

**Auburn Montgomery Student Health Services**

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

**Date:** 10/01/20

**PATIENT:** PELLEGRIN, MATTHEW    **DOB:** 10/27/1980    **Gender:** MALE    **MRN:** 1298    **AGE:** 39 Years

**VISIT TYPE:** Office Visit Established

**CHIEF COMPLAINT:** Congestion, dry throat, chills

**HISTORY OF PRESENT ILLNESS:** Mr. Pellegrin presents today for a visit regarding congestion. He reports most of his symptoms such as low grade fever, chills, diarrhea, clear sinus drainage, clamminess and dry throat and cough started on Monday. He denies any headache, body aches, sob, loss of taste or smell. He would like a COVID test before returning to work.

**VITALS:** BP: 140/98    **Site:** LEFT ARM    **Position:** SITTING    **Pulse:** 86;    **Temp:** 97.9;    **Resp:** 16;    **Ht:** 75 in.;    **Wt:** 358.2 lbs.;  
**BMI:** 44.77;    **Pulse Oximetry:** 97%

**ALLERGIES:** Penicillins ((Urticaria NOS) or (hives)); erythromycin base ((Urticaria NOS) or (hives))

**MEDICATIONS:**

Vitamin D2 1,250 mcg (50,000 unit) capsule (1 capsule PO weekly)  
pravastatin 10 mg tablet (1 tablet PO QHS)  
sertraline 100 mg tablet (1 tablet PO daily)

**PAST MEDICAL HISTORY:** GAD/depression, allergies, kidney stones, psoriasis; HLD, vitamin D deficiency

**PAST SURGICAL HISTORY:** Denies

**SOCIAL HISTORY:** Denies smoking and drug use. Drinks occasionally.

**FAMILY HISTORY:** Mother: hyperlipidemia, hypertension, mental illness Father: hyperlipidemia, hypertension, mental illness

**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; + clear rhinorrhea; 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.

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:**

COVID Rapid Testing (1 unit(s)): In-House Lab

**RESULTS:**

COVID Rapid Testing:  
Value: Negative

**ASSESSMENT:**

Z20.828 - CONTACT W AND EXPO TO OTH VIRAL COMMUNICABLE DIS (PRIMARY)  
J06.9 - Acute upper respiratory infection, unspecified  
R05 - Cough

**PLAN:**

Rapid COVID negative.  
Treat for URI.  
Cleared for return to work.  
Follow up as needed.

Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup  
Refills: 0 Qty: 240 ML(S)  
Instructions: Take 10 ml every 8 hrs as needed for cough/congestion

Electronically signed by Lindsey Barton, CRNP on 10/01/20 9:47 AM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style.