

**Smith, John**

**DOB:** January 20th, 1984

**MRN:** 789

**Date:** February 7th, 2022

**Follow-up:**

**Diagnosis:** none

**Work Duty:** Sedentary Work false greater than to the left false until next visit on

**Chief Complaint:** Left lower back pain

**History Of Presenting Illness:**

John Smith is a very pleasant 38 year old male who presents with the complaint of dull, achy, sharp, sore pain to his left lower back. He states the symptoms have been present since February 1st, 2022, at mild to severe level intensity. He denies any injury. He states symptoms are worse with weightbearing, and walking and get better with heat, massage, and rest. He denies any radiating symptoms. He has not received any treatment for this issue in the past. . He has not taken any medications to help with this issue.

**Allergies:**

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

**Medications:**

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

**Past Medical History:**

1. anxiety
2. asthma
3. COPD/Emphysema
4. high blood pressure
5. seizure disorder

**Past Surgical History:**

- Knee arthroplasty - total
- Carpal tunnel release
- Arthroscopy

**Family History:**

**Mother's Conditions:** hypertension, and arthritis

**Fathers's Conditions:** heart disease, cancer, and stroke

**Grand Parents Conditions:** cancer, hypertension, and stroke

**Siblings Conditions:** hypertension

**Social History:****Occupation:** Engineer**Marital Status:** single**Smokes:** yes - 1 pack/daily**Drinks:** yes - 1 per sitting/daily**Hand Dominance:** left**Review of Systems:****General:** fever or chills, and trouble sleeping**Neurological:** tingling**Skin:** none**Hematologic:** none**Musculoskeletal:** muscle or joint pain, and back pain**Endocrine:** none**Psychiatric:** none

**Physical Examination:** John Smith is male that appears . He has . He is able to follow instructions. He is .

**Vitals:**

Ht: 5' 6"

Wt: 130 lbs

BMI: 20.980257

BP: 120

Pulse: 70

RR: 14

**Skin Exam positive for:**

- Petechia
- Abrasion
- Laceration
- Mass

**The Patient has tenderness to palpation at:**

- Thoracic Spine Back
- Sacrum Back
- ASIS Hip

**Range of motion:**

- Right Shoulder Abduction 12-20° Left Shoulder Abduction 0°
- Right Shoulder External Rotation 12-180° Left Shoulder External Rotation 0°

**Strength:**

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Right	Name	Left
5/5	Cervical Spine Flexion	5/5
5/5	Cervical Spine Extension	5/5
5/5	Thoracic/Lumbar Flexion	5/5
5/5	Thoracic/Lumbar Extension	5/5

**Reflexes:**

Right	Name	Left
1+	Biceps	1+
1+	Triceps	3+
	Brachioradialis	
	Patellar Tendon	
	Achilles	

**Assessment:** John Smith is a 38 year old male with:

**Plan:** John Smith presents signs and symptoms consistent with: none

Diagnosis, diagnostic studies, and treatment plan was reviewed with the patient at today's visit.

Treatment plan includes:

The patient will follow up in .

**Work Duty:**

Sedentary Work false greater than to the leftfalse until next visit on

Ali, M.D.



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