Follow Up Note

John, Smith

DOB:January 20th, 1984 Date Of Encounter:38

Return:male

Diagnosis: unilateral primary osteoarthritis, right knee (m17.11)

Work Duty:Full duty

Chief Complaint: Right knee 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 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: 5' 8"

Wt: 155 lbs

BMI: 23.565096

BP: 120/80 Pulse: 64 RR: 15 **Skin:none**

The Patient has tenderness to palpation at:

- Anteromedial Joint Line Knee
- Anterolateral Joint Line Knee
- Right_Anteromedial_Joint_Line
- Plane042

Strength:

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

The patient has a positive:

• Patellofemoral Grind on the right Knee

Assessment: is a 38 year old with:

1. Unilateral primary osteoarthritis, right knee (M17.11)

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.