

Client Full Name: Miss Jones

Client Date of Birth: Information not found in transcript.

Date of Service: Information not found in transcript.

Exact start time and end time: Information not found in transcript.

Session Location: Information not found in transcript.

Diagnosis: See Assessment details below.

Subjective:

Miss Jones reports experiencing headaches for the past two to three weeks, occurring at least three times a week, primarily in the evenings. She describes the pain as a 5 out of 10, located around the front of her head and temples. Stress, particularly related to her graduate studies and thesis work, seems to exacerbate the headaches. She finds relief with Excedrin. Miss Jones denies any nausea, vomiting, visual disturbances, numbness, tingling, weakness, fevers, or chills. She maintains a healthy diet, exercises with hot yoga, and consumes coffee daily without changes in routine. She is married for three years and has asthma, for which she has not used her inhaler in six months. She has a family history of high blood pressure in her father and lung cancer in her grandfather, who was a smoker. She is allergic to sulfa drugs.

Objective:

The physical exam was conducted by a medical student. Cardiovascular and respiratory exams were performed, including heart auscultation and lung examination with deep breaths. Cranial nerve assessment was conducted, including inspection of eye movements, facial sensation, and muscle strength. Reflexes were checked, and muscle strength was tested in the arms. No abnormalities were noted during the exam. Osteopathic manipulative medicine was applied to relieve muscle tension, which resulted in improvement.

Assessment:

The clinician's impression is that the headaches are likely stress-related tension headaches, given the absence of alarming symptoms and the relief provided by Excedrin.

Plan:

1. Continue using Excedrin for headache relief as needed.
2. Apply heat to relax tense muscles.
3. Consider stress management techniques to reduce headache frequency.
4. Follow up with the physician for further evaluation if symptoms persist or worsen.

Therapist Signature: _____ Date: _____

Information of clinician name, credentials, and license not found in transcript.