

Note for John Doe on 02/10/2005 - Chart 1583

Consultation was requested by Dr. Welby

Chief Complaint (1/1): This 50 year old male presents today for treatment of suspected rheumatoid arthritis.

Associated signs and symptoms: Associated signs and symptoms include aching, joint redness and joint swelling.

Duration: Condition has existed for 3 months.

Location: He indicates the problem location is right forearm, left knee and right knee in joints.

Modifying factors: Patient indicates climbing stairs worsens condition, cold weather worsens condition and exercise worsens condition.

Quality: Quality of the pain is described by the patient as aching and exhausting.

Severity: Severity of condition is worsening.

Timing (onset/frequency): Onset was gradual.

Allergies: Patient admits allergies to codeine resulting in mild rash.

Medication History: Patient is currently using ibuprofen film-coated tablets 600 mg tablet, coated (as needed) usage started on 01/23/2005, Arthrotec 50 50 mg-200 mcg tablet (One PO BID) usage started on 01/24/2005.

Past Medical History: Endocrine Hx: (+) diabetes, controlled by oral hypoglycemics, **Respiratory Hx:** (+) asthma, bronchial.

Past Surgical History: Patient admits past surgical history of appendectomy in 1977.

Family History: Patient admits a family history of cancer of prostate associated with father (deceased).

Social History: Patient admits alcohol use. Drinking is described as social, Patient admits caffeine use. He consumes 3-5 servings per day, Patient denies STD history, Patient denies illegal drug use, Patient denies tobacco use.

Review of Systems: Musculoskeletal: (+) difficulty getting out of a chair, (+) joint pain, (+) joint redness,

Hematologic / Lymphatic: (+) unremarkable, **Genitourinary:** (+) unremarkable, **Gastrointestinal:** (+) unremarkable, **Eyes:** (+) unremarkable, **Endocrine:** (+) unremarkable, **Ears, Nose, Mouth, Throat:** (+) unremarkable, **Constitutional Symptoms:** (+) unremarkable, **Cardiovascular:** (+) unremarkable, **Allergic / Immunologic:** (+) unremarkable.

Physical Exam:

BP Sitting: 120/80 HR: 72 Temp: 98.6

Patient is a 50 year old male who appears pleasant, in no apparent distress, his given age, well developed, well nourished and with good attention to hygiene and body habitus.

Skin:

No skin rash, subcutaneous nodules, lesions or ulcers observed.

Palpation of skin shows no abnormalities.

HEENT:

Inspection of head and face shows no abnormalities.

Hair growth and distribution is normal.

Examination of scalp shows no abnormalities.

Conjunctiva and lids reveal no signs or symptoms of infection.

Pupil exam reveals round and reactive pupils without afferent pupillary defect.

Ocular motility exam reveals gross orthotropia with full ductions and versions bilateral.

Bilateral retinas reveals normal color, contour, and cupping.

Inspection of ears reveals no abnormalities.

Otoscopic examination reveals no abnormalities.

Examination of oropharynx reveals no abnormalities and tissues pink and moist.

ENT: Inspection of ears reveals no abnormalities. Examination of larynx reveals no abnormalities.

Inspection of nose reveals no abnormalities.

Neck:

Neck exam reveals no abnormalities.

Thyroid examination reveals no abnormalities.

Lymphatic:

Neck lymph nodes are normal.

Respiratory:

Assessment of respiratory effort reveals even and non-labored respirations.

Chest inspection reveals chest configuration non-hyperinflated and symmetric expansion.

Auscultation of lungs reveal clear lung fields and no rubs noted.

Cardiovascular:

Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rubs or clicks.

Examination of peripheral vascular system reveals full to palpation, varicosities absent, extremities warm to touch and no edema.

Abdomen:

Abdominal contour is slightly rounded.

Abdomen soft, non-tender, bowel sounds present x 4 without palpable masses.

Palpation of liver reveals no abnormalities.

Palpation of spleen reveals no abnormalities.

Musculoskeletal:

Gait and station examination reveals normal arm swing, with normal heel-toe and tandem walking.

Inspection and palpation of bones, joints and muscles reveals left knee shows evidence of stiffness.

Right knee shows evidence of swelling. Left forearm and right forearm shows evidence of tenderness.

Muscle strength is 5/5 for all groups tested.

Muscle tone is normal.

Upon digital palpation, pain was elicited from the following tender point sites: knee at medial fat pad proximal to joint line bilateral.

Neurologic/Psychiatric:

Psychiatric: Oriented to person, place and time. Mood and affect normal and appropriate to situation.

Testing of cranial nerves reveals no deficits.

Coordination is good.

Touch, pin, vibratory and proprioception sensations are normal.

Deep tendon reflexes normal.

Test & X-Ray Results:

Rheumatoid factor: 28 U/ml.

Sed rate: 32 mm/hr.

C4 complement: 58 mg/dl.

Impression:

Rheumatoid arthritis.

Plan:

Ordered automated erythrocytic sed rate.

Ordered x-rays: knee, lateral and bilateral Merchant view bilateral.

Physical therapist was given orders to evaluate patient's condition and treat accordingly.

Scheduling: Return to clinic in 2 week(s).

Patient Instructions:

Patient received information on rheumatoid arthritis.

Prescriptions:

Bextra Dosage: 20 mg tablet Sig: bid Dispense: 15 Refills: 1 Allow Generic: Yes

Digitally Signed on 02/10/2005 By: A. Rheumatologist, M.D.



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02/10/2005

Dr. Welby
123 Main Street
West Des Moines, IA 50265

Dear Dr. Welby:

John Doe was seen in my office in consultation as requested by you for evaluation and care. The following is a summary of my findings and recommendations:

Impression:

Rheumatoid arthritis.

Plan:

Ordered automated erythrocytic sed rate.

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If I may be of any further assistance in the care of your patient, please let me know. Thank you for providing me the opportunity to participate in the care of your patients.

Sincerely,

A. Rheumatologist, M.D.

Patient Instructions for John Doe on 02/10/2005

RHEUMATOID ARTHRITIS

What is it?

Rheumatoid arthritis (or RA) is a chronic, systemic condition with primary involvement of the joints. Joint inflammation is present due to an abnormal immune response in which the body attacks its own tissue. Specifically, the tissues lining the joint are involved as well as cartilage and muscle and sometimes the eyes and blood vessels. The cause of rheumatoid arthritis is obscure but it is associated with a family history, genetic and autoimmune problems, people ages 20-60, female gender 3:1 or a Native American background.

Signs and symptoms:

- * Joint pain, swelling, redness, warmth. Commonly involved joints are the small joints of the hands and feet and the ankles, wrists, knees, shoulders and elbows.
- * Multiple swollen joints (more than 3) with simultaneous involvement of same joints on opposite side of the body.
- * Morning stiffness that lasts longer than 30 minutes.
- * Difficulty making a fist; poor grip strength.
- * Night pain.
- * Feeling "sick" - low fever, loss of appetite, tiredness, generalized aching and stiffness, weakness.
- * Rheumatoid nodules under the skin, usually along the surface of tendons or over bony prominences.
- * Disease may lead to deformed joints, decreased vision, anemia, muscle weakness, peripheral nerve problems, pericarditis, enlarged spleen, increased frequency of infections.
- * Blood tests will reveal a positive rheumatoid factor (RF) to be present the majority of the time.

Treatment:

- * To diagnose RA, blood studies are done to detect a substance known as rheumatoid factor and x-rays may show typical findings.
- * Night splints for involved joints. Avoid putting a pillow under the knees as this will contribute to joint contracture.
- * Heat helps relieve the pain; hot water soaks, whirlpool baths, heat lamps, heating pads, etc. applied to affected joints 15-20 minutes 3 times per day is helpful.
- * Sleep on a firm mattress and sleep at least 10-12 hours per night. Get rest during the day; take naps.
- * Get bed rest during an active flare-up until symptoms subside.
- * Avoid humid weather if possible.
- * NSAIDs (non-steroidal anti-inflammatory drugs).
- * DMARDs (disease-modifying anti-rheumatic drugs) - gold compounds, D-penicillamine, sulfasalazine, methotrexate, antimalarials.
- * Immunosuppressive drugs.
- * Acetaminophen (Tylenol) for pain relief only when necessary.
- * Oral corticosteroids short term; corticosteroid injection into joint can temporarily relieve pain and inflammation.
- * Exercise as recommended by your physician. Exercise helps keep the joints limber and increases strength. Swimming and water activities are a good way to workout. Put all your joints through their full ranges of motion every day to prevent contractures.
- * Physical therapy may be recommended.
- * Surgical intervention.
- * Lose excess weight as being overweight will only stress the joints further.
- * Eat a normal, well-balanced diet.

_____ A. Rheumatologist, M.D.

Billing Statement - Thursday, February 10, 2005

Provider: A. Rheumatologist, M.D.
Patient: John Doe, Chart 1583
123 Main Street
West Des Moines, IA 50265

Diagnoses

1. 714.0 Rheumatoid Arthritis

Treatments

1. 85652 Sedimentation Rate, Erythrocyte; Automated
Related Diagnoses: Rheumatoid Arthritis
Modifiers:
Units:

Referring Physician:
Date Last Seen: 02/03/2005

Medical Clinic

1025 Ashworth Road, Suite 222
West Des Moines IA 50265

PRESCRIBER: A. Rheumatologist, M.D.
TELEPHONE: (515)327-8850
DEA: 123456789

PATIENT: John Doe
ADDRESS: 123 Main Street
West Des Moines, IA 50265

TELEPHONE: 515-327-8854
DOB: 11-30-1954
DATE: 02/10/2005

R_x

Bextra, 20 mg tablet

Disp: 15
Sig: BID
Refills: 1

DISPENSE AS WRITTEN
 GENERIC SUBSTITUTION PERMITTED

SIGNATURE OF PRESCRIBER