

DARLEAN SCOTT

Female DOB: 06/12/1964

144349

Ins: Medicare Southern Region

11/09/2016 - Office Visit: INITIAL CONSULT

Provider: Mukesh Misra MD

Location of Care: Antelope Valley Neuroscience Medical Group

History of Present Illness:

I saw DARLEAN SCOTT in the office today for an initial consultation. She is a 52 year old woman with the complaint of neck pain. bilateral shoulder pain. right arm pain. low back pain. bilateral buttock pain. right leg pain. Patient has on going and worsening neck and back issues. Patient is s/p lumbar surgery/fusion a few months with not much relief Pain is getting worse and per pain meds requirement getting worse. No recent trauma. Plan MR cervical and LS spine and then fu

Review of Records

Past Medical History:

No hypertension, diabetes, MI, or cancer.

Past Surgical History:

Status post L3-L5 Lumbar Laminectomy/Laminotomy.

Status post Left CTR.

Status post Right CTR.

Family History:

Family History of Tuberculosis

Family History of Bleeding Disorders

Family History of High Blood Pressure

Family History of Diabetes

Family History of Heart Disease

Social History:

Patient currently smokes every day. She smokes 6 cigarettes a day

Alcohol Use - yes Moderate

Drug Use - no

HIV/High Risk - no

Regular Exercise - no

Risk Factors:

Tobacco use: current every day smoker

Counseled to quit/cut down tobacco use: yes

Drug use: no

HIV high-risk behavior: no

Alcohol use: yes

Exercise: no

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Review of Systems

Resp

Denies chronic or frequent cough, coughing up phlegm frequently, history of pleurisy pneumonia emphysema, coughing up blood, and frequent colds.

Neuro

Denies black out spells, paralysis, ever taking seizure medication, problems in coordination, TIA or stroke, convulsion or seizure, tremors, serious head injury, difficulty with memory concentration or doing simple math, history of brain tumor aneurysm hemorrhage or surgery, meningitis or nervous system infections, history of peripheral neuropathy, and nervous system disease.

Endo

Denies thyroid disease, change in hat or glove size, being more nervous than usual, taking thyroid medication, changes in skin, diabetes, excessive growth or change in hair distribution, moving more slowly or less motivated to be active, being less tolerant of temperature change or more easily chilled or overheated, and taking any hormone or endocrine medications.

Locomotors

cannot do tandem

Heme

Denies bruising or bleeding easily, ever being anemic, problems getting over infectious disease, healing slowly, and feeling weak run down or easily tired out.

Psych

Denies a history of depression or anxiety, ever being treated by a psychiatrist or advised to see one, taking mood elevator or tranquilizer, and a history of phobias or claustrophobia.

General

Denies Having health problems most of the time and recent unexpected weight change or loss.

Skin

Denies chronic skin disease, current skin problems, and having had shingles.

Back

Denies back pain or tender areas, pain aggravated by activity, and pain relieved by rest.

Neck

Denies neck stiffness, injuries or operations, enlarged glands, pain on turning or bending neck, and thyroid trouble.

Head ENT

Denies severe or chronic headaches, eye disease or injury, double vision, other eye disease, deafness or hearing impairment, vertigo or dizziness, difficulty passing air through nose, chronic sinus trouble, recent onset of headaches, wearing glasses, glaucoma, diminishing vision in either or both eyes, ear injury operation disease, nose bleeds, nose injury or disease, and sore throat or chronic phlegm.

Cardiovas

Denies any of irregular heartbeat, high blood pressure, ability to walk two blocks without resting,

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swelling of hands feet or ankles, and having had major tests for heart trouble such as catheterization or angiogram.

Gastro

Denies a history of peptic ulcer, liver disease hepatitis or jaundice, difficulty swallowing, vomiting blood, blood in bowel movements, gallbladder disease, pancreas disease, chronic nausea and vomiting, constipation or diarrhea, hemorrhoids, and diverticulitis or Crohn's disease.

GU

Denies inability to control bladder, frequent urination or need to urinate at night, blood in urine or dark urine, kidney stone, loss of urine or sensation for urination, pain or burning with urination, history of kidney or bladder infections, unusual bleeding or irregular periods, taking birth control or hormones, and pain with periods.

Vital Signs:

Patient Profile: 52 Years Old Female
Height: 64 inches
Weight: 190 pounds
BMI: 32.73
Temp: 97.8 degrees F
Pulse rate: 60 / minute
Resp: 20 per minute
BP sitting: 132 / 80

Physical Exam

MSK:

cervical and lumbar tenderness

Neurologic:

Awake and alert

II-XII normal

5/5

rt PF 4/5

decreased rt L5 sensations

absent rt AJ and rt BJ rest DTRs normal

No cerebellar

gait cannot do tandem

positive SLR

Impression & Recommendations:

Problem # 1: Low Back Pain (ICD-724.2) (ICD10-M54.5)

Assessment: Deteriorated

Orders:

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99204-COMPREHENSIVE (CPT-99204)
MRI LUMBAR SPINE W/O CONTRAST (MRI LUM W/O)
MRI CERVICAL SPINE W/O CONTRAST (MRI CX W/O)
XRAY LUMBAR AP/LAT (XRAY LUM AP/LAT)

Patient Instructions:

- 1) Please schedule a follow-up appointment in 4-6 weeks.
- 2) Discussed the hazards of tobacco smoking (use). Smoking cessation recommended and techniques and options to help patient quit were discussed.
- 3) Discussed importance of regular exercise and recommended starting or continuing a regular exercise program for good health.
- 4) The patient was encouraged to lose weight for better health.
- 5) Most patients (90%) of patients with low back pain will improve with time (2-6 weeks). Limit activity to comfort and avoid activities that increase discomfort. Apply moist heat and/or ice to lower back and take medication as instructed for pain relief. Please read the Back Pain Handout and start Physical Therapy as directed.
- 6) Limit activity to comfort and avoid activities that increase discomfort. Apply moist heat and/or ice to neck and take medication as instructed for pain relief. Please read the Neck Pain Handout and start Physical Therapy as directed.
- 7) Plan MR and then fu

Current Allergies:

No known allergies

Electronically signed by Mukesh Misra MD on 11/09/2016 at 7:17 PM
