

Lancaster Health Center • 304 N Water St, LANCASTER PA 17603-3374
WEILER, NATHAN J (id #110310, dob: 11/20/1984)

Water Street
304 N Water St
LANCASTER, PA 17603-3374
Phone: (717) 299-6371, Fax: [\(717\)945-1584](tel:(717)945-1584)

Date: 11/26/2019

Dear Nathan Weiler,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: KEVIN BEULER, PA-C

Patient Care Summary for Nathan J Weiler

Most Recent Encounter

11/26/2019 Kevin Beuler: 304 N Water St, Lancaster, PA 17603-3374, Ph. tel:+1-717-2996371

Reason for Visit

Attention deficit hyperactivity disorder, predominantly inattentive type

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Attention deficit hyperactivity disorder, predominantly inattentive type
 - attention deficit hyperactivity disorder (ADHD) in adults: care instructions

Discussion Note: None recorded.

Plan of Care

Reminders

			Provider
Appointments	Adult Established Patient	on or around 02/26/2020	Kevin Beuler, PA-C
Lab	None recorded.		
Referral	None recorded.		

Reminders	Provider
Procedures	None recorded.
Surgeries	None recorded.
Imaging	None recorded.

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
cyclobenzaprine 10 mg tablet 1 tablet po 3 times daily		
dextroamphetamine-amphetamine 10 mg tablet Take 1 tablet by mouth once daily at noon for inattention.		
dextroamphetamine-amphetamine 20 mg tablet Take 1 tablet every day by oral route in the morning.		
Notes: 07/14/2016: STIM (EMS) MACHINE PER PHYSICAL THERAPY(Active): Direction: S14.3xxA - brachial plexus injury right arm. Use once daily for nerve injury to R arm; StartDate: 11/18/2015; EMJOI TENS DEVI(InActive): Direction: S14.3xxA - brachial plexus injury right arm. Use once daily for nerve injury to R arm; StartDate: 11/18/2015; StopDate: 11/18/2015; Stop Reason: C; EMJOI TENS DEVI(InActive): Direction: S14.3xxA - brachial plexus injury right arm. Use once daily for nerve injury to R arm; StartDate: 11/18/2015; StopDate: 11/18/2015; Stop Reason: C; PHYSICAL THERAPY(Active): Direction: History of brachial plexus injury , Dx: R arm weakness and atrophy- 2-3/week for 6 weeks; StartDate: 11/18/2015; PHYSICAL THERAPY(Active): Direction: 2 x/wk Length: 6 wks evaluate and treat for Right arm pain/numbness; StartDate: 11/25/2014; PHYSICAL THERAPY(InActive): Direction: 2 x/wk Length: 6 wks evaluate and treat for Right arm pain/numbness; StartDate: 11/25/2014;		

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	Temperature	Respiration Rate	Blood Pressure Cuff Size
5 ft 9 in	145 lbs 3.2 oz With clothes	21.4 kg/m2	130/90 mm[Hg]	104 bpm regular	98.6 F° ear	18	adult

Results

Lab Results

None recorded.

Allergies

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Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
		No Known Allergies			

NKDA

Problems

Name	Status	Onset Date	Source
Fracture of Clavicle	Active	12/10/2012	History
Fracture of Bone	Active	12/10/2012	History
Injury of Brachial Plexus	Active	12/10/2012	History
Elevated Blood-pressure Reading without Diagnosis of Hypertension	Active	11/18/2015	History
Fitting Procedure	Active	11/30/2015	History
Adjustment Disorder with Depressed Mood	Active	03/17/2016	History
Nicotine Dependence	Active	09/20/2017	
Body Mass Index 20-24 - Normal	Active	04/02/2018	
Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type	Active	04/02/2018	

Procedures

Date	Name	Performed by
02/27/2019	Cholecystectomy	Information not available

Notes: left calvical surgery 3/4/2016

Vaccine List

Here is a copy of your most up-to-date vaccination list.

Vaccine Type
DTP
01/21/1985
03/20/1985
10/07/1986
05/22/1988
08/30/1990
Hep B, adolescent or pediatric
08/17/2000
11/02/2000
03/22/2001
Hib, unspecified formulation
01/18/1988
influenza, unspecified formulation
11/22/2012
11/28/2012

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Vaccine Type

MMR

02/24/1986

08/07/2000

OPV

01/21/1985

03/20/1985

10/08/1986

08/30/1990

pneumococcal conjugate PCV 7

11/28/2012

pneumococcal polysaccharide PPV23

11/28/2012

Td (adult), adsorbed

07/31/1997

Tdap

04/02/2018 0.5 mL

Tobacco Smoking Status

Tobacco Smoking Status

Heavy Tobacco Smoker (1 PPD)

Past Encounters

11/26/2019

Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type

Kevin Beuler, PA-C: 304 N Water St, Lancaster, PA 17603-3374, Ph. [\(717\)299-6371](tel:(717)299-6371)

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	11/20/1984	Race:	White
Preferred language:	English	Marital status:	Never Married

Contact: 106 Manheim Ave, Lancaster, PA 17603-2720, Ph. tel:+1-717-4090085

Care Team Members

Primary Care Provider

Kevin Beuler, PA-C