

Note for John Doe on 4/18/02 - Chart 1124

**Chief Complaint:** This 26 year old male presents today for treatment of suspected rheumatoid arthritis. Associated signs and symptoms include aching, joint pain, and symmetrical joint swelling bilateral. Patient denies any previous history, related trauma or previous treatments for this condition. Condition has existed for 2 weeks. He indicates the problem location is the right hand and left hand. Patient indicates no modifying factors. Severity of condition is slowly worsening. Onset was unknown.

**Allergies:** Patient admits allergies to aspirin resulting in GI upset, disorientation.

**Medication History:** Patient is currently taking amoxicillin-clavulanate 125 mg-31.25 mg tablet, chewable medication was prescribed by A. General Practitioner MD, Adrenocot 0.5 mg tablet medication was prescribed by A. General Practitioner MD.

**Past Medical History:** Past medical history is unremarkable.

**Past Surgical History:** Patient admits past surgical history of (+) appendectomy in 1989.

**Family History:** Patient admits a family history of rheumatoid arthritis associated with maternal grandmother.

**Social History:** Patient denies alcohol use. Patient denies illegal drug use. Patient denies STD history. Patient denies tobacco use.

**Review of Systems: Neurological:** (+) paralysis **Musculoskeletal:** (+) joint pain (+) joint swelling (+) stiffness **Cardiovascular:** (+) ankle swelling **Neurological:** (-) numbness

**Musculoskeletal:** (-) back pain (chronic) (-) decreased ROM (-) episodic weakness

**Cardiovascular:** (-) chest pressure **Respiratory:** (-) breathing difficulties, respiratory symptoms (-) sleep apnea

**Physical Exam:** BP Standing: 120/84 HR: 79 Temp: 98.6 Height: 5 ft. 8 in. Weight: 168 lbs. Patient is a 26 year old male who appears pleasant, in no apparent distress, his given age, well developed, well nourished and with good attention to hygiene and body habitus.

**Skin:** No skin rash, subcutaneous nodules, lesions or ulcers observed. Palpation of skin shows no abnormalities.

**HEENT:** Inspection of head and face shows no abnormalities. Hair growth and distribution is normal. Examination of scalp shows no abnormalities. Conjunctiva and lids reveal no signs or symptoms of infection. Pupil exam reveals round and reactive pupils without afferent pupillary defect. Ocular motility exam reveals gross orthotropia with full ductions and versions bilateral. Bilateral retinas reveal normal color, contour, and cupping. Inspection of ears reveals no abnormalities. Otoscope examination reveals no abnormalities. Examination of oropharynx reveals no abnormalities and tissues pink and moist. **ENT:** Inspection of ears reveals no abnormalities. Examination of larynx reveals no abnormalities. Inspection of nose reveals no abnormalities.

**Neck:** Neck exam reveals neck supple and trachea that is midline, without adenopathy or crepitation palpable. Thyroid examination reveals no abnormalities and smooth and symmetric gland with no enlargement, tenderness or masses noted.

**Lymphatic:** Neck lymph nodes are normal.

**Respiratory:** Assessment of respiratory effort reveals even respirations without use of accessory muscles and no intercostal retractions noted. Chest inspection reveals chest configuration non-hyperinflated and symmetric expansion. Auscultation of lungs reveals clear lung fields and no rales noted.

**Cardiovascular:** Heart auscultation reveals normal S1 and S2 and no murmurs, gallop, rales or clicks. Examination of peripheral vascular system reveals full to palpation, varicosities absent, extremities warm to touch and no edema.

**Abdomen:** Abdominal contour is slightly rounded. Abdomen soft, nontender, bowel sounds present x 4 without palpable masses. Palpation of liver reveals no abnormalities. Palpation of spleen reveals no abnormalities.

**Musculoskeletal:** Gait and station examination reveals normal arm swing, with normal heel-toe and tandem walking. Inspection and palpation of bones, joints and muscles is unremarkable. Muscle strength is 5/5 for all groups tested. Muscle tone is normal.

**Neurologic/Psychiatric: Psychiatric:** Oriented to person, place and time. Mood and affect normal and appropriate to situation. Testing of cranial nerves reveals no deficits. Coordination is good. Touch, pin, vibratory and proprioception sensations are normal. Deep tendon reflexes normal.

**Test & X-Ray Results:** Rheumatoid factor: 52 U/ml. Sed rate: 31 mm/hr. C4 complement: 19 mg/dl.

**Impression:** Rheumatoid arthritis.

**Plan:** ESR ordered; automated. Ordered RBC. Ordered quantitative rheumatoid factor. Return to clinic in 2 week(s).

**Prescriptions:**

Vioxx Dosage: 12.5 mg tablet Sig: BID Dispense: 30 Refills: 2 Allow Generic: No

\_\_\_\_\_ A. Rheumatologist, MD

## Billing Statement - Thursday, April 18, 2002

**Provider:** A. Rheumatologist, MD  
**Patient:** John Doe, Chart 1124  
1231 8<sup>th</sup> Street, Suite 222  
West Des Moines, IA 50265

### Diagnoses

1. 714.0 Rheumatoid Arthritis

### Treatments

1. 99214 Office or other outpatient visit - est. patient - 25 min.  
Related Diagnoses: 714.0  
Modifiers:  
Units:
2. 85041 Blood Count; Red Blood Cell (RBC) Only  
Related Diagnoses: 714.0  
Modifiers:  
Units:
3. 85652 Sedimentation Rate, Erythrocyte; Automated  
Related Diagnoses: 714.0  
Modifiers:  
Units:
4. 86431 Rheumatoid Factor; Quantitative  
Related Diagnoses: 714.0  
Modifiers:  
Units:

**Referring Physician:** Marcus Welby, MD  
**Date Last Seen:** 07/26/2001

# Sample Prescription

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www.foxmeadows.com

A. Rheumatologist, MD

DEA#:

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Name: John Doe  
Addr: 1231 8<sup>th</sup> Street, Suite 222  
West Des Moines, IA 50265

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Date: 4/18/02

Vioxx  
12.5 mg tablet  
BID

X \_\_\_\_\_  
Substitution Permitted

X \_\_\_\_\_  
Dispense as written

Refills: 2

Disp: 30

Allow Generic: No

Patient Instructions for John Doe on 4/18/02

### RHEUMATOID ARTHRITIS

What is it?

Rheumatoid arthritis (or RA) is a chronic, systemic condition with primary involvement of the joints. Joint inflammation is present due to an abnormal immune response in which the body attacks its own tissue. Specifically, the tissues lining the joint are involved as well as cartilage and muscle and sometimes the eyes and blood vessels. The cause of rheumatoid arthritis is obscure but it is associated with a family history, genetic and autoimmune problems, people ages 20-60, female gender 3:1 or a Native American background.

Signs and symptoms:

- \* Joint pain, swelling, redness, warmth. Commonly involved joints are the small joints of the hands and feet and the ankles, wrists, knees, shoulders and elbows.
- \* Multiple swollen joints (more than 3) with simultaneous involvement of same joints on opposite side of the body.
- \* Morning stiffness that lasts longer than 30 minutes.
- \* Difficulty making a fist; poor grip strength.
- \* Night pain.
- \* Feeling "sick" - low fever, loss of appetite, tiredness, generalized aching and stiffness, weakness.
- \* Rheumatoid nodules under the skin, usually along the surface of tendons or over bony prominences.
- \* Disease may lead to deformed joints, decreased vision, anemia, muscle weakness, peripheral nerve problems, pericarditis, enlarged spleen, increased frequency of infections.
- \* Blood tests will reveal a positive rheumatoid factor (RF) to be present the majority of the time.

Treatment:

- \* To diagnose RA, blood studies are done to detect a substance known as rheumatoid factor and x-rays may show typical findings.
- \* Night splints for involved joints. Avoid putting a pillow under the knees as this will contribute to joint contracture.
- \* Heat helps relieve the pain; hot water soaks, whirlpool baths, heat lamps, heating pads, etc. applied to affected joints 15-20 minutes 3 times per day is helpful.
- \* Sleep on a firm mattress and sleep at least 10-12 hours per night. Get rest during the day; take naps.
- \* Get bed rest during an active flare-up until symptoms subside.
- \* Avoid humid weather if possible.
- \* NSAIDs (non-steroidal anti-inflammatory drugs).
- \* DMARDs (disease-modifying anti-rheumatic drugs) - gold compounds, D-penicillamine, sulfasalazine, methotrexate, antimalarials.
- \* Immunosuppressive drugs.
- \* Acetaminophen (Tylenol) for pain relief only when necessary.
- \* Oral corticosteroids short term; corticosteroid injection into joint can temporarily relieve pain and inflammation.
- \* Exercise as recommended by your physician. Exercise helps keep the joints limber and increases strength. Swimming and water activities are a good way to workout. Put all your joints through their full ranges of motion every day to prevent contractures.
- \* Physical therapy may be recommended.
- \* Surgical intervention.
- \* Lose excess weight as being overweight will only stress the joints further.
- \* Eat a normal, well-balanced diet.

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A. Rheumatologist, MD

4/18/02

Marcus Welby, M.D.  
1231 8<sup>th</sup> Street, Suite 222  
West Des Moines, IA 50265

Dear Dr. Welby:

John Doe was seen in my office in consultation as requested by you as a new patient for evaluation and care. The following is a summary of my findings and recommendations:

**Chief Complaint:** This 26 year old male presents today for treatment of suspected rheumatoid arthritis. Associated signs and symptoms include aching, joint pain, and symmetrical joint swelling bilateral. Patient denies any previous history, related trauma or previous treatments for this condition. Condition has existed for 2 weeks. He indicates the problem location is the right hand and left hand. Patient indicates no modifying factors. Severity of condition is slowly worsening. Onset was unknown.

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If I may be of any further assistance in the care of your patient, please let me know. Thank you for providing me the opportunity to participate in the care of your patients.

Sincerely,

A. Rheumatologist, MD