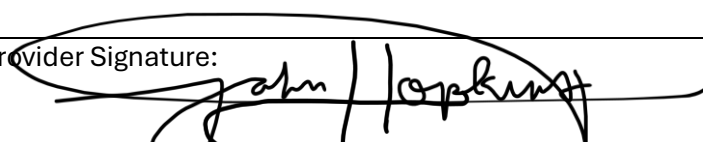




MICA
HEALTHCARE SOLUTIONS

Patient Care Report MICA Healthcare Solutions

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|--|--|---|---|--|--|
| Patient Information: | | | | | |
| Last Name: Solutions | | First Name: Mica | | Middle Initial: H. | |
| DOB: (mm/dd/yyyy) 12/16/2024 | Age: 24 | Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other: _____ | | Patient ID: 0123456789 | |
| Street: 8000 York Rd | City: Towson | State: MD | Country: USA | Zipcode: 21252 | |
| Phone Number: (410)-704-XXXX | Email Address: XXXXX@towson.edu | Insurance Provider: Kaiser Permanente | Policy Number: 9876543210 | | |
| Emergency Contact Information: | | | | | |
| Name: (Last Name, First Name, Middle Initial) Campus, Noswot, U. | | | Relationship to Patient: Guardian | | |
| Phone Number: (410)-612-XXXX | | Email Address: XXXXX@towson.edu | | | |
| Reasons For Visit: | | | | | |
| High fever of 102°F prior to visitation, pounding headache all around the head, neck stiffness, loss of appetite, occasional chills and fatigue. | | | | | |
| Medical History: | | | | | |
| Past Medical History: <input checked="" type="radio"/> Hypertension <input type="radio"/> Diabetes <input type="radio"/> Asthma <input type="radio"/> Heart Disease <input type="radio"/> Stroke <input type="radio"/> Other: _____ <input type="radio"/> Not Applicable | | Surgical History: <input type="radio"/> Neurosurgery <input type="radio"/> Cardiothoracic Surgery <input type="radio"/> General Surgery <input type="radio"/> Orthopedic Surgery <input type="radio"/> Urology Surgery <input type="radio"/> Trauma Surgery <input type="radio"/> Other: _____ <input checked="" type="radio"/> Not Applicable | | Family History: <input type="radio"/> Heart Disease <input checked="" type="radio"/> Hypertension <input type="radio"/> Stroke <input checked="" type="radio"/> Diabetes <input checked="" type="radio"/> Cancer <input type="radio"/> Other: _____ <input type="radio"/> Not Applicable | |
| Medications: | | | | | |
| Current Medications: | | Any Known Allergies: (Food, Drug, etc.) | | | |
| 1. N/a | Dosage: N/a | Nut Allergy, Penicillin | | | |
| 2. | Dosage: | | | | |
| 3. | Dosage: | | | | |
| Physical Examination: (For Healthcare Provider Use Only) | | | | | |
| General Appearance: | | | | | |
| Alertness: patient seems to be unaware of his surroundings | Posture: Patient is slightly slouching forward (kyphosis) | Hygiene: Well-groomed, no signs of neglect | Nutritional Status: Relatively healthy, muscular | Psychological State: Patient looks dazed and confused | Other: Patient's hands are shaking uncontrollably |

| | | | | | |
|---|---|--|---|---|-------------------------|
| Vital Signs: | | | | | |
| Blood Pressure: 135 / 88 mmHg | Heart Rate: 98 bpm | Respiratory Rate: 18 bpm | Temperature: 102.6 ° F | Height: 200 lbs | Weight: 72 in |
| Head and Neck: | | | | | |
| Head: Sign of swelling on left temporal just behind the ear | Eyes: Appears to be normal but patient reports blurriness of vision | Ears: No sign of deformities | Mouth/Throat: No swelling, but patient is wheezing and has elevated breathing count | Neck: Stiffness of neck and pain when applied some pressure | |
| Cardiovascular: | | | Respiratory: | | |
| Inspection: no jugular venous distension (JVD) or obvious sign of heart failure Palpation: PMI normal location, no thrills, heaves or abnormal vibrations noted Auscultation: S1 and S2 are normal in timing and intensity, no rubs or extra heart sounds suggestive of pericarditis | | | Inspection: no sign of respiratory distress, no use of accessory muscle Palpation: no tenderness over the chest wall Auscultation: clear to auscultation bilaterally, no crackles, wheezes, or abnormal breath sounds Percussion: resonant bilaterally, no dullness suggestive of consolidation or effusion | | |
| Gastrointestinal: | | | Neurological: | | |
| Inspection: abdomen flat and non-distended Palpation: soft, non-tender, no hepatosplenomegaly Auscultation: normal bowel movements Percussion: tympanic, no shifting dullness | | | Mental Status: confused and disoriented to time and place, patient is unable to answer questions coherently Cranial Nerves: visual fields intact to confrontation, pupils reactive to light and accommodation Motor Functions: normal strength, 5/5 in all extremities, no focal weakness Sensory Functions: intact throughout, no sensory deficits Coordination: normal with no signs of cerebellar involvement | | |
| Assessment / Diagnosis: | | | | | |
| Provider Name: (Last Name, First Name, Middle Initial) Hopkins, John, U. | | | | | |
| License/ Certification Number: 9638520741 | | Organization Name: Johns Hopkins Medical | | Contact Information: XXXXX@hopkins.med | |
| Primary Diagnosis: | | | | | |
| Based on the patient's symptoms, the primary diagnosis includes bacterial meningitis. Awaiting blood culture result to confirm diagnosis and order the correct antibiotics. If the patient does have bacterial meningitis, the patient will undergo a 6-week antibiotic program and assessment will be done to determine the next treatment plan. | | | | | |
| Secondary Diagnosis: (if applicable) | | | | | |
| N/A | | | | | |
| Provider Signature:  | | | | Date and Time: 11/25/2024 | |