Olathe Health Comprehensive Neurology

20375 W. 151st St. Olathe, KS 66061-

Patient: **PRICE JR, THOMAS J**
DOB: 2/7/1936
Sex:Male
Admit Age: 86 years

MR# OMSI_3937778
Acct#: 502081056
Location: Comprehensive Neurology; Room 4

Physician: Watkins, Jennifer M APRN
Print Date: 9/13/2022 10:10 CDT
Admit Date: 8/19/2022
Disch Date: 8/19/2022

Office-Clinic Notes

Document	Author/Signed Date	Date of Service	Document Status
Neurology Clinic Note	Gill, Aman MD (9/5/2022 22:10 CDT); Watkins, Jennifer M APRN (8/19/2022 13:31 CDT)	8/19/2022 10:41 CDT	Auth (Verified)

Chief Complaint
Dementia/ mmse=22/30

History of Present Illness
Mr Price is here for evaluation of dementia. He is referred by Dr. Schermoly. He has a PMH of Afib, BPH, DM2 with neuropathy, HTN, HLD. He is joined by his daughter. He lives at Cedar Lake. He was dx with Afib recently. His daughter says he is having trouble telling what time of day it is. He loses track of if it is morning or afternoon for example. He has trouble remembering to take his medicine. He is in independent living. His daughter sets up a pill box but he forgets to take them at the right time. His son manages his finances. He moved to Cedar Lake in December 2021 but the issues started before this. He has no family hx of dementia. Both parents lived to old age. His brother died of pancreatic cancer. He has no significant smoking history. He sleeps well. He does snore. He has not had a sleep study. He denies feelign depressed. He does get anxious. His wife died 5 years ago. He does not have a regular sleep wake pattern. He may go to bed very early and then wake up too early. He does nap. He does not get more exercise. He has a friend that visits. He has trouble reading the calendar and following along. He does not have hallucinations. He is not paranoid. His B12 was found to be low recently so he started replacement for this orally. He has balance problems. He denies tingling in the feet. He has bilateral foot drop. He is not sure why.
He has a brain MRI scheduled for next week. He also is having a CT abdomen. He does endorse bowel and bladder incontinence. He denies any back or leg pain.

Review of Systems
Constitutional: Negative_
Eye: Negative_
ENT: Negative_
Mouth/Pharynx:Negative_
Respiratory: Negative_
Cardiovascular: Negative_
Gastrointestinal: Negative_
Genitourinary:Negative_
Hema/Lymph: Negative_
Endocrine: Negative_
Musculoskeletal: Negative_
Integumentary: Negative_
Neurologic: memory loss
Psychiatric: Cooperative, alert and oriented_

Physical Exam

Problem List/Past Medical History
Ongoing
- Acute urinary retention
- Adenomatous polyp of colon
- Atrial fibrillation
- BPH - Benign prostatic hypertrophy
- Dementia
- Diabetic peripheral neuropathy
- Hammer toe
- HTN - Hypertension
- Hyperlipidemia
- Onychomycosis
- Rotator cuff tear - left
- Type 2 diabetes mellitus with diabetic polyneuropathy
- Urinary retention
- Ventral hernia

Historical
- No qualifying data

Procedure/Surgical History
- Colonoscopy - 2 small hyperplastic polyps (09/16/2020)
- Colonoscopy - normal,repeat 2 years (04/24/2017)
- Colonoscopy - recurrent tubular adenoma (04/11/2016)
- Colonoscopy - multiple adenomatous polyps (02/23/2015)
- L/S Sigmoid Resection (03/13/2014)
- Colonoscopy - polyps x 2, sigmoid mass (02/24/2014)
- transanal resection large rectal polyp - tubular adenoma with high grade dysplasia (02/24/2012)
- Colonoscopy - multiple adenomatous polyps (02/06/2012)
- Bilateral Cataract Removal
- cholesteatoma removed left ear

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Vitals & Measurements
HR: 65 (Peripheral) **RR:** 16 **BP:** 127/72
HT: 188 cm **WT:** 91.3 kg (Dosing) **BMI:** 25.83

He was alert, awake, and cooperative. He was normally developed and well groomed. The mental status was normal. He was well oriented to person, place, situation. Recent and remote memory was impaired. Attention span and concentration were good. Language function was normal. He had a good fund of knowledge. His speech was of normal flow and content and was well enunciated. Examination of the cranial nerves revealed visual fields to be full to confrontation. The extra ocular movements were intact. Pupils were [2] millimeters, equally round and reacted to light. There was no afferent pupillary defect. The muscles of mastication were powerful symmetrically. Facial sensation was normal. The muscles of facial expression were powerful symmetrically. Hearing was intact to finger rub. The pallet arched symmetrically. The tongue was midline and had full range of motion. Sternocleidomastoid and trapezii were powerful bilaterally. Funduscopic examination did not reveal any papilledema, exudate, or hemorrhage. The muscle bulk, tone and power were normal in upper and lower extremities. Reflexes were 2/4 and symmetric in upper and lower extremities. The toes were downgoing bilaterally. Coordination testing revealed normal finger to nose, heel to shin, fine motor and rapid alternating movements. Sensory examination was normal to pain, light touch, proprioception, graphesthesia, cold thermal, and vibration. There was no extinction to double simultaneous stimulation. The gait was of a normal base and a steady walk. Heel and toe walking was well performed. Tandem walking was well performed. Romberg's stance was negative. Auscultation of the carotid arteries did not reveal any bruits. Heart had a regular rate and rhythm without a murmur. Peripheral pulses were 2/4 and symmetric in upper and lower extremities. Extremities were warm without any cyanosis or swelling. Palpation of the temporomandibular joint did not reveal tenderness.

Exceptions to the above exam:
There was fine tremor with rest and intention to the hands. He had cogwheel rigidity in the biceps, worse on the L
He had significant difficulty rising from a chair. He used a walker to ambulate, his gait was slow and shuffled, but with high steppage due to bilateral AFOs. He had difficulty turning. His strength was decreased in the hip flexors, knee flexors, and to ankle dorsiflexion and toe extension.

Assessment/Plan
1. Mixed action and resting tremor R25.9
His exam is concerning for a Parkinsonian process. He has tremors, rigidity, and poor balance. He is very high risk for falls. Will arrange DaTscan to assess. MRI will be done next week.
Ordered:
NM Spect Brain
Office Visit Level 5 Est 99215

2. Balance disorder R26.89

- vasectomy

Medications
Cipro 500 mg oral tablet, 500 mg= 1 Tablet, PO, Q12H
Flomax 0.4 mg oral capsule, 0.4 mg= 1 Capsule, PO, DAILY, 3 refills
glimepiride 2 mg oral tablet, 2 Tablet, PO, DAILY, 3 refills
Glucose Monitor - One Touch Verio, See Instructions
lisinopril 20 mg oral tablet, 20 mg= 1 Tablet, PO, DAILY, 3 refills
One Touch Ultra 2 lancets, See Instructions, 3 refills
ONE TOUCH Ultra 2 TEST STRIPS, See Instructions, 3 refills
Xarelto 15 mg oral tablet, 15 mg= 1 Tablet, PO, DAILY, 6 refills

Allergies
NKA
No Known Medication Allergies

Social History
Smoking Status
Denies
Alcohol
Current, Beer, Liquor, 1-2 times per month
Employment/School
Retired, Work/School description: Worked 30 years at Proctor and Gamble as an engineer..
Exercise
Exercise duration: 30. Exercise frequency: 1-2 times/week. Exercise type: Walking.
Home/Environment
Living situation: Home/Independent.
Nutrition/Health
Regular
Substance Abuse
Denies
Tobacco
Never (less than 100 in lifetime) Tobacco Use:.

Family History

LEGEND: Abnormal = * Critical = C Interpretive data = i Corrected = c Low = L High = H Footnotes = @

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He is deconditioned but also very weak. His foot drop is perplexing, he has numbness in the legs, presumably from the DM. However this would not typically cause foot drop. He denies back pain or radicular symptoms. I do wonder if his "foot drop" symptoms that started as walking difficulty were more shuffling and he perceived it as weakness? He does feel he walks better with the AFOs. If DaTscan is normal, consider lumbar MRI. Consider Big and Loud therapy if DaTscan normal. He has started oral replacement for the low B12, having this rechecked next month. May need injectables if not improving enough.

Ordered:
NM Spect Brain
Office Visit Level 5 Est 99215

3. Cognitive decline R41.89
MMSE 22. He is having quite a bit of time disorientation. He does live alone and does not keep a regular routine so it's easy to lose track of time. However, he seems to have difficulty telling day from night, morning from evening etc. Long talk on switching his level of care to assisted living vs independent. He is missing medication doses and is high fall risk. He likely needs help with things like laundry and more routine care.
RTC in November

Patient was seen today in clinic for ____75 minutes_____.
5 min was spent prepping for patients visit with review of old records and documenting in EHR.
60 min was spent in face to face visit in clinic
10 min was spent in post visit documenting in EHR and reviewing test results.

Ordered:
NM Spect Brain
Office Visit Level 5 Est 99215

Orders:
Radiology Testing - Schedule

Pancreatic cancer: Brother.

Lab Results

Test Name	Test Result	Date/Ti
WBC	7.1 thous/uL	08/10/2022 12:13 CDT
RBC	4.90 mil/uL	08/10/2022 12:13 CDT
Hgb	14.8 g/dL	08/10/2022 12:13 CDT
Hct	44.3 %	08/10/2022 12:13 CDT
MCV	90.4 fL	08/10/2022 12:13 CDT
MCH	30.2 pg	08/10/2022 12:13 CDT
MCHC	33.4 g/dL	08/10/2022 12:13 CDT
RDW-CV	12.8 %	08/10/2022 12:13 CDT
Platelet	233 thous/uL	08/10/2022 12:13 CDT
MPV	10.0 fL	08/10/2022 12:13 CDT
Neutro %	58.9 %	08/10/2022 12:13 CDT
Lymph %	29.8 %	08/10/2022 12:13 CDT
Mono %	8.7 %	08/10/2022 12:13 CDT
Eosin %	1.5 %	08/10/2022 12:13 CDT
Baso %	1.1 %	08/10/2022 12:13 CDT
Abs Neutro	4182 Cells/uL	08/10/2022 12:13 CDT
Abs Lymph	2116 Cells/uL	08/10/2022 12:13 CDT
Abs Mono	618 Cells/uL	08/10/2022 12:13 CDT
Abs Eosin	107 Cells/uL	08/10/2022 12:13 CDT

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