



### Reason for Appointment

1. NP. HEART BURNS MEDS. NN LABORS INS.
2. S/P Hiv Pap hepc

### History of Present Illness

#### Depression Screening:

- PHQ-2 (2015 Edition)
  - Little interest or pleasure in doing things? *Not at all*
  - Feeling down, depressed, or hopeless? *Several days*
  - Total Score *1*

#### New/Follow-up Patient Consult:

- \*
  - The patient is in the clinic to Establish Care at CHA:

Previous PCP location/name: Armando Lee Cruz

Last appt with PCP: 01/2024

ROI on file for the previous office:

Records requested from the previous office: yes

Are you currently seeing any specialists No.

Jasmine is a pleasant 37 yo F with a history of GERD, anxiety, elevated BMI with prediabetes, here to discuss weight loss, GERD sx, right plantar fasciitis and headaches.

#### #Headaches

- Experiences headache occasionally in the bilateral occiput and neck muscles, feels like the neck is tense when headaches occur; they resolve on their own after a couple hours
- No neck stiffness, no photophobia, no vision changes, no aura
- Endorses anxiety, which she thinks contributes to the headaches

#### #GERD

- Has been on PPI for about 5 months, has no GERD sx on the med
- Has delivered 5 children, states GERD began around 2016, at time of last birth
- No f/c, n/v, weight changes, globus sensation or dysphagia
- Has recently read that omeprazole can cause headaches

#### #Weight loss

- Has been using a structured diet and exercise program for a number of years without weight loss
- Has tried phentermine without loss of more than a couple pounds over the years

#Plantar fasciitis

-Right foot, wondering what she can do to relieve the pain present in the fascia with prolonged standing.

## Current Medications

### Taking

- Omeprazole 40 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day
  - Phentermine HCl 37.5 MG Tablet 1 tablet before breakfast Orally Once a day
  - Sertraline HCl 50 MG Tablet 1 tablet Orally Once a day
- Medication List reviewed and reconciled with the patient

## Past Medical History

- Heartburn.
- Depression.

## Surgical History

- hysterectomy
- Csection
- appendectomy
- bladder surgery

## Family History

- No Family History documented.

## Social History

### Tobacco Use:

- Tobacco Control (Standard)  
Tobacco use: *Former smoker*  
How long has it been since you last smoked? *1-5 years*  
Additional Findings: Tobacco user *Moderate cigarette smoker (10-19 cigs/day)*

### Sexual History:

- Sexual History  
Had sex in the past 12 months (vaginal, oral, or anal)? *Yes*  
with *Men only*  
Have you ever had a Sexually transmitted disease? *Yes*  
Chlamydia? *Yes*

### Drugs/Alcohol:

- SBIRT (2018 Edition)  
Patient refused/declined SBIRT screening at this time? *No*  
1. How often do you have a drink containing alcohol? *Never*  
3. How often do you have five or more drinks on one occasion? *Never*  
SCORE *0*  
Interpretation *Negative*  
How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? *0*  
Total Count *0*  
Interpretation *Negative*

## Allergies

- Amoxicillin

## Review of Systems

### All Other Systems:

- Review of Systems (ROS) **See HPI for details.**

## Vital Signs

Temp: **98.7** F, HR: **73** /min, BP: **137/81** mm Hg, Wt: **273.6** lbs, Ht: 67 in, BMI: **42.85** Index, RR: **16** /min, Oxygen sat %: **96** %, Ht-cm: 170.18 cm, Wt-kg: 124.1 kg.

## Examination

### General Examination:

- GENERAL APPEARANCE: pleasant, well nourished, in no acute distress, elevated BMI.

- HEAD: atraumatic , normocephalic.
- EYES: sclera anicteric, extraocular movement intact (EOMI) b/l.
- NECK/THYROID: thyroid normal, no carotid bruit.
- LYMPH NODES: no pre-auricular, post-auricular, occipital, submandibular, cervical or supraclavicular lymphadenopathy.
- SKIN: normal, warm and dry, no rashes, suspicious lesions, or ulcers.
- HEART: regular rate and rhythm , no murmurs, rubs, gallops.
- LUNGS: good air movement, clear to auscultation bilaterally , no wheezes, rales, rhonchi.
- EXTREMITIES: warm extremities , no edema .
- PSYCH: alert and oriented x3, appropriate affect, cognitive function intact.

## Assessments

1. Elevated systolic blood pressure reading without diagnosis of hypertension - R03.0 (Primary)
2. Severe Unhealthy Weight (BMI over 40.0) - E66.01
3. Adult - Body mass index bmi 40.0-44.9 - Z68.41
4. Weight loss counseling, encounter for - Z71.3
5. GERD without esophagitis - K21.9
6. Prediabetes - R73.03
7. Tension headache - G44.209
8. Plantar fasciitis - M72.2

## Treatment

### 1. Elevated systolic blood pressure reading without diagnosis of hypertension

LAB: CBC, Platelet, No Differential-028142

LAB: Comp. Metabolic Panel (12)-302085

LAB: Lipid Panel-303756

LAB: Hemoglobin A1c-501270

LAB: TSH reflex to T4

Clinical Notes: -Patient has elevated blood pressure in office today without any symptoms of emergency, and without diagnosis of hypertension

-We discussed this finding and also discussed getting a home blood pressure cuff to measure pressures first thing in the morning; keeping a log of blood pressures; and, also discussed that this sometimes is related to meeting a new provider or the nature of today's visit

-Will continue to monitor bp at next encounter, and if necessary, ensure patient gets home bp cuff at that time

### 2. Adult - Body mass index bmi 40.0-44.9

Start Ozempic (2 MG/DOSE) Solution Pen-injector, 8 MG/3ML, 0.25 mg once weekly for 4 weeks, then increase to 0.5 mg once weekly, Subcutaneous, 90 days, 1, Refills 3

LAB: Lipid Panel-303756

### 3. Weight loss counseling, encounter for

Clinical Notes: -Patient has so far failed a structured diet and exercise plan and has also not had success with phentermine, in the setting of elevated BMI and prediabetes

-Will trial ozempic

-Patient informed of R/B/A, denies family history of MEN

#### 4. GERD without esophagitis

Start Omeprazole Tablet Delayed Release, 20 MG, 1 tablet 30 minutes before morning meal, Orally, Once a day, 14 days, 14, Refills 0

LAB: CBC, Platelet, No Differential-028142

Clinical Notes: -Patient to taper off of PPI 40 mg to 20 mg to pepsid and see if sx restart

-If sx return once off ppi, will consider GI referral; discussed chronic gerd, PUD, hiatal hernia possibilities

#### 5. Prediabetes

LAB: Lipid Panel-303756

LAB: Hemoglobin A1c-501270

Clinical Notes: -Checking hba1c, lipids

#### 6. Tension headache

Start Fluticasone Propionate Suspension, 50 MCG/ACT, 1 spray in each nostril, Nasally, Once a day, 90 days, 1, Refills 3

Clinical Notes: -History c/w diagnosis of tension headache with muscular tension of neck muscles as most predominant sx and patient stating that sx occur when feeling stressed

-Discussed supportive care and stretching exercises for the neck

-We also discussed starting flonase for seasonal allergies that can contribute to her headaches

#### 7. Plantar fasciitis

Notes: What are the symptoms of plantar fasciitis?

The most common symptom is pain under the heel and sole (bottom) of the foot. The pain is often worst when you first get out of bed in the morning. It can also be bad when you get up after being seated for some time.

Is there anything I can do on my own to feel better?

Yes, you can:

- Rest - Give your foot a chance to heal by resting. But don't completely stop being active. Doing that can lead to more pain and stiffness in the long run.
- Ice your foot - Putting ice on your heel for 20 minutes up to 4 times a day might relieve pain. Icing and massaging your foot before exercise might also help.
- Do special foot exercises - Certain exercises can help with heel pain. Do these exercises every day (figure 2).
- Take pain medicines - If your pain is severe, you can try taking pain medicines that you can get without a prescription. Examples include ibuprofen (sample brand names: Advil, Motrin) and naproxen (sample brand name: Aleve). But if you have other medical conditions or already take other medicines, ask your doctor or nurse before taking new pain medicines.
- Wear sturdy shoes - Sneakers with a lot of cushion and good arch and heel support are best. Shoes with rigid soles can also help. Adding padded or gel heel inserts to your shoes might help, too.
- Wear splints at night - Some people feel better if they wear a splint while they sleep that keeps their foot straight. These splints are sold in drugstores and medical supply stores.

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Cuales son los sintomas de la fascitis plantar?

El sintoma mas comun es dolor debajo del talon y la planta del pie (la parte de abajo). Con frecuencia, el dolor es mas intenso cuando se despierta en la maniana. Tambien puede ser peor cuando se pone de pie despues de haber estado sentado un rato.

Hay algo que pueda hacer por mi cuenta para sentirme mejor?

Si. Puede hacer lo siguiente:

- Descansar - Dele tiempo al pie para que sane descansando, pero no deje de hacer actividades por completo. Hacer eso puede causarle mas dolor y rigidez a largo plazo.
- Ponerse hielo en el pie - Ponerse hielo en el talon durante 20 minutos hasta 4 veces al dia podria aliviar el dolor. Ponerse hielo y masajearse el pie antes de hacer ejercicio tambien puede ayudar.
- Hacer ejercicios especiales para el pie - Algunos ejercicios pueden aliviar el dolor de talon. Haga estos ejercicios todos los dias.
- Tomar medicinas para el dolor - Si el dolor es intenso, puede tomar medicinas para el dolor de venta sin receta. Algunos ejemplos son el ibuprofeno (ejemplos de marcas comerciales: Advil, Motrin) y el naproxeno (ejemplo de marca comercial: Aleve). Sin embargo, si tiene otros padecimientos medicos o ya esta tomando otras medicinas, consulte a su medico o enfermero antes de tomar nuevas medicinas para el dolor.
- Usar calzado resistente - Las zapatillas con mucho acolchonamiento y un buen arco y soporte para el talon son las mejores. El calzado con plantillas rigidas tambien puede servir. Ademas, puede usar insertos con almohadilla o gel para el talon.
- Usar tablillas de noche - Algunas personas se sienten mejor si usan una tablilla mientras duermen, para mantener el pie recto. Estas tablillas se venden en farmacias y tiendas de suministros medico

Clinical Notes: -Discussed supportive care and stretching exercises for plantar fasciitis, with physician demo of eccentric exercise

### Visit Codes

- 99204 OFFICE OUTPT NEW 45-59 MIN.

### Procedure Codes

- 3079F Diastolic BP 80-89 \_\_\_DIAST BP 80-89 MM HG
- 3075F systolic bp 130-139 \_\_\_SYST BP GE 130 - 139MM HG
- 1159F MED LIST DOCD IN RCRD
- 1160F RVW MEDS BY RX/DR IN RCRD
- 2000F BLOOD PRESSURE, MEASURED
- 2001F WEIGHT RECORD
- 3008F BODY MASS INDEX DOCD
- 3028F O2 SATURATION DOC REV

### Follow Up

2 Weeks (Reason: f/u labs, med changes)

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