

Identification

Name: ST
Sex: Female
DOB: xx/xx/1987
Address: N/A
Date and Time: 7/29/20
Ethnicity: Hispanic
Marital Status: Married
Religion: N/A
Informant: Self – reliable
Source of Referral: Self

Chief Concern: “feeling really hot recently” x 8 months and “redness on cheeks” x 1 month

History of Present Illness

Ms. ST is a reliable 33yo F with history of smoking with quitting and relapsing, presenting for a physical exam, and CC of “feeling really hot recently” x 8mo and “redness on cheeks” x 1mo. Pt admits to having heat intolerance, where she still feels hot in the winter and hot in air-conditioned rooms; and also admitted to feeling more frequent hunger despite eating regularly. The redness on the cheeks were noticed on the patient ever since she started drinking red wine. Admits that this redness is non-tender; and only occurs when she drinks, and goes away when she does not drink. Patient has been under quarantine at home due to COVID-19 orders, and admits to drinking 5-6 glasses of red wine on the weekends due to boredom, and the stress of being a mother and at-home teacher to her child. Denies fever, chills, H/A, SOB, C/P, palpitations, recent weight changes, tremors, other skin abnormalities, nor other symptoms.

Past Medical History

Present Illnesses: none
Past Medical Illnesses/Childhood Illnesses: N/A
Hospitalizations: none
Immunizations: Up to date

Past Surgical History

Inguinal hernia repair in 1989 with no complications/transfusions
Surgical removal of IUD in 2019 with no complications/transfusions

Medication

None

Allergies

NKDA

Family History

Mother – (age) deceased from cardiopathy
Father – (age) alive and well

Social History

Patient has been under quarantine at home due to COVID-19 orders, and admits to drinking 5-6 glasses of red wine on the weekends due to boredom, and the stress of being a mother and at-home teacher to her child.

Patient has been smoking for 5-10 years, on-and-off, currently 6-7 cigarettes per day. Previously has denied help in quitting, but today is agreeing to go on Varenicline (Chantix).

Patient has only started going to work as a Veterinary technician since last week.

Pt denies illicit drug use.

Review of Systems

- General – **Admits to heat intolerance.** Denies fever, chills, night sweats, recent weight loss/gain, loss of appetite, weakness, fatigue
- Skin, Hair, Nails – **Admits to redness on bilateral cheeks.** Denies changes in texture, excessive dryness/sweating, other discolorations, pigmentations, moles/rashes, pruritis, or changes in hair distribution
- Head – Denies headache, vertigo, or head trauma.
- Eyes – Last eye exam and vision acuity N/A, does not know about the pressure. Denies visual disturbances, lacrimation, pruritus, or photophobia.
- Ears – Denies pain, discharge, muffled hearing, tinnitus, nor hearing aids.
- Nose/Sinuses – Denies difficulty breathing, stuffy nose, rhinorrhea or epistaxis.
- Mouth/throat – last dental visit unknown. Denies sore throat, mouth ulcers, bleeding gums, sore tongue, voice changes, or use of dentures.
- Neck – Denies localized swelling/lumps, or stiffness/decreased ROM.
- Breast – Denies lumps, pain, or nipple discharge.
- Pulmonary System – Denies SOB, wheezing, hemoptysis, cyanosis, orthopnea, DOE, PND.
- Cardiovascular System – Denies chest pain, HTN, palpitations, irregular heartbeat, edema of ankles/feet, syncope, or known heart murmur.
- GI System – has regular bowel movements, and **increased appetite.** Denies intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding, or blood in stool.
- Genitourinary System – Denies urinary frequency or urgency, oliguria, polyuria, dysuria, nocturia, incontinence, or flank pain.
- Sexual History – LMP 7/27/20. Pt is in a monogamous relationship with husband. Uses condoms. Denies anorgasmia or history of STIs.
- Nervous System - Denies migraines, seizures, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition/mental status/memory, or weakness.
- Musculoskeletal – Denies muscle/joint pain, deformity, swelling, redness, or arthritis.
- Peripheral Vascular System – Denies intermittent claudication, coldness/trophic changes, varicose veins, peripheral edema, or color change.
- Hematologic System – Denies anemia, easy bruising/bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
- Endocrine System – Admits to heat intolerance. Denies polyuria, polydipsia, polyphagia, goiter, excessive sweating, or hirsutism.
- Psychiatric – Denies anxiety, depression or OCD.

General Survey

33yo F, A/Ox3, well-groomed and dressed, looks her age, in NAD.

Vital Signs

Temperature: 97.7°F

Respiratory Rate: 16 breaths/min, unlabored

Pulse: 64 bpm

Blood pressure: 124/86 (left arm)

Oxygen Saturation: 98% room air

Height: 5'2" ; Weight: 149lb ; BMI 27.3

Physical Exam

Skin, Hair, Nails

Skin: **Bilateral cheeks are warm to touch with noticeable erythema, nontender.** Rest of skin is warm, moist, good turgor, even texture, nonicteric. No scars, lesions, tattoos, or opacities

Nails: no clubbing, lesions, or infections noted. Capillary refill <2 seconds throughout.

Hair: average quantity, distribution, & texture, no evidence of seborrhea or lice.

Head: average sized head, atraumatic, non-tender to palpation throughout.

Eyes

Eyebrows & Eyelashes – average quantity, full distribution. No lesions noted

No exophthalmos, redness, lesions, swelling, masses, inflammation, or excessive tearing/dryness noted.

Symmetrical alignment OU. Sclera white, conjunctiva & cornea clear.

Visual acuity - uncorrected 20/20 OS, 20/20 OD, 20/20 OU

Visual fields full OU, PERRLA, EOMs full with no nystagmus

Fundoscopy – Red reflex intact, Cup:Disk < 0.5, no evidence of copper wiring, A-V nicking, hemorrhage, hard exudates, cotton wool spots, papilledema or neovascularization OU.

Ears

Symmetrical & average size. No evidence of lesions/masses/trauma on or around ear.

No pain upon palpation on tragus or manipulation of auricle.

Bilateral EAC with some cerumen. TM is wnl. No evidence of FB noted AU.

Auditory acuity intact to whispered voice AU. Weber and Rinne test wnl.

Nose

Nose – Symmetrical. No obvious masses/lesions/deformities/trauma/discharge. Nontender to palpitation, no boggy, no step-off noted. Nostrils patent bilaterally.

Unremarkable nasal mucosa and septum on exam.

Bilateral frontal & maxillary sinuses nontender to palpation. Equal transillumination glow

Mouth

Not examined due to COVID precautions and no URI complaints.

Neck

Trachea midline. No masses, lesions, scars noted. FROM – supple, no palpable adenopathy noted. Non-tender to palpation. No carotid bruits noted.

Thyroid - Non-tender, no palpable masses, thyromegaly, or bruits noted.

Thorax and Lungs

Chest - symmetrical, no deformities/evidence trauma/tenderness to palpitation. Lateral to AP diameter 1:1.

Respiration - unlabored / no paradoxical respirations or use of accessory muscles noted.

Lungs - chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus intact throughout.

Clear to auscultation and percussion bilaterally. No adventitious sounds.

Heart

RRR; S1 & S2 normal. No murmurs, S3, S4, splitting of heart sounds, friction rubs or other extra sounds appreciated.

Abdominal

No evidence of scars, masses, distension, striae, herniations, or abnormal pulsations.

BS present in all 4 quadrants. Tympany to percussion throughout. Non-tender to percussion or to light/deep palpation. No evidence of organomegaly, guarding or rebound tenderness, or CVAT.

Musculoskeletal

No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities noted in all extremities.

Non-tender to palpation / no crepitus noted, FROM, pulses 2+. No spinal deformities noted.

Problem List

1. Heat intolerance with new frequent hunger
2. Bilateral cheek rash
3. Positive alcohol screen
4. Smoker with history of quitting and relapsing

Impression

Ms. ST is a 33yo F presenting for physical exam, complaining of heat intolerance, new frequent hunger, and redness on bilateral cheeks when patient drinks red wine. Will work up patient for thyroid disorder (Hyperthyroidism), rule out SLE – suspecting rosacea, encourage less alcoholic beverage intake, and encourage smoking cessation.

Plan

1. Work up thyroid disorder with TSH test (Hyperthyroidism)
2. Rule out SLE, then consider giving Metronidazole for Rosacea
3. Start Chantix (Varenicline) 0.5mg x 30 days, have patient rtc in a month for F/U and increase of dosage. Educate on risk of adverse effects, including suicidal thoughts.
4. Encourage less alcoholic beverage intake