

OAK STREET HEALTH - EDGEWATER

History and Physical

Patient Name:	Provider:	Jessica Antoni, NP
Patient ID:	Location:	OAK STREET HEALTH - EDGEWATER
Sex:	Location Address:	1541 W Devon Ave Chicago, IL 606601313
Birthdate:	Location Phone:	(773) 250-5222
Visit Date:		

Chief Complaint

- Comprehensive health assessment
- Follow-up on chronic conditions

History of Present Illness

During the past four weeks, how would you rate your health in general Good
 Are you in pain today No
 If patient answered yes to pain, how did they rate their pain on a scale of 1-10 ANSWER
 How is your activity level now compared to six months ago Same
 Have you been given any information to help you with hazards in your house that may hurt you such as fire hazards, fire arm safety and falls risks No
 How many days over the past week did you miss taking one or more of your medications 0
 When you fail to take doses of your medications, is this because (check as many as apply): You forgot to take your medicine
 Can you shop for groceries or clothes without help Yes
 Can you do your housework on your own without help Yes
 Can you handle your own money without help Yes
 ADL: is the patient able to perform the following activities independently:
 Feeding: Yes (1)
 Bathing: Yes (1)
 Dressing: Yes (1)
 Toileting: Yes (1)
 Transferring: Yes (1)
 Continence: Yes (1)
 Score on ADL 6

Cognitive Impairment Screening Mini-Cog
 Score on 3 word recall 0
 Score on clock drawing 0
 Total score on Mini-Cog 0

Depression Screening
 Over the past 2 weeks, how often have you been bothered by any of the following problems
 Little interest or pleasure in doing things: (0) Not at all
 Feeling down, depressed or hopeless: (0) Not at all
 What was the patients score on the PHQ2 test (0-6) 0

Fall Risk
 Patient answered yes to the following fall risks: 3 or more existing diagnosis and impaired functional mobility

Advance Directive:
 1. Does the patient have an Advanced Directive on file ANSWER
 2. Does the patient have a Power of Attorney form completed and on file ANSWER

Med Rec: Pt reports he is taking 8 medications daily; however, has not had meds x 2 weeks as he did not receive the delivery. He states his apartment number at his building changed (now 1314), so he thinks this is the reason for the missing delivery. He has meds delivered by rosens morseview

Memory Loss: Pt c/o subjective memory loss x 6 months. States he forgets things he is supposed to do, like go to

appointments and forgets to take medications. states this is not affecting his life so much day to day. He does not forget people or names. states he doesn't get lost. He does not misplace things.

Prev care: Pt agrees to Flu today. Declines cscope. Did not complete FIT in past

HLD: Pt reports compliance with atorvastatin

HTN: Pt reports usual compliance with metoprolol, nifedipine, lisinopril; however, out of meds x 2 weeks.

Hemiplegia post CVA: Pt reports compliance with ASA daily. Uses rollator walker to ambulate. Pt is not interested in additional therapy at this time.

Tobacco use: Smoking 1 PPD of cigars, since age 17 or 18. agrees to ct chest and aaa US. Pt does not use any inhalers. Reports DOE.

CAD. Pt reports he last saw cardiology 3 months ago. He cannot recall what testing he had done that was ordered by cards (ECG, echo, stress test?) Pt states he was never told to follow up with cards after last visit.

PAD: Pt reports leg tiredness when walking. He walks with dog 30 min/day.

Past Medical History

Benign essential hypertension; Blurred vision; Bradycardia; Chronic diastolic (congestive) heart failure; Cough; Erectile dysfunction; Foot pain, bilateral; Gait abnormality; Hemiplegia affecting non-dominant side, post-stroke; History of stroke; Hypercholesterolemia; Hypertensive emergency; Hypertrophy of nail; Premature Beats; Premature Beats; Preventive Care; Simple chronic bronchitis; Special screening for malignant neoplasms; intestine; colon; Stented coronary artery; Tobacco abuse; Vitamin D deficiency

Medication List

2 batteries for power wheelchair; Aspirin-81 81 mg oral tablet, delayed release (DR/EC); atorvastatin 40 mg oral tablet; clopidogrel 75 mg oral tablet; flecainide 100 mg oral tablet; hydrochlorothiazide 25 mg oral tablet; lisinopril 40 mg oral tablet; metoprolol tartrate 25 mg oral tablet; nifedipine 60 mg oral tablet extended release; ProAir HFA 90 mcg/actuation inhalation HFA aerosol inhaler; Vitamin D3 1,000 unit oral tablet

Allergy List

NO KNOWN DRUG ALLERGIES

Family Medical History

Heart Disease

Social History

Alcohol Use: No; Ambulatory Status: Cane; Current Physical Activity as compared to last year: Less; Lives: Alone; Tobacco (Current - status unknown); Tobacco Use: Current Smoker

Immunizations

Name	Date Admin
Influenza	11/25/2015
Influenza	09/29/2014
Influenza	10/10/2013
Pneumonia	05/13/2014
Prevnar	11/25/2015

Review of Systems

Constitutional

☐ **Denies** : fever, chills, weight loss

Eyes

☐ **Denies** : eye pain, blurred vision

HENT

☐ **Denies** : headaches, sore throat

Cardiovascular

✎ **Denies** : chest pain

Respiratory

✎ **Denies** : shortness of breath

Gastrointestinal

✎ **Denies** : vomiting

Neurologic

✎ **Denies** : memory loss, headache

Musculoskeletal

✎ **Denies** : joint pain

Psychiatric

✎ **Denies** : depression

All Others Negative

Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP(F)	WT	HT	BMI kg/m ²	BSA m ²	O2 Sat	HC
01/06/2017	09:56 AM	160/68	Sitting				62 - R	16	98.4	187lbs	0oz 5' 8"	28.43	2.02	98 %	

Physical Examination**Constitutional**

✎ **Appearance** : Well-nourished, well developed.

✎ **Level of Distress** : No apparent distress.

Head and Face

✎ **Head** : Normocephalic.

✎ **Face** : Atraumatic.

Eyes

✎ **General** : PERRL.

✎ **Sclerae** : No scleral icterus.

Ears, Nose, Mouth and Throat

✎ **Ears** : Tympanic membranes bilaterally with no cerumen

✎ **Oral Cavity** : Moist mucous membranes.

✎ **Throat** : Oropharynx widely patent.

Neck

✎ **General** : Good carotid upstrokes with no bruits.

✎ **Inspection/Palpation** : Supple neck.

✎ **Thyroid** : No gross masses visible.

Respiratory

✎ **Respiratory Effort** : Breathing unlabored.

✎ **Auscultation of Lungs** : Clear to auscultation bilateral.

Cardiovascular

✎ **Heart** :

■ **Auscultation of Heart** : Regular rate and rhythm. S1, S2. 2/6 systolic murmur RUSB

✎ **Peripheral Vascular System** : Unable to palpate DPs bilaterally. LE with poor hair growth.

Gastrointestinal

✎ **Abdominal Examination** : Abdomen nontender to palpation.

✎ **Liver and spleen** : No hepatomegaly present.

Lymphatic

✎ **General** : No lymphadenopathy present.

Musculoskeletal

✎ **Lower Extremities** : No lower extremity edema.

✎ **Tone** : Normal tone without rigidity.

Neurologic

✎ **General** : LEFT SIDED Hemiparesis. Expressive aphasia

✎ **Mental Status Examination** : Alert and oriented grossly.

✎ **Gait and Station** : Gait intact w/ walker

Psychiatric

✎ **Judgement and Insight** : Insight intact.

✎ **Mood and Affect** : Normal affect.

Assessment

- Encounter for annual general medical examination with abnormal findings in adult V70.0/Z00.01
- Benign essential hypertension 401.1/I10
1/6/2017: BP 160/68, uncontrolled over goal <140/90. Pt has been without meds x 2 weeks, but reports compliance otherwise. Meds reordered to Rosens to be delivered to pt's home. Will evaluate need for med adjustment at next visit. Continue metoprolol 12.5mg BID, HCTZ 25mg QD, Lisinopril 40mg QD, Nifedipine ER 120mg QD
- Chronic diastolic (congestive) heart failure 428.32/I50.32
1/6/2017: Per Weiss records 1/16, echo done during hospitalization showing EF 50-55% w/ inferior wall hypokinesis and posterior wall severe hypokinesis, mild-mod aortic stenosis w/ mildly elevated pulmonary pressure. Cards, Attanasio, ordered repeat echo 8/16, unclear if this was done. Referred back to cards today. Will request last consult note and diagnostic records. Pt on ACE-I, BB.
- History of stroke V12.54/Z86.73
1/6/2017: Per cards note 8/16, etiology needs to be determined, DDX afib, vascular disease, htn. Continue ASA, Plavix, statin daily. Advised complete smoking cessation for risk reduction.
- Hypercholesterolemia 272.0/E78.00
1/6/2017: Continue Atorvastatin 40mg QHS
- Preventive Care V70.0/Z00.00
1/6/2017:
Flu TODAY
Pneumovax 11/15, Prevnar 5/14
Colon: Declines cscope. FIT given today
AAA US and LDCT chest ordered TODAY
- Tobacco dependence 305.1/F17.200
1/6/2017: Still smoking 1 PPD of cigars. Tobacco use ~1PPD x 52 years. Pt agrees to CT chest and AAA US.
- *FIT V76.51/Z12.11
- Encounter for screening for cancer of respiratory organs V76.0/Z12.2
1/6/2017: low dose CT chest ordered today
- CAD (coronary artery disease), native coronary artery 414.01/I25.10
1/6/2017: s/p angio & PCI 1/25/16 with cards Dr. Sheikh at Weiss. Continue ASA 81mg QD, Plavix 75mg QD, ACE-I, BB, statin. Repeat stress ordered by cards, Dr. Attanasio, 8/16, unclear if this was done. Will request records. Pt referred back to Dr. Attanasio today, appt scheduled for 2/1/17.
- COPD (chronic obstructive pulmonary disease) 496/J44.9
1/6/2017: Tobacco use x 52 years, 1PPD. Not currently using any inhalers, but has Proair for PRN use. Will get PFTs in future
- PAD (peripheral artery disease) 443.9/I73.9
1/6/2017: Diagnosed clinically. Diminished pulses, poor hair growth to LE, leg tiredness while walking. Will schedule for ABIs in clinic. Pt on ASA, statin. Pt walking 30 min day.
- Memory deficits 780.93/R41.3
1/6/2017: Minicog today =0. Pt reports subjective memory loss described as forgetting things he is supposed to do throughout the day, appointments, taking meds. Does not forget names/people, lose items, get lost. states this does not significantly impact day to day living. Pt unable to provide details regarding specialist appointments and testing that was done during visit today. Will assess further with SLUMS next visit
- Hemiparesis and aphasia as late effect of cerebrovascular accident (CVA) 438.20/I69.320
1/6/2017: Left sided hemipareses and expressive aphasia noted on PE. Pt uses rollator walker to ambulate. He is not interested in additional therapy at this time.
- Arrhythmia 427.9/I49.9
1/6/2017: Per medical records, pt started on flecainide 100mg BID by cards, Dr. Sheikh, during hospitalization at Weiss 1/16. Pt had PVCs and bigeminy during hospitalization.

Plan

Orders

- ▢ FIT (82274) - V76.51/Z12.11 - 01/06/2017
- ▢ Annual Visit (G0439) (G0439) - V70.0/Z00.00 - 01/29/2017
- ▢ Care Report / HMR addressed during visit (A0001) - - 01/06/2017
- ▢ Low dose CT scan (ldct) for lung cancer screening (G0297) - - 01/06/2017
- ▢ Aortic ultrasound (76775) - - 01/06/2017

Medications

- ▢ hydrochlorothiazide 25 mg oral tablet
SIG: take 1 tablet (25 mg) by oral route once daily for 90 days
DISP: (90) tablet with 3 refills

Adjusted on 01/06/2017

⌘ Aspirin-81 81 mg oral tablet, delayed release 

SIG: TAKE ONE TABLET BY MOUTH DAILY

DISP: (90) Tablet with 3 refills

Refilled on 01/06/2017

⌘ atorvastatin 40 mg oral tablet

SIG: take 1 tablet (40 mg) by oral route once daily at bedtime for 90 days

DISP: (90) tablets with 2 refills

Refilled on 01/06/2017

⌘ clopidogrel 75 mg oral tablet

SIG: TAKE ONE TABLET BY MOUTH DAILY

DISP: (90) Tablet with 1 refills

Refilled on 01/06/2017

⌘ flecainide 100 mg oral tablet

SIG: take 1 tablet (100 mg) by oral route every 12 hours for 60 days

DISP: (120) tablet with 3 refills

Refilled on 01/06/2017

⌘ lisinopril 40 mg oral tablet

SIG: take 1 tablet (40 mg) by oral route once daily for 90 days

DISP: (90) tablets with 3 refills

Refilled on 01/06/2017

⌘ metoprolol tartrate 25 mg oral tablet

SIG: take 0.5 tablet by oral route 2 for 90 days

DISP: (90) tablet with 3 refills

Refilled on 01/06/2017

⌘ nifedipine 60 mg oral tablet extended release

SIG: take 2 tablets (120 mg) by oral route once daily for 90 days

DISP: (180) Each with 3 refills

Refilled on 01/06/2017

Instructions

⌘ Patient counseled to stop smoking

⌘ Patient instructed to exercise regularly

⌘ Medications reviewed/reconciled

Disposition

⌘ Call or Return if symptoms worsen or persist.

⌘ Return Visit Request in/on 1 month +/- 1 day (34538).

Referrals

⌘ ID: 73307 Date: 01/06/2017 Type: Outbound

Referral To: - Steve Attanasio MD Specialty: Cardiac Surgery

Reason: CAD, PAF, dyspnea, HTN/HLD, Hx CVA. Please evaluate and treat.

Electronically Signed by: Jessica Antoni, NP -Author on February 13, 2017 09:07:38 AM