

**Georgetown University Hospital**

3800 Reservoir Road
Washington, DC 20007-

(202) 444-2000

Patient: **YOSHIMOTO, AYAE**

MRN: GUH-000002380268

FIN: GUH-07731950783

DOB/Age/Sex: 10/26/1994 31 years

Female

Date of Service: 9/7/2024

Attending Provider: Haselden,MD,Laura

Patient Viewable Documents

DOCUMENT NAME:

Pre-Arrival Note

PERFORM INFORMATION:

Msays,PA-C,Cecile (9/7/2024 23:00 EDT)

RESULT STATUS:

Auth (Verified)

SERVICE DATE/TIME:

9/7/2024 23:00 EDT

SIGN INFORMATION:

Msays,PA-C,Cecile (9/7/2024 23:00 EDT)

Pre-Arrival Note**Pre-Arrival Summary**

Name: Yoshimoto, Ayae

Current Date: 09/07/2024 23:00:54 EDT

Gender: Female

Date of Birth: 10/24/1994

Age: 29 years

Pre-Arrival Type: eVisit

ETA: 09/07/2024 16:40:00 EDT

Primary Care Physician:

Presenting Problem: 9/7/24 4:11pm: cp/sob, concern for PE

Pre-Arrival User:

Referring Source:

Call In Date/Time: 09/07/24 16:11:00

Location: PA

MedStar Georgetown University Hospital

3800 Reservoir Road
Washington, DC 20007
(202) 444-2000

Pre-Arrival

Report Request ID:

825669978

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Print Date/Time:

11/26/2025 07:54

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29 yo Asian female reports apprx 1 wk of sharp superficial left chest pain which lately has become more pressure like. pt has SOB constantly for the past week and feeling worse.

Patient is on birth control and was on airplane ride for 9 hours recently.

Patient denies leg pain or swelling.

General: Well developed, well nourished. Alert and oriented, no acute distress.

Eyes: Normal lids and conjunctiva, anicteric.

HENT: Atraumatic, EOMs intact.

Pulmonary: No respiratory distress. Regular work and rate of breathing, no wheezing on exhalation.

Cardiovascular: Appears well perfused, no cyanosis.

Musculoskeletal: No visualized gross deformity of extremities.

Neurologic: Awake, alert, and oriented. Face appears symmetric and the speech is clear and fluent.

Psychiatric: Cooperative, broad affect, and linear thought process

Skin: Warm and Dry, no rash or lesions.

ASSESSMENT/PLAN:

Shared decision making, patient agrees to seek in person evaluation and care for chest pain/shortness of breath for concern for pulmonary embolism from the Emergency Department

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immediately following our call. We discussed the limitations of telemedicine and the need for an in-person physical exam and provider assessment to assist in determining an accurate diagnosis and implementing an optimal treatment plan. The patient voiced agreement with this plan to seek in person treatment and has decision making capacity. The patient understands that any delay in seeking in person evaluation could lead to delay in diagnosis, worsening infection, prolonged and possibly complicated recovery and permanent disability. Education was provided to the patient and all questions were answered.

Preadmission placed: [yes , to georgetown university hospital.