

Patient Information

Patient Name: Aadhya Tirumalasetty

Date of Birth: 20150520

Address: CA pico rivera, 90660, 9050 carron dr #367

Gender: Female

tel: (562) 999-6502

Race & Ethnicity: Ethnicity disclosure declined by patient

Doctors Note

Sayeeda Sultana MD  
20240116  
CA Pico Rivera, 90660, 8854 WHITTIER BLVD  
tel: (562) 942-0032

Sick Visit

Problems	Condition	Effective Date	Status	Notes
	Acute bronchitis, unspecified	Active		
	Encounter for routine child health examination without abnormal findings	Active		
	Encounter for routine child health examination without abnormal findings	Active		
	Encounter for routine child health examination without abnormal findings	Active		
	No Known Problems	12/25/2016	Inactive	

Medications	Medication	Instruction	Start Date	End Date	Status
	Poly Vit Drops	Pediatric Multiple Vitamins liquid; 1 mL PO (Oral) every day; Dispense: 50; 60 days supply	10/03/2016	12/02/2016	completed
	No Known	10/03/2016	10/03/2016	Inactive	
	Poly Vit Drops	Pediatric Multiple Vitamins liquid; 1 mL PO (Oral) every day; Dispense: 50; 60 days supply	10/03/2016	12/02/2016	completed
	Poly Vit Drops	Pediatric Multiple Vitamins liquid; 1 mL PO (Oral) every day; Dispense: 50; 60 days supply	10/03/2016	12/02/2016	completed

Allergies	Substance	Reaction	Effective Date	Severity	Status	Notes
	No known	10/03/2016	Active			

Procedures Patient has no captured procedures or no procedures were selected to be included in this document.

Results	Requisition Number: 0001481	Date: 2017-06-09 00:00:00.000	Status: Final/See Report
	Ordering Provider: SAYEEDA SULTANA	Accession Number: EN007993U	
	LEAD, BLOOD	Status: null	
	Lab:	Result Date: 2017-06-14 15:43:00.000	

Analyte	Result Value	Ref. Range	Units	Abnormal
LEAD, BLOOD	1		mcg/dL	
Reference RangeBirth - 6 years: <5 mcg/dLBlood lead levels in the range of 5-9 mcg/dL have beenassociated with adverse health effects in children aged6 years and younger. Patient management varies by ageand CDC Blood Lead Level range. Refer to the CDCwebsite regarding Lead Publications/Case Management forrecommended interventions. This test was developed and its analytical performancecharacteristics have been determined by QuestDiagnostics. It has not been cleared or approved by theFDA. This assay has been validated pursuant to the CLIAregulations and is used for clinical purposes.				
LEAD(B) COLLECTION SAMPLE	VENOUS			
WHITE BLOOD CELL COUNT	8.1	6.0-17.0	Thousand/uL	
RED BLOOD CELL COUNT	4.40	3.90-5.50	Million/uL	
HEMOGLOBIN	12.0	11.3-14.1	g/dL	
HEMATOCRIT	35.7	31.0-41.0	%	
MCV	81.1	70.0-86.0	fL	
MCH	27.3	23.0-31.0	pg	
MCHC	33.6	30.0-36.0	g/dL	
RDW	12.8	11.0-15.0	%	
PLATELET COUNT	387	140-400	Thousand/uL	

MPV	8.8	7.5-12.5	fL
ABSOLUTE NEUTROPHILS	2122	1500-8500	cells/uL
ABSOLUTE BAND NEUTROPHILS	DNR	0-750	cells/uL
ABSOLUTE METAMYELOCYTES	DNR	0	cells/uL
ABSOLUTE MYELOCYTES	DNR	0	cells/uL
ABSOLUTE PROMYELOCYTES	DNR	0	cells/uL
ABSOLUTE LYMPHOCYTES	5265	4000-10500	cells/uL
ABSOLUTE MONOCYTES	551	200-1000	cells/uL
ABSOLUTE EOSINOPHILS	122	15-700	cells/uL
ABSOLUTE BASOPHILS	41	0-250	cells/uL
ABSOLUTE BLASTS	DNR	0	cells/uL
ABSOLUTE NUCLEATED RBC	0	0	cells/uL
NEUTROPHILS	26.2		%
BAND NEUTROPHILS	DNR		%
METAMYELOCYTES	DNR		%
MYELOCYTES	DNR		%
PROMYELOCYTES	DNR		%
LYMPHOCYTES	65.0		%
REACTIVE LYMPHOCYTES	DNR	0-10	%
MONOCYTES	6.8		%
EOSINOPHILS	1.5		%
BASOPHILS	0.5		%
BLASTS	DNR		%
NUCLEATED RBC	DNR	0	/100_WBC
COMMENT(S)	DNR		

Vital Signs	Date	Height	Weight	BMI	Head Circumference	Temp	B/P	Pulse	Respirations	O Sat	Inhaled O
	10/03/2016	77.5 cm	9.5 kg	15.9 kg/m2	18.50 in	37.0 C Temporal	88 BPM Radial	14 BPM			
	12/12/2016	78.7 cm	9.5 kg	15.4 kg/m2	18.50 in	37.0 C Temporal	92 BPM Radial	15 BPM			
	05/09/2017	85.1 cm	10.9 kg	15.0 kg/m2	37.5 C Temporal	86 BPM Radial	15 BPM				
	06/09/2017	86.4 cm	11.3 kg	15.2 kg/m2	37.0 C Temporal	86 BPM Radial	14 BPM				

Instructions	Date Of Service	Patient Clinical Instructions
	10/03/2016	Semisolid foods Decrease milk to 16 ounces a day
	12/12/2016	Iron rich diet
	05/09/2017	Cover cough

Reason for Referral	Patient has no captured Reason for Referral or no available Reason for Referral were selected to be included in this document.
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Immunizations	Vaccine	Details	Administered Date/Time	Status	Provider	Refusal Date	Refusal Reason	Adverse Reaction	Adverse Reaction Severity
	Infanrix (DTaP)	25 units-10 units-58 mcg/0.5 mL suspension; 0.5 IM	12/12/2016 09:17 PM	completed					
	Infanrix (DTaP)	25 units-10 units-58 mcg/0.5 mL suspension; 0.5 IM	10/03/2016 10:35 PM	completed					
	Havrix Pediatric	720 units/0.5 mL suspension; 0.5 IM	10/03/2016 10:31 PM	completed					
	ActHIB	- powder for injection; 0.5 IM	10/03/2016 10:41 PM	completed					
	Fluzone Preservative-Free Pediatric Quadrivalent 2016-2017	preservative-free pediatric quadrivalent suspension; 0.5 IM	12/12/2016 09:18 PM	completed					
	Prevnar 13	- suspension; 0.5 IM	10/03/2016 10:34 PM	completed					
	Varivax	- powder for injection; 0.5 SUBCUT	10/03/2016 10:28 PM	completed					

Encounters	Encounter Date	Encounter Diagnoses
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10/03/2016  
12/12/2016  
05/09/2017  
06/09/2017

**Social History** Patient has no smoking status captured or no available smoking status was selected to be included in this document.

Insurance Providers	Guarantor Name	Guarantor Address	Policy type	Policy Provider	Provider Address	Group Number	Covered party ID
	aadhya TIRYMALASETTY	9050 carron dr #367, pico rivera, CA, 90660	Primary Insurance	UNITED HEALTHCARE	4w5837	920659388	
	aadhya TIRYMALASETTY	9050 carron dr #367, pico rivera, CA, 90660	Secondary Insurance	\$secondaryInsurance.insuranceName	Group Number not provided.	\$secondaryInsurance.insuranceMemberNumber	

Chief Complaint and Reason for Visit	Encounter Date	Reason for visit	Chief Complaint(s)
	05/09/2017	sick visit	
	10/03/2016	15m p/e	
	12/12/2016	18m p/e	
	06/09/2017	2Y P/E	

**Medical Equipment** Patient has no medical devices or none were selected to be included in this document.

Assessments	Assessment Text
	Normal physical exam Growth and development appropriate to age.
	Normal physical exam Growth and development appropriate to age.
	Bronchitis
	Normal physical exam Growth and development appropriate to age.

**Functional Status** Patient has no functional status captured or no available functional status were selected to be included in this document.

**Mental Status** Patient has no mental status captured or no available mental status were selected to be included in this document.

**Medications Administered** Patient has no captured administered medications or no administered medications were selected to be included in this document.

Plan Of Treatment Section	Date Of Service	Plan Text
	10/03/2016	Diet table food , milk , junk food , using cup , encourage solids . Behavior self feeding , simple games Injury. No hard objects or food the size of pinky , toddler car seat , smoke detector Guidance simple tantrums , not ready for toilet training , treatment of small cuts and bruises
	12/12/2016	Dietary : regular meals with snacks, cup only , no bottle , no junk food Injury and prevention .. Toddler car seat , emergency care plan , no hard objects or food the size of baby pinky , smoke detector , drug and chemical storage , poison ctr no , child proofing , safety gates , window guards , pool fence , hot liquid temp and surfaces , drowning , falls ,. Guidance accept negativism , reading to child , toilet awareness and not training ,tooth brush use ,sun screen and regular exercise.
	05/09/2017	To give medication as instructed RTC or go to ER if present problem get worse or any new problem .
	06/09/2017	Anticipatory guidance given on diet, Behavior easily fall so supervise Injury prevention Accept negativism
	<b>Date Of Service</b>	<b>Future Scheduled Appointments</b>
	10/03/2016	3 months
	12/12/2016	3 months
	05/09/2017	1 week
	<b>Date Of Service</b>	<b>Patient Decision Aids</b>
	10/03/2016	Education material given to look for age appropriate development mile stones .
	12/12/2016	Education material given to look for age appropriate development mile stones .
	05/09/2017	Resp inf. Edu
	06/09/2017	Education material given to look for age appropriate development mile stones .