

## FAX COVER SHEET

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**To:**

**From:** Efax 1827

**Company:**

**Date:** November 15, 2023 14:40

**Fax Number:** 13107475908

**Pages (Including cover):** 6

**Re:**

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**Notes:**

Hill, Elaine

**RIVERWAY MEDICAL CARE**

FAMILY PRACTICE &amp; PROMPT CARE

**1827 S. Court St. Ste A Visalia, CA 93277-5469****Phone: (559) 372-7390****Provider: Jarod Williams, FNP****Patient Name: Elaine Hill****Date of Birth: 07/01/1976****Visit Date: 11/06/2023****HISTORY OF PRESENT ILLNESS**

Elaine Hill is 47 year old, female who is being seen today for annual physical and lab results.

Patient states she has never had a mammogram, but she gets thermography studies and is due for her yearly

Patient states she has never had colon cancer screening and is not interested in a colonoscopy or a Cologuard.

Patient denies any known genetic cancers except that skin cancer does run in her family.

Patient states she does have some family history of early coronary artery disease with a grandmother and possibly a cousin who did have a heart attack in their 50s.

Patient wanted to update myself that she is currently seeing a lipoedema specialist and he has confirmed that she does have the disorder and he believes she needs two different surgeries in order to help treat her painful legs that swell.

Patient states for the past couple of years, she has had painful leg, swelling, and edema to her ankles. Patient states she is put on approximately 40 to 50 pounds in the last 2 to 3 years. Patient believes that she is having brain fog and fatigue due to a mold exposure at her work.

Seen previously for

Patient presents today to establish care with myself for multiple chronic conditions.

Patient states that since 2017 she has gained approximately 50 pounds and she has had chronic fatigue.

Patient reports chronic low back pain and thigh pain. Patient states she has had her veins evaluated and told that she did have some abnormal findings and had a procedure with a vascular specialist which did little to help her pain.

Patient reports that for a short time she did take thyroid medication but did not notice much of a difference. Patient states she was told she had an abnormal reverse T3 test.

Patient states she has not had a primary care provider in a couple of years and has been seeing multiple specialist.

Patient states she did a urine test to check for mold and was told it was positive and believes it is most likely due to the prison she works at.

Patient feels as if her weight gain is not dilated and state she follows A paleo diet. Patient reports she does not exercise like she used to.

Patient states she wants to be seen by a specialist in Los Angeles for lipidemia in which she was told this condition was painful fatty cells. Patient states she has had painful small lumps to bilateral thighs.

Patient states she has had all of her hormones checked with a salivary test and found that she had low cortisol levels.

Patient states she is currently taking multiple vitamins including B12 and vitamin D. None of these supplements have seemed to help or condition.

Patient states she has already been screened for autoimmune disease but would like to be rescreened again.

Patient states she has a niece who I've been able to help with her multiple conditions and was hoping I may be able to do the same for her.

**REASON FOR VISIT**

## Annual physical and lab results

## DIAGNOSIS &amp; PLAN

E88.2 Lipomatosis, not elsewhere classified

R60.9 Edema, unspecified

E65 Localized adiposity

Z00.01 ENCOUNTER FOR GENERAL ADULT MEDICAL EXAM W ABNORMAL FINDINGS

## PLAN:

Annual physical complete

Reviewed labs at the bedside which were essentially normal

Routine screenings and vaccinations were discussed with patient and she is not currently interested in traditional methods

Encourage patient to follow up with a women's health specialist either here at the clinic or one of her choosing for her Pap smear which is due within the next six months.

Encourage breast cancer screening which patient she is going to follow up with a contact that does thermography

Encourage to consider colon cancer screenings. Discussed screening options with patient and she still wants to hold and is not interested in colonoscopy or cologuard screenings

Lipo edema

Encourage to keep follow up with specialist

Continue with compression stockings

## ALLERGIES

Epinephrine

## MEDICATIONS

Patient has no known medications

## VITAL SIGNS

Weight - 160 lbs.

Previous Weight - 160 lbs.

Height - 61 in.

Previous Height (in) - 61 in.

BMI - 30.23

Temperature - 98.0

Heart Rate (min) - 98

Respiratory Rate - 18

O2 SAT - 100%

Sitting, Right Arm

1. Blood Pressure - 128 / 77

## PROBLEMS LIST

Patient has no known problems

**MEDICAL HISTORY**

No History of GI Medical Conditions  
No History of Cardiovascular Medical Conditions  
No History of Respiratory Medical Conditions  
No History of Mental Health Conditions  
Anemia  
Thyroid Disorder  
Medical Conditions: Lipidema,  
Date of Last Pap Smear - 01/01/2021

**SURGICAL HISTORY**

C-section 2006

**SOCIAL HISTORY**

Smoking Status - Non-smoker  
Alcohol Use - None  
Employed - Yes  
Occupation - office technician  
Exercise - Yes 5 days a week  
Marital Status - Divorced  
Kids - Yes  
Advanced Directives - No  
Durable Power of Attorney - No

**FAMILY HISTORY****REVIEW OF SYSTEMS**

Positive and pertinent negative responses below. CONSTITUTIONAL: Positive for fatigue, weight gain.  
EYES: Negative  
ENMT: Negative  
CARDIOVASCULAR: Negative  
RESPIRATORY: Negative  
GASTROINTESTINAL: Negative  
GENITOURINARY: Negative MUSCULOSKELETAL: Positive for lipoedema.  
SKIN: Negative  
NEUROLOGICAL: Negative  
PSYCHIATRIC: Negative  
ENDOCRINE: Negative  
LYMPHATIC: Negative  
ALLERGIC/IMMUNO: Negative

**PHYSICAL EXAM**

GENERAL: Normal - Well developed, well nourished and alert. No acute distress  
HEAD: Normal - Normocephalic with no lumps, lesions, or tenderness.  
EYES: Normal - Pupils are equal in size and reactive to light and accommodation, sclera, and conjunctiva normal.

**EARS: Abnormal**

Impacted Cerumen - Right Ear

Impacted Cerumen - Left Ear

- Skin on external external nose is smooth with no lumps, lesions, or nodules. No discharge noted. Nasal mucus membranes are moist and intact.

**MOUTH / THROAT:** Normal - Lips pink, smooth, and moist without lesions. Gums pink without redness or swelling. Uvula and soft palate rise symmetrically on phonation. Gag reflex present. Swallows without difficulty.

**NECK:** Normal - Neck is supple, no masses or tenderness, no thyromegaly or nodules. Trachea is located midline. No jugular vein distention. Superficial nodes not palpable and not tender on palpation.

**RESPIRATORY:** Normal - Regular rate with non-labored breathing. Lung sounds are clear in all lobes bilaterally without rales, rhonchi, or wheezes.

**CARDIOVASCULAR:** Normal - Regular rate and rhythm without murmurs, rubs, or bruits. No edema noted. All distal pulses (or: femoral, popliteal, PT, and DP pulses) intact, full, and equal;

**GASTROINTESTINAL:** Normal - Abdomen is soft, symmetric, and non-tender without distention. The aorta is midline without bruit or visible pulsation. Umbilicus is midline without herniation. Bowel sounds are present and normoactive in all four quadrants. No masses, hepatomegaly, or splenomegaly are noted.

**MUSCULOSKELETAL:** Normal - Gait smooth with equal stride and good base of support. The neck and back are nontender to palpation and with full range of motion without pain.

**EXTREMITIES:** Abnormal - Patient reports mild tenderness to bilateral legs. No external abnormalities noted

**SKIN:** Normal - Normal in appearance, turgor, temperature, and texture without ulcers, rashes, nodules, or lesions.

**NEUROLOGICAL:** Normal - Cranial nerves I - XII are grossly intact. Bilateral reflexes are 2+ throughout. Intact sensations of fine touch, pain, and temperature.

**PSYCHIATRIC:** Normal - Appropriate mood and affect.

**POINT OF CARE TESTING****MEDICATION GIVEN IN OFFICE****SUMMARY**

Keep follow up with specialist

Continue with diet and exercise as tolerated

Repeat labs annually sooner for any concerns

**FOLLOW UP**

Follow up - annually

**REFERRALS****EDUCATION**

- Patient Education: I have discussed the findings of this examination with the patient and/or family. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). The need for further follow up was discussed. The patient verbalizes understanding of these instructions at this time. If any questions should arise after returning home I have encouraged the patient to feel free to call the office. Patient understands to return to the clinic or go the ER if symptoms persist or worsen. Effective communication was established secondary to the patient asking questions and answering all questions appropriately and repeating the plan back to me.

Electronically Signed By

«ProviderName»Signed By: Jarod Williams 11/06/2023 09:28 PM