



Olivia Buffington

DOB: 9/1/19XX

MR#123456

Olivia Buffington is a 55-year-old female who presents to the Wellness clinic as a referral from her Primary Care physician. The patient is being referred for education and consultation on healthy lifestyle choices. The patient has a history of Metabolic Syndrome and has been recently diagnosed with Insulin Resistance. The patient is seeking healthy lifestyle education as a result of this recent diagnosis. Patient had labs drawn two weeks ago and these were sent with patient from her Primary Care Physician.



Medical History: Obesity, Dyslipidemia, Hypertension, Degenerative Joint Disease, Insulin Resistance, GERD, Sleep Apnea, Deep Vein Thrombosis to the right lower extremity (6 months ago), and Depression. The patient also reports a 30-pound weight gain over the last year.

Surgical History: Cholecystectomy, Hysterectomy

Social History: Lives at home with spouse and a daughter who is a senior in high school. Has another older daughter who is a sophomore in college. Patient works full time as a Certified Public Accountant. Former smoker- quit 2005. Denies any illicit drug use. Drinks 1-2 glasses of wine per week.

Family History: Patient has one sibling who is a sister with diabetes, dyslipidemia, and hypertension. Parents are both deceased. Mother died at age 68 from a stroke and Father died at age 45 from a car accident.

Allergies: NKDA

Food Allergies/Intolerances: None

Height: 64 inches

Weight: 220 pounds/ 100kg

BMI: 37.8

Class 2 obesity (35-39.99)

Waist Circumference: 43 inches

Hips: 46 inches

Waist to Hip Ratio: 0.93

Medications: See Attached Medication Reconciliation

Labs: See Attached Labs

Physical Activity: See attached Physical Activity Assessment

Nutrition: See attached Nutrition Assessment



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Medication Reconciliation:

Medication	Dose and Route	Frequency	Last Dose	What is this Drug Prescribed For?
Percocet	5/325mg po	2 tablets every HS	Last Night	Chronic pain in knees and lower back
Ibuprofen	600 mg po	Twice a day as needed	Today	Chronic pain in knees and lower back
Lipitor	10 mg po	Daily	Today	High Cholesterol
Lisinopril	10 mg po	Daily	Today	High Blood Pressure
Coumadin	2.5 mg po	Daily	Today	Blood clot in lower right leg
Zantac	150 mg po	Twice a day	Today	Gastric Reflux Disease
Prozac	20 mg po	Daily	Today	Depression
Premarin	1.25 mg po	Daily	Today	Estrogen Supplement since Hysterectomy
Glucosamine	500 mg po	Twice a day	Today	Degenerative Joint Disease
Co Q-10	200 mg po	Daily	Today	Dietary Supplement
Multivitamin	1 Tablet po	Daily	Today	Supplement

Laboratory Reports:

TEST	NORMAL VALUES	RESULTS
Comprehensive Metabolic Panel:		
Sodium (NA)	136 – 145 mEq/L	137 mEq/L
Potassium (K)	3.7 - 5.2 mEq/L	4.8 mEq/L
Chloride (CL)	102 – 110 mmol/L	105 mmol/L
CO2	22 – 30 mmol/L	26 mmol/L
Fasting Glucose	<100	122 mg/dl
BUN	5 – 26 mg/dl	23 mg/dl
Creatinine	0.8 – 1.4 mg/dl	1.3 mg/dl
Hgb A1c	< 5.4%	5.9%
Fasting Insulin	< 5 IU/ml	12 IU/ml
ALBUMIN	3.8 - 5 mg/dl	3 mg/dl



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Laboratory Reports (Continued):

TEST	NORMAL VALUES	RESULTS
Comprehensive Metabolic Panel (continued):		
BILIRUBIN TOTAL.	0 – 1.2 mg/dl	.8 mg/dl
AST.	8 – 40 IU/L	40 IU/L
ALT.	12 – 65 IU/L	56 IU/L
ALK PHOSPHATASE.	33 – 121 IU/L	120 IU/L
Total Cholesterol:	<200	235
LDL Cholesterol	<100 mg/dl	190 mg/dl
HDL	>60 mg/dl	45 mg/dl
Triglycerides	<150 mg/dl	190 mg/dl
Complete Blood Count:		
WBC	4,500-10,000 cells/mcl	10,323 cells/mcl
RBC	Male, 4.7-6.1 million cells/mcl; Female, 4.2-5.4 million cells/mcl	5.2 mil cells/mcl
Hemoglobin	Male, 13.8-17.2 gm/dcl; Female, 12.1-15.1 gm/dcl	13.4 gm/dcl
Hematocrit	Male, 40.7-50.3%; Female, 36.1-44.3%	38.2%
Platelet count	150,000–400,000 mm ³	190,000 mm ³
MPV	7.4 – 10.4 fl	8 fl
MCV	80-95 femtoliter	88 femtoliter
MCH	27-31 pg/cell	30 pg/cell
MCHC	32-36 gm/dl	34 gm/dl
RDW	11% - 14.5%	13%
Thyroid TSH	0.4-4.0 mIU/L	2.0 mIU/L
INR	0.8-1.1	2.6



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MR#123456

Nutrition Assessment

Please complete this nutrition assessment form and bring it to your first session. Completing this form prior to our appointment will save time during the session and allow us to maximize our time together.



THE WELLNESS CENTER

Today's Date: 07/13/2016

Name: Olivia Buffington	Date of birth: 09/01/19XX
Referred by: Dr. Paul Peterson	
Have you seen a registered dietitian in the past?	(circle one) Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes, was it helpful? Why or why not? N/A	
What do you hope to accomplish during your first consult? I feel like I eat pretty good but I keep gaining weight. I do not understand why this is happening to me.	
Do you have any concerns with your current weight or shape?	(circle one) Yes <input checked="" type="radio"/> No <input type="radio"/>
If yes, what are your concerns? I know I weigh too much. I am very self-conscious about the way I look and how others perceive me. I am embarrassed of my body.	
Do you have any concerns with your eating habits?	(circle one) Yes <input checked="" type="radio"/> No <input type="radio"/>
If yes, what are your concerns? I know I do not eat as well as I should but I don't think I eat terrible. I am told by my physician that the way I eat has affected my health. I know I eat out too much but I don't have time to cook meals, especially working full time.	
List all the diets you have tried. Give a brief description of each diet.	
Diet or program: 1. Adkins Diet 2. South Beach Diet 3. Weight Watchers 4. HCG Diet	Brief Description: 1. No carbs. 2. Small amount of carbs. 3. Portion control. Counting points. 4. 500 calorie/day diet with HCG shot.
Are there any foods you avoid currently?	(circle one) Yes <input type="radio"/> No <input checked="" type="radio"/>
If yes, please list below: N/A	



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Nutrition Assessment (Continued):

Do you have any food allergies or intolerances?	(circle one) Yes <input checked="" type="radio"/> No
If yes, please list below: N/A	
How much alcohol do you drink in one week? 2 glasses of red wine on Saturday- usually just drink on Saturday evenings.	
How many cups of caffeine-containing beverages do you drink daily? 1 Venti (24 oz.) Frappuccino, 2 diet cokes, and 2 glasses of unsweetened black iced tea.	
Do you currently smoke?	(circle one) Yes <input checked="" type="radio"/> No
If yes, how many cigarettes do you smoke per day? N/A	
If no, have you ever smoked?	(circle one) <input checked="" type="radio"/> Yes No
If yes, when did you quit? 2005 – 1 pack per day	
Do you take any vitamin, nutritional, or herbal supplements?	(circle one) <input checked="" type="radio"/> Yes No
Describe which vitamin, nutritional, or herbal supplements you take: Please see attached medication list.	
Do you skip meals?	(circle one) <input checked="" type="radio"/> Yes No
If yes, which meals do you skip and how often? I never eat breakfast. I just a large glass of grapefruit juice. I am not hungry in the morning. I usually have my first snacks before lunch at 10 a.m.	
24 Hour Diet Recall: Please list everything you ate and drank from the time you woke up yesterday. Include the time, food/beverage, and amounts of each. <ul style="list-style-type: none"> - 0630: This is the time I wake up. I am not hungry in the morning. I just drink a 16oz glass of grapefruit juice. I never eat breakfast. - 1000: Venti (24 oz.) Frappuccino with whipped cream, 2 Soft baked berry mixed granola bars. - 1230: (lunch) Chicken salad which includes chicken (4oz), black beans (4oz), salsa, sour cream (2oz), cheese (1oz), tortilla chips (2oz), and guacamole (1oz), diet coke (12 oz.). - 1530: 1 bag of Fruit and Nut Trail Mix (6oz), 1 bottle of water (12oz) - 1700: (dinner) Frozen family sized entrée - 1 serving of chicken parmigiana, side salad with no calorie dressing and tomatoes, 1 slice of garlic toast, 2 glasses of unsweetened black iced tea with sugar free sweetener. - 2000: (snack) 100 calorie bag kettle popcorn and 1 mozzarella cheese stick, caffeine-free diet soda (8oz). 	



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Nutrition Assessment (Continued):

Would you consider this a typical day?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
Within your household, who does most of the cooking?	Myself
Within your household, who does most of the grocery shopping?	Myself
Do you read nutrition labels?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, what do you look for? I don't understand labels. I know how to look at the calories and serving sizes. I do have a hard time with the portions of serving sizes. It doesn't seem like enough food to me. I like when I go out to restaurants like Apple Bee's because I feel like they serve me enough food to feel satisfied.	
How many times per week do you eat at restaurants? At least 5 times a week. Sometimes more often than that. My co-workers and I go out for lunch every day and I feel like I can eat healthy there by ordering a salad.	
How many times per week do you eat at fast food restaurants? At least 5 times a week.	
Are you comfortable eating in restaurants?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
If no, why not? Yes. I eat inside every day at a local restaurant with my co-workers.	
Do you count calories?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, why? N/A	
Do you use diet pills?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
Do you use laxatives?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
Do you binge eat?	(circle one) <input checked="" type="radio"/> Yes <input type="radio"/> No
If yes, how often? I eat when I am stressed, bored, or when I am watching TV. I'm not sure if this is binge eating or not but I know I eat a lot more than I should. I have a hard time putting down sweets once I get started.	
Do you weigh yourself?	(circle one) <input type="radio"/> Yes <input checked="" type="radio"/> No
If yes, how often? I don't want to weigh myself. It makes me feel bad. I would rather not know what I weigh.	



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Nutrition Assessment (Continued):

Weight History

Height: 64 inches

Usual Weight: 220 lbs./100 kg

Personal Weight Goal: 150 lbs. / 68 kg

Recent Weight Change?

(circle one)

Yes

No

If yes, how much?

I've gained 30 pounds over the last year.

Please describe past weight loss experiences:

Point System Diet - I've done this diet multiple times. I lost weight with this diet but I always gain it back. The most I lost is 60 pounds on this diet.

Low Carb Diet - I did not like the way I felt on this diet. I would get headaches and I would be constipated. I would lose weight quickly though, which is why I done this diet multiple times in my life as well. I lost 40 pounds on this diet but I could not handle the headaches and low energy. The weight came back on quicker than I lost it and I always gain even more weight. It's so frustrating.

High Fat Low Protein Diet - I did feel a little better on this diet because you can eat some carbs. I lost 30 pounds on this diet but I as soon as the Holidays rolled around, I would find myself eating things not allowed on this diet. I would probably go back to this diet because I got to eat a lot of their nutrition bars on the go which I like.

500 Calorie/day Diet- I lost 60 pounds in 2 months on this diet. It was hard though because I could only eat 500 calories a day but the HCG injections helped suppress my appetite. I found myself isolating myself from family and friends though because I could hardly eat anything for a whole day. I did like the rapid weight loss though. The weight did come back so quickly though. I guess it's just my metabolism. I don't think any diet will work on me. I'm just cursed to be heavy, it runs in my family.



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Physical Activity Assessment

Please complete this physical activity assessment form and bring it to your first session. Completing this form prior to our appointment will save time during the session and allow us to maximize our time together.



THE WELLNESS CENTER

Today's Date: 07/13/2016

Name: Olivia Buffington	Date of birth: 09/01/19XX
Age: 55 years old	Sex: Male <input type="radio"/> Female <input checked="" type="radio"/>

WHY DO YOU ENGAGE OR NOT ENGAGE IN EXERCISE?

We are interested in the reasons underlying peoples' decisions to engage, or not engage in physical exercise. Using the scale below, please indicate to what extent each of the following items is true for you. Please note that there are no right or wrong answers and no trick questions.

Behavioral Regulation Exercise Questionnaire (BREQ-2) ¹ :	Not true for me	Sometimes true for me			Very true for me
1. I exercise because other people say I should	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2. I feel guilty when I don't exercise	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3. I value the benefits of exercise	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4. I exercise because it's fun	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5. I don't see why I should have to exercise	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6. I take part in exercise because my friends / family / partner say I should	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7. I feel ashamed when I miss an exercise session	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8. It's important to me to exercise regularly	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9. I can't see why I should bother exercising	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4



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Physical Activity Assessment (Continued):

BREQ-2 (continued):	Not true for me	Sometimes true for me			Very true for me
10. I enjoy exercise sessions	0	1	2	3	4
11. I exercise because others will not be pleased with me if I don't	0	1	2	3	4
12. I don't see the point in exercising	0	1	2	3	4
13. I feel like a failure when I haven't exercised in a while	0	1	2	3	4
14. I think it is important to make the effort to exercise regularly	0	1	2	3	4
15. I find exercise a pleasurable activity	0	1	2	3	4
16. I feel under pressure from my friends / family to exercise	0	1	2	3	4
17. I get restless if I don't exercise regularly	0	1	2	3	4
18. I get pleasure and satisfaction from participating in exercise	0	1	2	3	4
19. I think exercising is a waste of time	0	1	2	3	4

National Academy of Sports Medicine Physical Activity Readiness Questionnaire (PAR-Q) ⁱⁱ :	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		X
2. Do you feel pain in your chest when you perform physical activity?		X
3. In the past month, have you had chest pain when you were not performing any physical activity?		X
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		X
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	X	
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	X	
7. Do you know of any other reason why you should not engage in physical activity?		X



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Physical Activity Assessment (Continued):

General & Medical Questionnaire (PAR-Q) (Continued):		
1. What is your current occupation?	Certified Public Accountant	
Occupational Questions:	YES	NO
2. Does your occupation require extended periods of sitting?	X	
3. Does your occupation require extended periods of repetitive movements? (If yes, please explain.)	X	
Extended periods of time on the computer for my work.		
4. Does your occupation require you to wear shoes with a heel (dress shoes)?		X
5. Does your occupation cause you anxiety (mental stress)?	X	
Recreational Questions:	YES	NO
6. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)		X
7. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)	X	
I'm always on the computer for work and for fun. I like to read books.		
Medical Questions:	YES	NO
8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.)	X	
I have Degenerative Joint Disease in my lower back and in both knees which I take pain meds for daily.		



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Physical Activity Assessment (Continued):

Medical Questions (Continued):	YES	NO
<p>9. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)</p> <p>High Blood pressure and High cholesterol for which I take medications daily. I've been told that I am "borderline Diabetic".</p>	X	
<p>10. Have you ever had any surgeries? (If yes, please explain.)</p> <p>- Cholecystectomy - Hysterectomy</p>	X	
<p>11. Are you currently taking any medication? (If yes, please list.)</p> <p>Yes – please see attached medication list.</p>	X	



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Olivia Buffington

DOB: 9/1/19XX

MR#123456

Nursing Progress Notes

Background:

Age: 55 years old

Gender: Female

Height: 5'4 inches

Weight: 220 lbs/100kg

BMI: 37.8

Waist to Hip Ratio: 0.93

Allergies: NKDA

Food Intolerances: None



THE WELLNESS CENTER

Physical Assessment: This is a 55 year old Caucasian female who comes to the Wellness Center for consultation on diet and exercise. The patient has been referred to the Wellness Center by her Primary Care Physician. The patient's Primary Care Physician has recently diagnosed the patient with Insulin Resistance and the patient is concerned that she is going to become a diabetic. The patient has several family members to include her sister and mother who both have diabetes. The patient's mother is now deceased.

Respiratory: respirations even & unlabored @ 14 per minute, lung sounds clear throughout to auscultation, oxygen saturation 97% on room air.

Cardiovascular/Skin: skin pink warm, dry & intact, mucous membranes pink & moist, capillary refill < 3, heart sounds S2 regular with rate of 74 bpm, blood pressure 145/86 mm Hg, radial pulses strong & equal bilaterally, pedal pulses strong & equal bilaterally, Temp 98.6 F orally.

Neurological/Musculoskeletal: alert & oriented to person, place, time & situation. Pupils equal, round, and reactive to light. All 4 extremities are equally strong. No swelling in lower extremities.

Gastrointestinal/Genital/Urinary: Abdomen is soft, round, and obese. Bowel sounds are active in all 4 quadrants. Reports that she has a bowel movement every 2-3 days and admits to "never being regular". Denies difficulty with urination.

Psychosocial: Patient reports having multiple family, work, and financial stressors currently in her daily life. Nurse recommended for her to talk with Social Worker from the Wellness team and patient agreed that this would be something she would like to do. Nurse gave recommendation to Social Worker in team huddle that patient could benefit from some type of assessment and or perhaps counseling. Follow up will be done.

Safety: Medication reconciliation completed. The patient is on the blood thinner Coumadin. She has been on the Coumadin due to a Deep Vein Thrombosis (DVT) of her right lower leg. She has been on the Coumadin for 6 months now and is scheduled to see her PCP in 2 weeks to discuss taking her off of this drug. She is concerned about taking a blood thinner and starting an exercise regime. Patient reports feeling safe at home.



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DOB: 9/1/19XX

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Social Worker Progress Notes

Background: This is a 55 year old Caucasian female who comes to the Wellness Center for consultation on diet and exercise. The patient has been referred to the Wellness Center by her Primary Care Physician. The patient's Primary Care Physician has recently diagnosed the patient with Insulin Resistance and the patient is concerned that she is going to become a diabetic. The patient has several family members to include her sister and mother who both have diabetes. The patient's mother is now deceased.



THE WELLNESS CENTER

Nurse from Wellness Center team recommended social worker to assess this patient today.

Psychosocial: Currently lives with spouse and 1 daughter who is a senior in High School. She also has another older daughter who is a sophomore in college. Patient reports that her husband got laid off his job of 25 years recently and has been working at the Home Depot for the past 6 months to make ends meet. She says this has been a large pay cut for the family household and is very stressed about this. She has one daughter in college and another daughter who is about to graduate from High School. She doesn't know how they are going to afford more college tuition. She also reports that this financial stressor has caused herself and spouse to argue frequently. The patient says she feels very disconnected from her spouse. They have been sleeping in separate bedrooms for the past 4 months since she was put on a CPAP machine at night for her sleep apnea. Her spouse says the machine is too loud and he cannot sleep in the same room. The patient reports her spouse telling her to go on a diet and lose weight and she would not need her CPAP machine or "expensive medications". The patient feels like she is adding to their financial burden because of her declining health. She says that she has tried dieting and exercise in the past but the weight never stays off and she feels like she just puts more weight on in the long run. The patient reports not feeling very optimistic about coming to the Wellness Center today for diet and exercise advice because she believes she has heard it all before and nothing ever works for her. She also reports gaining 30 pounds over the last year which also makes her feel defeated as stated by the patient. She reports that she feels more obligated to be here because of her husband and physician's advice to seek this consultation. The Social Worker has also noted that the patient makes little eye contact with her when she talks about the stress at home with spouse and feeling like a burden to her family. The patient reports feeling safe at home and denies any physical abuse.

ⁱ Markland, D. (2000). *Exercise regulations questionnaire (BREQ-2)*. [PDF document]. Retrieved from http://pages.bangor.ac.uk/~pes004/exercise_motivation/breq/breq.htm

ⁱⁱ National Academy of Sports Medicine (n.d.). *Physical activity readiness questionnaire (PAR-Q)*. [PDF document]. Retrieved from [https://www.nasm.org/docs/default-source/PDF/nasm_par-q-\(pdf-21k\).pdf](https://www.nasm.org/docs/default-source/PDF/nasm_par-q-(pdf-21k).pdf)



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