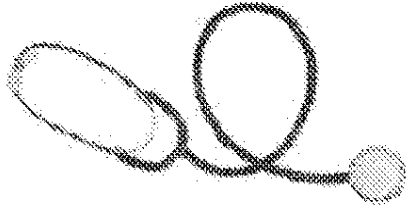


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Appointment Facility: Carlos R. Santos MD PA (N Miami Beach Office)

07/14/2023

Progress Notes:

Current Medications

Taking

- ð Bisacodyl 5 MG Tablet Delayed Release 1 tablet as needed Orally Once a day
 - ð Gemfibrozil 600 MG Tablet Oral
 - ð QUetiapine Fumarate 300 MG Tablet Oral
 - ð Vitamin D (Ergocalciferol) 1.25 MG (50000 UT) Capsule Oral
 - ð Nystatin 100000 UNIT/GM Ointment 1 application Externally Twice a day
 - ð traZODone HCl 150 MG Tablet 1 tablet at bedtime Orally Once a day
 - ð Lisinopril 5 MG Tablet 1 tablet Orally Once a day
 - ð NIFE dipine ER 30 MG Tablet Extended Release 24 Hour 1 tablet on an empty stomach Orally Once a day
 - ð Benztrapine Mesylate 2 MG Tablet 1 tablet Orally Once a day
 - ð Rosuvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
 - ð Divalproex Sodium 500 MG Tablet Delayed Release Oral
 - ð FLUoxetine HCl 20 MG Capsule Oral
 - ð Metoprolol Tartrate 25 MG Tablet Oral
 - ð Haloperidol 10 MG Tablet Oral
 - ð Ingrezza 40 MG Capsule Oral
- Medication List reviewed and reconciled with the patient

Past Medical History

Psychiatric disorder.
Schizoaffective disorder.
Anxiety.
Hypertension.
High cholesterol.
Obesity.

Surgical History

Denies Past Surgical History

Reason for Appointment

1. Follow up: Sleep study results

History of Present Illness

Depression Screening:

PHQ-2 (2015 Edition)

Little interest or pleasure in doing things? Not at all

Feeling down, depressed, or hopeless? Not at all

Total Score 0

Isolation Precautions:

Respiratory Illness Screening

1. Is fever present / reported? No

2. Are respiratory illness symptom(s) present / reported? No

3. Are other symptom(s) present / reported? No

5. Has there been reported travel to a High Risk respiratory

illness region? No

6. Has close* contact with person(s) known to have communicable illness been reported? No

7. Did travel or close contact (if applicable) occur within 14 days of symptom onset? No

Follow up:

The patient is bring by the Caregiver. He has a schizophrenia and can not cooperate with the interrogatory. He is is coming for the first time. he has been having sleep issues: snoring, stop breathing at night, sleepiness during the day. insomnia, dry mouth. Epworth 19.

Vital Signs

Temp: 97.0 F, HR: 90 /min, Ht: 67 in, Wt: 279 lbs, BMI: 43.69
Index, RR: 16 /min, Oxygen sat %: 99 %, Ht-cm: 170.18 cm, Wt-kg: 126.55 kg.

Examination

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

LUNGS: clear to auscultation bilaterally.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

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Family History

Father: alive
Mother: alive
Non-Contributory

Social History

Tobacco Use:

Tobacco Use/Smoking

Are you a non tobacco user
Tobacco use other than smoking
Are you an other tobacco user?
No

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? No

Alcohol Screen

Did you have a drink containing alcohol in the past year? No
Points 0

Interpretation Negative

OPIOID Risk Tool (2018 Edition)

Family Hx Alcohol? No
Family Hx Illegal Drugs? No
Family Hx Rx Drugs? No
Personal Hx Alcohol? No
Personal Hx Illegal Drugs? No
Personal Hx Rx Drugs? No
Age between 16-45 years? Yes
Depression? No
TOTAL SCORE 1
Risk Level for Opioid Use low

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History.

Review of Systems

Allergy/Immunology:

Denies Blistering of skin.
Denies Congestion. Denies Cough.
Denies Hives. Denies Itching.
Denies Rash. Denies Sneezing.
Denies Watery eyes.
Denies Wheezing.

Ophthalmologic:

Denies Blurred vision, in both eyes, affecting both the near and distant vision.
Denies Diminished visual acuity.
Denies Discharge. Denies Dry eye.
Denies Flashes of light in the visual field. Denies Floaters in the visual field. Denies Itching and redness.
Denies Pain. Denies Red eye.
Denies Vision screen.

ENT:

Denies Blocked ear.
Denies Decreased hearing.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessments

1. OSA (obstructive sleep apnea) - G47.33 (Primary)
2. Snoring - R06.83
3. Obesity - E66.9
4. Schizophrenia - F20.9
5. Anxiety - F41.9
6. HTN (hypertension) - I10
7. HLD (hyperlipidemia) - E78.5

Treatment

1. OSA (obstructive sleep apnea)

Start Eszopiclone Tablet, 1 MG, 1 tablet immediately before bedtime, Orally, Once a day, 30 days, 30 Tablet, Refills 3

2. Schizophrenia

Continue traZODone HCl Tablet, 150 MG, 1 tablet at bedtime, Orally, Once a day

Continue Benztrapine Mesylate Tablet, 2 MG, 1 tablet, Orally, Once a day

Continue Divalproex Sodium Tablet Delayed Release, 500 MG, Oral

Continue FLUoxetine HCl Capsule, 20 MG, Oral

Continue Haloperidol Tablet, 10 MG, Oral

Continue Ingrezza Capsule, 40 MG, Oral

3. HTN (hypertension)

Continue Lisinopril Tablet, 5 MG, 1 tablet, Orally, Once a day

Continue NIFE dipine ER Tablet Extended Release 24 Hour, 30 MG, 1 tablet on an empty stomach, Orally, Once a day

Continue Metoprolol Tartrate Tablet, 25 MG, Oral

4. HLD (hyperlipidemia)

Continue Rosuvastatin Calcium Tablet, 40 MG, 1 tablet, Orally, Once a day

Immunization

Immunization record has been reviewed and updated.

Preventive Medicine

Counseling:

Care goal follow-up plan:

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Denies Decreased sense of smell.
Denies Difficulty swallowing.
Denies Dry mouth. Denies Ear pain.
Denies Hearing screen.
Denies Nosebleed. Denies Ringing in
the ears. Denies Sinus pain.
Denies Sore throat. Denies Swollen
glands.

Endocrine:

Denies Cold intolerance.
Denies Difficulty sleeping.
Denies Dizziness. Denies Excessive
sweating. Denies Excessive thirst.
Denies Frequent urination.
Denies Heat intolerance.
Denies Irregular menses.
Denies Weakness. Denies Weight
loss.

Respiratory:

Snoring admits.
Denies Breathing pattern.
Denies Chest pain. Denies Cough.
Denies Hemoptysis. Denies Pain
with inspiration. Denies Shortness of
breath at rest. Denies Shortness of
breath with exertion. Denies Sputum
production. Denies Wheezing.

Breast:

Denies Bloody nipple discharge.
Denies Breast lump. Denies Breast
pain. Denies Breast swelling.
Denies Fever. Denies Gland
swelling. Denies Nipple discharge.
Denies Red skin. Denies Weight
loss.

Cardiovascular:

Denies Chest pain at rest.
Denies Chest pain with exertion.
Denies Claudication.
Denies Cyanosis. Denies Difficulty
laying flat. Denies Dizziness.
Denies Dyspnea on exertion.
Denies Fluid accumulation in the
legs. Denies Irregular heartbeat.
Denies Orthopnea.
Denies Palpitations.
Denies Shortness of breath.
Denies Weakness. Denies Weight
gain.

Gastrointestinal:

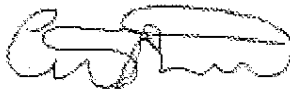
Denies Abdominal pain.
Denies Blood in stool.
Denies Change in bowel habits.
Denies Constipation.
Denies Decreased appetite.
Denies Diarrhea. Denies Difficulty
swallowing. Denies Exposure to
hepatitis. Denies Heartburn.
Denies Hematemesis.
Denies Nausea. Denies Rectal
bleeding. Denies Vomiting.
Denies Weight loss.

Hematology:

Denies Breast lump.
Denies Dizziness. Denies Easy

Above Normal BMI Follow-up Dietary management education,
guidance, and counseling
BMI management provided Yes

Care Plan Details



Electronically signed by [REDACTED] on 07/17/2023
at 10:14 AM EDT

Sign off status: Pending



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bruising. Denies Fever.
Denies Groin mass.
Denies Prolonged bleeding.
Denies Recent transfusion.
Denies Swollen glands.
Denies Weakness. Denies Weight loss.

Women Only:

Denies Breast lump.
Denies Breast pain.
Denies Discharge from the breast.
Denies Heavy bleeding during menses. Denies Hot flashes.
Denies Irregular menses.
Denies Missed periods.
Denies Painful intercourse.
Denies Painful menses.
Denies Vaginal bleeding between periods. Denies Vaginal discharge/itching.

Men Only:

Denies Difficulty initiating stream. Denies Dribbling after urination. Denies Hard testicle.
Denies Hernia.
Denies Hypospadias. Denies Lump in groin. Denies Penile discharge.
Denies Rash or blisters on penis.
Denies Scrotal pain. Denies Scrotal swelling. Denies Undescended testicle.

Genitourinary:

Denies Abdominal pain/swelling. Denies Blood in urine. Denies Difficulty urinating.
Denies Frequent urination.
Denies Pain in lower back.
Denies Painful urination.

Musculoskeletal:

Denies Carpal tunnel.
Denies Joint stiffness. Denies Leg cramps. Denies Muscle aches.
Denies Pain in shoulder(s).
Denies Painful joints.
Denies Sciatica. Denies Swollen joints. Denies Trauma to arm(s).
Denies Trauma to hip(s).
Denies Trauma to knee(s).
Denies Trauma to ankle(s).
Denies Weakness.

Peripheral Vascular:

Denies Absent pulses in hands.
Denies Absent pulses in feet.
Denies Blanching of skin.
Denies Cold extremities.
Denies Decreased sensation in extremities. Denies Pain/cramping in legs after exertion. Denies Painful extremities. Denies Ulceration of feet.

Podiatric:

Denies Achilles pain.
Denies Achilles swelling.
Denies Ankle pain. Denies Ankle swelling. Denies Ball of foot pain.

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Denies Big toe pain. Denies Big toe swelling. Denies Burning. Denies Difficulty walking. Denies Fever. Denies Foot numbness. Denies Foot pain. Denies Joint dislocation. Denies Redness over the achilles. Denies Sole pain. Denies Wound oozing.

Skin:

Denies Acne. Denies Blistering of skin. Denies Discoloration. Denies Dry skin. Denies Eczema. Denies Hives. Denies Itching. Denies Keloid formation. Denies Mole(s). Denies Nodule(s). Denies Photosensitivity. Denies Rash. Denies Rash on feet. Denies Scaly lesions of skin/scalp. Denies Skin cancer. Denies Skin lesion(s). Denies Skin oozing. Denies Sun sensitivity.

Neurologic:

Denies Balance difficulty. Denies Coordination. Denies Difficulty speaking. Denies Dizziness. Denies Fainting. Denies Gait abnormality. Denies Headache. Denies Irritability. Denies Loss of strength. Denies Loss of use of extremity. Denies Low back pain. Denies Memory loss. Denies Pain. Denies Seizures. Denies Tics. Denies Tingling/Numbness. Denies Transient loss of vision. Denies Tremor.

Psychiatric:

Denies Anxiety. Denies Auditory/visual hallucinations. Denies Delusions. Denies Depressed mood. Denies Difficulty sleeping. Denies Eating disorder. Denies Loss of appetite. Denies Mental or Physical abuse. Denies Stressors. Denies Substance abuse. Denies Suicidal thoughts.

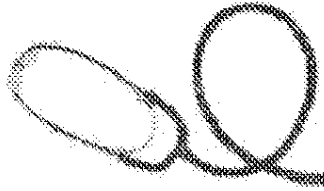
Health Education:

Denies Blood pressure screening. Denies Diabetes screening. Denies Family planning/safe sex teaching. Denies Healthy weight education. Denies Hepatitis vaccination. Denies Influenza vaccination. Denies Lipid screening. Denies Pneumovax vaccination. Denies Smoking cessation.

Cancer Self-Management:

Denies Breast self-exam. Denies Colonoscopy. Denies Mammogram. Denies PAP testing. Denies PSA testing. Denies Skin exam. Denies Smoking

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06/28/2023

Progress Notes: Carlos R. Santos MD, PA

Current MedicationsTaking

- δ traZODone HCl 150 MG Tablet 1 tablet at bedtime Orally Once a day
 - δ Lisinopril 5 MG Tablet 1 tablet Orally Once a day
 - δ NIFEdipine ER 30 MG Tablet Extended Release 24 Hour 1 tablet on an empty stomach Orally Once a day
 - δ Benztropine Mesylate 2 MG Tablet 1 tablet Orally Once a day
 - δ Rosuvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
 - δ Divalproex Sodium 500 MG Tablet Delayed Release Oral
 - δ FLUoxetine HCl 20 MG Capsule Oral
 - δ Metoprolol Tartrate 25 MG Tablet Oral
 - δ Haloperidol 10 MG Tablet Oral
 - δ Ingrezza 40 MG Capsule Oral
 - δ Bisacodyl 5 MG Tablet Delayed Release 1 tablet as needed Orally Once a day
 - δ Gemfibrozil 600 MG Tablet Oral
 - δ QUetiapine Fumarate 300 MG Tablet Oral
 - δ Vitamin D (Ergocalciferol) 1.25 MG (50000 UT) Capsule Oral
 - δ Nystatin 100000 UNIT/GM Ointment 1 application Externally Twice a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Psychiatric disorder.
Schizoaffective disorder.
Anxiety.
Hypertension.
High cholesterol.
Obesity.

Surgical History

Denies Past Surgical History

Reason for Appointment

1. follow up OSA
2. Result sleep study a

History of Present IllnessDepression Screening:PHQ-2 (2015 Edition)

Little interest or pleasure in doing things? Not at all

Feeling down, depressed, or hopeless? Not at all

Total Score 0

Isolation Precautions:Respiratory Illness Screening

1. Is fever present / reported? No

2. Are respiratory illness symptom(s) present / reported? No

3. Are other symptom(s) present / reported? No

5. Has there been reported travel to a High Risk respiratory illness region? No

6. Has close* contact with person(s) known to have communicable illness been reported? No

7. Did travel or close contact (if applicable) occur within 14 days of symptom onset? No

Follow up:

The patient is bring by the Caregiver. He has a schizophrenia and can not cooperate with the interrogatory. He is is coming for the first time. he has been having sleep issues: snoring, stop breathing at night, sleepiness during the day. insomnia, dry mouth. Epworth 19.

Vital Signs

Temp: 97.5 F, HR: 88 /min, BP: 116/72 mm Hg, Ht: 67 in, Wt: 279 lbs, BMI: 43.69 Index, RR: 16 /min, Oxygen sat %: 98 %, Ht-cm: 170.18 cm, Wt-kg: 126.55 kg.

Past Orders

Imaging:POLYSM SLEEP STAGING 4/> ADDL PARAM
(Order Date - 06/05/2023) (Collection Date - 06/22/2023)

ExaminationGeneral Examination:

GENERAL APPEARANCE: in no acute distress, well developed,

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Family History

Father: alive
Mother: alive

Social History

Tobacco Use:

Tobacco Use/Smoking

Are you a non tobacco user
Tobacco use other than smoking
Are you an other tobacco user?

No

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? No

Alcohol Screen

Did you have a drink containing alcohol in the past year? No
Points 0

Interpretation Negative

OPIOID Risk Tool (2018 Edition)

Family Hx Alcohol? No
Family Hx Illegal Drugs? No
Family Hx Rx Drugs? No
Personal Hx Alcohol? No
Personal Hx Illegal Drugs? No
Personal Hx Rx Drugs? No
Age between 16-45 years? Yes
Depression? No
TOTAL SCORE 1
Risk Level for Opioid Use low

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

Allergy/Immunology:

Denies Blistering of skin.
Denies Congestion. Denies Cough.
Denies Hives. Denies Itching.
Denies Rash. Denies Sneezing.
Denies Watery eyes.
Denies Wheezing.

Ophthalmologic:

Denies Blurred vision, in both eyes, affecting both the near and distant vision.
Denies Diminished visual acuity.
Denies Discharge. Denies Dry eye.
Denies Flashes of light in the visual field. Denies Floaters in the visual field. Denies Itching and redness.
Denies Pain. Denies Red eye.
Denies Vision screen.

ENT:

Denies Blocked ear.
Denies Decreased hearing.
Denies Decreased sense of smell.

well nourished.

LUNGS: clear to auscultation bilaterally.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessments

1. OSA (obstructive sleep apnea) - G47.33 (Primary)
2. Snoring - R06.83
3. Obesity - E66.9
4. Schizophrenia - F20.9
5. Anxiety - F41.9
6. HTN (hypertension) - I10
7. HLD (hyperlipidemia) - E78.5

Treatment

1. OSA (obstructive sleep apnea)

IMAGING: POLYSM SLEEP STAGING 4/> ADDL PARAM W/CPAP TX (Ordered for 06/28/2023)

2. Schizophrenia

Continue traZODone HCl Tablet, 150 MG, 1 tablet at bedtime, Orally, Once a day

Continue Benzotropine Mesylate Tablet, 2 MG, 1 tablet, Orally, Once a day

Continue Divalproex Sodium Tablet Delayed Release, 500 MG, Oral

Continue FLUoxetine HCl Capsule, 20 MG, Oral

Continue Haloperidol Tablet, 10 MG, Oral

Continue Ingrezza Capsule, 40 MG, Oral

3. HTN (hypertension)

Continue Lisinopril Tablet, 5 MG, 1 tablet, Orally, Once a day

Continue NIFEdipine ER Tablet Extended Release 24 Hour, 30 MG, 1 tablet on an empty stomach, Orally, Once a day

Continue Metoprolol Tartrate Tablet, 25 MG, Oral

4. HLD (hyperlipidemia)

Continue Rosuvastatin Calcium Tablet, 40 MG, 1 tablet, Orally, Once a day

Immunization

Immunization record has been reviewed and updated.

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Denies Difficulty swallowing.
Denies Dry mouth. Denies Ear pain.
Denies Hearing screen.
Denies Nosebleed. Denies Ringing in
the ears. Denies Sinus pain.
Denies Sore throat. Denies Swollen
glands.

Endocrine:

Denies Cold intolerance.
Denies Difficulty sleeping.
Denies Dizziness. Denies Excessive
sweating. Denies Excessive thirst.
Denies Frequent urination.
Denies Heat intolerance.
Denies Irregular menses.
Denies Weakness. Denies Weight
loss.

Respiratory:

Snoring admits.
Denies Breathing pattern.
Denies Chest pain. Denies Cough.
Denies Hemoptysis. Denies Pain
with inspiration. Denies Shortness of
breath at rest. Denies Shortness of
breath with exertion. Denies Sputum
production. Denies Wheezing.

Breast:

Denies Bloody nipple discharge.
Denies Breast lump. Denies Breast
pain. Denies Breast swelling.
Denies Fever. Denies Gland
swelling. Denies Nipple discharge.
Denies Red skin. Denies Weight
loss.

Cardiovascular:

Denies Chest pain at rest.
Denies Chest pain with exertion.
Denies Claudication.
Denies Cyanosis. Denies Difficulty
laying flat. Denies Dizziness.
Denies Dyspnea on exertion.
Denies Fluid accumulation in the
legs. Denies Irregular heartbeat.
Denies Orthopnea.
Denies Palpitations.
Denies Shortness of breath.
Denies Weakness. Denies Weight
gain.

Gastrointestinal:

Denies Abdominal pain.
Denies Blood in stool.
Denies Change in bowel habits.
Denies Constipation.
Denies Decreased appetite.
Denies Diarrhea. Denies Difficulty
swallowing. Denies Exposure to
hepatitis. Denies Heartburn.
Denies Hematemesis.
Denies Nausea. Denies Rectal
bleeding. Denies Vomiting.
Denies Weight loss.

Hematology:

Denies Breast lump.
Denies Dizziness. Denies Easy
bruising. Denies Fever.

Preventive Medicine

Counseling:

Care goal follow-up plan:

Above Normal BMI Follow-up Dietary management education,
guidance, and counseling
BMI management provided Yes

Follow Up

3 Weeks

Care Plan Details

Electronically signed by [REDACTED] 07/06/2023
at 05:03 PM EDT

Sign off status: Completed

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Denies Groin mass.
Denies Prolonged bleeding.
Denies Recent transfusion.
Denies Swollen glands.
Denies Weakness. Denies Weight loss.

Women Only:

Denies Breast lump.
Denies Breast pain.
Denies Discharge from the breast.
Denies Heavy bleeding during menses. Denies Hot flashes.
Denies Irregular menses.
Denies Missed periods.
Denies Painful intercourse.
Denies Painful menses.
Denies Vaginal bleeding between periods. Denies Vaginal discharge/itching.

Men Only:

Denies Difficulty initiating stream. Denies Dribbling after urination. Denies Hard testicle.
Denies Hernia.
Denies Hypospadias. Denies Lump in groin. Denies Penile discharge.
Denies Rash or blisters on penis.
Denies Scrotal pain. Denies Scrotal swelling. Denies Undescended testicle.

Genitourinary:

Denies Abdominal pain/swelling. Denies Blood in urine. Denies Difficulty urinating.
Denies Frequent urination.
Denies Pain in lower back.
Denies Painful urination.

Musculoskeletal:

Denies Carpal tunnel.
Denies Joint stiffness. Denies Leg cramps. Denies Muscle aches.
Denies Pain in shoulder(s).
Denies Painful joints.
Denies Sciatica. Denies Swollen joints. Denies Trauma to arm(s).
Denies Trauma to hip(s).
Denies Trauma to knee(s).
Denies Trauma to ankle(s).
Denies Weakness.

Peripheral Vascular:

Denies Absent pulses in hands.
Denies Absent pulses in feet.
Denies Blanching of skin.
Denies Cold extremities.
Denies Decreased sensation in extremities. Denies Pain/cramping in legs after exertion. Denies Painful extremities. Denies Ulceration of feet.

Podiatric:

Denies Achilles pain.
Denies Achilles swelling.
Denies Ankle pain. Denies Ankle swelling. Denies Ball of foot pain.
Denies Big toe pain. Denies Big toe

!"2%57 *1 éā \$/"& 212I56.I51312.XB8.Ld -XII!ìì .dP 962131.\$/3& 210I612.I6267.

swelling. Denies Burning.
Denies Difficulty walking.
Denies Fever. Denies Foot
numbness. Denies Foot pain.
Denies Joint dislocation.
Denies Redness over the achilles.
Denies Sole pain. Denies Wound
oozing.

Skin:

Denies Acne. Denies Blistering
of skin. Denies Discoloration.
Denies Dry skin. Denies Eczema.
Denies Hives. Denies Itching.
Denies Keloid formation.
Denies Mole(s). Denies Nodule(s).
Denies Photosensitivity.
Denies Rash. Denies Rash on feet.
Denies Scaly lesions of skin/scalp.
Denies Skin cancer. Denies Skin
lesion(s). Denies Skin oozing.
Denies Sun sensitivity.

Neurologic:

Denies Balance difficulty.
Denies Coordination.
Denies Difficulty speaking.
Denies Dizziness. Denies Fainting.
Denies Gait abnormality.
Denies Headache.
Denies Irritability. Denies Loss of
strength. Denies Loss of use of
extremity. Denies Low back pain.
Denies Memory loss. Denies Pain.
Denies Seizures. Denies Tics.
Denies Tingling/Numbness.
Denies Transient loss of vision.
Denies Tremor.

Psychiatric:

Denies Anxiety.
Denies Auditory/visual
hallucinations. Denies Delusions.
Denies Depressed mood.
Denies Difficulty sleeping.
Denies Eating disorder. Denies Loss
of appetite. Denies Mental or
Physical abuse. Denies Stressors.
Denies Substance abuse.
Denies Suicidal thoughts.

Health Education:

Denies Blood pressure
screening. Denies Diabetes
screening. Denies Family
planning/safe sex teaching.
Denies Healthy weight education.
Denies Hepatitis vaccination.
Denies Influenza vaccination.
Denies Lipid screening.
Denies Pneumovax vaccination.
Denies Smoking cessation.

Cancer Self-Management:

Denies Breast self-exam.
Denies Colonoscopy.
Denies Mammogram. Denies PAP
testing. Denies PSA testing.
Denies Skin exam. Denies Smoking

!"2%57 *1 éā \$/"8 212I56.I513112.XB8.Lđ -XII!ìì .dP 962131.\$/38 210I612.I6267.

cessation. Denies Use of sunscreen.

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Progress Note: C [REDACTED] 05/28/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

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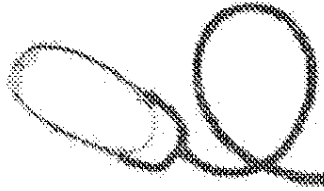
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Progress Note: [REDACTED] 07/14/2023

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06/05/2023

Progress Notes: Carlos R. Santos MD, PA

Current Medications**Taking**

- δ traZODone HCl 150 MG Tablet 1 tablet at bedtime Orally Once a day
 - δ Bisacodyl 5 MG Tablet Delayed Release 1 tablet as needed Orally Once a day
 - δ Lisinopril 5 MG Tablet 1 tablet Orally Once a day
 - δ NIFEdipine ER 30 MG Tablet Extended Release 24 Hour 1 tablet on an empty stomach Orally Once a day
 - δ Benztropine Mesylate 2 MG Tablet 1 tablet Orally Once a day
 - δ Rosuvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
 - δ Gemfibrozil 600 MG Tablet Oral
 - δ QUEtiapine Fumarate 300 MG Tablet Oral
 - δ Vitamin D (Ergocalciferol) 1.25 MG (50000 UT) Capsule Oral
 - δ Divalproex Sodium 500 MG Tablet Delayed Release Oral
 - δ FLUoxetine HCl 20 MG Capsule Oral
 - δ Metoprolol Tartrate 25 MG Tablet Oral
 - δ Ingrezza 40 MG Capsule Oral
 - δ Haloperidol 10 MG Tablet Oral
 - δ Nystatin 100000 UNIT/GM Ointment 1 application Externally Twice a day
- Medication List reviewed and reconciled with the patient

Past Medical History

Psychiatric disorder.
Schizoaffective disorder.
Anxiety.
Hypertension.
High cholesterol.
Obesity.

Surgical History

Denies Past Surgical History

Reason for Appointment

1. New patient Visit; snore; breathing problems when he is sleeping.

History of Present Illness**Depression Screening:**

PHQ-2 (2015 Edition)

Little interest or pleasure in doing things? Not at all

Feeling down, depressed, or hopeless? Not at all

Total Score 0

Isolation Precautions:**Respiratory Illness Screening**

1. Is fever present / reported? No

2. Are respiratory illness symptom(s) present / reported? No

3. Are other symptom(s) present / reported? No

5. Has there been reported travel to a High Risk respiratory illness region? No

6. Has close* contact with person(s) known to have communicable illness been reported? No

7. Did travel or close contact (if applicable) occur within 14 days of symptom onset? No

Follow up:

The patient is bring by the Caregiver. He has a schizophrenia and can not cooperate with the interrogatory. He is is coming for the first time. he has been having sleep issues: snoring, stop breathing at night, sleepiness during the day. insomnia, dry mouth. Epworth 19.

Vital Signs

Temp: 97.1 F, HR: 97 /min, BP: 118/79 mm Hg, Ht: 67 in, Wt: 281 lbs, BMI: 44.01 index, RR: 16 /min, Oxygen sat %: 97 %, Ht-cm: 170.18 cm, Wt-kg: 127.46 kg.

Examination**General Examination:**

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

LUNGS: clear to auscultation bilaterally.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

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Family History

Father: alive
Mother: alive

Social History

Tobacco Use:

Tobacco Use/Smoking

Are you a non tobacco user

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? No

Alcohol Screen

Did you have a drink containing alcohol in the past year? No

Points 0

Interpretation Negative

OPIOID Risk Tool (2018 Edition)

Family Hx Alcohol? No

Family Hx Illegal Drugs? No

Family Hx Rx Drugs? No

Personal Hx Alcohol? No

Personal Hx Illegal Drugs? No

Personal Hx Rx Drugs? No

Age between 16-45 years? Yes

Depression? No

TOTAL SCORE 1

Risk Level for Opioid Use low

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

Allergy/Immunology:

Denies Blistering of skin.

Denies Congestion. Denies Cough.

Denies Hives. Denies Itching.

Denies Rash. Denies Sneezing.

Denies Watery eyes.

Denies Wheezing.

Ophthalmologic:

Denies Blurred vision, in both eyes, affecting both the near and distant vision.

Denies Diminished visual acuity.

Denies Discharge. Denies Dry eye.

Denies Flashes of light in the visual field.

Denies Floaters in the visual field.

Denies Itching and redness.

Denies Pain. Denies Red eye.

Denies Vision screen.

ENT:

Denies Blocked ear.

Denies Decreased hearing.

Denies Decreased sense of smell.

Denies Difficulty swallowing.

Denies Dry mouth. Denies Ear pain.

Denies Hearing screen.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

Assessments

1. OSA (obstructive sleep apnea) - G47.33 (Primary)

2. Snoring - R06.83

3. Obesity - E66.9

4. Schizophrenia - F20.9

5. Anxiety - F41.9

6. HTN (hypertension) - I10

7. HLD (hyperlipidemia) - E78.5

Treatment

1. OSA (obstructive sleep apnea)

IMAGING: POLYSM SLEEP STAGING 4/> ADDL PARAM

(Ordered for 06/05/2023)

IMAGING: CHEST PA AND 1 LAT (Ordered for 06/05/2023)

2. Schizophrenia

Continue trazODone HCl Tablet, 150 MG, 1 tablet at bedtime, Orally, Once a day

Continue Benzotropine Mesylate Tablet, 2 MG, 1 tablet, Orally, Once a day

Continue Divalproex Sodium Tablet Delayed Release, 500 MG, Oral

Continue FLUoxetine HCl Capsule, 20 MG, Oral

Continue Haloperidol Tablet, 10 MG, Oral

Continue Ingrezza Capsule, 40 MG, Oral

3. HTN (hypertension)

Continue Lisinopril Tablet, 5 MG, 1 tablet, Orally, Once a day

Continue NIFE dipine ER Tablet Extended Release 24 Hour, 30 MG, 1 tablet on an empty stomach, Orally, Once a day

Continue Metoprolol Tartrate Tablet, 25 MG, Oral

4. HLD (hyperlipidemia)

Continue Rosuvastatin Calcium Tablet, 40 MG, 1 tablet, Orally, Once a day

Immunization

Immunization record has been reviewed and updated.

Preventive Medicine

Counseling:

Care goal follow-up plan:

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Denies Nosebleed. Denies Ringing in the ears. Denies Sinus pain. Denies Sore throat. Denies Swollen glands.

Endocrine:

Denies Cold intolerance. Denies Difficulty sleeping. Denies Dizziness. Denies Excessive sweating. Denies Excessive thirst. Denies Frequent urination. Denies Heat intolerance. Denies Irregular menses. Denies Weakness. Denies Weight loss.

Respiratory:

Snoring admits. Denies Breathing pattern. Denies Chest pain. Denies Cough. Denies Hemoptysis. Denies Pain with inspiration. Denies Shortness of breath at rest. Denies Shortness of breath with exertion. Denies Sputum production. Denies Wheezing.

Breast:

Denies Bloody nipple discharge. Denies Breast lump. Denies Breast pain. Denies Breast swelling. Denies Fever. Denies Gland swelling. Denies Nipple discharge. Denies Red skin. Denies Weight loss.

Cardiovascular:

Denies Chest pain at rest. Denies Chest pain with exertion. Denies Claudication. Denies Cyanosis. Denies Difficulty laying flat. Denies Dizziness. Denies Dyspnea on exertion. Denies Fluid accumulation in the legs. Denies Irregular heartbeat. Denies Orthopnea. Denies Palpitations. Denies Shortness of breath. Denies Weakness. Denies Weight gain.

Gastrointestinal:

Denies Abdominal pain. Denies Blood in stool. Denies Change in bowel habits. Denies Constipation. Denies Decreased appetite. Denies Diarrhea. Denies Difficulty swallowing. Denies Exposure to hepatitis. Denies Heartburn. Denies Hematemesis. Denies Nausea. Denies Rectal bleeding. Denies Vomiting. Denies Weight loss.

Hematology:

Denies Breast lump. Denies Dizziness. Denies Easy bruising. Denies Fever. Denies Groin mass. Denies Prolonged bleeding. Denies Recent transfusion.

Above Normal BMI Follow-up Dietary management education, guidance, and counseling
BMI management provided Yes

Follow Up
3 Weeks

Care Plan Details



Electronically signed by Carlos Santos MD on 06/16/2023 at 04:53 PM EDT

Sign off status: Completed

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Fax: 305-653-4055

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Denies Swollen glands.
Denies Weakness. Denies Weight loss.

Women Only:

Denies Breast lump.
Denies Breast pain.
Denies Discharge from the breast.
Denies Heavy bleeding during menses. Denies Hot flashes.
Denies Irregular menses.
Denies Missed periods.
Denies Painful intercourse.
Denies Painful menses.
Denies Vaginal bleeding between periods. Denies Vaginal discharge/itching.

Men Only:

Denies Difficulty initiating stream. Denies Dribbling after urination. Denies Hard testicle.
Denies Hernia.
Denies Hypospadias. Denies Lump in groin. Denies Penile discharge.
Denies Rash or blisters on penis.
Denies Scrotal pain. Denies Scrotal swelling. Denies Undescended testicle.

Genitourinary:

Denies Abdominal pain/swelling. Denies Blood in urine. Denies Difficulty urinating.
Denies Frequent urination.
Denies Pain in lower back.
Denies Painful urination.

Musculoskeletal:

Denies Carpal tunnel.
Denies Joint stiffness. Denies Leg cramps. Denies Muscle aches.
Denies Pain in shoulder(s).
Denies Painful joints.
Denies Sciatica. Denies Swollen joints. Denies Trauma to arm(s).
Denies Trauma to hip(s).
Denies Trauma to knee(s).
Denies Trauma to ankle(s).
Denies Weakness.

Peripheral Vascular:

Denies Absent pulses in hands.
Denies Absent pulses in feet.
Denies Blanching of skin.
Denies Cold extremities.
Denies Decreased sensation in extremities. Denies Pain/cramping in legs after exertion. Denies Painful extremities. Denies Ulceration of feet.

Podiatric:

Denies Achilles pain.
Denies Achilles swelling.
Denies Ankle pain. Denies Ankle swelling. Denies Ball of foot pain.
Denies Big toe pain. Denies Big toe swelling. Denies Burning.
Denies Difficulty walking.
Denies Fever. Denies Foot

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numbness. Denies Foot pain.
Denies Joint dislocation.
Denies Redness over the achilles.
Denies Sole pain. Denies Wound
oozing.

Skin:

Denies Acne. Denies Blistering
of skin. Denies Discoloration.
Denies Dry skin. Denies Eczema.
Denies Hives. Denies Itching.
Denies Keloid formation.
Denies Mole(s). Denies Nodule(s).
Denies Photosensitivity.
Denies Rash. Denies Rash on feet.
Denies Scaly lesions of skin/scalp.
Denies Skin cancer. Denies Skin
lesion(s). Denies Skin oozing.
Denies Sun sensitivity.

Neurologic:

Denies Balance difficulty.
Denies Coordination.
Denies Difficulty speaking.
Denies Dizziness. Denies Fainting.
Denies Gait abnormality.
Denies Headache.
Denies Irritability. Denies Loss of
strength. Denies Loss of use of
extremity. Denies Low back pain.
Denies Memory loss. Denies Pain.
Denies Seizures. Denies Tics.
Denies Tingling/ Numbness.
Denies Transient loss of vision.
Denies Tremor.

Psychiatric:

Denies Anxiety.
Denies Auditory/visual
hallucinations. Denies Delusions.
Denies Depressed mood.
Denies Difficulty sleeping.
Denies Eating disorder. Denies Loss
of appetite. Denies Mental or
Physical abuse. Denies Stressors.
Denies Substance abuse.
Denies Suicidal thoughts.

Health Education:

Denies Blood pressure
screening. Denies Diabetes
screening. Denies Family
planning/ safe sex teaching.
Denies Healthy weight education.
Denies Hepatitis vaccination.
Denies Influenza vaccination.
Denies Lipid screening.
Denies Pneumovax vaccination.
Denies Smoking cessation.

Cancer Self-Management:

Denies Breast self-exam.
Denies Colonoscopy.
Denies Mammogram. Denies PAP
testing. Denies PSA testing.
Denies Skin exam. Denies Smoking
cessation. Denies Use of sunscreen.