

Client Full Name: Information not found in transcript.
Client Date of Birth: July 31st, 1997
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:

The patient, a graduate student, reports experiencing headaches for about a week, which have worsened. The headaches are described as dull and throbbing, primarily located on a specific part of the head, and are exacerbated by stress related to thesis defense and work. The pain is rated as a 5 out of 10 and lasts for a couple of hours. The patient has been using Excedrin Migraine with some relief. There is no associated nausea, vomiting, or aura. The patient consumes one to two cups of coffee daily, drinks alcohol occasionally on weekends, and does not use tobacco or recreational drugs. Past medical history includes seasonal allergies and eczema, with ongoing use of Benadryl for allergies. Family history includes a mother with hypothyroidism, a father with high cholesterol and blood pressure, and a grandmother who died of brain cancer, which is a concern for the patient.

Objective:

Physical examination performed by a medical student includes:

- Cardiovascular exam: Heart auscultated; findings not detailed.
- Respiratory exam: Lungs auscultated; findings not detailed.
- Neurological exam: Cranial nerves assessed through eye movements, facial sensation, and muscle strength; findings normal.
- Musculoskeletal exam: Osteopathic manipulative therapy (OMT) performed on the neck to relieve tension.

The patient appears tense but reports feeling better after OMT.

Assessment:

The clinician's impression is that the patient is experiencing tension headaches likely due to stress. There is no immediate concern for brain cancer based on the symptoms described.

Plan:

1. Continue using Excedrin Migraine as needed for headache relief.
2. Perform self-stretches at home to alleviate neck tension.
3. Consider follow-up with a physician for further evaluation if symptoms persist or worsen.
4. Discuss potential fundoscopic exam to rule out other causes of headache.

Therapist Signature: _____ Date: _____

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