



## Dr. Herbst - New Patient Visit

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**Patient Name:** Berns , Mary

**DOB:** 0000-00-00

**Age:**

Referring Physician:

Phone number:

Fax number:

Pharmacy Name:

Pharmacy Number:

Pharmacy Address:

**Patient Notes:**

**CC:**

**HPI:** Mary Berns is a year young female with a history of Hashimotos, sinus infections/post nasal drip, osteoporosis, obesity, arthritis, acid reflux, a loose connective tissue disease, who presents for care.

**Onset:**

**Swelling?**

**Swelling worse during summer?**

**Swelling worse when standing?**

**Swelling worse when sitting?**

**Limbs tight and heavy especially at end of day?**

**Do you elevate your legs?**

**Does swelling resolve with elevation or sleeping overnight?**

**Areas with lipedema are unaffected by caloric restriction?**

**Reduced ability to get around (ambulation)?**

**Any areas of your body that are colder than other parts?**

**Any decrease in social activity?**

**Diet:**

**Exercise:**

**Pain**

Average Daily Pain Score (1-10):

Worst Daily Pain Score (1-10):

Lowest Daily Pain Score (1-10):

Pain is in the:

### **Conservative Therapy**

**Compression Garments:**

**Sequential Pneumatic Compression Pump:**

**Manual Lymphatic Drainage Therapy:**

**Deep Tissue Therapy:**

### **Weight**

Any history of weight gain:

Any history of weight loss:

### **Ever use of the following meds**

Phentermine:

Dextroamphetamine:

Adderall:

Metformin:

### **MEDICAL HISTORY**

First Menses: 15

Menopause: Done at 42

3 Pregnancy(ies)

3 Live Births

Hashimotos, sinus infections/post nasal drip, osteoporosis, obesity, arthritis, acid reflux

### **SURGICAL HISTORY**

Torn meniscus-cartilage removed. Broken ankle -1995 Breast tissue removed under left arm

### **MEDICATIONS**

**Allergies:** Penicillin, recent hives from cephalexin and

**Medications:** Omeprazole, Levothroxine and Liothyroxine

[Medications were reviewed]

### **SOCIAL HISTORY**

Smoking: No

Alcohol: 0

Any other drugs: No

### **FAMILY HISTORY**

### **REVIEW OF SYSTEMS**

**General:**

**HEENT:**

**CV:**

**Dermatology:**

**Endocrine:**

**Gastrointestinal:**

**Genitourinary:**

**Immunology/Infectious Disease/Allergy:**

**Musculoskeletal:**

**Neurology:**

**Pulmonary:**

**Psychiatry:**

**Vascular:**

**Other symptoms or concerns:**

## PHYSICAL EXAM

BP: \${PatientBpSystolic} / \${PatientBpDiastolic} HR:\${PatientHeartRate} Weight: 214 Height: 5'7" BMI: 33.59  
TEMP: \${PatientTemperature}

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Waist (cm):

Hips (cm):

Waist-to-hip-ratio:

A WHR of  $\geq 0.85$  cm is suggestive of obesity in women (World Health Organization, 2011). A value of

Caliper measurements (mm):

Subscapular:

Triceps (halfway between the shoulder and elbow):

Thigh (halfway between the knee and the crease created when you lift your leg):

Suprailiac:

General: Woman in no apparent distress

Gait: Legs rub together from groin to knees

HEENT: PERRLA; EOMI; does not wear glasses

Neck: No thyroid enlargement or nodules

Heart: Regular rate and rhythm; no murmurs, rubs or gallops

Lungs: Clear to auscultation

Abdomen: Non-distended, soft

Vascular: Stemmer negative on the hands and feet; No pitting edema; no evidence of acrocyanosis

## LOOSE CONNECTIVE (FAT) TISSUE EXAM

### Head and Neck

Cranial fat: Normal / Increased / Increased around occipital nodes:

Neck: Acanthosis nigricans:

Lymph nodes:

Supraclavicular fat: Normal / Increased / Reduction with resistant breath:

### Back

Dorsocervical fat pad:

Folds of connective tissue on the sides of the back or under the bra:

Lordosis:

Shelf of tissue above the buttocks:

### Arms

Axillary: Acanthosis nigricans:

Axillary: Full and tender:

Increased tissue upper arm:

Palpable nodules upper arm:

Increased tissue lower arm:

Palpable nodules lower arm:

Wrist cuff:

Hand fat base thumb:

Hand fat between MCPs:

Stemmer hand: Negative / Positive

Heavy upper arms:

### Abdomen

Palpable nodules:

Panniculus:

- Grade 1: the panniculus reaches the pubic hair but not the genitals
- Grade 2: the panniculus lies over the genitals down to the thigh crease
- Grade 3: the panniculus reaches down to the upper thigh
- Grade 4: the panniculus hangs down to mid-thigh level
- Grade 5: the panniculus reaches the knees

Heavy panniculus:

Palpable nodules suprapubic:

## **Legs**

Striae:

Mattress pattern thigh tissue:

Palpable nodules thigh tissue:

Fat overhanging knee:

Fat covers knee:

Fat covers shin:

Medial knee lobule:

Stovepipe legs:

Increased tissue lower leg:

Palpable nodules calves:

Ankle cuff:

Fat around lateral malleoli:

Fat around medial malleoli:

Fat around Achilles:

Fat on top of foot:

Stemmer foot: Negative / Positive

Piezogenic papules:

Flat feet:

## **Vascular Exam**

Telangiectasia/Spider Veins:

Visible Varicose Veins:

Non-pitting edema:

Corona phlebectatica:

Pitting edema:

## **Areas of Hypothermia**

Arms:

Legs:

Buttocks:

Hips:

## **Joints**

Valgus of knees:

Varus of ankles:

## **General**

Tissue tender in areas affected:

Hands and Feet Not Affected:

Bruising currently:

Fibrotic Tissue:

Heavy Tissue:

## **Beighton Score:**

5th digits - /2

Thumbs - /2

Elbows - /2

Knees - /2

Hips - able to bend and touch the floor keeping the legs together and straight = 0

Score: = /9

## **Diagnostic Criteria for lipedema**

Female:

Bilateral and symmetrical manifestation with minimal involvement of the feet:

Minimal pitting edema:  
Negative Kaposi–Stemmer sign:  
Pain, tenderness on pressure:  
Easy bruising:  
Persistent enlargement after elevation of the extremities or weight loss:  
Arms are affected 80% of the time:  
Hypothermia of the skin:  
Swelling worsens with orthostasis in summer:  
Lipedema tissue unaffected by caloric restriction, exercise, bariatric surgery:  
Vascular manifestation such as cherry angiomas, telangiectasia, venous disease:  
Does the patient meet criteria for lipedema?

### **Labs:**

The lower extremity functional scale (**LEFS**) is a measure of disability for the legs. Lower scores indicate more dysfunction.

Score = x/80

### **Five Questions for Hypermobility:**

A positive answer for two or more questions has a sensitivity of 91%, a specificity of 75% for predicting hypermobile joints (BMC Musculoskelet Disord. 2020; 21: 174).

### **ASSESSMENT**

- 1.
- 2.
- 3.
- 4.
- 5.

### **PLAN**

- 1.
- 2.
- 3.
- 4.
- 5.

### **ICD-10 codes for this visit**

R60.9 Lipedema  
I89.0 Lymphedema  
E88.2 Dercum's disease  
I86.8 Varicose veins  
I87.2 Chronic venous insufficiency  
M79. 605 Pain in the left leg  
M79. 604 Pain in the right leg  
M79.601 Pain in the right arm  
M79.602 Pain in the left arm  
Q79.62 Hypermobile Ehlers Danlos Syndrome  
D89.40 Mast cell activation disease  
I78.8 Other diseases of capillaries  
L90.5 Scar conditions and fibrosis of skin  
G89.4 Chronic pain syndrome  
R10.9 Unspecified abdominal pain  
N94.89 Pelvic congestion syndrome  
L98.7: Excessive and redundant skin and subcutaneous tissue

This visit was 60 minutes with >50% time spent counseling on lipedema, Dercum's disease and other causes of fat tissue growth and possible treatments that may help Mary.

**Electronically signed by Karen L. Herbst, MD, PhD 2021-08-02 11:07 AM**

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