Neurology Visit Note

\* Final Report\*

Document Type: Document Date: Document Status: Document: Title/Subject:

Performed By*I*Author:

Verified By:

Encounter info:

Neurology Visit Note January 18, 2019 7:53 EST

Auth (Verified)

Office Visit Note

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**Chief Complaint**

folllow up

**History of Present Illness**

BACKGROUND:

\* **Final Report** \*

**Scales and Assessments**

Visual Acuity: L Eye- 20/30, R Eye- 20/30 (01/09/19)

**Lab Results**

Creatinine 0.66 mg/dL 01/09/2019 10:59 EST Estimated GFR Non-African American >59

mL/min/1.73\_m2 01/09/2019 10:59 EST

(Patient name) is a pleasant (enter age, gender, race) with relapsing remitting multiple sclerosis beginning in (year) at age ( ). Patient was initially treated with Avonex in 1999 but discontinued it due to flu-like symptoms and was off medications for about 2 years. Patient switched to Copaxone in 2001 and took this irregularly until 2004. Patient stopped due to systemic reactions. Patient received one dose of Tysabri in 2005 before the drug was removed from the market. Patient was seen inconsistently at our clinic until restarting Tysabri in 04/2009 through January 2013 when Patient was found to be JC Virus positive. Patient was lost follow up with our clinic from 2014- 2016. At that time Patient restarted Tysabri but after a single does developed shingles. Patient was treated with acyclovir but the rash spread to include the torso as well as her arms and legs over the next few days. Rituximab was started in March 2017. Patient received rituximab 1000 mg x2 doses given on 03/22/2017 and 04/15/2017. Patient was transitioned to Ocrevus in Sept. of 2017.

DMT HX:

Avonex- 1999-1999 stopped due to flu-like symptoms

Copaxone- 2001-2004 took irregularly and stopped due to systemic reactions

Tysabri- 2005 X 1dose, removed from market at this time Tysabri- 2009-2013 stopped due to *JCV* +

Tysabri- 2016 X 1dose, stopped due to shingles Rituxan- 3/2017-4-2017

Ocrevus- 9/2017- current

INTERVAL HISTORY: (Patient name) is here today for follow up. Patient continues on Ocrevus. Patient has tolerated this well. Patient feels stable since starting this medication. Patient denies any new issues.

Patient reports ongoing issues in the past with pain in her neck and shoulders. Patient reports this has occurred intermittently for about 2 years. Patient has chronic low back pain but describes this as different and sharp. The neck and shoulder pain is more achey pain.

Estimated GFR African American >59

mL/min/1.73\_m2 01/09/2019 10:59 EST Albumin Level 4.1 g/dL 01/09/2019 10:59 EST Total Protein 6.5 g/dL 01/09/2019 10:59 EST Total Bilirubin 0.3 mg/dL 01/09/2019 10:59 EST

Direct Bilirubin 0.1 mg/dL 01/09/2019 10:59 EST Alk Phosphatase 53 [JU]/L 01/09/2019 10:59 EST

ALT 9 (IU]/L 01/09/2019 10:59 EST

AST 11 [JU]/L 01/09/2019 10:59 EST (Low)

**Problem List/Past Medical History**

 Ongoing

Genital herpes

MS (multiple sclerosis) Smoker

 Historical

No qualifying data

**Medications**

acetaminophen, 1000 mg, ORAL, Once BuSpar 10 mg oral tablet, 10 mg, 1tablet,

ORAL, BID (2 times a day), 5 refills

diphenhydramine, 50 mg, ORAL, Once Handicap Placard, See Instructions

Klonopin 0.5 mg oral tablet, 0.5 mg, 1tablet, ORAL, GHS (each night at bedtime, **Not taking:** Needs RX

Lexapro 10 mg oral tablet, 10 mg, 1tablet, ORAL, Daily, 5 refills, **Not taking:** Needs

RX

Med List Status - Reviewed *I* No Changes Mise Medication, No home meds

Ocrevus 300 mg/10 mL intravenous solution, 600 mg, *IV* (INTRAVENOUS), Once

SoluMedrol, 250 mg, *IV* (INTRAVENOUS), Once Vitamin D3 1000 units oral capsule, 4000 units,

4 capsules, ORAL, Daily

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	+ Final Report\*

Patient stopped Lexapro due to some eye protrusion. Patient stopped this at least

several months ago, and feels this helped her eye symptoms. **Allergies**
No known allergies

Patient denies depression. Spouse does report that Patient is irritable if
Patient is not smoking marijuana. Patient reports that does feel stressed. **Social History**

Patient reports that Patient always feels on edge This is relieved with marijuana.
Patient smokes MJ 2-3 time per days but only 2-3 puffs. Abuse/Neglect

 History of Abuse: Denies.

Drug Abuse

Current, Marijuana Employment/School

## Review of Systems

Stay at home parent Exercise

See scanned review of systems form for complete 10 system ROS. Aside Inconsistent, Exercise Type: Walking.

Home/Environment

from those marked, all other ROS was negative Marital Status: Married

 **Children/Dependents in Home: 2 children:**

## Physical Exam

Vitals & Measurements **Time HR RR** 10:12 82(peri) 16

**HT:** 160.02 em (5 ft 3 inch)

**WT:** 59.693 kg (131.6 lb 0 oz)

**BMI:** 23.31 kg/m2

**BP**

107/73

## Temp

98.0 (oral)

Male 16, Female 14. Household Members: Child(ren).

Nutrition/Health

Home Diet: Regular. lactose intolerant, Caffeine Intake Amount: 2 sweet teas/day.

Tobacco

Former smoker, Marijuana, 0 Yrs Smoker. 0 Avg # Packs Per Day.

Never smoker, Cigarettes, 0 Yrs Smoker. 0

Avg # Packs Per Day: Exposure to Tobacco Smoke None.

**General:** In no acute distress. Appropriately groomed and dressed.

**Respiratory:** No labored breathing or shortness of breath.

**Skin:** No rashes noted to visible skin.

**Mental status:** Alert and oriented. Attention and concentration intact.

**Eyes:** Extraocular movements are intact. No nystagmus.

**Hearing:** Intact to finger rub Cardiac: No peripheral edema noted. **Neuro:**

**Cranial nerves:** Face is symmetric. Decreased sensation to the right face.

Palate elevation symmetric, tongue protrusion is midline.

**Motor:** Bulk and tone normal

 Strength: L R

 Deltoid 5 5

Bicep 5 5

Tricep 5 5

Wrist Extension 5 5

Interosseous 5 5

Hip flexion 5 5

Knee extension 5 5

Knee flexion 5 5

Dorsiflexion 5 5

Plantar flexion 5 5

**Musculoskeletal:** Gait is steady. Ambulates without assistance.

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**Psychiatry:** BDI is 0 which is not suggestive of depressive symptoms.

**Assessment/ Plan**

H/0 immunosuppressive therapy, Personal history of immunosupression therapy

MS (multiple sclerosis), Multiple sclerosis

Impression and plan:

1. Relapsing remitting multiple sclerosis.

* + - Continue Ocrevus.
		- Please continue taking vitamin D3 4000 units each day. Numerous studies have shown that higher vitamin D levels have been associated with a reduced risk of relapses and lower risk of developing MS overall. We aim for a goal blood level of vitamin D 25 OH 60-80ng/ml. Given that the risk of MS is slightly higher for close family members, also recommend vitamin D3 1000 units daily for close family members such as siblings or children.
		- We recommend an exercise program that focuses on strengthening, flexibility, and balance. These can include things such as yoga, Pilates, and gentle stretching. Some good resources can be found at [www.mymsyoga.com](http://www.mymsyoga.com/) and even on YouTube.
		- labs today: CBC w/ diff, LFTs, Cr

2. anxiety

Start buspar 10 mg at night x 2 weeks then buspar 10 mg twice daily.

* + - Follow up in 3 months with ACP

# Signature Line