



# Patient Narrative Sample 2

## Subjective:

### Chief Complaint/s:

- Pressure in the back of head and into the neck area. Pressure sometimes moves to the middle of head.
- Pressure/Pain behind eyes
- Dizziness, world is spinning
- Lightheaded and feeling like passing out
- Blurry vision
- Black spots/Vision turns black
- Glowing on outer parts of vision
- Balance issues
- Body aches
- Forgetfulness
- Confusion
- Can't concentrate
- Making mistakes at work
- "Lost" in my head feeling
- Lack of attention
- Slow to comprehend/follow conversations at times
- All sounds are intensified and bothersome
- Nausea from dizziness
- Constipation that will then quickly lead to diarrhea
- Quickly feel overwhelmed and pressured by simple tasks and questions
- Anxious
- Extremely tired and exhausted even upon waking up

### Verbal History/OPQRST:

Upon request, a written history was provided by the patient and subsequently reviewed both before, and with the patient, revealing the following:

Name: Jane Hancock

**Age:** 42  
**Birthdate:** 7/22/19XX  
**Ethnicity:** White/German/Alaskan Eskimo Indian

**Symptoms / Concerns – 9/1 – 9/28/2016:**

- Pressure in the back of my head and into the neck area. Pressure sometimes moves to the middle of head.
- Pressure/Pain behind eyes
- Dizziness, world is spinning
- Lightheaded and feeling like passing out
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- Balance issues
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- Can't concentrate Making mistakes at work "Lost" in my head feeling Lack of attention
- Slow to comprehend/follow conversations at times
- All sounds are intensified and bothersome
- Nausea from dizziness
- Constipation that will then quickly lead to diarrhea
- Quickly feel overwhelmed and pressured by simple tasks and questions Anxious
- Extremely tired and exhausted even upon waking up
- Feel like I could just roll my eyes into the back of my head

**Details of Conditions:**

About 5 weeks ago I started with being a little light headed, slightly dizzy, and felt like I was going to pass out. Originally, I didn't think much of it and brushed it off for a week. By the second week, my symptoms had gotten worse and intensified. My vision started to get blurry with an outer glow around the parameter. Pressure was increasing every day in the back of my head along with the dizziness. Body aches started, similar to how it feels when you get the flu, except I wasn't sick. Driving also became really difficult. I also started having balance issues. I feel weak, and occasionally my right hand will shake, but not often. My temperature has also seemed to be unbalanced running really hot to freezing.

My work started to suffer. I kept forgetting what I was doing, and lost time just staring at the computer zoned out. I started making mistakes and forgetting projects and conversations about projects. Little things are overwhelming me and people talking quickly and crowding me are causing me to panic. I talked with my work and opted to go on medical leave so I can focus on finding out what's wrong and getting better.

Last Wednesday I felt my worse and ended up heading to the Emergency Room. They ran a blood sugar test, blood work, took a urine sample, CT Scan, MRI, Spinal Tap, EKG and monitored my blood pressure and heart. My sugar was a little low; CT, MRI, Spinal Tap, and EKG all come in clear. And they basically said they couldn't find anything wrong with me and wrote me a prescription for meclizine to treat my symptom of dizziness. I haven't taken it.

Honestly I don't want a drug that's just gonna cover up a symptom, I want an answer to what my problem is so I can fix it and be well. I'm still waiting to know the results of the blood work.

After my spinal tap, the pressure seemed to fade along with the intensity of the dizziness. However, now a week later, it's coming back and is right back to where it was before the test. I'm now starting to get black spots in my vision when focusing or turning & moving quickly. Other than feeling a bit clearer after the spinal tap, nothing is changing how I feel. It's constant.

Sometimes it's intermittent in intensity. I feel it laying down, sitting up, walking, being still or moving. Typically, by Wednesday I feel drained and my symptoms are high.

### **Goals:**

I just want to feel better and know what's wrong with me and take the steps necessary to heal it. I also prefer to use natural methods vs conventional medicines and practices. I don't want to just treat the symptoms but get to the root of the problem.

### **Testing:**

- Urine sample tested – 9/21 Blood work – 9/21
- CT Scan – 9/21
- MRI – 9/21
- Spinal Tap – 9/21
- Heart Monitored – 9/21 EKG – 9/21
- Blood Sugar Tested – 9/21

### **Family History:**

*Me:*

- Chicken pox when I was 5yrs old/in Kindergarten
- At age 7 was diagnosed with ulcerative colitis, haven't had any symptoms as an adult  
Constantly sick and catching every cold imaginable
- Seasonal/allergies – allergy testing and allergy shots for a few years (approx. 2009-2011)  
Asthma (approx. 2009-2010)
- Strep throat problems (approx. 2011-2013)
- Bronchitis
- UTIs (Approx. 2004-present)
- Gluten Intolerant (2016)
- Broke out 2 front teeth. Have temp crowns on them right now. Need to get braces and permanents (Dec 2013)
- Wisdom teeth removed (Dec 2015)
- Had a son by C-Section 9/28/05

*Son:*

- Seasonal allergies

*Mother:*

- MS – 20+ years
- Lots of other problems brought on by the MS Died of a heart attack

*Father:*

- High Blood Pressure
- Cataracts – had Laser eye surgery
- Border line Diabetic, changed eating habits and it dropped
- Arthritis in both knees – Had 1 replaced.

*Grandmother/Mother's Side:*

- Depression/anxiety
- Angina
- Heart rhythm problems
- Vagus nerve sensitivity
- Different types of cancers ran in her family (rectal, pancreas, intestinal, & breast) Diphtheria
- Scarlett fever
- Essential tremor
- Season allergies
- Died of mini strokes

*Grandfather/Mother's side:*

- Arthritis in knees
- Died of a stroke

*Grandmother/Father's side:*

- Liver disease
- Depression – tried to commit suicide

*Grandfather/Father's side:*

- Died of a heart attack – had triple bypass surgery

**Allergies:**

- Sulfa Based Drugs
- Gluten
- Seasonal allergies – Dust, pollen...

**Diet:**

- Paleo style
- Gluten Free
- Dairy Free
- Organic fruits and Veggies
- Grass-fed Meats
- No nuts
- No nightshades
- 0-1x a week eggs
- Water herbal teas
- Juicing
- Smoothies
- Occasional glass of organic wine 1x a week if that

**Work:**

- Current – 5 years – 2011- present XXXXXXXXXX
- XXXXX Demarco St.
- Rehoboth Beach, DE 19971 XXX-XXX-XXXX
- Creative Director/Graphic Design

**Home:**

- Current – 4 years – 2012 – present XXXXX Buck Run
- Georgetown, DE XXXXX Single-family pre-fab home
- 2002-2011 XXXXXX, PA Duplex home
- College – 2000-2002 XXXX, PA Apartment
- Born & raised -1982-2002 Sykesville, MD
- LIFESTYLE:
- No smoking
- No Drugs
- Little to no exercise – I want to change this though. I need to feel better and less dizzy 1-1.5 glasses of organic wine a week
- Sleep poorly & feel exhausted in the mornings High Stress levels
- VITAMINS: Adaptocrine AdrenalStrim Magnesium Citrate Thyroid Complex HCL Pro-Zyme Hypothamex Thyro-CNV

**Prescriptions:**

*Currently:*

None

*Past:*

- Lots of Antibiotics – UTIs, Strep, Bronchitis Zyzal – Allergies
- Omnaris – Allergies
- Spiriva – Allergies and Asthma
- Allergy shots
- Omeprazole –Acid Reflux
- Prednisone –Ulcerative Colitis
- Cough meds with codine
- Phenazopyridine - UTIs

**The following is from our office forms:**

**Occupational History:**

Ms. XXXXX is employed as Graphic Designer.

**Family History:**

Ms. XXXXX explained to me that she has a family history of the following conditions: chicken pox which may or may not be a contributing factor in her condition.

**Health History:**

The patient reports the following significant events/illness in her health history: Ceratine Colid.

**Medications/Supplements/Vitamins:**

Ms. XXXXX states that she has been taking the following medications, supplements or vitamins on a regular basis: Adaptocrine, Advena Strim, Mag. Citrate, Thyroid Complex, HCL Pro-Zyme, hypothalmex, and thyro-cnv.

**Previous Surgeries, Illnesses and/or Hospitalizations:**

She reports the following outpatient surgical procedures, hospitalizations and/or illnesses: Cesarean section in 2005 and ER on 9/21/2016.

**Allergies or Sensitivities:**

She reports multiple allergies including: sulfa based drugs and gluten.

**Fractures or Dislocations:**

Ms. XXXXX reports the following fractures or dislocations: patient denies any dislocations and patient denies any fractures and/or dislocations.

**Motor Vehicle Collisions:**

She reports that she has experienced past Motor Vehicle Collision(s)

**Women Only:**

- XXXXX states that she is not pregnant and she is not presently using birth control. She gives the following date as the Date of Last Menstruation Period (DLMP) 9/7/2016.
- Social History and Miscellaneous:
- Marital Status:
- XXXXX is Married and reports that she has 1 male child.
- Social History:
- The patient reports her social habits as follows: Alcohol use: Light Caffeine use? Light Tobacco use? None Use of recreational drugs? None Exercise Frequency? None Miscellaneous:
- The patient states that she sleeps on her side and back. She rates her stress at a level of 10 on a scale of 0 - 10 with 0 being no stress at all and 10 being severe stress. She denies the use of orthotics.
- Mrs. XXXXX notes the following imaging: MRI, CT scan, urinalysis and blood test, approximately 9/21/2016.

**Visual Analog Pain Scale:**

The patient indicated she is currently experiencing a level of pain/discomfort related to their condition of 8 on the standard Visual Analog Scale with 0 being no pain/discomfort whatsoever, and 10 being the worst pain/discomfort imaginable.

**Review of Systems:**

A review of systems was done and revealed:

**General:**

Patient describes: dizziness. Patient denies: chills, depression, fainting, fever, forgetfulness, headache, loss of sleep, loss of weight, nervousness, numbness and sweats. Cardiovascular: Patient describes: low blood pressure. Patient denies: hardening of the arteries, high blood pressure, pain over the heart, poor circulation, rapid heartbeat and chest pain.

**Respiratory:**

Patient describes: no related symptoms. Patient denies: chronic cough, difficulty breathing, painful breathing, shortness of breath, spitting up blood, spitting up phlegm and wheezing.

**Integumentary:**

Patient describes: bruises easily and discolorations. Patient denies: changes in moles, hives, itching, rashes, scars and sores won't heal.

**Genito-urinary:**

Patient describes: painful urination. Patient denies: blood in urine, frequent urination, lack of bladder control, kidney stones, prostate problems, changes in urine and bedwetting.

**Ear, Nose and Throat:**

Patient describes: eye pain/strain, vision problems, nose pain, nasal bleeding or discharge, sore throat and sinus infection. Patient denies: ear pain, ear noises, ear discharge, hearing loss, nasal obstruction, sore mouth, hoarseness, difficulty speaking and jaw pain/TMJ.

**Gastrointestinal:**

Patient describes: diarrhea, constipation and difficulty maintaining weight. Patient denies: appetite changes, difficulty chewing or swallowing, excessive thirst, nausea, vomiting blood, abdominal pain, bloody/black/tarry stool, hemorrhoids, liver disease and gallbladder disease.

**Female:**

The patient experiences the following female specific symptoms: backache or cramps, hot flashes (temp is off), irregular cycle and breast pain. The patient denies the following female specific symptoms: excessive menstrual flow, menopausal symptoms, painful menstruation, vaginal discharge, vaginal pain, miscarriage, difficult pregnancy and difficulty conceiving.

**Neurological:**

The patient describes the following neurological symptoms: dizziness and confusion. The patient denies: numbness/tingling, loss of sensation, paralysis, fainting, headache, loss of memory, muscle jerking, loss of taste, loss of smell, cold feet, cold hands, convulsions, depression and insomnia.

**Muscle, Joint and Bone:**

Patient describes: low back pain, neck pain and leg problems. Patient denies: arm problems, arthritis, bursitis, decreased range of motion, difficulty walking, mid back pain, muscle spasm, painful joints, sciatica, sore muscles, stiff joints, swollen joints, tendinitis and weak muscles.

**Pain/Numbness/Cramping/NMS:**

Patient describes: back, neck, head, shoulders and hips. Patient denies: arms, elbows, hands, legs, knees and feet.

**Pain Diagram:**

The patient has annotated a standard pain diagram marking areas of pain, numbness, tingling and radiation of symptoms right anterior leg, right anterior knee, right shin, left anterior leg, left anterior knee, left shin, cervical, upper thoracic and lumbar. She states that the most troublesome area of concern is , and describes the condition as radiating, aching and hypersensitivity.

The history and consultation was concluded and permission was obtained to examine the patient.