



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Sandra Aaron

FROM: AUM Student Health

COMPANY: PMA

DATE: 12/12/2018

FAX NUMBER: 334-244-3396

TOTAL PAGES, INCLUDING COVER 7

PHONE NUMBER: 334-244-3281

SENDER'S REFERENCE NUMBER

RE: W002695958

CC:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

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



Member of Old Republic Companies

FAX

TO: Medical Records/AUM Student Health Center

FROM: Sandra Aaron, Account Claim Representative II

FAX NUMBER: 334/244-3396

PAGES: 2

Date: 12/11/18

RE: Medical Records Request

Patient Name: Janice Braswell

Date of Birth: 10-08-1973

Claim number: W002695958

Requesting medical report from 12/7/18 appointment and any referrals.

Attached is the medical release

Please fax records to 1-800-432-9762 or mail to the address below. Please include the claim number.

Sincerely,

Sandra Y. Aaron

Account Claim Representative II

T:615-902-5941 | F: 1-800-432-9762

sandra_aaron@pmagroup.com

PMA Companies | Old Republic Insurance Group

P.O. Box 5231, Janesville, WI 53547-5231

www.pmacompanies.com



AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

AN

REPORTS EXCEPT PSYCHOTHERAPY NOTES

TO:

Hum Student Health Clinic

Name: JANIE BRASWELL DOB: 08/73 SSN: 1789 Claim Number: 0000095958

For informational purposes pertaining to an insurance claim, I, JANIE BRASWELL, hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals and pharmacies, to release all existing medical records and information regarding my medical care, treatment physical/mental condition and medical expenses revealed by your observation or treatment of past, present and future to: PMA Management, Corp. (PMA).

I understand that this authorization includes information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders (EXCEPT Psychotherapy Notes* as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.501, psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health profession documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record). It also includes x-rays, reports, progress notes, photographs, lab reports, medical reports, and any and all other documents of any kind which you have in your possession concerning or relating to any injury, treatment or disability sustained by me. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputed, resolutions and payments and medical records provided as evidence of services provided. This listing is not meant to be exclusive.

I, the undersigned individual, am on notice that:

- Initiating this request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.
- A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect for one (1) year from the date of this authorization.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

12-9-18
Date

Janie Braswell
Signature

Auburn Montgomery Student Health Services

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

Patient Name: JANICE BRASWELL

Chart No.: 418

DOB: 10/08/1973

Phone: () -

Dec 10 2018 2:12PM: Will refer to a neurologist for continued evaluation. Appointment made with Dr. Larry Epperson for December 19th at 10:30 AM. Pt called and informed of appointment. < Carol Stewart >

Auburn Montgomery Student Health Services

7461 East Dr
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(334) 244-3281

Date: 12/07/18

PATIENT: BRASWELL, JANICE **DOB:** 10/08/1973 **Gender:** FEMALE **MRN:** 418 **AGE:** 45 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: Fall

Symptoms: Fell while doing a walk-through and hit head on iron hand rail. Fell on (R) knee. Fall was on the 26th of November in the evening. Went to the ER and had scans and x-rays done. Now after getting back to work is experiencing HAs. Hit the frontal area of the head. Continues to experience some difficulties with knee.

Location: Head and (R) knee.

Duration: 2 weeks ago,

ModFact: Takes another BP medication.

VITALS: BP: 129/84 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 89

ALLERGIES: Penicillins

MEDICATIONS:

Prilosec 10 mg oral suspension, delayed release

Reglan 10 mg tablet

clonidine HCl 0.1 mg tablet

lorazepam 0.5 mg tablet

PAST MEDICAL HISTORY: Hypertension;

PAST SURGICAL HISTORY: Partial Hysterectomy, cervical spine repair after an accident., tubaligation.

FAMILY HISTORY:

Mother 70 HTN

Father deceased from skull fracture at age 48

sisters all have HTN

brother unknown

grandparents all deceased

REVIEW OF SYSTEMS:

CONSTITUTIONALS: Constitutional All negative for fever, chills, nausea, vomiting, dizziness, fatigue, infertility, & malaise.

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: Headache,

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.

GASTROINTESTINAL: All negative for abdominal pain, appetite loss, anorexia, belching, constipation, diarrhea, flatulence, heartburn, hematchezia, hematemesis, indigestion, mass, swelling and ulcers.

MUSCULOSKELETAL: Patient is positive for: Trouble with Ambulation due to knee pain. Patient is positive for: Extremity Pain, Joint pain,

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Date: 12/07/18

PATIENT: BRASWELL, JANICE **DOB:** 10/08/1973 **Gender:** FEMALE **MRN:** 418 **AGE:** 45 Years

NEUROLOGIC: Patient is positive for: Headache unilateral on right forehead and temporal area.

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.

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

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

CARDIOVASCULAR: HRRR , no extra heart sounds, no murmur

RESPIRATORY: Lungs CTA; no rhonchi wheeze or rales; breath sounds symmetric; no chest wall tenderness.

GASTROINTESTINAL: Abdomen soft, nondistended, nontender; no rebound rigidity or guarding; bowel sounds symmetric x4.

MUSCULOSKELETAL: Pulses equal and bilaterally symmetric; No clubbing, cyanosis, or edema; No CVA tenderness.

DERMATOLOGIC: Temperature: warm dry; slight swelling on right forehead and temporal area (residual from hematoma).

NEUROLOGIC: DTR's and +2/4 and bilaterally symmetric for upper and lower extremities. Cranial nerves grossly intact. No focal deficit. No vision changes, no decreased sensation.

ASSESSMENT:

G44.309 - Post-traumatic headache, unspecified, not intractable (PRIMARY)

M25.561 - Pain in right knee

PLAN:

naproxen 500 mg tablet

Refills: 0 Qty: 20 TABLET(S)

Instructions: TAKE 1 TABLET (500 MG) BY ORAL ROUTE 2 TIMES PER DAY WITH FOOD AS NEEDED

methocarbamol 750 mg tablet

Refills: 0 Qty: 15 TABLET(S)

Instructions: TAKE 1 TABLET (750 MG) BY ORAL ROUTE 3 TIMES PER DAY AS NEEDED

Advised to go to the ER if pain increases or becomes lethargic.

Will refer to a neurologist for continued evaluation if possible.

Electronically signed by Carol Stewart, NP on 12/07/18 4:36 PM

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