

# 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 forearm and tingling

## 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 Worse, and grades his pain 8 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
0/5		0/5
0/5		0/5

**Reflexes:**

Right	Name	Left
3	reflex name	2
4	reflex 2	3

**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.