



**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

FIN: MPP-60005560184

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

Male

Date of Service: 5/24/2024

Attending Provider: Agudosi,CRNP,Ginikachukwu M.

***Patient Viewable Documents***

**Report Request ID:**

825679492

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**Print Date/Time:**

11/26/2025 08:32

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

**[www.medstarhealth.org](http://www.medstarhealth.org)**

Patient label

MedStar Health

MedStar Health Urgent Care emergency screening registration form

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Patient name: LEE JONG HYUN Date of birth: Jun 1, 1993  
 Patient phone number: 413 325 4413 Middle Initial: \_\_\_\_\_  
 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? ☐ Yes ☒ No  
 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

- ☐ 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)  
 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: \_\_\_\_\_

Signature [Signature]

Date May 24, 2024 Time 1:16 pm

Name of representative signing for patient

Relationship of representative to patient

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



For office use only.  
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