

Name: David

Date DOB H.T W.T Eileen Murphy-Sinclair FNP-C NPI# 1598536906 Soul Housing 145 S. Fairfax Ave, Suite 200, Los Angeles, CA 90036

History:

Medical History:

Surgical History:

Family History:

Social History:

Allergies:

Medications:

Review of Systems:

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

Heent: Denies headaches, vision changes, hearing loss, nasal congestion, and sore throat. Normal examination findings as described above for head, eyes, ears, nose, and throat.

Hoss, weight gain, or fatigue. Denies fever, chills, or night sweats.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and skull are normal upon.

Head: Denies headaches, trauma, or dizziness. Scalp and throat.

Head: Denies headaches, trauma, or dizziness. Scalp and throat.

Head: Denies headaches, trauma, or dizziness. Scalp and throat.

Head: Denies headaches, trauma, or dizziness. Scalp and throat.

Head: Denies fever, chills, or night sweats.

Head: Denies fever, chills, or night sweats.<

rubs, or gallops. Peripheral pulses are intact.

/vomiting, diarrhea, or constipation. Abdomen is soft, non-tender, and non-distended. Bowel sounds are
normal.

/vomiting, diarrhea, or constipation. Abdomen is soft, non-tender, and non-distended. Bowel sounds are
normal.

/vbr> Genitourinary: Denies dysuria, hematuria, or urinary frequency. Denies genital lesions or
discharge. Normal urination.

/vbr> Musculoskeletal: Denies joint pain, swelling, or stiffness. Full range of
motion in all extremities. No deformities or tenderness.

/vbr> Neurological: Denies weakness, numbness,
or seizures. Cranial nerves II-XII are intact. Strength and sensation are normal. Reflexes are 2+ and
symmetrical.

/vbr> Psychiatric: Denies anxiety, depression, or mood changes. Normal affect and
behavior. Oriented to person, place, and time.
/br> Endocrine: Denies polyuria, polydipsia, or heat/cold
intolerance. Thyroid is not enlarged.

/br> Hematologic/Lymphatic: Denies easy bruising, bleeding, or
lymph node enlargement. No pallor or cyanosis.
/br> Allergic/Immunologic: Denies known allergies.
Denies history of frequent infections.
/br> Allergic/Immunologic: Denies known allergies.
Denies history of frequent infections.
/br> Integumentry: Denies rashes, itching, or bruising. Skin is warm
and dry with normal turgor.

Vital Sign:

Date: 2024-07-08 00:00:00

Weight Lbs: 100

Height In: 5.9

Bmi In: 67

Body Temp Result F: 89

Physical Exam:

General Appearance: Patient is alert, oriented, and apperas well-nourished adnd well-developed
br></br>
Head and Neck:

/br> Eyes:

/br> Ears:

/br> Nose:

/br> Mouth & Throat:

/br>
Cardiovascular:

/br> Respiratory System:

/br> Abdomen:

/br> Musculoskeletal
System:

/br> Neurological System:

/br> Genitourinary System:

/br> Psychosocial
Assessment:

ASSESSMENTS/CARE PLAN:

Code: I10.

Description: Essential (primary) hypertension

Follow Up:

Follow Up:

- Follow Up with PCP for Further Medical Management
- Follow Up with Psychiatrist

VISIT CODES:

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