
(not cigarettes) Other Tobacco use:
Chewable Other Tobacco type: 11/13/2023
Never-cigarette user Cigarette use:
Yes-current everyday other tobacco user
(not cigarettes) Other Tobacco use:
Smokeless tobacco Other Tobacco type: 10/25/2023

Family History

Family history is negative

Recommendations**Health Maintenance****Pending** (in the next year)Due

Adult - DoD/VA Domestic
Violence/Relationship Safety Screening
due 12/22/23 Unknown Frequency
Adult - Food Insecurity Screening
due 12/22/23 Unknown Frequency
Adult - HIV Screening
due 12/22/23 Unknown Frequency
Adult - Hepatitis C Screening
due 12/22/23 One-time only

Due In Future

Depression - Utilization of PHQ-9 Tool
not due until 04/16/24 and every 4 months

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History of Present Illness

HARP, ASHLEY N - 12/18/23 08:37 MET

Summary

Chief Complaint : med and lab f/u

Care Since Last Visit? : No

Result of Injury : No

Outpatient HPI : 44 y/o ADAF M presents for med and lab f/u. Pt states he has been on wellbutrin for 1 month, pt states this medication has been beneficial. Pt states interested in switching to something that lasts longer throughout the day. Pt states this medication wears off for the last couple of hours in the day. Pt states once med has worn off pt noticed increased irritability and decrease in concentration. Pt denies adverse reactions.

PHQ- 3

GAD- 5

Pt states labs completed 1 month ago. Pt states labs were routine labs. Pt states testosterone and thyroid checks.

Chaperone Requested : No [1]

ADDITIONAL HPI: AGREE WITH ABOVE HPI. LAST SEEN 13 NOV 2023. JOB: 693 INTL/SURVEIL/RECON GP. PCM: MAJ MOMMAERTS

Review of Systems

Constitutional: no fever, no chills, no sweats, no weakness, normal appetite.

Respiratory: no shortness of breath, no cough, no wheezing.

Cardiovascular: no chest pain.

Gastrointestinal: no nausea, no vomiting, no constipation, no diarrhea, no abdominal pain.

Additional ROS info: Except as noted in the above Review of Symptoms and in the History of Present Illness and all over systems have been reviewed and are negative or noncontributory.

Pain

DVPRS Pain Scale: 0 - No pain (12/18/23)

Past Week DVPRS score: 0 - No pain (12/18/23)

Physical Exam

No exam performed - virtual encounter

Neurologic: Awake, alert, and oriented X3.

Psychiatric: Cooperative, appropriate mood and affect.

Adult - Alcohol Use Screening not due until 11/12/24 and every 1 years
Adult - Body Mass Index not due until 11/13/24 and every 366 days
Adult - Advanced Directive Screening not due until 12/17/24 and every 1 years
Adult - Tobacco Use Screening not due until 12/17/24 and every 1 years
Satisfied (in the past 1 year)

Satisfied

Adult - Alcohol Use Screening on 11/13/23. Satisfied by HARP, ASHLEY N
Adult - Body Mass Index on 11/13/23. Satisfied by HARP, ASHLEY N
Adult - Depression Screening on 12/18/23. Satisfied by HARP, ASHLEY N
Depression - Utilization of PHQ-9 Tool on 12/18/23. Satisfied by HARP, ASHLEY N

Care Pathways This Visit

No Results Found

[1] Ambulatory Comprehensive Intake; HARP, ASHLEY N 12/18/2023 08:37 CET

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Electronically Signed on: 12/22/2023 04:44 CET

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