

This patient is unaccompanied in the exam room.

Subjective:

*** is a 72 y.o. female who presents for their annual wellness visit. The patient is also here to address the following chronic conditions and/or acute complaints.

Chief Complaint

Patient presents with

- Annual Comprehensive Visit
 - Awv
- Asthma
 - Flaring x's 3-4 months, feeling SOB
- GI Problem
 - Abd pain, better with BM

1. Asthma flaring

- Has had flare ups over the past 3-4 months, related to feeling emotional about her daughter's estrangement
- Not happening daily
- No wheezing, this has never been part of her asthma
- Also triggered by running up the driveway
- Does aspirate and that causes wheezing, and this feels different
- Inhaler does help in those moments
- Swallowing is strange, does have esophageal spasm
- Uses albuterol three times day
- Has been years since she used a steroid inhaler
- Wants to get out and walk around more
- Has gotten pretty weak, had to stop PT around Omicron
- Fatigue she realized was related to hay fever

2. Abdominal pain

- Longstanding issue, at least over the past year
- Hx of chronic constipation and Crohn's
- Goes to bed around 11pm, as she's drifting off started getting abdominal pain and nausea
- Has to get up, and almost always would have a BM, if not would actually vomit, this does seem to help
- Worse over the past 3-4 days
- No acid reflux, has been stable on omeprazole
- Constipation - Dulcolax 5 nightly and Miralax 2 doses twice a day in order to have a BM
- Not happening every night, but more recently
- Usually sees Dr. *** every 2 years, due to see him
- Vagal responses frequently in the past, wondering about how this could be contributing

Chart Note Example

3. Stress through daughter's estrangement

- Hasn't been able to trust her since 2017, and then her daughter cut her out completely in April 2020
- Having worsening insomnia

4. All autoimmune conditions flaring up. Dry mouth and dry eye with Sjogren's. MS relatively stable. Gets intermittent hand weakness, balance. Diazepam continues to work so well for her spasticity.

Two old dogs. Hoping to get a collie service dog one day.

HCM:

Vaccines: Got flu shot. Pfizer x3. Will check records for Tdap. Will consider second Pneumovax for next year.

Patient Active Problem List

Diagnosis

- Bulge of lumbar disc without myelopathy
- Cervical disc disorder w/radiculopathy occipito-atlanto-axial region
- Chronic constipation
- Chronic pain
- Esophageal ring
- Essential hypertension with goal blood pressure less than 140/90
- Failed intubation of airway
- GERD (gastroesophageal reflux disease)
- Hearing difficulty
- History of small bowel obstruction
- Major depressive disorder, recurrent, moderate (*)
- Migraine headache
- Mild persistent asthma without complication
- Multiple sclerosis (*)
- Osteoarthritis of finger
- Osteoarthritis of spine with radiculopathy, cervical region
- Regional enteritis (*)
- Rosacea
- S/P cervical spinal fusion
- Sjogren's syndrome with keratoconjunctivitis sicca (*)
- Vitamin B12 deficiency
- Aortic heart murmur
- Dysphagia
- Atherosclerosis of aorta (*)
- Immunodeficiency due to drugs (*)

Current Outpatient Medications

Medication	Sig	Dispense	Refill
Omeprazole 20 MG delayed release capsule	TAKE ONE CAPSULE BY MOUTH TWICE A DAY	180 capsule	4
azathioprine 50 MG tablet	TAKE TWO TABLETS BY MOUTH DAILY	180 tablet	0
amitriptyline 50 MG tablet	TAKE 1 TABLET (50 MG) BY MOUTH DAILY IN ADDITION TO 150 MG TABLET FOR TOTAL OF 200 MG PER DAY	90 tablet	0
Doxycycline Monohydrate 50 MG tablet	TAKE ONE TABLET BY MOUTH DAILY	90 tablets	0
Celecoxib 100 MG capsule	TAKE ONE CAPSULE BY MOUTH TWICE A DAY. TAKE WITH FOOD	180 capsules	1
Diazepam 2 MG tablet	TAKE 1 TABLET BY MOUTH TWICE DAILY (EVERY AFTERNOON AND BEDTIME) FOR SPASMS	60 tablets	3
Levothyroxine 50 MCG tablet	TAKE 1 TABLET BY MOUTH ONCE DAILY	90 tablets	1
Acyclovir 400 MG tablet	TAKE 1 TABLET BY MOUTH 3 TIMES DAILY AS NEEDED	36 tablets	3
Hydrochlorothiazide 25 MG tablet	TAKE 1 TABLET BY MOUTH ONCE DAILY	90 tablets	4
Amitriptyline 25 MG tablet	TAKE ONE TABLET BY MOUTH EVERY NIGHT AT BEDTIME IN COMBINATION WITH 150 MG TABLET FOR A TOTAL OF 175 MG DAILY	90 tablets	0
BUPROPION SR 150 MG tablet (12 hour)	TAKE 1 TABLET BY MOUTH 2 TIMES DAILY	180 tablets	4
Amitriptyline 150 MG tablet	TAKE 1 TABLET BY MOUTH AT BEDTIME	90 tablets	4

Medication	Sig	Dispense	Refill
Albuterol HFA 108 (90 Base) MCG/ACT inhalation aerosol solution	INHALE TWO PUFFS BY MOUTH EVERY 4 HOURS AS NEEDED	3 inhalers	0
Acetaminophen 500 MG tablet	TAKE 2 TABS BY MOUTH THREE TIMES A DAY	-	-
Cholecalciferol (VITAMIN D3) 125 MCG (5000 IU) tablet	TAKE 1 TAB BY MOUTH EVERY DAY	-	-
Diphenhydramine 25 MG capsule	TAKE 2 CAPS BY MOUTH THREE TIMES A DAY FOR TARDIVE DYSKINESIA SYMPTOMS	-	-
Famotidine 20 MG tablet	TAKE 1 TAB BY MOUTH TWICE A DAY	-	-
Magnesium Oxide (Antacid) 500 MG capsule	TAKE BY MOUTH	-	-
Polyethylene Glycol 3350 17 GM/SCOOP powder	TAKE 17 G BY MOUTH TWICE A DAY	-	-
Clotrimazole-Betamethasone 1- 0.05% lotion	(PATIENT NOT TAKING: REPORTED ON 2/16/2022)	-	-
Mupirocin 2 % Topical ointment	APPLY 1 APPLICATION TO AFFECTED AREA TWICE A DAY (PATIENT NOT TAKING: REPORTED ON 6/16/2021)	-	-

No current facility-administered medications for this visit.

Problem list, medical/surgical history, medications, allergies, immunizations, social and family history reviewed and appropriately updated in Epic.

Reviewed and updated this visit by provider:

Screening needs (5-10 year plan): reviewed and updated in Epic Health Maintenance section. The patient was educated and counseled about appropriate screening and preventive services.

Chart Note Example

Current list of patient's providers and suppliers:

Patient Care Team:

*** as PCP – General

Objective:

Blood pressure 130/62, pulse 92, height 63.39" (161 cm), weight 144 lb (65.3 kg), SpO2 98 %.

Body mass index is 25.2 kg/m².

Physical Exam

General Appearance: Pleasant affect, alert, in NAD.

HEENT: Atraumatic, symmetric. Conjunctiva clear.

Resp: Unlabored, CTA bilaterally w/o wheeze, rales, or rhonchi

CV: RRR, nml S1/S2. Holosystolic murmur. No rubs or gallops.

Abd: Soft, nontender, mildly distended. Normal bowel tones.

Skin: No rashes or ecchymoses.

Ext: No clubbing, cyanosis, or edema.

Assessment/Plan:

1. Preventative health care

Keep up the great work taking care of your health! Aim for 150 minutes of enjoyable physical activity per week, and continue eating healthy, well-rounded, home-cooked meals most of the time.

- FALLS RISK ASSESSMENT DOCUMENTED
- A1C HEMOGLOBIN
- CBC WITH PLATELET AND DIFFERENTIAL
- COMPREHENSIVE METABOLIC PANEL
- LIPID PANEL

2. Family estrangement Hang in there, I'm sorry you're going through this, ***

3. Crohn's disease without complication, unspecified gastrointestinal tract location (*)

4. Chronic constipation

5. Generalized abdominal pain

6. Colon cancer screening

Recommend follow up with Gastroenterology this year for colonoscopy given worsening abdominal pain in the setting Crohn's and chronic constipation.

Discussed constipation management. Has continued on azathioprine for Crohn's, immunodeficiency due to this medication.

7. Multiple sclerosis (*)

8. Sjogren's syndrome with keratoconjunctivitis sicca (*)

Autoimmune flaring up, keep an eye on this, and let me know if you'd like to loop back with Dr. *** about MS medication options.

Stable on diazepam 2mg BID for spasticity and tremors

9. Mild persistent asthma without complication

If your breathing worsens further we should trial a steroid inhaler

10. Essential hypertension with goal blood pressure less than 140/90

Normal blood pressure today

11. Mild episode of recurrent major depressive disorder (*)

Glad to hear this has improved

12. Encounter for screening mammogram for malignant neoplasm of breast

Schedule follow up imaging March 2022

13. Osteoporosis screening

Due.

- DEXASCAN (DEXA); Future

14. Need for vaccination

Check for date of your last Tdap.

15. Atherosclerosis of aorta (*)

16. Aortic heart murmur

Noted on 11/13/07 CT neck and 10/28/13 CXR - "intramural calcification of the thoracic aortic arch."

Notable systolic murmur today on exam. Will follow up with patient regarding these findings, recommend follow up with echocardiogram

17. Vitamin B12 deficiency

- VITAMIN B12 / FOLATE

18. Hypothyroidism, unspecified type

- TSH/FREE T4

19. Anemia, unspecified type

New anemia noted, iron panel added on

- IRON PANEL (FE, TIBC, FERRITIN)

20. Chronic, continuous use of opioids

21. Chronic pain of left knee

Stable on low dose hydrocodone, #10 per month on average, enables her to maintain independence with cane.

22. Immunodeficiency due to drugs (*)

Continues on azathioprine for her Crohn's, discussed 4th COVID booster recommendation.

23. Major depressive disorder, recurrent, moderate (*)

Stable on Wellbutrin, amitriptyline.

24. Mild Cognitive Impairment (G31.84)

BrainCheck result below overall reassuring. Discussed with patient plan to continue monitoring but she remains independent with no functional decline. Pattern more consistent with likely attention deficit secondary to multiple chronic medical issues (delayed recognition improves, trails improves from A to B, main deficit with executive function/stroop). Less concerning for underlying neurodegeneration.

Follow Up: 6 month check in

31 minutes was spent reviewing and interpreting the cognitive testing results, discussing the results with the patient and family, and integrating the results into the assessment plan.

18 minutes was spent administering and scoring cognitive testing by medical assistant/technician in clinic.

Housing Assessment

HOUSING	2/17/22
What type of home do you live in?	Apartment/Condo
How confident are you with filling out medical forms by yourself?	Extremely confident

Caregiver Assessment

CAREGIVER	2/17/22
Do you have a caregiver that assists with any needs? (Example: helps with dinner, shopping, scheduling appointments, etc...)	No

Mobility Assessment

MOBILITY	2/17/22
Do you use any of these assistive devices?	Cane (A)
Are you driving?	Yes (A)
(A) Abnormal value	

Fall Risk Assessment

FALL RISK	2/17/22
Have you fallen in the last year?	No

Nutrition Assessment

NUTRITION	2/17/22
Have you recently had an unexpected weight loss or gain?	No

Safety Assessment

SAFETY	2/17/22
Do you feel safe at home?	Yes

Screening Questions

SCREENING QUESTIONS	2/17/22
When was your last dental exam?	6 months ago
Have you had an eye exam in the past 12 months?	No (A)

Are you concerned about new or worsening hearing loss?	No
(A) Abnormal value	

Pain Assessment

PAIN	2/17/22
Do you have any pain today? (COA Pain Assessment)	Yes
Where is your pain?	abdomen
Please rank your pain 0 being no pain and 10 being the worst pain ever.	2 (A)
Have you used opioids (narcotics) on an intermittent or continuous basis in the last year?	Yes
(A) Abnormal value	

Cognitive Assessment



COGNITIVE	2/17/22
Has someone close to you recently expressed concern about your memory?	Yes

Cognitive Testing Evaluation

Introduction:

*** This 72 year old Female was administered a battery of neurocognitive testing on ***.

Tests Administered:

Trails A, Trails B, Digit Symbol Substitution, Stroop, Immediate Recognition, Delayed Recognition

The combined test administration time was 15 minutes



Test Results:

Cognitive testing was provided via a battery of cognitive assessments. The pattern of test scores indicate that results are valid.

A Clinical Report with further description of scores and results is also available.

Overall: Patient tested in the 17th* percentile (standard score of 85*).

Trails A: Patient tested in the 3rd percentile (scaled standard score of 72).

Trails B: Patient tested in the 72nd percentile (scaled standard score of 109).

Digit Symbol Substitution: Patient tested in the 42nd percentile (scaled standard score of 97).

Stroop: Patient tested in the 14th percentile (scaled standard score of 84).

Immediate Recognition: Patient tested in the 28th percentile (scaled standard score of 91).

Delayed Recognition: Patient tested in the 71st percentile (scaled standard score of 108).

*These assessments were not scored because they were potentially invalid, or the patient failed to complete in the allotted time.

Interpretation of Test Scores:

Examination of individual component tests shows:

Attention – Trails A: possible impairment

Mental Flexibility – Trails B: unlikely impairment

Executive Function – Digit Symbol Substitution: unlikely impairment

Executive Function – Stroop: possible impairment

Memory – Immediate Recognition: unlikely impairment

Memory – Delayed Recognition: unlikely impairment

The patient's overall cognitive test performance was in the 17th percentile when compared to individuals of a similar age and gender, suggesting possible presence of cognitive impairment.

Urinary Genital Systems Assessment

GENITAL SYSTEMS	2/17/22
Do you have concerns about your bladder or bowels?	Yes

Advance Directive

ADVANCE DIRECTIVE	2/17/22
Do you have an Advanced Directive, Living Will, POLST, or other document expressing your wishes?	Yes

Hospital Visits

HOSPITAL VISITS	2/17/22
Any recent hospitalizations or Emergency visits?	No

Depression Screening

DEPRESSION SCREENING	2/17/22
PHQ-2 Range (0-2)	0

Last Vision Screening:

No previous results found.

CPT Codes submitted:

G0439 (Subsequent Annual Wellness visit)

99214 (E&M)

96138 (Cognitive testing administration by tech/MA)

96132 (Cognitive testing interpretation/counseling)