

ZZTEST, Andrea (id #201106538, dob: 06/12/1950)

Medical Records - CONFIDENTIAL

FROM: FL - Ascension - Florida

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TO:

Name: ZZTEST, ANDREA

DOB: 06/12/1950

Date Range: 07/01/2024 to 06/25/2025

This document contains the following records of the patient:

- Facesheet

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ZZTEST, Andrea (id #201106538, dob: 06/12/1950)

Facesheet

Demographics

Patient Name	ZZTEST, ANDREA
Sex	F
DOB	06/12/1950
Address	5433 WEST SIDE BEST / APT 804
City/State/Zip	JACKSONVILLE, FL 32244
Home Phone	(904) 333-5924
Work Phone	(904) 450-6014
Mobile Phone	(904) 333-5924
Insurance	Med Primary: MEDICARE-FL (MEDICARE) Insurance # : 1F43TR5TH67 Med Secondary: BCBS-FL (PPO) Insurance # : TYX456787657 Med Cash: SLIDING FEE SCHEDULE - DISCOUNT Med : MEDICARE-FL - PART A - PBB - MOVED TO BILLED (MEDICARE) Insurance # : 1F43TR5TH67
Default Pharmacy	ASCENSION RX 1402 (ERX) 4205 BELFORT RD STE 1003 JACKSONVILLE FL 32216 Ph (904) 450-6330 Fax (833) 347-0804
Preferred Lab	LABCORP (BURLINGTON) 1447 YORK CT BURLINGTON Ph (336) 584-5171 Fax (888) 750-0847

Height / Weight / BMI / BP

Height	167.64 cm	05/27/2021
Weight	54.57 kg	05/27/2021
BMI	19.4	05/27/2021
Blood Pressure	140 / 90	01/07/2020

ZZTEST, Andrea (id #201106538, dob: 06/12/1950)**Problems**

- Infectious disease - Onset: 12/06/2022
- Malignant tumor of colon - Onset: 09/17/2019
- Primary malignant neoplasm of lower lobe, bronchus or lung - Onset: 09/10/2019, Bilateral
- Carcinoma in situ of colon - Onset: 09/17/2019
- Diabetes mellitus
- Mixed hyperlipidemia - Onset: 07/07/2022
- Hyperlipidemia - Onset: 12/17/2018
- Body mass index 30+ - obesity
- Thrombocytopenic disorder - Onset: 03/12/2019
- Chronic pain - Onset: 09/10/2015
- Hypertensive disorder - Onset: 10/03/2017
- Coronary arteriosclerosis - Onset: 09/04/2018
- Atrial fibrillation - Onset: 10/24/2017
- Disorder of cardiovascular system - Onset: 10/03/2017
- Gastroesophageal reflux disease - Onset: 04/09/2018
- Chronic low back pain - Onset: 08/13/2019
- Pregnancy - Onset: 12/02/2019
- Referral to neurology service - Onset: 12/06/2022

Surgical & Procedure History

- Adenoid Surgery
- Cardiac Cath
- Gallbladder Surgery - 01/01/2016
- Abdominal Surgery
- Cancer Surgery
- Genitourinary Surgery
- Pacemaker/Defibrillator
- Hysterectomy - 11/2015
- Colonoscopy with biopsy - 08/01/2019
- Cabg vein single - 01/02/2019
- Hernia Repair - 09/05/2016
- Appendectomy - 01/01/2015

Medications**Advair Diskus**

05/27/21 entered

amLODIPine 10 mg tablet

11/22/24 prescribed

Take 1 tablet(s) every day by oral route for 10 days.

aspirin

10/01/17 started

start 10/01/2017

atenoloL 25 mg tablet

11/22/24 prescribed

Take 1 tablet(s) every day by oral route for 30 days.

Augmentin 875 mg-125 mg tablet

05/27/21 entered

1 tablet(s) every 12 hours.

CeleBREX 100 mg capsule

08/02/19 started

Take 1 capsule(s) twice a day by oral route for 15 days., start 08/02/2019

Coumadin

05/27/21 entered

Crestor 10 mg tablet

10/09/17 started

Take 1 tablet(s) every day by oral route., start 10/09/2017

Eliquis 5 mg tablet

10/06/20 prescribed

Take 1 tablet(s) twice a day by oral route.

ZZTEST, Andrea (id #201106538, dob: 06/12/1950)**Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension**

07/09/20 prescribed

Spray 1 spray(s) every day by intranasal route.

furosemide 10 mg/mL injection solution

12/02/19 administered

Take 1 mg by injection route. Administer Note: Give IV slow push over 2-4 minutes.

ibuprofen 800 mg tablet

01/08/19 administered

Take 1 tablet(s) 3 times a day by oral route as needed.

Lipitor 10 mg tablet

10/31/24 prescribed

Take 1 tablet(s) every day by oral route.

lisinopriL 10 mg tablet

11/17/17 entered

Take 1 tablet(s) every day by oral route.

Naprosyn 500 mg tablet

03/01/19 prescribed

Take 1 tablet(s) twice a day by oral route for 15 days.

pregabalin 75 mg capsule

06/19/20 prescribed

Take 1 capsule(s) twice a day by oral route.

ProAir HFA 90 mcg/actuation aerosol inhaler

05/27/21 entered

2 puff(s) every 4 hours.

Reclast 5 mg/100 mL intravenous piggyback

01/15/25 prescribed

Inject 2 mg every 8 hours by intravenous route for 10 days.

Note: This is from Orderset for IV Tx**Synthroid 25 mcg tablet**

10/06/20 prescribed

Take 1 tablet(s) every day by oral route.

Zithromax Z-Pak 250 mg tablet

10/06/20 prescribed

TAKE 2 TABLETS (500 MG) BY ORAL ROUTE ONCE DAILY FOR 1 DAY THEN 1 TABLET (250 MG) BY ORAL ROUTE ONCE DAILY FOR 4 DAYS

Zofran 4 mg tablet

05/27/21 entered

2 tablet(s) twice a day.

ZZTEST, Andrea (id #201106538, dob: 06/12/1950)**Vaccines**

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis											
DTaP-Hib-IPV	02/06/18		Intramuscular	Buttock, Left		123213	GlaxoSmithKline		IPV 07/20/2016 (Barcoded)	02/06/18	Jill Walters
Haemophilus Influenzae Type B											
DTaP-Hib-IPV	02/06/18		Intramuscular	Buttock, Left		123213	GlaxoSmithKline		IPV 07/20/2016 (Barcoded)	02/06/18	Jill Walters
Influenza											
influenza, injectable, quadrivalent, preservative free	10/25/19	0.5 mL	Intramuscular	Deltoid, Left	33332031902	P100124440	Seqirus	06/30/20	Inactivated Influenza 08/15/2019	10/25/19	wengelke
Measles, Mumps, Rubella											
MMR	05/08/19	0.5 mL	Intramuscular	Deltoid, Right		n0918	Merck and Co., Inc.				
Pneumococcal											
pneumococcal conjugate PCV 13	10/04/20	0.5 mL	Intramuscular	Deltoid, Left			Pfizer, Inc				
Polio											
DTaP-Hib-IPV	02/06/18		Intramuscular	Buttock, Left		123213	GlaxoSmithKline		IPV 07/20/2016 (Barcoded)	02/06/18	Jill Walters

pt refuses flu vaccine//RT

Allergies / Adverse Reactions**ASPIRIN:** GI bleed (Mild to moderate)**BEE POLLEN:** Chest pain (Mild)**CIPRO:** Anaphylaxis (Severe)**COCONUT:** Anaphylaxis (Mild to moderate), Cough (Mild to moderate)**NAPROXEN:** Dizziness (Mild to moderate)**PENICILLINS:** Dizziness (Mild to moderate)**Past Medical History**

allergies	N	constipation	N
glaucoma	N	diarrhea	N
hay fever	N	diverticulitis	N
hearing problems	N	gastrointestinal disease	N
vision or eye problems	N	hepatitis	N
aneurysm	Y	hiatal hernia	N
aortic aneurysm	N	liver disease	N
arrhythmia	N	ulcers	N

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atrial fibrillation	Y	other gastrointestinal issue	N
cardiomyopathy	Y	diabetes mellitus	N
carotid disease	Y	thyroid disease	N
congestive heart failure	N	arthritis	N
coronary artery disease	N	back pain	Y
deep vein thrombosis	N	osteoporosis	N
heart arrhythmia	N	epilepsy	N
heart attack (MI)	N	headaches	N
heart disease	N	migraines	N
heart murmur	N	multiple sclerosis	N
heart problems	N	neck injury	N
high blood pressure	N	neurologic disease	N
high cholesterol	N	seizures	N
hyperlipidemia	N	stroke	N
leg or foot ulcers	N	anemia	Y
obesity	N	bleeding disorder	Y
pacemaker	N	blood clots	N
peripheral arterial disease	N	cancer	N
valvular heart disease	N	eczema	N
varicosities	N	skin conditions	N
other cardiovascular issue	N	fibromyalgia	N
genitourinary disease	N	gout	N
kidney disease	N	immune system disorder	N
kidney stones	N	lupus	N
prostate, enlarged	N	HIV or AIDS	N
other genitourinary issue	N	sleep apnea	N
anxiety disorder	N	sleep disorder	N

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depression	N	anesthesia complications	N
hospitalization	N	breast problems	N
psychiatric illness	N	infectious disease	N
asthma	Y	organ transplant	N
COPD	N	other	N
emphysema	N	ADD or ADHD	N
lung disease	N	congenital heart disease	N
positive PPD	N	developmental or behavioral disorder	N
tobacco abuse	N	goiter	N
tuberculosis	Y	leukemia	N
other respiratory issue	N	pneumonia	N
acid reflux/GERD	N	rheumatic fever	N

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Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

How many years have you smoked tobacco?: 10

At what age did you start smoking tobacco?: 15

What is your current pack years?: Less than or equal to 10 Pack Years

How much tobacco do you smoke?: None

When did you quit smoking?: 1-5 years since last cigarette

Do you or have you ever used e-cigarettes or vape?: Never used electronic cigarettes

Do you or have you ever used smokeless tobacco?: Never used smokeless tobacco

How much tobacco do you chew?: none

What was the date of your most recent tobacco screening?: 05/27/2021

What is your level of alcohol consumption?: Heavy

How many years have you consumed alcohol?: 10

Which illicit or recreational drugs have you used?: Marijuana

What is your level of caffeine consumption?: Occasional

Advance Directive

Do you have an advance directive?: No

Activities of Daily Living

Are you blind or do you have difficulty seeing?: No

Do you have difficulty concentrating, remembering or making decisions?: Yes

Do you have difficulty walking or climbing stairs?: No

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: Yes

Marriage and Sexuality

How many children do you have?: 1

Education and Occupation

Are you currently employed?: Yes

Home and Environment

Are you passively exposed to smoke?: Yes

Diet and Exercise

What type of diet are you following?: Vegan

What is your exercise level?: None

Other

Auto related injury?: No

Education: Post Graduate

Marital status: Married

General stress level: Medium

Work related injury?: No

Cardiac device: Pacemaker - dual chamber

Device manufacturer: Medtronic

Date of insertion: 03/04/2009

Forms of tobacco: Kreteks / cloves

Forms of Nicotine: Gum

Have you had a fever and/or symptoms of a lower respiratory illness (cough, difficulty breathing, etc)?: No

Have you had any of these symptoms: Chills ,Headache, Fatigue, Muscle or body aches , Sore throat, New loss of taste or smell, Nausea or vomiting, or Diarrhea?: No

Have you had a COVID-19 vaccine in the last 7 days?: No

Gender Identity and LGBTQ Identity

Sexual orientation: Bisexual

ZZTEST, Andrea (id #201106538, dob: 06/12/1950)**Family History**

Paternal Aunt	- Diabetes mellitus
Father	- Gastroesophageal reflux disease - Atrial fibrillation - Hypertensive disorder - Diabetes mellitus
Mother	- Alzheimer's disease - Malignant neoplastic disease - Anxiety disorder - Atrial fibrillation - Diabetes mellitus
Brother	- Colonoscopy abnormal - Aneurysm
Maternal Grandmother	- Disorder of endocrine system
Sister	- Coronary atherosclerosis
Unspecified Relation	- Parkinson's disease - Chronic obstructive pulmonary disease

GYN History

Date of LMP: 04/01/2014.
Abnormal Pap: N.
If Post Menopausal, Age at Menopause: 12.
Date of Last Pap Smear: 02/17/2016.
Current Birth Control Method: None.
Number of pregnancies: 1.
HPV Vaccine: Y.
Has the patient had a mammogram in the last 24 months?: (Notes: never had one).

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

TOTAL	FULL	PRE	AB. I	AB. S	ECTOPICS	MULTIPLE	LIVING
1							

Screening

PHQ-2/PHQ-9	0 05/27/2021
Morse Fall Scale	0 05/27/2021
Mini-Cog	07/01/2020
CHA2DS2-VASc	4 09/24/2019
HAS-BLED	10/16/2018
Epworth Sleepiness	08/29/2017