



MedStar Health

MedStar Health Urgent Care at Chevy Chase

5454 Wisconsin Ave
STE 401
Chevy Chase, MD 20815-
(855) 910-3278

Patient: **LEE, JONG HYUN HYUN HYUN**

MRN: MPP-000007754126

Date of Service: 5/24/2024

FIN: MPP-60005560184

Attending Provider: Agudos,CRNP,Ginikachukwu M.

DOB/Age/Sex: 6/1/1993 32 years

Male

Patient Viewable Documents

Report Request ID:

825679492

Print Date/Time:

11/26/2025 08:32

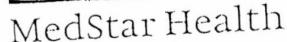
Page 1 of 2

EST

This report is confidential medical information. The unauthorized disclosure of this information may subject you to civil and criminal penalties.

www.medstarhealth.org

Patient label



MedStar Health Urgent Care emergency
screening registration form

Page 1 of 1

Patient name: LEE JONG HYUN Date of birth: Jun 1, 1993

Patient phone number: 413 325 4493 Last 413 First 325 Middle Initial 4493

Reason for your visit: sore throat & swollen tonsils & nasal congestion Pharmacy name/number:

Date symptoms started: May 22 2024 Not applicable - no symptoms

Is today's visit related to work-place injury or auto injury? Yes No

For all patients 18 years and older: Height: 5'9" Weight: 150 lbs

Are you currently getting periods? Yes No If Yes- First day of last period:

If wait times are long in the clinic, after you have vital signs done, would you be agreeable to seeing a provider virtually on your phone?

You could still get all testing and x-rays done onsite if indicated. Yes No If Yes – we will use the phone number above. If you ,

would like to use a different phone number, please write it in the space provided here _____.

Infectious disease screening (Signs and symptoms include: rash, cough, fever, runny nose and/or sore throat)

I have symptoms that may be consistent with an infection mask required (Signs and symptoms include: rash, cough, fever, runny nose and/or sore throat)

If yes to above, please check any that apply to you:

I currently work in a healthcare setting which provides direct patient care

I have recently been exposed to COVID-19

Emergency screening: If you (or the patient) are experiencing any of the following possible life-threatening symptoms that may require the emergency department, please circle the symptom below and alert the front desk immediately.

1. Chest pain and/or severe difficulty breathing
2. New or severe testicular pain
3. Fainting, seizures or loss of consciousness
4. Stroke symptoms (speech changes, blurred vision, numbness, confusion, severe headache)
5. Deformed / severely injured extremity
6. Other severe worsening or emergent symptoms

Medical history:

Please check here if you (or the patient) have been to any Medstar Health Urgent Care in the last 12 months and have no changes to your medications, allergies, medical history, or vaccinations. You may then skip to the X (signature line)

Yes No If yes, please list medication/drug allergies :

Do you or the patient have any medication or drug allergies? Yes No If yes, please list medication/drug allergies :

Are you or the patient currently taking any medications? Yes No If yes, please list current medications :

Have you been diagnosed with any of the following? Heart Problems Anxiety/Depression Asthma COPD/Emphysema Diabetes Cancer: (Type) _____ Gastrointestinal Bleeding High Blood Pressure (Hypertension)

HIV/AIDS Seizure Disorder Stroke Kidney Disease Other: _____

May 24, 2024 Date 116 pm Time

Signature

Relationship of representative to patient

Name of representative signing for patient

(Required if the patient is a minor or an adult unable to sign this form.)

For office use only.

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