

ELECTRONIC MEDICAL RECORD

Date: 07 / 19 / 19

NAME: Bhanushali Raj Birthdate: 05 / 16 / 01

Last First M. I.

Age: 18

Weight: 130

Height: 6'

Sex: ☐ F ☒ M

Describe briefly your present symptoms:

I am having back pain and I am very tired due to work. I feel fatigued and have trouble breathing as well.

PAST MEDICAL HISTORY

Do you now or have you ever had:

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Crohn's disease |
| <input checked="" type="checkbox"/> High blood pressure | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Colitis |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Pulmonary embolism | <input checked="" type="checkbox"/> Anemia |
| <input type="checkbox"/> Hypothyroidism | <input checked="" type="checkbox"/> Asthma | <input checked="" type="checkbox"/> Jaundice |
| <input type="checkbox"/> Goiter | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Cancer (type) _____ | <input type="checkbox"/> Stroke | <input type="checkbox"/> Stomach or peptic ulcer |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> HIV/AIDS |
| <input checked="" type="checkbox"/> Heart problems | <input type="checkbox"/> Kidney stones | |

Other medical conditions (please list):

none

PERSONAL HISTORY

Were there problems with your

birth? (specify) no

Where were you born & raised? Fremont, California

What is your highest education? ☒ High school ☐ Some college ☐ College graduate ☐ Advanced degree

Marital status: ☒ Never married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Partnered/significant other

What is your occupation? Lockheed Martin Intern

Are you currently working? : ☒ Yes ☐ No Hours/week 40 If not, are you ☐ retired ☐ disabled ☐ sick leave?

Do you receive disability or SSI? ☐ Yes ☒ No If yes, for what disability & how long? _____

Have you ever had legal problems? (specify) no

Religion: Hindu

SYSTEMS REVIEW

In the past month, have you had any of the following problems?

GENERAL

- ☐ Recent weight gain; how much _____
- ☐ Recent weight loss: how much _____
- ☒ Fatigue
- ☒ Weakness
- ☐ Fever
- ☐ Night sweats

MUSCLE/JOINTS/BONES

- ☐ Numbness
- ☐ Joint pain
- ☒ Muscle weakness
- ☐ Joint swelling

Where?

EARS

- ☐ Ringing in ears
- ☐ Loss of hearing

EYES

- ☐ Pain
- ☒ Redness
- ☐ Loss of vision
- ☐ Double or blurred vision
- ☐ Dryness

THROAT

- ☐ Frequent sore throats
- ☐ Hoarseness
- ☐ Difficulty in swallowing
- ☐ Pain in jaw

HEART AND LUNGS

- ☐ Chest pain
- ☐ Palpitations
- ☐ Shortness of breath
- ☐ Fainting
- ☐ Swollen legs or feet
- ☐ Cough

NERVOUS SYSTEM

- ☐ Headaches
- ☒ Dizziness
- ☐ Fainting or loss of consciousness
- ☐ Numbness or tingling
- ☐ Memory loss

STOMACH AND INTESTINES

- ☒ Nausea
- ☐ Heartburn
- ☐ Stomach pain
- ☐ Vomiting
- ☐ Yellow jaundice
- ☐ Increasing constipation
- ☐ Persistent diarrhea
- ☐ Blood in stools
- ☐ Black stools

SKIN

- ☐ Redness
- ☐ Rash
- ☐ Nodules/bumps
- ☐ Hair loss
- ☐ Color changes of hands or feet

BLOOD

- ☒ Anemia
- ☐ Clots

KIDNEY/URINE/BLADDER

- ☐ Frequent or painful urination
- ☐ Blood in urine

Women Only:

- ☐ Abnormal Pap smear
- ☐ Irregular periods
- ☐ Bleeding between periods
- ☐ PMS

PSYCHIATRIC

- ☐ Depression
- ☐ Excessive worries
- ☐ Difficulty falling asleep
- ☐ Difficulty staying asleep
- ☐ Difficulties with sexual arousal
- ☐ Poor appetite
- ☐ Food cravings
- ☐ Frequent crying
- ☐ Sensitivity
- ☐ Thoughts of suicide / attempts
- ☐ Stress
- ☐ Irritability
- ☐ Poor concentration
- ☐ Racing thoughts
- ☐ Hallucinations
- ☐ Rapid speech
- ☒ Guilty thoughts
- ☐ Paranoia
- ☐ Mood swings
- ☐ Anxiety
- ☐ Risky behavior

OTHER PROBLEMS:

DOCTOR SUMMARY

The patient has anemia. The fatigue and dizziness are clear signs of this. In addition to this, he is unable to focus for extended periods of time and constantly feels weak. I suggest a diet of increased iron along with iron supplements.