MedStar GUH Neurology at Beverly Rd
1420 Beverly Rd
Suite 300
McLean, VA 22101-
(703) 852-8588

Patient: **YOSHIMOTO, AYAE**
MRN: GUH-000002380268
FIN: GUH-60065952990
DOB/Age/Sex: 10/26/1994 31 years Female

Date of Service: 7/7/2025
Attending Provider: Tinsley,MD,Amanda Grace

Patient Viewable Documents

DOCUMENT NAME:	Neurology Office/Clinic Note
PERFORM INFORMATION:	Tinsley,MD,Amanda Grace (7/7/2025 10:30 EDT)
RESULT STATUS:	Auth (Verified)
SERVICE DATE/TIME:	7/7/2025 08:57 EDT
SIGN INFORMATION:	Tinsley,MD,Amanda Grace (7/7/2025 10:30 EDT)

Chief Complaint
headaches

History of Present Illness
Ms. Yoshimoto is a pleasant 30 y/o with no known PMH presenting to the Headache Clinic for evaluation.

She reports headache onset at age 29, with no clear inciting event. Initially headaches would occur 2-3 days monthly and gradually worsened to 3-4 days monthly over the year. Pain can be severe, pulsatile (also dull, aching), located over left parietal region, lasting 4+ hours and worsened by routine physical activity.t. Pain can be associated with nausea. Denies,photophobia, phonophobia and osmophobia. Pain can be associated with poor concentration, neck tightness. There can be a visual aura (flashing white light in left peripheral visual field) that lasts for a few hours during severe pain . change in headache features with positional changes. She experiences a prodrome of dizziness and GI upset and no postdrome. She identifies no triggers but does report headaches more common on weekends.

She reports sleeping 6-7 hours/night. She denies snoring. She drinks 1 caffeinated beverage daily. She denies depression or chronic anxiety. She reports a head trauma whereby her friend hit her in the head (did not lose consciousness) accidently (sought medical care and not diagnosed with concussion) in high school. Denies recent weight changes. She has no plans of becoming pregnant in the near future (on OCP).

She also reports n/t over left parietal region lasting for 1 sec-hours, not associated head pain.

She has had a normal brain MRI in high school after at he high school head trauma previously mentioned (no reports or images available for me to review).

Current preventive therapy:
None

Prior preventive therapies include:
None

Current abortive therapy:
NSAID/simple analgesic: Tylenol 1000mg (partially effective), ibuprofen 200mg (initally

Problem List/Past Medical History
Ongoing
- Migraine with aura
- Numbness
- Prolonged aura migraine

Medications
naproxen(naproxen sodium 550 mg oral tablet), 550 mg= 1 tab, PO, 2x/day, PRN, 1 refills, can take with caffeinated beverage
drospirenone-ethinyl estradiol(Yaz 3 mg-0.02 mg oral tablet), 1 tab, PO, Daily, 4 refills, start first tablet today

Allergies
No Known Medication Allergies

Social History
Smoking Status
Never Used

Alcohol
Alcohol Use:Denies

Substance Use
Use:Denies

Tobacco/Nicotine
Use:Past

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effective), aspirin (partially effective)

Prior abortive therapies include:

Today she reports 3-4 days of headache over the past 30 with 2-3 being severe in nature.

Physical Exam

Vitals & Measurements
07/07/2025 09:20 **T:** 36.5 °C (97.7 °F) -
Skin **HR:** 83 **RR:** 16 **BP:** 108/72 **SpO2:** 98%
HT: 155 cm (5 ft 1 in) **WT:** 42.8 kg (94 lbs 6 oz) **BMI:** 17.81 kg/m2
Oxygen Therapy: Room air

Pain Assessment
Pain Present: No actual or suspected pain (07/07/25 09:20:00)

GEN: No acute distress
HEENT: sclera anicteric, normocephalic, no ttp occipital/supraorbital/auriculotemporal nerves, no nuchal rigidity
SKIN: No visible rashes
PSYCH: Normal affect
MSK: normal range of motion
NEUROLOGICAL:
MSE: Alert, oriented to person/place/date, repetition intact, normal memory and attention, speech fluent
CN: PERRL, VFF to finger counting EOMI, fundi without disc edema, facial sensation intact to LT, face symmetric, hearing intact to voice, uvula midline, tongue midline, shoulder shrug 5/5
MOTOR: no abnormal movements, 5/5 strength, normal bulk/tone
REFLEXES: 2+ DTRs, babinski absent
COORDINATION: intact RAM
SENSORY: intact to LT, Rhomberg negative
GAIT: steady with normal speed, posture and arm swing, tandem gait slightly unsteady

Assessment/Plan

1. Migraine with aura| (G43.109)
Ordered:
naproxen(naproxen sodium 550 mg oral tablet)
MRI Brain wo w Contrast

2. Numbness| (R20.0)
Ordered:
MRI Brain wo w Contrast

3. Prolonged aura migraine| (G43.109)
Ordered:

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MRI Brain wo w Contrast

Given prolonged visual aura and new n/t, recommend brain MRI
Record headache days, making note of severe days and acute therapy use
Avoid estrogen given risk of stroke in patients with aura
Prevention: discussed lifestyle modifications
Acute therapy: try increasing ibuprofen to 800mg OR naproxen sodium prn

RTC in 3 months

Amanda Tinsley, MD
Georgetown Headache Center

I spent 10 minutes reviewing medical record/paperwork on day of appointment, 40 minutes face to face with patient, with 15 minutes spent counseling/educating patient on diagnosis, plan of care, treatment options, potential side effects. 10 minutes was spent documenting on day of service. Total duration of encounter was 60 minutes.

Electronically signed by:

Tinsley, MD, Amanda Grace on: 07.07.2025 10:30 EDT