**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

**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 |

**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 mm3 | 190,000 mm3 |
| 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** |

|  |  |
| --- | --- |
| **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.  **Today’s Date:** \_\_\_\_\_07/13/2016**\_\_\_\_\_** | THE WELLNESS CENTER |

|  |  |
| --- | --- |
| **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 No** |
| **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 No** |
| **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 No** |
| **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 No** |
| **If yes, please list below:**  N/A | |

**Nutrition Assessment (Continued):**

|  |  |
| --- | --- |
| **Do you have any food allergies or intolerances?** | **(circle one) Yes 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 No** |
| **If yes, how many cigarettes do you smoke per day?**  N/A | |
| **If no, have you ever smoked?** | **(circle one) Yes No** |
| **If yes, when did you quit?**  2005 – 1 pack per day | |
| **Do you take any vitamin, nutritional, or herbal supplements?** | **(circle one) Yes No** |
| **Describe which vitamin, nutritional, or herbal supplements you take:**  Please see attached medication list. | |
| **Do you skip meals?** | **(circle one) 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.   * 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). | |

**Nutrition Assessment (Continued):**

|  |  |
| --- | --- |
| **Would you consider this a typical day?** | **(circle one) Yes 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) Yes 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) Yes 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) Yes No** |
| **If yes, why?**  N/A | |
| **Do you use diet pills?** | **(circle one) Yes No** |
| **Do you use laxatives?** | **(circle one) Yes No** |
| **Do you binge eat?** | **(circle one) Yes 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) Yes 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. | |

**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. | |

|  |  |
| --- | --- |
| **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.  **Today’s Date:** \_\_\_\_\_07/13/2016**\_\_\_\_\_** | THE WELLNESS CENTER |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** Olivia Buffington | | **Date of birth:** 09/01/19XX | | | | | | |
| **Age:** 55 years old | | **Sex:** Male Female | | | | | | |
| **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)**0F**[[1]](#endnote-1):** | **Not true**  **for me** | | | **Sometimes true**  **for me** | | | **Very true**  **for me** | |
| 1. **I exercise because other people say I should** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **I feel guilty when I don’t exercise** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **I value the benefits of exercise** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **I exercise because it’s fun** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **I don’t see why I should have to exercise** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **I take part in exercise because my friends / family / partner say I should** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **I feel ashamed when I miss an exercise session** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **It’s important to me to exercise regularly** | **0** | | **1** | | **2** | **3** | | **4** |
| 1. **I can’t see why I should bother exercising** | **0** | | **1** | | **2** | **3** | | **4** |

**Physical Activity Assessment (Continued):**

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

|  |  |  |
| --- | --- | --- |
| **National Academy of Sports Medicine Physical Activity Readiness Questionnaire (PAR-Q)**1F**[[2]](#endnote-2):** | **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** |
| 1. **Do you feel pain in your chest when you perform physical activity?** |  | **X** |
| 1. **In the past month, have you had chest pain when you were not performing any physical activity?** |  | **X** |
| 1. **Do you lose your balance because of dizziness or do you ever lose consciousness?** |  | **X** |
| 1. **Do you have a bone or joint problem that could be made worse by a change in your physical activity?** | **X** |  |
| 1. **Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?** | **X** |  |
| 1. **Do you know of any other reason why you should not engage in physical activity?** |  | **X** |

**Physical Activity Assessment (Continued):**

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

**Physical Activity Assessment (Continued):**

|  |  |  |
| --- | --- | --- |
| **Medical Questions (Continued):** | **YES** | **NO** |
| 1. **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.)**   High Blood pressure and High cholesterol for which I take medications daily. I've been told that I am "borderline Diabetic". | **X** |  |
| 1. **Have you ever had any surgeries? (If yes, please explain.)**   - Cholecystectomy  - Hysterectomy | **X** |  |
| 1. **Are you currently taking any medication? (If yes, please list.)**   Yes – please see attached medication list. | **X** |  |

|  |  |
| --- | --- |
| **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. | |

|  |  |
| --- | --- |
| **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. | |

1. Markland, D. (2000). *Exercise regulations questionnaire (BREQ-2).* [PDF document]. Retrieved from <http://pages.bangor.ac.uk/~pes004/exercise_motivation/breq/breq.htm> [↑](#endnote-ref-1)
2. 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> [↑](#endnote-ref-2)