

DARLEAN SCOTT

Female DOB: 06/12/1964

144349

Ins: Medicare Southern Region

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: