

**Auburn Montgomery Student Health Services**

7461 East Dr  
Montgomery AL, 36117-8092  
(334) 244-3281

**Date:** 11/02/21

**PATIENT:** CUBA, NICHOLAS    **DOB:** 07/16/1985    **Gender:** MALE    **MRN:** 1199    **AGE:** 36 Years

**VISIT TYPE:** Office Visit Established

**CHIEF COMPLAINT:** Wellness Physical

**HISTORY OF PRESENT ILLNESS:** Pt is a 36 YOM who comes in for routine physical. PMH includes gout and shingles. He has no general c/o today. He reports an elevated lipid draw during healthy tigers and wants to do another blood draw to confirm since he is fasting today.

**VITALS:** BP: 133/77    **Site:** LEFT ARM    **Position:** SITTING    **Pulse:** 71;    **Temp:** 97.9;    **Resp:** 16;    **Ht:** 70 in.;    **Wt:** 220.7 lbs.;  
**BMI:** 31.66;    **Pulse Oximetry:** 98%

**ALLERGIES:** No Known Drug Allergies

**MEDICATIONS:**

indomethacin 50 mg capsule (TAKE 1 CAPSULE (50 MG) BY ORAL ROUTE 3 TIMES PER DAY WITH FOOD as needed for foot pain)

**PAST MEDICAL HISTORY:** Seasonal allergies. Headaches. Chicken pox; shingles in Jan 2020. GOUT.

**PAST SURGICAL HISTORY:** Denies

**SOCIAL HISTORY:** Drinks about 2 beers a day 5 out of 7 days average. Denies smoking or illicit drug use. Does not exercise.

**FAMILY HISTORY:** Mother- arthritis. Grandmother- arthritis.

**REVIEW OF SYSTEMS:**

CONSTITUTIONALS: All 14 point review of systems negative except those listed in HPI.

**PHYSICAL EXAMINATION:**

GENERAL: GENERAL: No apparent distress noted; Well developed; Pleasant.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI. Ears- tympanic membranes clear. Ear canals are patent. Nose- septum- midline; No maxillary or frontal sinus tenderness. Throat- pink without exudates. No anterior or posterior cervical nodes palpated; No palpable thyroid abnormality or enlargement.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted; No carotid bruits noted. No peripheral edema bilateral lower extremities.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

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**PSYCHIATRIC:** Appropriate mood and affect.

**ORDERS:**

COMP METABOLIC PANEL (QUEST) (1 unit(s)): Quest Diagnostics  
LIPID PANEL (QUEST) (1 unit(s)): Quest Diagnostics  
CBC W/ DIFF (QUEST) (1 unit(s)): Quest Diagnostics  
Influenza virus vaccine (1 unit(s)): Immunizations  
Immunization Injection Administration (1 unit(s)): Injection

**ASSESSMENT:**

Z23 - ENCOUNTER FOR IMMUNIZATION (PRIMARY)  
Z13.220 - ENCOUNTER FOR SCREENING FOR LIPOID DISORDERS  
Z00.00 - ENCOUNTER FOR GEN ADULT MEDICAL EXAM W/O AB FIND  
R55 - Syncope and collapse

**PLAN:**

Pt here for routine physical with request for repeat Lipid panel due to elevated in the past. No abnormal findings on exam. Will get CBC, CMP, Lipid panel. Request flu vaccine. After flu vaccine patient reported feeling light headed and dizzy. Pt fainted. Pt had LOC <2 minutes. Woke up when trying to transition patient to the floor. Pt was noted to be pale. BP was 144/70 and HR 66. This was at 1410 upon awakening from syncopal episode. After vital signs, patient was given sprite and crackers to drink once airway determined intact. No loss of respirations or heart beat during LOC noted by nurse. Color returned to patients face, alert and oriented x 3. No seizure like activity, NAD. Pt watched for 15 minutes after with no adverse events. Pt reported feeling better. Pt advised to go home for the day and increase fluids, rest, eat a meal since he was fasting for labs. He agrees. If anymore events or lightheadedness, pt advised to proceed to the ER. Likely vagal episode after vaccine. Pt denies hx of syncope.

Electronically signed by Maranda Fain, CRNP on 11/02/21 2:31 PM

*M. Fain, CRNP*