

Follow Up Note

John,Smith

DOB:January 20th, 1984

Date Of Encounter:38

Return:male

Diagnosis: cholera due to vibrio cholerae 01, biovar eltor (a00.1), and typhoid fever, unspecified (a01.00)

Work Duty:Light Duty no repetitive movements, and no bending greater than 1 lbs. to the left arm until next

Chief Complaint: Left hand pain

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: 5' 6"

Wt: 130 lbs

BMI: 20.980257

BP: 120

Pulse: 70

RR: 14

Skin:none

The Patient has tenderness to palpation at:

- CMC Joint right hand at thumb
- Metacarpal right hand at index finger
- MCP Joint right hand at middle finger
- Proximal Phalanx right hand at small finger
- PIP Joint right hand at small finger
- Arm_Muscles_Brachioradialis_Muscle_Right001

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
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The patient has a positive:

- Scaphoid Shift on the left Wrist
- Tinel Ulnar Nerve on the left Wrist

Diagnostic Studies:

Njnknjk n inc bcd bcbjdbj cb

Jcnjncj cncd conchs nicks conk can dckn

Assessment: is a 38 year old with:

1. Cholera due to *Vibrio cholerae* 01, biovar eltor (A00.1)
2. Typhoid fever, unspecified (A01.00)

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.