

Name: Raynell Finn | DOB: 2/4/1956 | MRN: 13-052-426 | PCP:

Comprehensive Visit - Apr 23, 2021

with Deena Nasr, D.O. at Department of Neurology in Rochester, Minnesota



AFTERVISIT SUMMARY

Raynell Finn MRN: 13-052-426 DoB: 2/4/1956 CEID: MAY-863Z-64GK-K2H5

📅 4/23/2021 9:30 AM 📍 Department of Neurology in Rochester, Minnesota 507-284-1588

Today's Visit



You saw Deena Nasr, D.O. on Friday April 23, 2021. The following issue was addressed: Complaint Memory.

Reminder: Please bring a copy of these discharge instructions with you to your follow up appointment(s). Refer to your Patient Appointment Guide for your preparatory instructions and for your most up to date appointment information. If you fail to come prepared, your appointment may be rescheduled.

Additional Information

Please give a copy of your list of medicines to your primary care provider. Update your list of medicines when your medicines or doses change. In case of an emergency, carry your list of medicines with you at all times. If you take other medicines not on this list, please call your primary care provider for instructions.

Medication Disposal Instructions

When you no longer take prescription medication, you may have some left that you did not use. Do not keep the remaining medication because:

- It is not safe for you to use the medication in the future when your medical condition and medications may have changed.
- Someone else may try to take your medication. It is not safe for other people to take your medication if it was not prescribed for them.

To protect the environment and prevent medication abuse, it is important that you dispose of medication you have not used and that you dispose of it in the right way.

Once you are done taking the medication, first:

- Read the medication label to see whether the label has any special disposal instructions. If it does, follow those instructions.

- Remove or scratch out all identifying information on the medication container label. This can help protect your identity and the privacy of your personal health information.

Next, safely dispose of any unused medication by doing one of these:

- Bring unused medications to a community medication take-back program. Call your city or county government's household trash and recycling service to ask if a take-back program is available in your community.
- Search online for disposal locations near you:
 - <https://safe.pharmacy/drug-disposal/>
 - [Year-Round Drop-Off Locations - Search Utility \(usdoj.gov\)](#)
- Buy special bags that you can dispose of medications in, called "deactivation disposal bags" (for example, Deterra™), which are available at many pharmacies.
- Mayo Clinic strongly discourages households from sewerage pharmaceuticals. If these disposal options above are not available, throw the medications in the household trash, but first:
 - Take medication out of its original container and mix it with an undesirable substance such as used coffee grounds or kitty litter.
 - Put medication that is mixed with an undesirable substance in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.
 - Remove or scratch out all identifying information from a medication container label before throwing it away. This can help protect your identity and the privacy of your personal health information.


To dispose of used syringes and needles:

- Dispose of used syringes and needles in a sharps container purchased from a pharmacy. Otherwise, use an empty, hard plastic container such as a laundry detergent bottle.

Talk with your health care provider:

- If you need to dispose of chemotherapy medication.
- If you are unsure how to safely dispose of medication.

Your Medication List as of April 23, 2021 11:59 PM

 Always use your most recent med list.

diclofenac sodium 1 % gel
Commonly known as: Voltaren

Apply 4 g topically.

DONEPEZIL ORAL

Take 5 mg by mouth at bedtime. X 4 WEEKS
AFTER 10 MG DAILY AT BEDTIME

metFORMIN 500 mg tablet
Commonly known as: Glucophage

Take 500 mg by mouth 2 (two) times a day.

rosuvastatin 20 mg tablet
Commonly known as: Crestor

Take 20 mg by mouth daily.

Community Resources

Your health extends beyond your doctor's office or hospital visit. If you need assistance with food, housing, transportation, utilities, or other community support, scan the QR code to explore available resources at www.FindHelp.org.



988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. **Call 988, Text any message to 988**, or go to www.988LifeLine.org.

Crisis Text Line

For free 24/7 mental health support, **text 741741** or visit www.CrisisTextLine.org (international resources available).

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Clinical Notes

Consults - Outpatient by Deena Nasr, D.O. at 4/23/2021 8:09 PM

Status: Signed

SUBJECTIVE

Referring Provider: No ref. provider found

CHIEF COMPLAINT / REASON FOR VISIT

Raynell Finn is a 65y.o. female who presents for evaluation of dementia

HISTORY OF PRESENT ILLNESS

I did obtain collateral history from others in the office today (daughter and niece).

Mrs Finn presents with family to evaluate her dementia. The other reason for consult with me and Dr Lanzino is brain aneurysm. I have no idea where this came from. There is no concern from family or the MRI report that she has a brain aneurysm.

She has a history of diabetes mellitus, hyperlipidemia, and depression.

With regards to her dementia. The patient states her memory troubles probably started about 4 years ago. Although she gave up managing her finances about 5 years ago her daughter says due to unpaid bills and other financial concerns so potentially this has been going on longer. Examples of memory concerns are frequently misplacing objects, something misplacing objects and blaming people for stealing it (hotel staff, grandchildren etc). She will also forget recent conversations. She has forgotten to take her medications on occasion. She gets lost when driving frequently. She has had some odd behaviors as well over the last couple years of meticulous cleaning. Sometimes she will clean people's fridges and kitchen without them asking. One time she went to visit her niece who had a tiny dog at her house and she refused to stay there until the house was thoroughly cleaned and even then she felt it was too dirty. She has had significant mood concerns as well. 2 years ago she went into a really bad bout of depression with suicidal ideation that caused her to be on psychiatric hold inpatient for a couple of days. Around this time she impulsively married someone she was casually on/off dating without telling her family including her children.

She denies visual and auditory hallucinations. However, family mentioned one time in October 2020 she felt there was a man standing outside staring at her through the window that never moved for months on end and then suddenly disappeared. No other hallucinations.

Otherwise she still cooks for herself, gets herself dressed, manages her medications

despite missing a few here and there, cleans for herself etc.

Family history of severe depression in sister. No family history of dementia or movement disorders.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, family history, medical history, social history, surgical history, and problem list.

Ten point review of systems was completed and was negative other than as noted in the HPI.

Answers for HPI/ROS submitted by the patient on 4/23/2021

Night sweats: Yes

Visual problems: Yes

No ENT issues: Yes

Shortness of breath when lying flat: Yes

No respiratory issues: Yes

Constipation: Yes

Muscle pain/stiffness: Yes

Pain or stiffness in the joints: Yes

Back pain/stiffness: Yes

No skin issues: Yes

Numbness or shooting pain in hands, arms, legs or feet: Yes

Weakness in arms and/or legs: Yes

No neurologic issues: Yes

No mental health issues: Yes

No blood/lymph issues: Yes

No urinary/reproductive issues: Yes

OBJECTIVE

There were no vitals filed for this visit.

For details of the neurologic examination, please see the neurologic examination form.

Kokmen, 8/8 orientation, 5/7 attention, 2 trials for learning 4/4, 0/4 calculation, 2/3 abstraction, 4/4 construction, 3/4 information, 0/4 recall 25/38

In summary:

Other than the kokmen. Normal neurologic exam

ASSESSMENT / PLAN

#1 Cognitive impairment

#2 Depression

Their concerns on the MRI was some mention of small vessel disease. I explained what that means. I'd like to get an MRI with dementia protocol regardless to look into this further. I'd like to check TSH, B12, folate and overnight pulse ox (she does snore) to rule out reversible etiologies. I'd also like to get a neuropsychometric testing as I suspect some of the underlying cognitive issues is likely mood related. Mrs Finn states her suicidal ideation is resolved but her mood is still poor as it was last year. I see she is on donepezil but nothing for mood. Might need to consider psychiatry consultation as well.

PATIENT EDUCATION

Ready to learn, no apparent learning barriers were identified; learning preferences include listening. Explained diagnosis and treatment plan; patient expressed understanding of the content.

Total time spent 60 minutes with over half spent on discussion and counseling.

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