

Exam Date: 3/30/11

Patient: _____ DOB: _____

PMH:

Problem List:

- | | |
|-------------------------------|-------------------------------|
| 1. <u>C3-4 canal stenosis</u> | 7. <u>lumbago</u> |
| 2. <u>Emphysema</u> | 8. <u>s/p cervical fusion</u> |
| 3. <u>C4-5 severe DDD</u> | 9. <u>s/p cryotherapy</u> |
| 4. <u>C5-6 advanced DDD</u> | 10. <u>s/p carpal tunnel</u> |
| 5. <u>C6-7 severe DDD</u> | 11. <u>s/p lumbar surg.</u> |
| 6. <u>cervicalgia-chronic</u> | 12. <u>G2 P2</u> |

Current Medications: Levetiracetam, Edinavir, Mydoxol (see med list)

Allergies: Lyrica

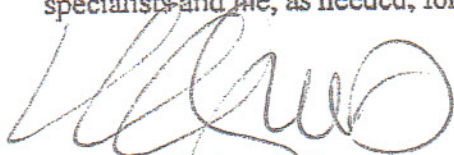
PE: BP 116/74 Pulse 86 Wt 152lb Ht 5'4"

Exam	Normal	Abnormal	Comments if Abnormal
HEENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>conjunctivae</u>
Lungs/Chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Musc/Skel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>no nodules/cervical spine</u>
Neuro	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Ⓢ shoulder radiolopathy</u>
GI/Abdomen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Assessment:

Chronic DDD cervical and lumbar spine.

Plan: Upon review of medical records from other licensed MD/DO's, along with my H&P today, this patient would likely benefit from medical marijuana for their chronic medical condition. The OMMP form is completed and signed today. The patient will follow up with their primary care physician, specialists and me, as needed, for preventive care, disease management and pain control.


Maureen E Mays, MD