

LINDA A. RUSSELL, M.D.
535 EAST 70TH STREET
NEW YORK, NY 10021

TELEPHONE: (212) 606-1305

OFFICE RECORD

NAME: Shele Covlin
REF: Alan DeChiario, M.D.
635 Madison Avenue
New York NY 10022

INITIAL OFFICE CONSULTATION - July 16, 2009

CHIEF COMPLAINT: The patient is a 47-year-old, Caucasian who comes to discuss bone health.

PAST MEDICAL HISTORY:

1. ADD. She occasionally uses Ritalin.
2. Occasional lower extremity edema. She uses a water pill as needed.

PAST SURGICAL HISTORY: C-section x3, surgical for a metatarsal fracture 2003.

MEDICATIONS: Vitamins including a multivitamin and calcium, p.r.n. use or Meridia, Ritalin and a diuretic.

ALLERGIES: None.

SOCIAL HISTORY: The patient is separated. She has an 8-year-old daughter and a 3-year-old son. In between these two pregnancies, she lost a set of twins at 24 weeks. They were delivered via c-section but survived only one day. The patient drinks alcohol socially. She smoked briefly in college. She works in wealth management at UBS.

FAMILY HISTORY: Her mom is alive. She is in her 70's. She recently fell, fractured her shoulder and the eye socket bone. Her father is alive. He has prostate cancer, required a pacemaker and is overweight. Two brothers and one sister are well. The patient reports that her cousins and her sister have "bone issues." She implies that they may have osteoporosis but details are unclear.

PAST GYN HISTORY: The patient goes to the gynecologist regularly.

REVIEW OF SYSTEMS: Apparently she has a factor XI deficiency. She has been well of late without ongoing cardiopulmonary, GU or GI symptoms.

HISTORY OF PRESENT ILLNESS: The patient reports that her bone density is decreased. She thinks she has osteopenia. I am trying to obtain this from Dr. DeChiario's office. She fractured a metatarsal eight years ago but has not suffered other fractures. She began menstruating when she was 12. Her last period was April 2008. She reports blood tests have revealed that she is in menopause. Of note, the patient had difficulty conceiving and had many infertility treatments including IVF. She did receive Lupron although she feels it was not a considerable amount. She does not have lactose

intolerance. She does take calcium and a multivitamin as noted above. She walks regularly. She did run marathons for years. She is a bit less active of late. As noted above, her mom does have osteoporotic fractures. The patient has been somewhat flexible. She has not lost height. She currently weighs 129 pounds. She is lower now than she was pre-pregnancy. She was about twenty pounds heavier when she got married.

PHYSICAL EXAMINATION: On physical exam, the patient is in no acute distress. Blood pressure is 122/48. Pulse is 60. Temperature is 36.3 degrees Centigrade. Weight is 129 pounds. Height is 5'4-1/2". She reports her maximum height was 5'3-1/2". Skin exam: There are no blue sclerae. There is no easy bruisability. There is no conjunctival injection, no parotid enlargement, no obvious neck masses, no kyphosis, no scoliosis, no abdominal distention, and no lower extremity edema. There are palpable DP pulses. The musculoskeletal exam reveals slight laxity of her fingers. There is no recurvatum. There is preserved motion of shoulders, elbows, wrists, hips, knees and ankles. Strength is 5/5. Sensation is intact. Balance is intact.

IMPRESSION: A 47-year-old, postmenopausal, Caucasian female who reports osteopenia. Risk factors for osteoporotic fractures include a family history of fracture, petite body habitus, questionably low calcium and vitamin D intake, and less weightbearing activities. I will obtain her bone density report, metabolic workup will be done and the patient is not adverse to beginning a bisphosphonate if she meets criteria for treatment based on WHO and NOF criteria. When I have obtained her bone density, I will do a FRAX analysis. She will follow up with me in about one week.

LINDA A. RUSSELL, M.D. ✓

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