

**ENT & ALLERGY**

**Food Recording Sheet**

Name: Donald Burdick

Is Patient on a Beta Blocker? NO

Clinical Diagnosis: allergic rhinitis

Is Patient on an Antihistamine? YES

Date: 2/7/18

Histamine + Glycerine -

Food	Multi-Test Result	Final Result
FA (hidden foods)		
1. Milk		
2. Egg		
3. Bakers Yeast		
4. Corn		
5. Whole Wheat		
6. Malt		
7. Black Pepper		
8. Soybean		
FB		
9. Garlic		
10. Beef		
11. Chicken	5	+
12. Pork		
13. Turkey		
14. Codfish		
15. Halibut		
16. Barley		
FC		
17. Oat		
18. Chocolate		
19. Tomato		
20. Mushroom		
21. Potato		
22. Coconut		
23. Peach		
24. Apple		
FD		
25. Strawberry		
26. Banana		
27. White Grape		
28. Peanut		
29. Pecan		
30. English Walnut		
31. Pistachio		
32. Casein (milk protein)		

Food	Multi-Test Result	Final Result
FE		
33. Watermelon		
34. Pear		
35. Pineapple		
36. Orange		
37. Rye		
38. Green Pea		
39. Avocado		
40. Lettuce		
FF		
41. Rice		
42. Clams		
43. Tuna		
44. Flounder		
45. Shrimp		
46. Crab		
47. Lobster		
48. Oyster		
FG		
49. Onion		
50. Cinnamon		
51. Coffee		
52. Green Bell Pepper		
53. Almond		
54. Blueberry		
55. Cashews		
56. Salmon		
FH		
57. Scallops		
58.		
59.		
60.		
61.		
62.		

Signature: Dawn LPN/MA

Ranges: 5/6=Mild – May continue to consume 1-2 times per week

7mm=Moderate – May continue to consume once every 7-10 days apart (Monitor closely)

8mm or greater=Marked/Omit – Omit from diet until cleared by physician

Do not consume multiple allergic foods together in the same meal, as this may increase symptoms or severity of symptoms.

Shellfish and Nut Families: Due to their past history, even a mild reaction (i.e. congestion) may change suddenly to severe. Consume with extreme caution!

BURDICK, Donald

**Patient:** Burdick, Donald T

**Date:** 02/18/2014

**Subjective:**

**Chief Complaints:**

1. Sinus pressure.
2. Congestion.
3. Sneezing.

**HPI:**

Allergy:

male presents with c/o Nasal congestion. c/o Ocular pruritis, erythema, watery Reports itchy, watery eyes- No seasonal pattern. c/o Nasal-pruritis, sneezy, rhinorrhea Reports nasal pruritus, sneezing, and runny nose. c/o Postnasal drip. c/o Asthma Reports he can hear crackling in his throat when he is laying down. c/o Heartburn Occasional heartburn-

Denies : Cough. Denies : Colored nasal discharge. Denies : Sinus Infections Tinnitus started 1 year ago in her right ear and now bilateral ears are affected. States he can control the pitches of his tinnitus. Feels popping in his bilateral ears along with right orbital and sinus pain on the right side.

ALLERGY:

nasal congestion yes. ear fullness yes. itchy eyes yes. runny nose yes. congestion yes.

. sinus

**Medical History:** High blood pressure.

**Date:** 02/18/2014

BURDICK, Donald T

DOS: 02/18/2014

1. Recurring sinusitis - 519.8 (Primary)
3. Unspecified tinnitus - 388.30

**1. Recurring sinusitis**

Skin testing by puncture technique with selected tests by intradermal technique:  
to a broad panel of seasonal and perennial aeroallergens: Was negative. A histamine control was positive.

Spirometry pre and post bronchodilator:  
Showed a restrictive pattern with reduced baseline FVC of: 4.87L (79%), and baseline FEV-1: 3.80L (79%), FEF 25-75%: 3.28L/s (79%), Response to bronchodilation approached clinically significant bronchodilation with FEV-1 climbing to 4.24L (89%) which is an 11% increase.

Date: 02/18/2014

PATIENT: BURDICK, DONALD

car pain

---

**BURDICK, DONALD**

01/19/2018

**Reason for Appointment**

1. Lump in throat nausea and vomiting globus hoarseness dysphagia,,,,/ringing in ears,
2. Patient requests an ointment for his facial lesions
3. Requests a referral for laparoscopic fundoplication
4. We plan to do allergy testing both foods and inhalants
5. COMPLAINS of upper respiratory symptoms for 3 months along with sinusitis
6. at present we'll hold off any further CAT scan of sinuses she has some much else going on right now

**History of Present Illness**

Dysphagia:

Duration Months. Onset Chronic. Severity Severe. Problem Character Dysphagia, Choking, Foreign Body sensation, Globus, Pain with swallowing. Aggravating factors Solid foods, Liquids, Medications. Associated symptoms Difficulty night breathing, Gasping, Hoarseness, labored breathing, vomiting, hoarseness, throat clearing, cough, full sounding speech. Prior tests none. Alleviating factors Medications. Denies weight loss. Timing constant.

Pt here for feeling of something in throat. Pt has a chest cold since Thanksgiving. Pt has stabbing ear pain, pt states his Eustachian tube is swollen by his throat? Pt has numerous ENT complaints. Pt is very upset because his problems are not being solved.

Tinnitus:

Onset of the tinnitus was more than a month ago. Severity of the symptoms is severe. Nature of the tinnitus is high pitched ringing. Aggravating factors include quiet room. Alleviating factors include none. Associated factors include ear fullness, ear pain, decrease hearing. Medication(s) include none. Prior testing include(s) none. A CT angiogram none. A CT (computed tomography) scan of the head with contrast none. An MRI (magnetic resonance imaging) of the head none. Overall condition is worsening. Side Both. Denies nausea, recent head trauma, ear drainage. Hearing Aids no.

Pt has a high pitched ring with severe pain.

Pt states he hears music in his head.

Severe pain from ear into neck.

---

Patient: BURDICK, DONALD

Summary View for BURDICK, DONALD

Page 2 of 5

INFERIOR TURBINATES: **pale, boggy and allergic looking**, inferior turbinates non obstructive.

OROPHARYNX: no exudate, clear. no lesions present, no evidence of blood **cobblestone appearance c/w PND/allergy.**

---

Patient: BURDICK, DONALD DOB: 01/08/1966

Donald Burdick

Encounter Date: 02/07/2022

Chief Complaint:

Patient comes in complaining of rash on the Left testicle, face and upper back.  
Patient stated this been happening for three years.

History Of Present  
Illness:

patient presents with c/o outbreaks on his skin for several years. Lives in an area where there are contaminants in the soil and water. He has been exposed to these contaminants for several years, as the contamination occurred during this time frame. He has been treated by other doctors to get rid of the skin infections, and he has another skin infection that is not going away today.

High Cholesterol

Donald Burdick

Encounter Date: 02/07/2022

SKIN: Positive red macular rash on face, upper back, and left scrotum. The 5mm macular area above the right eye brow is 11mm to the right of the midline of his nose, is red in color and firm to touch. The 11mm macular area above the left eye brow is 30mm to the left of the midline of his nose, is red, in color, and firm to touch. Mild flaking of the skin is present at both locations. There are two nodules behind the left ear. The first is 20mm long and 6mm wide. About 6mm left lateral to the first nodule is nodule #2 that is 15mm long and 5mm wide. The tissue between the two nodules is red. There are no pustules, scaling, or vesicles present. The redness from the two nodules is 31 mm in total length. There are 2 macules at the top of the posterior torso that measure 5mm in diameter each. They are red, firm, and free of flaking, pustules or vesicles. The last location is the left scrotum. The entire left scrotum is red and warm to touch. There is a almost central area of the left scrotum that is a deeper red, and appears to have been ulcerated. It is currently healing. This ulcerated area measures 35mm diameter. There are no pustules, vesicles, or flaking of the skin on the left scrotum.

All reddened skin areas are tender.

ICD-10 Codes:

- 1)R21; Rash and other nonspecific skin eruption
- 2)L0390; Cellulitis, unspecified
- 3)L539; Erythematous condition, unspecified



**Assessments**

1. Dermatitis, unspecified - L30.9 (Primary)
2. Gastro-esophageal reflux disease without esophagitis - K21.9
  
4. Essential (primary) hypertension - I10
5. Pure hypercholesterolemia, unspecified - E78.00
6. Disorder of thyroid, unspecified - E07.9
  
8. Allergic rhinitis due to pollen - J30.1

**Treatment**

**1. Dermatitis, unspecified**

Start Hydrocortisone-Iodoquinol Cream, 1-1 %, 1 application to affected area, Externally, Three times a day, 30 days, 2, Refills 2

Notes: The patient/parent was advised that rash is not a specific diagnosis. Instead it means skin inflammation and discoloration that changes the way the skin looks. Common rashes include eczema, poison ivy, hives, and heat rash. Infections that cause rashes may be fungal, bacterial, parasitic, or viral. Rashes can also be a sign of systemic disease, such as Lupus. Over-the-counter products may be helpful treatments for many skin rashes. Rashes lasting more than a few days that are unexplained should undergo further evaluation. The patient/parent want to see if the rash was caused by an allergic reaction. Food and inhalant allergy testing was arranged. Further recommendations will be made based on the results of diagnostic testing. All questions were answered.

**2. Gastro-esophageal reflux disease without esophagitis**

Start Nexium Capsule Delayed Release, 20 MG, 1 capsule, Orally, Once a day, 30 day(s), 30, Refills 2

Start Ranitidine HCl Capsule, 150 MG, 1 capsule at bedtime, Orally, Once a day, 30 day(s), 30, Refills 2

Patient: BURDICK, DONALD

**4. Disorder of thyroid, unspecified**

LAB: Thyroid Peroxidase (TPO) Ab

LAB: Vitamin D, 25-Hydroxy

LAB: TSH+Free T4

Notes: A thyroid US was ordered due to hypothyroidism; and a long family hx of thyroidism. Labwork/Allergy Testing and Ultrasound ordered.

Referral To:Radiology

Reason:Thyroid US

**6. Allergic rhinitis due to pollen**

Notes: Allergen avoidance and environmental control measures were reinforced- Allergy Testing ordered.

Referral To:Immunology

Reason:FOOD /INHALANTS

**Procedures**

Fiberoptic laryngoscopy:

Finds normal Normal nasopharynx, Eustachian tube orifices open and not obstructed, palatal function normal, vallecula normal, epiglottis normal, good vocal cord mobility, Pyriform clear to their apex, Without leukoplakia or mass, no evidence of malignancy. Abnormal BOT full +3; , arytenoid edema and erythema- FER/swollen; , Lymphatic hypertrophy present nasopharynx; VC thickened and fibrotic; but good mobility, no nodules or polyps. .

**Preventive Medicine**

ENT: GERD Discussed behavior modifications in reference to GERD.

**Procedure Codes**

31575 FIBEROPTIC LARYNGOSCOPY