

☐ Qiu, Shi Acct #: 952826527 DOB: 4/24/2001 Age: 21 yrs Sex: Male
7/11/2022 9:40 AM with BOGGS, MERCEDES A MD for HEALTH MAINTENANCE PHYSICAL
Encounter #: A2328264-02

Client Entered History (Completed 7/10/2022 11:52 PM)

PENN STATE UNIVERSITY HEALTH SERVICES

COVID-19 PRE-VISIT SYMPTOM ASSESSMENT

Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Fever or chills, Cough, Shortness of breath, Difficulty breathing, Nausea or vomiting, Diarrhea

Do you have any of the listed symptoms? [check all that apply]:

I do NOT have any of the listed symptoms

Survey (ASSIST) Step 1: Pre-screening

Survey Started: 7/11/2022 9:11 AM

Survey Completed: 7/11/2022 9:11 AM

Alert: [Tobacco: -] [Alcohol: -] [Drugs: -]

Textual Score: [Tobacco: 0] [Alcohol: 0] [Drugs: 0]

Numeric Score: 0

Answer Summary:

Survey (PHQ-2) Patient Health Questionnaire-2

Survey Started: 7/11/2022 9:10 AM

Survey Completed: 7/11/2022 9:10 AM

Alert:

Textual Score: 0

Numeric Score: 0

Answer Summary:

INITIAL INTAKE

Vitals

BP=100/62 Left Arm; Sitting; Regular Cuff Temp=98.1 F Temporal; Pulse= 103; Resp=16; Height=5 ft 11.5 in; Weight=130.6 lbs; BMI= 18; SpO2=97;
7/11/2022 9:19 AM by RITTER, STEPHANIE LPN

ADDITIONAL ASSESSMENT

No Cough, No Shortness of breath, and No Difficulty breathing.
No Fever, No Chills, No Repeated shaking with chills, No Muscle Pain, No Headache, No Sore Throat, No New loss of taste/smell, No Fatigue, No Congestion/runny nose, No Nausea/vomiting, and No Diarrhea.

No Previous positive test(s) for COVID.

Reason for encounter

HM form and Drivers form

Undersignature: Signed by Stephanie Ritter, LPN on 7/11/2022 9:20:54 AM

SUBJECTIVE

Shi presents for a health maintenance exam. He states that his last exam was March 2021. He states that everything has been okay since then.

Sig. FHx: Diabetes - maternal grandmother.

Lipids: Never checked

Cancer risk: Breast - Paternal grandmother

No family history of ovarian cancer or colon cancer.

Substance Abuse:

Alcohol: 1 can 1 every 3 month

Tobacco: None

Recreational Drugs: None

Healthy Habits:

Exercises: Twice a week - gym x 1- 2 hours, biking for.

Sleep: Sometimes will sleep late. 6-8 hours

Stress Reduction: No

Anxiety/Depression: No

Safety: Lives with roommate.

Violence: No

Seat belts: Yes

Guns: None

Infection screening:

Exposure: None

Last saw dentist: August 2021. Has worn Invisalign in the past. He did not complete the full treatment, but he has continued to wear his retainer to maintain the progress thus far. He would like to continue while at Penn State, but he will speak to his dentist at home first. Saw optometrist 8/2021.

Reason for visit:

routine physical exam and driver's form

Medications: none

Chronic health problems: none

Conditions that could prevent control of a motor vehicle

No Neurological disorders.	No Uncontrolled Diabetes.
No Neuropsychiatric disorders.	No Cognitive Impairment.
No Circulatory disorder.	No Alcohol abuse.
No Cardiac disorder.	No Drug abuse.
No Hypertension.	No Conditions causing repeated lapses of consciousness.
No Uncontrolled Epilepsy.	No Impairment or Amputation of an appendage.

Medications

Reviewed by STEPHANIE RITTER, LPN on 7/11/2022 9:17 AM

No Active Meds

Allergies

Reviewed by STEPHANIE RITTER, LPN on 7/11/2022 9:17 AM

PENICILLIN

Problem List/History

Displayed items reviewed by Ritter, Stephanie on 7/11/2022 9:19:03 AM

Problem List

- No known material allergy
- No known food allergy
- No known environmental allergy

Social History

- Denies Recreational inhalant Use
- Denies Tobacco Use

Health-related habits

The patient does regularly use seat belts.

The patient does regularly use a bike helmet when appropriate.

The patient is not sexually active.

The patient does exercise regularly.

The patient does not report being in an abusive relationship.

Sexual History

has never been sexually active

High Risk Review

No history of IV drug use.

Immunizations

Up-to-date on immunizations

OBJECTIVE

Physical Exam:

General	well-nourished, no acute distress, and normal affect
Skin	no rash or lesions
Neurological	mental status clear and no strength/sensory deficits noted
Eyes	PERRL; extra-ocular movements intact
Ears	tympanic membranes normal and canals clear
Nose	nasal mucosa normal
Mouth/Teeth/Throat	mucosa moist, good dentition, and oropharynx normal
Neck/Thyroid	neck supple, no lymphadenopathy, no masses, and no thyromegaly
Lungs	clear to auscultation bilaterally and normal respiratory effort
Heart	regular rate and rhythm and no murmur
Abdomen	non-tender, normal bowel sounds, non-distended, and no organomegaly or masses
Extremities	no deformity, no edema, and normal sensation

Male GU

- patient declined exam

ASSESSMENT

Diagnoses

Encounter for general health examination (Z00.00)

Encounter for immunization (Z23)

Encounter for general adult medical examination without abnormal findings (Z00.00)

Encounter Code

NEW PREVENTIVE VISIT (18-39) **99385**

PREVENTIVE PHYSICAL EXAM CODES

DxEncounter for general adult medical examination without abnormal findings

E&MNEW PREVENTIVE VISIT (18-39)

PLAN

Diagnoses and plan from today's visit were reviewed and patient verbally consented to the recommended testing.

1. Vaccination: The pt's tetanus was not up to date. This will be updated today.

2. Invisalign: He would like to continue this treatment. He will speak with his dentist for advice on continuing. A referral to orthodontics will be provided if the pt decides to continue the treatment.

3. Lab work: The pt has not had his lipid panel checked. This will be checked today with other basic labs.

Procedures

Tdap Immunization Questionnaire ()

Orders

LAB ORDERS

Laboratory Order by: BOGGS, MERCEDES A MD To Be Done: 7/11/2022 (Encounter for general health examination Z00.00)

Venipuncture Reprint Cancel

General health panel (CMP, CBC, TSH) Reprint Cancel

Laboratory Order by: BOGGS, MERCEDES A MD To Be Done: 7/11/2022-Fasting (Encounter for general health examination Z00.00)

Venipuncture Reprint Cancel

Lipid Panel Reprint Cancel

ORDERED PROCEDURES

Procedure Order by: BOGGS, MERCEDES A MD To Be Done: 7/11/2022

Tdap Immunization Questionnaire

Ordered Procedure Sheet

The patient was advised of the following:

- The patient was educated about the diagnosis and the anticipated clinical course. The patient was given an opportunity to ask questions and these were answered as best as possible based on the currently available information. The patient was encouraged to contact UHS or to return if the outcome differs from the one expected. The patient indicates understanding of instructions.
- Patient given warning regarding side effects of prescribed medications
- Recommended routine dental care.
- Recommended regular eye care.
- Advised to wear seatbelt.
- Use of sunscreen/sunblock recommended, as well as avoidance of tanning booths.
- The patient will be notified of test results either by secure message or phone and is aware to call UHS if results are not received by the time expected.

Discussed importance of: diet, exercise, sleep habits, stress management, and safe driving habits

Nurse documentation

Tdap - Questionnaire	
The patient was asked the following screening questions:	
Questions asked to the patient	Patient's response
1. Are you sick today (moderately or severely)?	No
2. Have you ever had a serious reaction after receiving a prior dose of the Tdap vaccine or to any components of this vaccine?	No
3. After receiving a pertussis-containing vaccine (DTP, DTaP or Tdap), have you ever had a coma, prolonged seizures, or decreased level of consciousness?	No
4. Do you have any unstable neurological disorders, uncontrolled seizures, or progressive encephalopathy?	No
5. Have you ever had Guillian Barre Syndrome after a tetanus toxoid vaccine or a severe arm swelling after a tetanus or diphtheria toxoid vaccine?	No
6. Do you have bleeding problems?	No
7. After reading the current Vaccine Information Statement (VIS) for Tetanus-diphtheria and pertussis (Tdap), do you have any questions?	No
Patient instructions	
<div> Patient Instructions Post Vaccine Administration <ul style="list-style-type: none"> • Patient was instructed to wait 15 minutes after injection before leaving the health center • Vaccine given as ordered </div>	
Undersignature: Signed by Stephanie Ritter, LPN on 7/11/2022 10:22:50 AM	

Immunizations

Tdap - Lot Number: 3JS9E; Manufacturer: GlaxoSmithKline; Expiration Date: 3/18/2024; Volume: 0.5mL; Route: Intramuscular; Site: Left Deltoid; Tdap (8/6/2021) given; Administered: RITTER, STEPHANIE LPN 7/11/2022 10:23 AM (Encounter for immunization)

Signed by Mercedes Boggs, MD on 7/11/2022 9:36:17 PM