

Office Visit Note

Patient Name: Alan Christenson

D.O.B.: 07/21/1936; 84 yrs, 2 mo at the time of visit

Seen by William Chu, MD

Date of Encounter: 11/04/2016

Exam Reason (CC): Follow-Up - 6wks

Physical Exam

Date: 11/4/16

RE: Alan Christenson

DOB: 07/21/1936

History of Present Illness: Routine PE. Gaining energy and stamina slowly after 4/16 lung cancer surgery. 10/13/16 PET/CT does not show any recurrence at surgical site, but there is a new non-specific 2 mm nodule in the left upper lobe and residual right FDG positive right lung nodule.

Past Medical History: GERD, insomnia, asthma/COPD, B12 deficiency, allergic rhinitis, OSA (declined CPAP), cataracts, left bicep tear, rib fracture, peripheral neuropathy, OA, dyslipidemia, HTN, venous stasis, diverticulosis, DM, right mandible fx, hemicrania continua, elevated homocysteine, BPH, paroxysmal afib

Past Surgical History: Nissen fundoplication 10/03, left hip arthroplasty 5/15/13, right lung SCCA T2BN1 s/p right middle and lower lobe lobectomy 4/15/16 LN 1/51+ and positive vascular margin s/p XRT 6/16.

Family History: Dementia, CHF, DM.

Social History: Widowed, consultant.

Allergies: None.

Medications: Advair HFA 115/21 2 puffs bid, atorvastatin 1 mg qd, B12 q month, allergy shots, Dexilant 60 mg qd, Folic acid 1 mg qd, Lopressor 50 mg bid, ASA qd, Mupirocin prn, Spiriva qd, Xarelto 20 mg qd, CQ10 200 mg qd, MVI qd, Ultimate omega 1000 mg qid, vitamin D3 1000 mg qd, Dulcosate 250 mg up tid prn, Probiotics qd

Review of Systems:

Neuro: No weakness/tingling. Mild decreased sensation below the knees. Recurrence of hemicrania continua not responding to amitriptyline or Tylenol, lasting hours at a time, 3-4 days/week.

HEENT: No blurred vision. Min allergy sx (actually improved the last 6 months)

CV: No CP/SOB/PND/orthopnea. Positive DOE since lungs cancer

Resp: No wheezing

GI: No GERD, normal BM

GU: No urgency/frequency/dysuria. Nocturia x2.

Musculoskeletal: 5 months shoulder/hip/lower back soreness with activity

Derm: Total body itchiness from scalp down to feet since 5/16

General: Better energy, good mood. Working just 8 hours/wk

Habits:

Caffeine: 1/d

ETOH: 2 glasses /d

Tobacco: 90 pk yrs, quit 1986

Exercise: Able to walk 45 min on flat surface, DOE with climbing stairs or walking up slope, works out with trainer 3x/wk

Vaccinations:

Tdap: 11/25/08

Pneumovac: 1/25/08

Prevnar 13: 11/24/14

Flu Vac: 9/14/16

HAV: 8/1/06, 2/15/07

HBV:

Zostavax: 11/15/06

Typhoid: 3/2011

HCM:

Eye exam: 1/2011, 1/14

Colonoscopy: 4/2/09, due 2016 per Dr. Shields

EG: 4/28/14

Exam:

P84, B140/80, Ht73, Wt187(down 15 from last yr)

Neuro: Alert, oriented, speech fluent, gait normal, strength normal, decreased sensation in distal lower extremities. DTR absent but symmetrical

Skin: No rash

HEENT: Conjunctivae pink, sclera anicteric, cerumen on right, left TMs clear, nares mildly congested, OP clear

Neck: Supple, nontender, no thyromegaly.

Lymph nodes: No lymphadenopathy.

Lungs: Decreased breath sound otherwise clear.

Back: No CVAT, no vertebral body tenderness.

Heart: Regular, normal S1 S2, no S3 S4, no murmur.

Abdomen: Normal BS, soft, nontender, no organomegaly.

Extremities: No edema. Left LE is shorter than right by ¼". Good ROM in shoulders and hips without much discomfort

GU: No testicular mass

Rectal: Prostate smooth, stool guaiac negative.

Impression:

Muscle (shoulders, hips, lower back) soreness. Possibly due to atorvastatin, or PMR

Pruritis without rash, no clear etiology, presumed systemic condition, but no obvious exposure, off minocycline, could be atorvastatin, or possibly related to underlying lung cancer

Recurrence of hemicrania continua

Lung cancer s/p right middle and lower lobe resection, positive vascular margin, 1/51 LN positive, s/p XRT

Paroxysmal afib

HTN

Diverticulosis

OSA untreated

Dyslipidemia

DM

OA

GERD

Insomnia

Peripheral neuropathy

Asthma

B12 deficiency

Allergic rhinitis

Plan:

Oxycontin 30 mg qd to bid prn

B12 injection today

Will hold off routine colonoscopy until his lung cancer issue is settled

Check labs, including TFT, iron studies, CPK, ESR

May need to consider d/c atorvastatin or trial prednisone for pruritis and myalgia

Check labs

F/u 2 months

William N. Chu, M.D.