

Patient's Name: Steven HosmerClinic/UH #: 6136Phone #: 281-534-9557Age: 55Today's Date: 5/10/14

CC:

medication refill.

HPI: Pt is a 55 y.o. Caucasian male who comes to clinic for medication refill. He has a PMHx of fibromyalgia, HTN, OA, and Cervical stenosis and takes HCTZ, meloxicam, Nortriptyline, Cyclobenzaprine, and Cymbalta for his pain. He was started on Cymbalta last time he was here and states that it has helped w/ his burning pain. Overall, pain is a lot better and now rates it a 7/10 still having some dull pain in his joints and relates that to his previous work. No other concerns.

Allergies:

NKDA

Medications/Herbs/Supplements:

Nortriptyline 25 mg ^{QD} (3 tabs)
 Cyclobenzaprine 10mg ^{Q8H}
 HCTZ 25 mg ^{QD}
 Meloxicam 15 mg ^{QD}
 Cymbalta 60 mg ^{QD} (at HS)

Review of Systems: ☐ Reviewed Patient Checklist on Back Page

Pertinent Positives: (+) back pain & stiffness,
 (+) dull pain to all joints

Pertinent Negatives: (-) fever, (-) N/V/D,
 (-) abd pain, (-) SOB, (-) cough, (-) CP,
 (-) palpitations

BP: 130/90 P: 64 R: 18 T: OF WEIGHT:

LBS HEIGHT:

INCHES GLUCOSE:

PE: GENERAL:

NAD, well developed, nice man.

HEENT:

mucous membranes moist, no conjunctival injection

LUNGS:

CTAB, no wheezes

HEART:

P2R, no murmurs

ABDOMEN:

normal bowel sounds, no ^{bruits heard} ~~bruits heard~~

MS/NEURO:

(-) straight leg raise, pain @ 90°

SKIN:

Deferred

OTHER:

ASSESSMENT/PLAN:

55 y.o. M who comes to clinic for medication refill. Hx of Chronic Pain, improving w/ Cymbalta. Requests refill of Cyclobenzaprine. Plan to:

- ~~Refill~~ Cyclobenzaprine 10mg was not refilled. Recontinued
- It was instructed to continue Cymbalta since it is working well for him.
- Schedule a 3 month follow up.

Faculty additions:

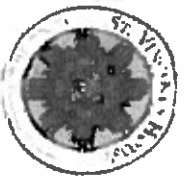
SIGNATURE

M. Sheril B.

STUDENT NAME: BESDY THOMAS, MSIII DirectorDIRECTOR SIGNATURE: ✓

St. Vincent's House

Review of Systems



*Within the past month, have you been experiencing the following symptoms?
¿Durante la última mes, Ud. ha tenido los siguientes síntomas?*

General:

- ☐ Have you gained or lost weight recently? Ha ganado o perdido de peso últimamente?
How many pounds? Cuántas libras? lbs. kgs.
- ☐ Have you had fever, chills, or sweats? Ha tenido fiebre, escalofríos, o sudores?
- ☐ Do you have a rash? Tiene Ud. erupción?
- ☐ Do you have itching? Tiene picazón?
- ☐ Do you have lumps/bumps? Tiene bolitas?

HEENT:

- ☐ Have you had unusual or new headaches? Ha tenido dolores de cabeza nuevos o raros?
- ☐ Do you get blurry vision? Ve borroso a veces?
- ☐ Do you see double? Ve doble?
- ☐ Have you ever lost vision? Ha perdido de visto alguna vez?
- ☐ Do you have ear pain? Tiene dolor del oído?
- ☐ Has your hearing changed lately? Ha cambiado el oído últimamente?
- ☐ Do you get dizzy at times? Tiene mareos a veces?
- ☐ Do you get nosebleeds? Le sangra la nariz?
- ☐ When did you last see the dentist? Cuando fue la última vez que visitó a un dentista?

Breasts:

- ☐ Do you have a sore throat? Le duele la garganta?
- ☐ Do you have trouble swallowing? Tiene problemas para tragar?
- ☐ Has your voice changed? Le ha cambiado el voz?
- ☐ Do you have lumps in your neck? Tiene bolitas en el cuello?

Lungs:

- ☐ Do you have any lumps in your breasts? Tiene algunas bolitas en los senos?
- ☐ Are there changes in the skin of the breast? Hay algunos cambios al piel de los senos?
- ☐ Do you have nipple discharge? Le sale fluido de los pezones?
- ☐ Are you short of breath sometimes? Le falta el aire a veces?
- ☐ Do you have a cough? Tiene tos?
- ☐ Do you bring up sputum? Le sale flema?
- ☐ What color is it? De que color?
- ☐ Do you have asthma? Tiene asma?

CV:

- ☐ Do you have heart problems? Tiene problemas de corazón?

GI:

- ☐ Have you had chest pain? Ha tenido dolor de pecho?
- ☐ Have you had a heart attack? Ha tenido un ataque al corazón?
- ☐ Do you get palpitations? Tiene latido rápido o fuerte del corazón?
- ☐ Do you have GERD? Tiene acidez?
- ☐ Do you have nausea or vomiting? Tiene náusea o vómito?
- ☐ Have you seen blood in the emesis? Ha visto sangre en el vómito?
- ☐ Do you have abdominal pain? Tiene dolor del abdomen?
- ☐ Are you constipated? Está estreñido?
- ☐ Do you have diarrhea? Tiene diarrea?
- ☐ Have you noticed blood in your stool? Ha notado sangre en sus heces?
- ☐ Have you had black stool? Ha tenido heces negras?

GU:

- ☐ Do you have trouble urinating? Tiene dificultad para orinar?
- ☐ Does it burn when you urinate? Le arde al orinar?
- ☐ Have you seen blood in your urine? Ha visto sangre en la orina?
- ☐ Have you had an STD? Ha tenido una enfermedad de transmisión sexual?
- ☐ When was your last period? Cuando fue su última regla?
- ☐ Do you have vaginal discharge? Tiene flujo vaginal?
- ☐ Do you have vaginal pain or itching? Tiene dolor o picazón de vagina?
- ☐ Are you using birthcontrol? Usa algún método anticonceptivo?
- ☐ Are you using condoms? Usa condones?
- ☐ Have you experienced erectile dysfunction? Ha tenido la disfunción erectil?

Mus:

- ☐ Do you have arthritis? Tiene artritis?
- ☐ Do you have swelling in your joints? Tiene hinchazón en las coyunturas?
- ☐ Do you have joint pain? Tiene dolor articular?

Neuro:

- ☐ Have you had a seizure? Ha tenido una convulsión?
- ☐ Have you had a stroke? Ha padecido un ataque cerebral?
- ☐ Have you passed out? Se ha desmayado?

Psych:

- ☐ Have you ever been depressed? Ha estado deprimido/a alguna vez?
- ☐ Have you had a psychiatric illness? Ha tenido una enfermedad mental?

Endo:

- ☐ Do you have thyroid problems? Tiene problemas de tiroides?
- ☐ Do you have diabetes? Tiene diabetes?

Heme:

- ☐ Do you have anemia? Tiene anemia?
- ☐ Has a doctor told you that you have a bleeding problem? Ha dicho un doctor que tiene un problema de sangrar?