

Last Name, First Name
DOV: 00/00/0000

MRN: #####

DOB: 00/00/0000

CONSULTING PHYSICIAN:

REASON FOR CONSULTATION: Diffuse joint pain.

SUBJECTIVE: This is a 20-year-old female who is accompanied by her mother. The patient was adopted. She states that she has had pain chronically since junior high school. She has had multiple extensive workups done in the past and recently. Her workups have always been normal. She states that her pain can be all over. It is in her joints and occasionally in her fingers. It is not associated with swelling. She gets stiffness that may last 15 minutes and then it goes away. She takes a hot shower, and this seems to help her overall. Her mother states that the only swelling she has noticed is over the lower back, lateral aspect. There was a question whether her kidneys were swelling. (Per her mother, her pain right now is 0/10; at its worst it is greater than 10/10.) She states that it comes on suddenly and stops her in her tracks. About a week ago, she states that she was given Naprosyn. She takes 1 tablet, and this seems to help sometimes. About three days prior to this visit, she was put on Lyrica 50 mg. She is taking it twice a day, and she seems to tolerate it okay. She states that her overall discomfort has been better over the last two weeks. Her stress has significantly decreased. She states that it is mainly because of the change in her job where she works retail. She states that nothing in particular, other than the medication, has helped. She does have a history of anxiety, but denies any severe depression. She has taken Vicodin in the past. It has not helped. She has not had any major trauma or stressful events in her life. I questioned this only because the patient's response to the question seemed like she was not sure of her answer.

She denies any fevers or chills. No inflammatory changes of the eye. No history of iritis, uveitis or scleritis. She has a history of chest pain, but she states that she gets it only with anxiety. She had an EKG done, which was normal per the patient. No nausea or vomiting right now. She did have two episodes of vomiting. She called her primary care and according to the patient was given a nonsteroidal antiinflammatory. No abdominal pain. No diarrhea. No blood in her stool. No problems urinating. No blood in her urine or loss of bowel or bladder control.

She states that she is not sleeping. She takes Excedrin PM and states that she is on Cymbalta, which she thinks helps. However, she thinks that it is keeping her from sleeping. She states that she has always had difficulty falling asleep, but since starting the Cymbalta, she is having much more difficulty.

No seizures. She had psychosis in the past when she had a fever of 106, but that was many years ago. No miscarriages. No pregnancies. She had one episode where her white count was slightly low (this was on her most recent lab testing), but none prior to this that she knows of. No history of significant anemia or thrombocytopenia. No

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Raynaud. No photosensitivity. No oronasal ulcers. She is sexually active with the same partner. She has protected sex. No history of any sexually transmitted diseases.

REVIEW OF SYSTEMS: All other systems are reviewed and otherwise negative.

PAST MEDICAL HISTORY: Significant for a question of ulcers.

PAST SURGICAL HISTORY: She has had an adenoidectomy and tonsillectomy.

MEDICATIONS: Omeprazole and Lyrica 50 mg twice a day.

ALLERGIES: No known drug allergies.

FAMILY HISTORY: She does not know her family history secondary to being adopted.

SOCIAL HISTORY: She drinks liquor and beer occasionally, but denies any tobacco or drug use.

PHYSICAL EXAMINATION: Vital signs: Blood pressure 120/86. Pulse 86. Respirations 18. Temperature 98 degrees. Weight 124 pounds. Pain right now is 0/10. HEENT: Pupils equal, round, and reactive to light. Extraocular muscles are intact. Neck: No lymphadenopathy. No thyromegaly. Heart: S1, S2. Lungs: Clear to auscultation. Abdomen: Soft. Positive bowel sounds. Extremities: No edema. Musculoskeletal: She has no tender points to palpation of her entire paraspinal muscles, upper chest, arms and legs, and no tender points over any of her muscles today. She has no tender or swollen joints. No erythema. No warmth. Neurologic: Strength is 5/5. Normal sensation. Toes are downgoing bilaterally. Reflexes are 2+. Vascular: Pulses are full and palpable.

LABORATORY STUDIES: On previous laboratory testing, patient had a urinalysis that showed occult blood greater than 30, WBCs 1130, epithelial cells, abnormal crystals, which is described as amorphous sediment, mucus present, and moderate bacteria. GFR greater than 59, protein 7.6, albumin 4.8, ALT slightly elevated at 43, AST 32, alkaline phosphatase 76. Repeat urinalysis showed 1+ protein and some abnormal casts present, but it does not say if these are white blood cell or red blood cell casts. Urine culture shows beta-hemolytic strep. Parvovirus showed that she has had immunity with a positive IgG and a normal IgM. Free T4 direct 1.42 and normal, TSH 0.843 normal, SMV IgG elevated at 18.6, CCP antibody negative, ANA negative, sedimentation rate of 2, creatinine kinase 67. ENA screen negative. White count 3.7, which is slightly low, hemoglobin 15, hematocrit 44.2, MCV 89, platelets 238, neutrophils 2.3, lymphocytes 1, creatinine 0.86, glucose 84.

ASSESSMENT & PLAN: The patient has been sent here with multiple joint pains. She has absolutely no inflammatory changes noted on exam. She does not have any tender

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points noted on exam. At this point, a diagnosis of chronic pain syndrome is more likely. I went into full detail with her as far as this is concerned. She is already on Lyrica. She has been on it for about a week. In another week, I advised her to increase it to 1 tablet 3 times a day to see how she does. Patient states that her primary care physician is trying to wean her off of the Cymbalta. My recommendation is that she can go off of the Cymbalta, but her primary care may want to start Savella, or we can decide to start it at her next appointment. Patient will get labs done today. The plan of care was thoroughly explained to the patient and her mother. They fully understand and are agreeable to it. We will see her back here in a couple of months unless otherwise indicated.

Physician's Name

XXX/mt

D: 00/00/0000

T: 00/00/0000 Prepared by 360 Transcription Corp. (309) 963-5619

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