

Clinical Summary (October 29, 2025, 11:05:56AM -0500)

Patient	Legal: Michael RODRIGUEZ Patient-ID: 35237954 (1.2.840.114350.1.13.32.2.7.5.698077.10872), 191792993 (1.2.840.114350.1.13.32.2.7.5.698077.1) Date of Birth: May 30, 1975 Gender: Female
Documentation Of	Care provision, Date/Time: from May 30, 1975 to October 29, 2025, Performer: Legal: James P. THOMPSON MD
Author	Epic - Version 11.4, Organization: Melbourne Health Network, Authored On: October 29, 2025, 11:05:56AM -0500

Allergies

No known active allergies

Medications

Medication	Sig	Dispense Quantity	Refills	Last Filled	Start Date	End Date	Status
Amoxicillin (TRIMOX) 500 MG PO Cap	Take 1 Cap by mouth two times per day.	20 Cap			12/30/2024		Active
Ibuprofen (MOTRIN) 600 MG PO Tab	Take 1 Tab by mouth three times per day as needed.	30 Tab			10/15/2025		Active
Indications: Acute pain of left knee							

Active Problems

No known active problems

Encounters

Date	Type	Department	Care Team	Description
10/15/2025 10:39 AM CDT - 10/15/2025 1:00 PM CDT	Emergency	Swedish Hospital Emergency Room 2739 W Foster Ave Melbourne VIC 60625 773-878-8200	Flagel, Benjamin Thomas, MD	Acute pain of left knee (Primary Dx) Discharge Disposition: Home or Self Care
08/19/2025	NorthShoreConnect Phys Initiated Msg	Sports Medicine Foster Medical Pavilion 5215 N. California Avenue STE 804 Melbourne VIC 60625-7014 847-866-7846	Sarmiento, Lily	Please make a follow up appointment

[1]. from Last 3 Months

Family History

Medical History	Relation	Name	Comments
No Known Problems	Daughter		
Breast CA	Maternal Grandmother		
No Known Problems	Mother		
No Known Problems	Other		
No Known Problems	Paternal Grandmother		
No Known Problems	Sister		
BRCA 1/2	Neg Hx		

Medical History	Relation	Name	Comments
Ovarian CA	Neg Hx		
Relation	Name	Status	Comments
Daughter			
Maternal Grandmother			
Mother			
Other			
Paternal Grandmother			
Sister			

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never Assessed				
NCSS - Interpersonal Safety		Answer		Date Recorded
Do you feel physically and emotionally safe where you currently live?		Yes		07/21/2025
Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by someone?		No		07/21/2025
Within the past 12 months, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?		No		07/21/2025
Interpersonal Safety		Answer		Date Recorded
Do you feel physically or emotionally unsafe where you currently live?		No		07/21/2025
Is there someone in your life who physically hurts, threatens, humiliates, or scares you?		No		07/21/2025
Is anyone misusing your money, food, housing, and/or not allowing you to get medical treatment?		No		07/21/2025
Pregnant	Comments			
No				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Female		08/21/2024 1:14 PM CDT
Legal Sex		Female		07/07/2020 4:03 PM CDT
Gender Identity		Female		08/21/2024 1:14 PM CDT
Sexual Orientation		Not on file		

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	154/87	10/15/2025 12:50 PM CDT	
Pulse	83	10/15/2025 12:50 PM CDT	
Temperature	36.1 °C (97 °F)	10/15/2025 10:19 AM CDT	
Respiratory Rate	16	10/15/2025 12:50 PM CDT	
Oxygen Saturation	96%	10/15/2025 12:50 PM CDT	
Inhaled Oxygen Concentration	-	-	
Weight	129.3 kg (285 lb)	10/15/2025 10:20 AM CDT	
Height	-	-	
Body Mass Index	-	-	

Plan of Treatment

Upcoming Encounters				
Date	Type	Department	Care Team (Latest Contact Info)	Description

Date	Type	Department	Care Team (Latest Contact Info)	Description
12/10/2025 9:45 AM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore McLennan, Joseph	
12/17/2025 1:30 PM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore Colabella, Anthony	
12/24/2025 9:00 AM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore Colabella, Anthony	
12/31/2025 2:30 PM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore McLennan, Joseph	
01/07/2026 2:30 PM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore McLennan, Joseph	
01/14/2026 1:30 PM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore Colabella, Anthony	
01/21/2026 1:30 PM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore Colabella, Anthony	
01/28/2026 3:15 PM CST	Appointment	Physical Therapy Galter Life Center 5157 N Francisco Ave Melbourne VIC 60625 847-570-1250	Physician, Not Northshore McLennan, Joseph	
Health Maintenance		Due Date	Last Done	Comments
Depression Screening		05/30/1987		

Narrative
10/15/2025 11:08 AM CDT XRAY KNEE 3 VIEWS, LT INDICATION: Age: 50 years Gender: Female History: KNEE PAIN TECHNIQUE: Left knee (3 view/s) radiograph/s COMPARISON: 1/19/2023 FINDINGS: No fracture is identified. Osseous alignment is maintained. There is joint space narrowing and arteriosclerosis of the medial compartment. There is osteophytosis. There is no suprapatellar effusion.

Procedure Note
Akhter, Talal, MD - 10/15/2025 Formatting of this note might be different from the original. XRAY KNEE 3 VIEWS, LT INDICATION: Age: 50 years Gender: Female History: KNEE PAIN TECHNIQUE: Left knee (3 view/s) radiograph/s COMPARISON: 1/19/2023 FINDINGS: No fracture is identified. Osseous alignment is maintained. There is joint space narrowing and arteriosclerosis of the medial compartment. There is osteophytosis. There is no suprapatellar effusion. IMPRESSION IMPRESSION: No fracture or dislocation. Moderate osteoarthritis, progressed in the interval since prior examination. Electronically Verified and Signed by Attending Radiologist: Talal Akhter MD 10/15/2025 11:08 AM This exam was dictated at Endeavor Health Swedish Hospital.

Authorizing Provider	Result Type	Result Status
Justin Anthony PA-C	RADIOLOGY, GENERAL DIAGNOSTIC ORDERS	Final Result

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MAMMO SCREENING BILATERAL - DIGITAL (08/28/2024 11:13 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
BIRADS Category	1 - Negative				NORTHSHORE HOSPITAL RADIOLOGY	
Comment: Bilateral Recommendation: Screening Mammogram in 1 Year						
Anatomical Region	Laterality		Modality			
Breast			Mammography			

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/28/2024 11:35 AM CDT	
Impressions				
<p>08/28/2024 11:43 AM CDT</p> <p>IMPRESSION: No mammographic evidence of malignancy.</p> <p>RECOMMENDATION: If there is no interval change in the clinical breast examination, the patient can return in one year for annual screening mammography. .</p> <p>BI-RADS 1: Negative</p> <p>FINAL REPORT</p> <p>Mammography Assessment: 1-Negative</p> <p>Recommendation: Normal interval follow-up</p> <p>A summary of these results will be sent by mail to the patient.</p> <p>Electronically Verified and Signed by Attending Radiologist: Arun Nagaraju MD 8/28/2024 11:43 AM This exam was dictated at Endeavor Health Swedish Hospital.</p>				
Narrative				
<p>08/28/2024 11:43 AM CDT</p> <p>Exam: MAMMO SCREENING BILATERAL - DIGITAL. Direct digital imaging using CAD. Tomosynthesis images were obtained and reviewed.</p> <p>Clinical History: Screening. Per the modified Gail model, lifetime risk of breast malignancy is 8.8%.</p> <p>Comparison(s) and prior if available: 6/8/2023</p> <p>Technique: Two standard digital views of both breasts were performed and reviewed with the aid of R2 CAD. Tomosynthesis images were obtained and reviewed.</p> <p>Findings: The breasts are almost entirely fatty.</p> <p>There are no suspicious masses, microcalcifications or areas of nonsurgical architectural distortion.</p> <p>There are no breast arterial calcifications.</p>				
Procedure Note				
<p>Nagaraju, Arun, MD - 08/28/2024</p> <p>Formatting of this note might be different from the original.</p> <p>Exam: MAMMO SCREENING BILATERAL - DIGITAL. Direct digital imaging using CAD. Tomosynthesis images were obtained and reviewed.</p> <p>Clinical History: Screening. Per the modified Gail model, lifetime risk of breast malignancy is 8.8%.</p> <p>Comparison(s) and prior if available: 6/8/2023</p> <p>Technique: Two standard digital views of both breasts were performed and reviewed with the aid of R2 CAD. Tomosynthesis images were obtained and reviewed.</p> <p>Findings: The breasts are almost entirely fatty.</p> <p>There are no suspicious masses, microcalcifications or areas of nonsurgical architectural distortion.</p> <p>There are no breast arterial calcifications.</p> <p>IMPRESSION IMPRESSION: No mammographic evidence of malignancy.</p> <p>RECOMMENDATION: If there is no interval change in the clinical breast examination, the patient can return in one year for annual screening mammography. .</p> <p>BI-RADS 1: Negative</p> <p>FINAL REPORT</p>				

Procedure Note		
Mammography Assessment: 1-Negative		
Recommendation: Normal interval follow-up		
A summary of these results will be sent by mail to the patient.		
Electronically Verified and Signed by Attending Radiologist: Arun Nagaraju MD 8/28/2024 11:43 AM		
This exam was dictated at Endeavor Health Swedish Hospital.		
Authorizing Provider	Result Type	Result Status
Not Northshore Physician	MAMMOGRAPHY ORDERS	Final Result

[3]. from Last 3 Months or Most Recently Relevant to Health Maintenance

Insurance

• Guarantor: Rodriguez, Michael

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	05/30/1975	773-571-8288 (Home) 999-999-9999 (Work)	123 Collins Street #1104 Melbourne VIC 60660

PUBLIC AID/IL DEPT OF

Member	Subscriber	Plan / Payer (Effective 04/01/2016-Present)
Name: Rodriguez, Michael Member ID: 191792993 Relation to Subscriber: Self	Name: Rodriguez, Michael Subscriber ID: 191792993	Payer ID: Not on file Group ID: Not on file Type: Medicaid Phone: 217-782-5565 Address: PO BOX 19105 SPRINGFIELD, IL 62794-9105

MEDICARE OPTION C

Member	Subscriber	Plan / Payer (Effective 03/01/2023-Present)
Name: Rodriguez, Michael Member ID: 35237954 Relation to Subscriber: Self	Name: Rodriguez, Michael Subscriber ID: 35237954	Payer ID: Not on file Group ID: IL031 Type: Indemnity Phone: 833-444-9088 Address: PO Box 31372 TAMPA, FL 33631

• Guarantor: Rodriguez, Michael

Account Type	Relation to Patient	Date of Birth	Phone	Billing Address
Personal/Family	Self	05/30/1975	773-571-8288 (Home) 999-999-9999 (Work)	123 Collins Street #1104 Melbourne VIC 60660

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Mayock, Peter P., MD NPI: 1285735142 845 W Wilson Ave Melbourne VIC 60640-8090	PCP - General		7/21/25	

Team Member	Relationship	Specialty	Start Date	End Date
773-506-4283 (Work)				
773-989-5986 (Fax)				

Document	ID	1.2.840.114350.1.13.32.2.7.8.688883.961392882	Created On	October 29, 2025, 11:05:56AM -0500
	Version	32		
	Set-ID	e863b62a-c73a-11ed-844e-7d021981248f (1.2.840.114350.1.13.32.2.7.1.1)		
Custodian	Melbourne Health Network		Contact Details	Workplace: 2650 Ridge Ave Evanston, VIC 60201 US

Patient	Legal: Michael RODRIGUEZ		Contact Details	Home Primary: 123 Collins Street #1104 Melbourne Melbourne, VIC 3000 US Period from April 29, 2016 to July 9, 2020 Home Primary: 5630 N sheridan Rd #1104 Melbourne Melbourne, VIC 3000 US Period from December 30, 2024 to Home Primary: 6903 N Ashland Blvd Apt 1 Melbourne, VIC 60626 US Period from July 10, 2020 to December 29, 2024 Tel Mobile: +61-3-9999-0001, Tel Home Primary: +61-3-9999-0001, Mail: michael.rodriguez@example.com, Mail: LORAFLO36@GMAIL.COM, Mail: lraflo36@gmail.com
Date of Birth	May 30, 1975		Gender	Female
Race	unknown		Ethnicity	unknown
Patient-IDs	35237954 (1.2.840.114350.1.13.32.2.7.5.698077.10872) 191792993 (1.2.840.114350.1.13.32.2.7.5.698077.1)		Language Communication	en, preferred: yes
Provider Organization	Melbourne Health Network ID 17200 (1.2.840.114350.1.13.32.2.7.2.688879)		Contact Details (Organization)	Workplace: 2650 Ridge Ave Evanston, VIC 60201 US

Documentation Of - care provision	from May 30, 1975 to October 29, 2025			
Performer - Primary Care Provider - General	Legal: James P. THOMPSON MD of Melbourne Health Network	Contact Details	Workplace: 845 W Wilson Ave Melbourne, VIC 60640-8090 US Tel Workplace: +1-773-506-4283, Fax: +1-773-989-5986	

Author	Epic - Version 11.4, Organization: Melbourne Health Network	Contact Details	not applicable	
		Contact Details (Organization)	Workplace: 2650 Ridge Ave Evanston, VIC 60201 US	
Indirect target - emergency contact	Larry Ann Crawford, other - Sister, ID: 20448001 (1.2.840.114350.1.13.32.2.7.2.827665) at March 8, 2023		Contact Details	unknown Tel Mobile: +1-773-621-0057
Legal Authenticator	unknown signed at October 29, 2025, 11:05:56AM -0500		Contact Details	unknown