Office Visit - Apr 29, 2024

with Adeel Farooqi, APRN at TGMG Pinellas Park

Notes from Care Team

Progress Notes

Adeel Farooqi, APRN at 4/29/2024 9:45 AM

Patient Name: Stephen Boerner
Date of Birth: 6/25/1985
Medical Record: 101585284

Chief Complaint

Patient presents with

- Depression
  Depression 5 months ago but dot worse a week or 2 ago
- Anxiety
  Anxiety Started 5 months ago and gotten worse about a week or 2 ago.

HPI

Stephen Boerner is a 38 y.o. male who is here for anxiety, depression, and panic attack. Patient stated that he has past medical history significant for focus disorder for which she was placed on medication as well. As per patient, he has been experiencing severe episode of anxiety and depression as he has been dealing with excessive distress associated with his work. Patient also reported that he has been dealing with emotional issues with his family as well which taking strong control on his health. Patient reported that due to his psychological disorder he stopped taking his blood pressure medication as well. Patient came in today requesting assistance with his psychological disorder. Patient reported that he has worked with a therapist in the past to help him with smoking cessation but would like a referral for psychologist, so he can seek a different psychologist. Patient's family including during the interview who stated that patient also has been extremely paranoid due to recent breaking into their house and his behavior showed extreme anxiety and depression. Patient denies LOC, lightheadedness, dizziness, sinus pain, ear pain, chest pain, palpitations, abdominal pain, n/v /d.
Patient has not been seen in the emergency room since last appointment.
Patient has not been admitted to the hospital since last appointment.
Patient has not self referred to another specialist/provider without notifying our office.

PAST MEDICAL HISTORY

Patient Active Problem List

Diagnosis

- Pacemaker
- Secondary hypertension
- Immunization counseling
- GAD (generalized anxiety disorder)
- Current moderate episode of major depressive disorder without prior episode (HC CODE)

Past Medical History:

Diagnosis	Date
• Hypertension	

Past Surgical History:

Procedure	Laterality	Date
• PACEMAKER INSERTION		2003

History reviewed. No pertinent family history.

Social History

Socioeconomic History

- Marital status: Married

Tobacco Use

- Smoking status: Never
  - Passive exposure: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: Former
- Substances: THC
- Devices: Disposable, Pre-filled or refillable cartridge

Substance and Sexual Activity

- Alcohol use: Not Currently
- Drug use: Yes
  - Types: Marijuana-Social Use
- Sexual activity: Yes
  - Partners: Female

Other Topics	Concern
• Is pt on a special diet or tube feeding?	No
• Difficulty swallowing food and/or beverage?	No
• Lost more than 5-10 lbs unintentionally in the last	No

month?
- BMI less than 19? No
- Does patient REFUSE blood and/or blood products? No
- Does pt need help walking? No
- Does pt live alone? No
- Is pt homeless or has housing problems? No
- Does pt have transportation problems? No
- Has pt fallen in past year or since last visit? No
- Is pt in a drug or alcohol treatment program? No
- Does pt have a hx of abuse/violence? No
- Is patient currently experiencing domestic violence? No
- Does pt have hx of sexual abuse/forced sexual contact? No
- Has pt recently lost a loved one? No
- Do you have little interest or pleasure in doing things? No
- Do you feel down, depressed, or hopeless? No

Social History Narrative

Satisfaction Survey

We strive to provide a positive patient experience. You may be receiving a survey via mail or email regarding your recent visit with Anastasios Mavrakis. By sharing your valuable feedback, it better allows us to meet your healthcare needs and continue to provide world class care. Thinking about your care experience today, please take some time to complete the survey and share your experience with us.

Allergies

Allergen	Reactions
• Amoxicillin-Pot Clavulanate	Hives

Current Medications

	Dosage
amLODIPine 5 mg Tab 5 mg,	Take by mouth daily.

hydroCHLOROthiazide 25 mg Tab 25 mg, olmesartan 40 mg Tab 40 mg (Taking)	
dextroamphetamine-amphetamine (ADDERALL) 5 mg tablet	Take 5 mg total (1 tablet) by mouth 2 (two) times daily.
hydrOXYzine (VISTARIL) 25 mg capsule	Take 25 mg total (1 capsule) by mouth 3 (three) times daily as needed for Anxiety.
olmesartan-amLODIPin-hcthiazid 40-5-25 mg Tab	Take 1 tablet by mouth daily.
sertraline (ZOLOFT) 50 mg tablet	Take 50 mg total (1 tablet) by mouth daily.

ROS

Review of Systems
Constitutional: Negative. Negative for chills, fever, malaise/fatigue and weight loss.
HENT: Negative for congestion, sinus pain, sore throat and tinnitus.
Eyes: Negative for blurred vision, double vision, photophobia and pain.
Respiratory: Negative for cough, sputum production, shortness of breath and wheezing.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for blood in stool, constipation, diarrhea, heartburn, nausea and vomiting.
Genitourinary: Negative for dysuria, flank pain and frequency.
Musculoskeletal: Negative for falls, joint pain and myalgias.
Skin: Negative for itching and rash.
Neurological: Negative for dizziness, tremors, weakness and headaches.
Endo/Heme/Allergies: Negative for polydipsia. Does not bruise/bleed easily.
Psychiatric/Behavioral: Positive for depression. Negative for memory loss. The patient is nervous/anxious and has insomnia.

PHYSICAL EXAM

Vitals:

	04/29/24 0958	04/29/24 1000
BP:	**(!) 142/91**	127/81
BP Location:	Left arm	
Patient Position:	Sitting	
BP Cuff Size:	Adult	
Pulse:	63	65
Temp:	97.2 °F (36.2 °C)	
TempSrc:	Temporal	
SpO2:	100%	
Weight:	94.8 kg (209 lb)	

Height: 185.4 cm (6' 1")

Body mass index is 27.57 kg/m².

PHQ Screening: PHQ-9 Total Score: 22 (4/29/2024 9:56 AM)

Physical Exam

Constitutional:
Appearance: Normal appearance.

HENT:
Head: Normocephalic and atraumatic.
Nose: No congestion or rhinorrhea.

Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.

Abdominal:
General: Bowel sounds are normal. There is no distension.
Palpations: Abdomen is soft.

Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.

Skin:
General: Skin is warm.
Capillary Refill: Capillary refill takes less than 2 seconds.
Findings: No bruising or erythema.

Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time.
Gait: Gait normal.

Psychiatric:
Mood and Affect: Mood is depressed.
Speech: Speech normal.
Behavior: Behavior is withdrawn. Behavior is cooperative.
Thought Content: Thought content normal.
Judgment: Judgment normal.

Data reviewed during this visit:Labs and Past notes

ASSESSMENT AND PLAN

1. GAD (generalized anxiety disorder)

-Referral placed for psychiatry and psychology service for further management.
-Medication provided for as needed bouts of anxiety and a panic attack occur.
- sertraline (ZOLOFT) 50 mg tablet; Take 50 mg total (1 tablet) by mouth daily. Dispense: 90 tablet; Refill: 0
- Ambulatory referral to Psychiatry
- AMB REFERRAL TO PSYCHOLOGY
- hydrOXYzine (VISTARIL) 25 mg capsule; Take 25 mg total (1 capsule) by mouth 3 (three) times daily as needed for Anxiety. Dispense: 90 capsule; Refill: 1
- AMB REFERRAL TO TGH AMBULATORY NURSE NAVIGATOR

2. Current moderate episode of major depressive disorder without prior episode (HC CODE)

- Patient educated regarding common symptoms of depression include:
Persistent sad, anxious, or “empty” mood
Feelings of hopelessness or pessimism
Feelings of irritability, frustration, or restlessness
Feelings of guilt, worthlessness, or helplessness
Loss of interest or pleasure in hobbies or activities
Decreased energy, fatigue, or being “slowed down”
Difficulty concentrating, remembering, or making decisions
Difficulty sleeping, early morning awakening, or oversleeping
Changes in appetite or unplanned weight changes
Aches or ry to do things you used to enjoy. Even if you don’t feel like doing them, they can improve your mood. Other things that may help:
Advised patient to engage in self care including:
Participating i some physical activity. Just 30 minutes a day of walking can boost mood.
Trying to maintain a regular bedtime and wake-up time.
Eating regular, healthy meals.
Do what you can as you can. Decide what must get done and what can wait.
Try to connect with other people, and talk with people you trust about how you are feeling.
Postpone important life decisions until you feel better.
Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you.pains, headaches, cramps, or digestive problems without a clear physical cause and that do not ease even with treatment

- sertraline (ZOLOFT) 50 mg tablet; Take 50 mg total (1 tablet) by mouth daily. Dispense: 90 tablet; Refill: 0
- Ambulatory referral to Psychiatry
- AMB REFERRAL TO PSYCHOLOGY
- hydrOXYzine (VISTARIL) 25 mg capsule; Take 25 mg total (1 capsule) by mouth 3 (three) times daily as needed for Anxiety. Dispense: 90 capsule; Refill: 1
- AMB REFERRAL TO TGH AMBULATORY NURSE NAVIGATOR

3. History of ADHD
-Referral placed for psychiatry services to assist further with focus disorder.
- Ambulatory referral to Psychiatry
- AMB REFERRAL TO PSYCHOLOGY
- AMB REFERRAL TO TGH AMBULATORY NURSE NAVIGATOR

4. Secondary hypertension
-Pt was educated on the hypertension readings as many experts define high, elevated, and normal blood pressure as follows:

● High – Top number of 130 or above and/or bottom number of 80 or above
● Elevated – Top number between 120 and 129 and bottom number of 79 or below
● Normal – Top number of 119 or below and bottom number of 79 or below
-Pt was educated on the symptoms of high blood pressure such as:
● Blurry vision or other vision changes
● Headache
● Nausea or vomiting
● Confusion
● Passing out or seizures – Seizures are waves of abnormal electrical activity in the brain that can make people move or behave strangely
● Weakness or numbness on one side of the body, or in one arm or leg
● Difficulty talking
●Trouble breathing
● Chest pain
● Pain in the upper back or between the shoulders
● Urine that is brown or bloody
● Pain in the lower back or on the side of the body
-Pt to practice healthy lifestyle changes including observing low sodium diet, regular exercise and targeting healthy weight.
-Pt to continue with current medication.
-Patient refused any medication refill at this time. Advised patient to contact his PCP for further management.

Orders Placed This Encounter
- Ambulatory referral to Psychiatry
- AMB REFERRAL TO PSYCHOLOGY
- sertraline (ZOLOFT) 50 mg tablet
- hydrOXYzine (VISTARIL) 25 mg capsule

There are no discontinued medications.

QUALITY MEASURES

Abnormal BMI Follow-up Plan

Body mass index is 27.57 kg/m².
Reason for follow up - reviewed
Followup Plan: Follow up plan: Encouraged exercise and increased physical activity, Discussed diet, Discussed diet; hand outs given

Depression Follow-Up Plan
PHQ-9 Total Score: 22 (4/29/2024 9:56 AM)

The patient chose Lifestyle modification, family support, medication, and psychiatry services referral provided

Health Maintenance Due

Topic	Date Due
• HEPATITIS C SCREENING	Never done
• IMM SERIES: HEPATITIS B (1 of 3 - 19+ 3-dose series)	Never done
• IMM SERIES: SARS-COVID-19 (1 - 2023-24 season)	Never done

Advised patient that if Pt is experiencing SOB/ chest pain or altered mental status immediately call 911 and proceed to the ER.
I have dicussed the findings of this visit with the patient. I have spent 40 minutes with the patient with more than half of the face-to-face time discussing. A complete verbal explanation of the examination, results, diagnosis, and treatment plan, reviewing current medical issues, discussing preventive treatment and screening results.
Treatment plan is discussed, covering risk and benefits as well as possible side effects. His/her questions are addressed. She/he expresses understanding and agreement with the plan of treatment. Dragon dictation software has been used for this record. There may be inadvertent grammatical or other word errors due to this dictation.
Advised patient to follow-up with his PCP on a regular basis for psychiatry again blood pressure management.

MR ADEEL FAROOQI APRN, APRN

MA Andrea, MA at 4/29/2024 9:45 AM
Health maintenance reviewed with patient. Pended orders that patient agrees to completing today.

Patient declines Hepatis B series covid vaccine .

Pt is still unsure about completing Hepatitis C . Patient will discuss further with provider.