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**Name:** Yuvraj  
**Date:** 22-Jul-2024  
**DOB:** 12-May-1990  
**H.T**  
**W.T**

**Chief Complaint:**

**History:**

**Medical History:**

**Surgical History:**

**Family History:**

**Social History:**

**Allergies:**

- Problem

**Medications:**

**Review of Systems:**

**General:** Denies weight loss, weight gain, or fatigue. Denies fever, chills, or night sweats.

**Skin:** Denies rashes, itching, or changes in moles.

**Head:** Denies headaches, dizziness, or trauma.

**Eyes:** Denies vision changes, pain, redness, or discharge.

**Ears:** Denies hearing loss, pain, tinnitus, or discharge.

**Nose:** Denies congestion, discharge, nosebleeds, or sinus pain.

**Mouth/Throat:** Denies sore throat, difficulty swallowing, or hoarseness.

**Neck:** Denies lumps, pain, or stiffness.

**Breasts/Chest:** Denies lumps, pain, or discharge.

**Respiratory:** Denies cough, shortness of breath, or wheezing.

**Cardiovascular:** Denies chest pain, palpitations, or edema.

**Gastrointestinal:** Denies nausea, vomiting, diarrhea, or constipation.

**Genitourinary:** Denies frequency, urgency, dysuria, or hematuria.

**Musculoskeletal:** Denies joint pain, stiffness, or muscle weakness.

**Neurological:** Denies numbness, tingling, weakness, or seizures.

**Psychiatric:** Denies anxiety, depression, or sleep disturbances.

**Endocrine:** Denies polyuria, polydipsia, or heat/cold intolerance.

**Hematologic/Lymphatic:** Denies easy bruising, bleeding, or swollen glands.

**Allergic/Immunologic:** Denies allergies, frequent infections, or immunodeficiency.

## **Vital Sign:**

2024-07-22 00:00:00 - BP: Height (in): Weight (lb): BMI Interp: Temp (F): °F Pulse (beats/min): Resp Rate (breaths/min): Waist (in):

Glucose:

## **Physical Exam:**

**General Appearance:** Well-nourished, well-developed, no acute distress.

**Skin:** Warm, dry, intact, no rashes or lesions.

**Head:** Normocephalic, atraumatic.

**Mouth & Throat:** PERRLA (Pupils Equal, Round, Reactive to Light and Accommodation), EOMI (Extraocular Movements Intact), sclerae white, conjunctivae pink.

**Eyes:** Tympanic membranes intact, no erythema or discharge.

**Ears:** Mucosa pink, no discharge, septum midline.

**Nose:** Mucosa pink, no lesions, tonsils absent or not enlarged, uvula midline.

**Mouth & Throat:** No lymphadenopathy, thyroid non-palpable, trachea midline.

**Chest/Lungs:** Clear to auscultation bilaterally, no wheezes, rales, or rhonchi.

**Heart:** Regular rate and rhythm, no murmurs, gallops, or rubs.

**Abdomen:** Soft, non-tender, no masses or organomegaly, bowel sounds normal.

**Genitourinary:** No costovertebral angle tenderness.

**Musculoskeletal:** Full range of motion, no joint swelling or deformity.

**Neurological:** Alert and oriented x3, cranial nerves II-XII intact, motor strength 5/5, sensation intact, reflexes 2+ and symmetric.

**Psychiatric:** Appropriate affect and behavior, normal mood and cognition, speech clear and coherent.

**ASSESSMENTS/CARE PLAN:**

Code: A99. Description: Unspecified viral hemorrhagic fever

**Procedure:**

**Follow Up:**

**VISIT CODES:**

99345; Home/res Visit New Patient 99349 Home Visit Established