

## H & P Example

**Date:** 11/2/09

**Patient Name:** JA                      **MR#:** #####

**CC:** "My mouth is numb."

**HPI:** JA is a 79 year old white female who came in today due to numbness of the lip and mouth. She first experienced this today after her morning cup of coffee when she felt the left side of her mouth and lip go to sleep. She has never experienced this before. The sensation lasted for 3 hours. She was able to make different facial movements in the mirror and it did not look unusual. She also did not notice a change in speech or her ability to drink fluids. She does smoke ½ ppd. She has been taking her Lisinopril 5 mg regularly. She has no history of previous stroke. Her family has stated that in the past, June has had some confusion and memory impairment.

### **PMH**

**Current illnesses:** Hypertension, Osteoarthritis

**Past Illness:** Renal insufficiency, kidney stones

**Surgeries:** cholecystectomy; C-section

**Allergies:** IVP dye

**Medications:** Lisinopril 5mg qd, Tramadol 50mg 1 tablet prn

**Hospitalizations:** Pregnancies

**Trauma/Injuries:** None known

**Health Maintenance:**

### **Social History**

**Education:** High school completed

**Military:** None

**Work/finances:** Retired

**Family & relationships:** Lives with daughter's family

**Habits/risk factors:** Smokes ½ ppd for last 50 years

**Reproductive History:** Gravida 2 para 2; Menopause in mid 50s

## Family History

**Mother:** Deceased, childbirth

**Father:** Deceased, old age

## Review of Systems

**General:** Denies fever

**Head:** Denies headaches

**Eyes:** Denies any changes

**Respiratory:** Denies shortness of breath

**Cardiac:** Denies palpitations

**GI:** Denies abdominal pain

**GU:** Denies problems with urination

**Musculoskeletal:** Denies muscle weakness

**Neurologic:** Denies unusual sensations, dizziness, loss of balance, unusual smells, changes in hearing, walking or gait.

**Psychiatric:** Denies changes in mood.

## Physical Exam

**VS:**    **BP:** 158/92    **Pulse:** 73    **Respirations:** 24    **Temperature:** 36.1C    **O<sub>2</sub> Sat:** 92%

**General:** Patient is alert and oriented to date, time and place. She recalls memories from her past, and the current president's name but does exhibit confusion about recent personal events. Her speech is normal and appropriate and not slurred. She appears concerned by is neither anxious nor in acute distress.

## HEENT

**Head:** Sensation to light touch is equal bilaterally on forehead, cheeks, jaw and around her mouth. Cranial nerves 2 – 12 intact. Facial movements are equal and symmetrical.

**Eyes:** PERRLA, EOM intact, visual fields normal.

**Mouth:** Tongue does not deviate on protrusion, no changes in sensation around mouth.

**Musculoskeletal:** Upper and lower extremity muscle tone and strength is 5/5 bilaterally, sensation to light touch is equal bilaterally. Brachial, radial, popliteal reflexes 2+. No pronator drift, finger to nose test is normal.

**Cardiovascular:** RRR, normal S1S2, no murmurs/gallups/rubs.

**Pulmonary:** CTA from bases to apices, no rhonchi/wheezes/rates.

**Neurological:** Mental status articulate; normal cerebellar function (finger to nose, gait, Romberg's), DTR's 2+ and symmetric upper and lower extremities, cranial nerves I – XII intact; sensation intact to touch bilaterally.

**Skin:** Normal

**Labs/X-rays:** None

**Summary Statement:** 79 year old female with history of hypertension presents to the clinic with concerns about numbness of her lip and mouth.

**Problem List:**

1. Parasthesias of unknown etiology
2. Hypertension
3. Mild dementia

**Assessment/Impression:**

1. Parasthesias may be due to transient TIA
2. Mild hypertension is not being controlled with the 5mg dose
3. Patient's family states she is often confused through she is coherent here in the clinic.

**Plan:**

1. Patient has been instructed to come back if the problem recurs with weakness on one side of her body, especially if she experiences weakness, educated about the signs of stroke, recommended addition of a baby aspirin to medications. Will consider an angiogram test.
2. Increase Lisinopril from 5mg to 10mg/day for better BP control.
3. Perform a mini-mental status exam at next appointment.