

Auburn Montgomery Student Health Services

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

Date: 01/04/22

PATIENT: LANG, TERESA **DOB:** 10/24/1959 **Gender:** FEMALE **MRN:** 364 **AGE:** 62 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: rapid COVID test due to exposure

HISTORY OF PRESENT ILLNESS: C/o headache, sore throat, ear pain, runny nose and fever that started on Sunday. She is vaccinated for COVID.

VITALS: BP: 132/74 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 72; **Temp:** 98.1; **Resp:** 16; **Pulse Oximetry:** 97%

ALLERGIES: No Known Drug Allergies

PAST MEDICAL HISTORY: Chickenpox, Mumps, Hives; On HRT.

PAST SURGICAL HISTORY: Denies

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.

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.

PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

Abbott Binax Now Rapid COVID (1 unit(s)): In-House Lab

RESULTS:

Abbott Binax Now Rapid COVID :
Value: Positive

ASSESSMENT:

U07.1 - COVID-19 (PRIMARY)

PLAN:

Given AUM COVID instruction sheet for tylenol, zyrtec, and vitamins and urgent care/ER precautions. Will need to quarantine for 5 days. Follow up as needed.

Bromfed DM 2 mg-30 mg-10 mg/5 mL oral syrup

Auburn Montgomery Student Health Services

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

Date: 01/04/22

PATIENT: LANG, TERESA **DOB:** 10/24/1959 **Gender:** FEMALE **MRN:** 364 **AGE:** 62 Years

Refills: 0 Qty: 240 ML(S)

Instructions: TAKE 10 MILLILITERS BY ORAL ROUTE EVERY 6 HOURS as needed for cough/congestion

Medrol (Pak) 4 mg tablets in a dose pack

Refills: 0 Qty: 1 PACKAGE

Instructions: TAKE BY ORAL ROUTE AS DIRECTED PER PACKAGE INSTRUCTIONS

Electronically signed by Lindsey Barton, CRNP on 01/05/22 1:14 PM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style. The "J" is large and loops around the first part of the name. "Barton" is written in a standard cursive, and "CRNP" is written in a slightly more upright, blocky cursive at the end.