



## Patient Details

**Camila Maria Lopez**

## Demographics

ID: erXuFYUfucBZaryVksYEcmg3

Date of Birth: 1987-09-12

Gender: female

Marital Status: Married

Address: 3268 West Johnson St., GARLAND, TX 75043

Phone Number: 469-555-5555

Insurances: Medicaid

Conditions: Polycystic ovaries, Type 2 Diabetes Mellitus, Hypertension, Left ischemic stroke resulting in ongoing right-sided weakness

General Practitioner: Physician

## Observations

Height: 220 cm

Weight: 71.1 kg

Body Mass Index: 14.69

Diastolic Blood Pressure: 80 mm[Hg]

Systolic Blood Pressure: 120 mm[Hg]

Heart Rate: 84 /min

Medications

Display: drospirenone-ethinyl estradiol 3-0.02 MG per tablet

Patient Instructions: Take 1 tablet by mouth 1 (one) time each day.

Display: Lisinopril

Patient Instructions: 20 mg once daily, oral.

Display: Amlodipine

Patient Instructions: 5 mg once daily, oral.

Display: Aspirin (Low-dose)

Patient Instructions: 81 mg once daily, oral.

Display: Atorvastatin

Patient Instructions: 10 mg once daily, oral.

Display: NovoLog

Patient Instructions: 4 units at breakfast, 5 units at lunch, 5 units at supper.

Appointments

Type: X-Ray Exam

Date: 2023-06-02T20:45:00Z

Patient Instruction: No special preparation is needed for this exam.

Status: arrived

Type: Transthoracic Echocardiogram Complete

Date: 2023-06-02T20:50:00Z

Patient Instruction: Please bring any insurance information and a copayment if required by your insurance company.

Status: arrived

Care Team

Category: Longitudinal care-coordination focused care team

Member: Physician

Category: Physical Therapy

Member: John Doe

Notes

Progress Note

Office Visit on 2023-05-21

Subjective

**Patient ID:** Camila Maria Lopez is a 35 y.o. female.

Chief Complaint:

No chief complaint on file.

HPI

The following portions of the patient's history were reviewed in this encounter and updated as appropriate: Vaccine administration

Review of Systems

Objective

Physical Exam

**Assessment/Plan**

There are no diagnoses linked to this encounter.

**Diagnostic imaging study**

Hospital Outpatient Visit on 2023-06-02

No findings. Refer to cardiology.

Hospital Outpatient Visit on 2023-06-02

Patient presents with history of chest pain. No rib fractures or lesions found

Hospital Outpatient Visit on 2023-06-02

- Left ventricle ejection fraction is normal.
- Septal wall has abnormal motion consistent with post-operative status.

Here is the interpretation summary text.

Left Ventricle  
Ejection fraction is normal. Cavity is normal. End-diastolic volume appears mildly increased. Normal wall thickness observed. Mid-cavity obstruction is present. Shape is normal. Abnormal septal motion consistent with post-operative state. Normal fractional shortening. Normal left ventricle diastolic function. The findings are consistent with dilated cardiomyopathy.

**Physical Therapy**

Physical Therapy on 04/17/2024

**Physical Therapy Evaluation Note**

**Date:** 04/22/2024  
**Therapist Name:** Emily Rodriguez  
**Patient Name:** Camila Maria Lopez  
**Patient ID:** erXuFYUfucBZaryVksYEcMg3

**Evaluation Number:** PT042204  
**Referral Source:** Dr. Jane Smith, Attending Physician 6 Clicks Score: 17

## Medical History:

- 36-year-old female with a medical history significant for diabetes and hypertension.
- Recent left ischemic stroke resulting in right-sided weakness.

## Chief Complaints:

- Persistent right-sided weakness affecting mobility and daily function.
- Difficulty with balance and coordination.

## Physical Examination:

- **Muscle Strength:** Notable weakness in right upper and lower limbs. Left side strength is within normal limits.
- **Range of Motion (ROM):** Reduced active and passive ROM in right extremities.
- **Sensory Function:** Intact in both upper and lower limbs.
- **Coordination and Balance:** Decreased coordination on the right side with impaired balance.
- **Gait Analysis:** Limited weight bearing on the right leg with an altered gait pattern requiring support.

## Functional Status:

- Limited ability to perform activities of daily living (ADLs) independently.
- Requires contact guard assistance (CGA) for standing and walking.

## Specific Observations:

- **Walking:** Patient requires CGA and is able to walk up to 150 feet with steps.
- **Standing:** Requires CGA to maintain balance and ensure safety.

## Goals for Physical Therapy:

1. Increase strength in the right upper and lower limbs to 75% of the left side within 6 weeks.
2. Improve balance and coordination to facilitate safer ambulation and reduce fall risk.
3. Enhance independence in ADLs and mobility transitions.

## Treatment Plan:

- **Therapeutic Exercises:** Strengthening exercises targeting the right side, focusing on both upper and lower limbs.

- **Balance Training:** Utilization of balance boards and other proprioceptive exercises to improve stability.
- **Gait Training:** Structured sessions using assistive devices as needed to improve walking technique and safety.
- **Education:** Instruction on strategies to enhance safety and independence at home.

**Prognosis:** Given the patient's current functional limitations and medical background, a moderate to good prognosis is anticipated with consistent physical therapy intervention and compliance with the recommended treatment plan.

**Plan for Reevaluation:** Scheduled for reevaluation in four weeks to assess progress and adjust treatment goals as necessary.

Equipment Walker

**Signature:** Emily Rodriguez, PT, DPT  
Physical Therapist

## Discharge Documentation

Discharge Documentation on 04/11/2024

**Patient Name:** Camila Maria Lopez

**Patient ID:** erXuFYUfucBZaryVksYEcMg3

**Date of Birth:** 1987-09-12

**Age:** 36

**Gender:** Female

**Marital Status:** Married

**Address:** 3268 West Johnson St. GARLAND, TX 75043

**Phone Number:** 469-555-5555

### Chief Complaint:

36-year-old male with a history of diabetes and hypertension, presenting with a diagnosed left ischemic stroke resulting in ongoing right-sided weakness.

### History of Present Illness:

Patient, a 36-year-old male with a known history of Type 2 diabetes mellitus and hypertension, was admitted following the acute onset of a left ischemic stroke 4/22, which was confirmed via MRI. The stroke has resulted in persistent right-sided weakness. No new symptoms or complications have been reported since the last evaluation. Diet: Regular No added Sugar, No added Salt

## Past Medical History:

1. Type 2 Diabetes Mellitus
2. Hypertension
3. Left ischemic stroke

## Social History:

The patient lives alone and has expressed concerns regarding food insecurity and transportation issues, which may impact his ability to attend follow-up appointments and manage his health effectively.

## Medications:

Metformin: 500 mg, Oral, Twice daily

Insulin Glargine: Dose adjusted, Subcutaneous injection, Once daily

Lisinopril: 10 mg, Oral, Once daily

Amlodipine: 5 mg, Oral, Once daily

Aspirin (Low-dose): 81 mg, Oral, Once daily

Atorvastatin: 20 mg, Oral, Once daily at bedtime

Furosemide (if needed): Dose adjusted, Oral, Once daily (usually in the morning)

## Physical Examination:

- General: Alert and oriented x3, cooperative.
- Neurologic: Right-sided weakness, aphasia, alert and oriented.
- Cardiovascular: Regular rate and rhythm, no murmurs.
- Respiratory: Clear to auscultation bilaterally.
- Extremities: No edema.

## Assessment/Plan:

- **Diabetes Mellitus:** Continue current regimen. Monitor blood glucose levels as per sliding scale.
- **Hypertension:** Continue antihypertensive medications. Monitor blood pressure daily.
- **Ischemic Stroke:** Continue rehabilitation therapy to address right-sided weakness. Neurology to follow up.
- **Social Concerns:** Refer to social services for assessment and assistance with food insecurity and transportation. Coordinate with home healthcare for discharge planning.
- **Discharge Plan:** Patient to be discharged to home healthcare where he will receive physical therapy and necessary support to manage daily activities and medications.

**Follow-up:**

- Follow-up appointment with primary care physician within one week post-discharge.
- Neurology follow-up within one month or as recommended.
- Home healthcare to start immediately upon discharge.

**Sign-off:**

Dr. Jane Smith  
Attending Physician

**Suggested Facilities**