Social Security Number

509-11-2341

509-11-1232

508-11-2122

068-85-1189

059-12-1244

612-11-2311

415-12-1122

# Procedure Notes

## Progress Notes

**Archie M Johnson Tue Jun 30, 2009 10:31 AM Pended**

June 30, 2009

Patient Name: Gina, Lucas DOB: 01/23/1945

Telephone #: (559) 221-2345

SS#: 457-55-5462

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Insurance: UHC

How was the patient referred to the office: \*\*\* ({:20})

Is a family member currently being seen by the requested physician? {YES/NO:63}

If yes, what is the family members name : \*\*\*

Previous PCP / Medical Group? \*\*\*

Physician Requested: Dr. \*\*\*

REASON:

1) Get established, no current problems: {YES/NO:63}

2) Chronic Issues: {YES/NO:63}

3) Specific Problems: {YES/NO:63}

Description of specific problem and/or chronic conditions:

{OPMED SYMPTOMS:11123} the problem started {1-10:5044} {Time Units:10300}.

Any Medications that may need a refill? {YES/NO:63}

Current medications: \*\*\*

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Archie M Johnson

Community Health Program Assistant Chief

Family Practice & Community Medicine

(559) 221-1234

Lucas Gina Wed Jul 8, 2009 10:37 AM Pended

ELECTIVE NEUROLOGICAL SURGERY

HISTORY & PHYSICAL

CHIEF COMPLAINT: No chief complaint on file.

HISTORY OF PRESENT ILLNESS: Mary A Xxtestfbonilla is a \*\*\*

Past Medical History

Diagnosis Date

• Other Deficiency of Cell-Mediated Immunity

Def of cell-med immunity

• Erythema Multiforme

• Allergic Rhinitis, Cause Unspecified

Allergic rhinitis

• Unspecified Osteoporosis 12/8/2005

DEXA scan - 2003

• Esophageal Reflux 12/8/2005

priolosec, protonix didn't work, lost weight

• Primary Hypercoagulable State

MUTATION FACTOR V LEIDEN

• Unspecified Glaucoma 1/06

• OPIOID PAIN MANAGEMENT 1/24/2007

Patient is on opioid contract - see letter 1/24/2007

• Chickenpox with Other Specified Complications 2002