

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 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

Range of motion:

- Right Wrist Ulnar Deviation 34° Left Wrist Ulnar Deviation 0°
- Right Elbow Flexion 34° Left Elbow Flexion 0°
- Right Elbow Pronation 0° Left Elbow Pronation 46°

Strength:

Right	Name	Left
5/5	Wrist Flexion	5/5
5/5	Wrist Extension	5/5
5/5	Wrist Pronation	5/5
5/5	Wrist Supination	5/5
5/5	Elbow Flexion	5/5
5/5	Elbow Extension	5/5
5/5	Knee Flexion	5/5
5/5	Knee Extension	5/5
5/5	Hip Flexion	5/5
5/5	Hip Extension	5/5
5/5	Hip Abduction	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.