

Auburn Montgomery Warhawk Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 01/09/23

PATIENT: TURK, MYLA **DOB:** 12/05/1985 **Gender:** FEMALE **MRN:** 5266 **AGE:** 37 Years

VISIT TYPE: Office Visit New

CHIEF COMPLAINT: Body aches, fatigue, fever

HISTORY OF PRESENT ILLNESS: Ms. Turk presents to the clinic with complaints of fever with chills, body aches, headache, fatigue that started last night. She recently took Tylenol at 4:00 pm.

Of note: She is currently breast feeding a 4 month old and has not had a recent menstrual cycle.

VITALS: BP: 140/86 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 133; **Temp:** 103.1; **Resp:** 16; **Ht:** 65 in.; **Wt:** 224.2 lbs.; **BMI:** 37.3; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Iron (ferrous sulfate) 325 mg (65 mg iron) tablet

PAST MEDICAL HISTORY: Anemia

PAST SURGICAL HISTORY:

SOCIAL HISTORY: Denies smoking or illicit drug use. Admits to occasional ETOH use.

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.

PSYCHIATRIC: Appropriate mood and affect.

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ORDERS:

PCR COVID 19 (Quest) (1 unit(s)): Quest Diagnostics
Abbott COVID Rapid Test (1 unit(s)): In-House Lab
INFLUENZA (1 unit(s)): In-House Lab

RESULTS:

INFLUENZA:
Value: Negative

Abbott COVID Rapid Test:
Value: Negative

ASSESSMENT:

R50.9 - FEVER, UNSPECIFIED (PRIMARY)
Z20.828 - CONTACT W AND EXPO TO OTH VIRAL COMMUNICABLE DIS
R51.9 - HEADACHE, UNSPECIFIED
R53.83 - OTHER FATIGUE
R52 - PAIN, UNSPECIFIED
B97.89 - Other viral agents as the cause of diseases classified elsewhere

PLAN:

Appears to be viral illness. Pending PCR labs. Continue taking Tylenol as directed. Increase water intake. Strict ER precaution given. Patient verbalized understanding. Patient reports she can drive herself home. She denies SOB, CP, dizziness at this time. Patient left clinic in no visible distress.

Electronically signed by Robin Blackwell, CRNP on 01/10/23 9:05 AM

Robin Blackwell CNP