



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Dr. Hamp Greene FROM: Lorel Stewart
COMPANY: Jacksoni nuno DATE: 8-19-19
FAX NUMBER: 747-7270 TOTAL PAGES INCLUDING COVER: 1
PHONE NUMBER: 747-7250 SENDER'S REFERENCE NUMBER: 334-244-3281
RE: Savannah Stewart CC:
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY
NOTES/COMMENTS

Requesting appt. for eval
of migraine with aura
L.S.

Pt scheduled 10/31/2019 @ 1:30pm

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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

TRANSMISSION VERIFICATION REPORT

TIME : 10/21/2019 10:38
NAME : ALM
FAX : 3342443396
TEL :
SER.# : BRQD8J659256

DATE, TIME	10/21 10:35
FAX NO./NAME	97477287
DURATION	00:02:05
PAGE(S)	05
RESULT	OK
MODE	STANDARD



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Dr. Hamp Greene FROM: Carol Stewart
COMPANY: Jackson's neuro DATE: 8-19-19 CRW
FAX NUMBER: 747-7270 TOTAL PAGES INCLUDING COVER: 4
PHONE NUMBER: 747-7250 SENDER'S REFERENCE NUMBER: 334-244-3281
RE: Savannah Stewart CC:
☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY
NOTES/COMMENTS

Requesting appt. for eval
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P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396

TRANSMISSION VERIFICATION REPORT

TIME : 08/19/2019 14:44
NAME : ALM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	08/19 14:40
FAX NO./NAME	97477270
DURATION	00:04:04
PAGE(S)	04
RESULT	OK
MODE	STANDARD

AUM STUDENT HEALTH SERVICES

PATIENT INFORMATION (PLEASE PRINT LEGIBLY)

Date: 8/14/2019 Are you an AUM Student? ☐ Yes ☒ No S-Number: S00367417
Name: Savannah Stewart Birthdate: 06/29/1990
Main Phone Number: 980-671-8123 Email: SStewart22@aum.edu
Local Mailing Address: 183 Mulder Cove Lane Box or APT #: _____
City: Wetumpka State: AL Zip Code: 36093
Permanent/Home Address: _____ Box or APT #: _____
City: _____ State: _____ Zip Code: _____
Marital Status: Single ☐ Married ☒ Divorced ☐ Widowed ☐ Other: _____
Sex: Male ☐ Female ☐ Gender: Male ☐ Female ☐
Primary Physician: _____ City: _____ Phone #: _____
Patient's Employer: AUM School of Nursing Work Phone #: 334-244-3527
Parent's ☐ Spouse's Name: ☒ William Stewart Phone #: 256-1052-8791
Parent's or Spouse's Employer: Lockheed Martin Phone #: _____
Emergency Contact: William Stewart Relationship: husband Phone #: _____
How did you hear about the clinic: Friend ☐ Faculty/Staff ☒ Orientation ☐ Other: _____

INSURANCE INFORMATION

Do you have health insurance? ☒ YES ☐ NO

If yes, please give your card to the front desk in order for a copy to be made for your chart.

Insurance Company: Blue Cross Blue Shield Name on Card: Savannah H Stewart
Policy or Contract Number: RAV864687288 Group Number: 37655
Insurance Company's Address: 450 Riverchase Parkway East
Birmingham, AL 35244

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 08/14/19

PATIENT: STEWART, SAVANNAH **DOB:** 06/29/1990 **Gender:** FEMALE **MRN:** 1082 **AGE:** 29 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: C/O onset of headache this morning. Prior to onset, has numbness in right arm, from finger tips to shoulder, then right side of face. States she has similar symptoms prior to onset of migraines. Has been evaluated in the past with CT scan. Was told all was negative and diagnosed with migraines with aura. Also , vomited once this morning.....now feels much better. Took Aleve to help manage the h/a with almost complete resolution.

VITALS: BP: 118/74 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 82; **Temp:** 98.8; **FDLMP:** 07/23/19

PAST MEDICAL HISTORY: Headaches (migraine).

SOCIAL HISTORY: Does not use alcohol; There are no environmental risks involved at my home/job. Has Not been exposed to someone with TB. Has Not had excessive exposure to the sun. Does not exercise regularly; Does not use recreational drugs; Does not use tobacco;

FAMILY HISTORY:

Mother None

Father HTN

REVIEW OF SYSTEMS:

CONSTITUTIONALS: Patient is positive for: Fatigue,

HEENT: All negative for cough, runny nose, congestion, sinus pain, earache, sore throat, bleeding gums, dysphagia, hearing loss, hoarseness, nose bleeds, tinnitus, & rhinorrhea.

Patient is positive for: Photophobia,

CARDIOLOGIC: All negative for: pain, murmur, palpitations, numbness, cardiovascular, dizziness, diaphoresis, exertional SOB, syncope.

RESPIRATORY: All negative for cough, hemoptosis, orthopnea, shortness of breath, sputum, and wheeze.

NEUROLOGIC: All negative for difficulty with vision, numbness in hands and feet, hot flashes, and night sweats. Patient is positive for: Headache,

PHYSICAL EXAMINATION:

GENERAL: Patient appears consistent with age, well developed/nourished, NAD, and alert and oriented x 3.

HEENT: EOMI, PERRLA, lids and conjunctivae appear normal, sclera white.

EARS: Ears appear normal. TM's intact and reflect NL. External auditory canal clear.

THROAT: Throat is clear, no tonsillar hypertrophy, and no exudates.

NECK: Neck is supple, FROM, no JVD, no lymphadenopathy.

CARDIOVASCULAR: HRRR;

RESPIRATORY: Lungs CTA; No rhonchi wheeze or rales;

Auburn Montgomery Student Health Services

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Date: 08/14/19

PATIENT: STEWART, SAVANNAH **DOB:** 06/29/1990 **Gender:** FEMALE **MRN:** 1082 **AGE:** 29 Years

MUSCULOSKELETAL: Gait Normal; No clubbing, cyanosis, or edema of lower extremities;

DERMATOLOGIC: Skin Temperature: Warm Dry;

NEUROLOGIC: Cranial Nerves Intact; No Focal Deficit;

PSYCHIATRIC: Mood and Affect Appropriate;

ASSESSMENT:

G43.109 - Migraine with aura, not intractable, without status migrainosus (PRIMARY)

PLAN:

Rest in a quiet, dark room as needed.

Discussed the need for a neurological consult for evaluation of migraines.

Discuss the use of triptans with OB/GYN (actively trying to conceive)

If h/a returns, RTC

Electronically signed by Carol Stewart, NP on 08/14/19 3:56 PM