

# Follow Up Note

## John,Smith

DOB:January 20th, 1984

Date Of Encounter:38

Return:male

Diagnosis: none

Work Duty:Sedentary Work false greater than to the leftfalse until next

Chief Complaint: Left hand

## History Of Presenting Illness

John Smith presents today for follow up. Since last appointment, the patient (has been/has not been) compliant with treatment plan including (Previous Treatment Plan). He states that since last visit, symptoms are The same, and grades his pain 5 level intensity.The patient reports no improvement in symptoms since receiving injection at last visit, and states that it was helpful . The patient admits to no trauma.

## Allergies:

1. Acetaminophen/Codeine (Oral Pill) Hallucinations
2. Penicillin V potassium (Oral Pill) Hives

## Medications:

1. SYNTHROID (Oral Pill)-25-mg 2x Daily
2. Simvastatin (Oral Pill)-100 mcg 2x Daily
3. ZOCOR (Oral Pill)-3 mcg 2x Daily As Needed

## Physical Examination: (John,Smith)

is an awake, alert and oriented male that appears his stated age. They have a pleasant demeanor. They are able to follow commands appropriately. They are in no acute distress.

Vitals:

Ht:

Wt:

BMI: 0.0

BP:

Pulse:

RR:

**Skin:none**

**Strength:**

| Right | Name             | Left |
|-------|------------------|------|
| 5/5   | Hand EPL         | 5/5  |
| 5/5   | Hand FPL         | 5/5  |
| 5/5   | Hand APB         | 5/5  |
| 5/5   | Hand FDI         | 5/5  |
| 5/5   | Hand ADM         | 5/5  |
| 5/5   | Hand Grip        | 5/5  |
| 5/5   | Hand Pinch       | 5/5  |
| 5/5   | Wrist Flexion    | 5/5  |
| 5/5   | Wrist Extension  | 5/5  |
| 5/5   | Wrist Pronation  | 5/5  |
| 5/5   | Wrist Supination | 5/5  |

**Reflexes:**

| Right | Name | Left |
|-------|------|------|
|-------|------|------|

**Assessment: is a 38 year old with:**

**Plan:**

(Name) presents with signs and symptoms consistent with (Diagnosis #1), (Diagnosis #2), Diagnosis, diagnostic studies, and treatment plans were reviewed with the patient at today's visit. Treatment plan includes (Treatment Plan buttons selected by doctor). The patient will follow up (in one week/in two weeks/in 3 weeks/in one month/in 6 weeks/ as needed/other). (The patient was provided with (DME item). The patient is happy with the plan moving forward.