



04/20/2012 4:33PM

Clinical Summary

Patient

Name : Allison Allscripts
Phone : (312) 555-1112
Address : 34 Smith Mt. Road.
Apartment 1
Springfield, IL 60654

Appointment Date: 4/20/2012 9:00:00 AM
MRN : ZZZTW01
Date Of Birth : 3/5/1973
Language : ENGLISH

Reason for Visit

- Anxiety

reason for visit added notes

Assessed Problems

- Asthma

Treatment Plan

Medication Changes:

- **Ibuprofen 600 MG Oral Tablet;** ; Days: 0; Qty: ; Refill: 0 [Stop]
- **Naproxen 500 MG Oral Tablet;** TAKE 1 TABLET EVERY 12 HOURS AS NEEDED.; Days: 23; Qty: 45; Refill: 3 [Start]

Labs/Procedures:

- CBC With Partial Differential

Medications/Immunizations Administered:

- Influenza; Administered By: , 12/31/2199 12:00:00 AM
- Tdap (Adacel); Administered By: , 12/31/2199 12:00:00 AM

Vitals

Recorded Date/Time: 4/20/2012 3:06:00 PM

BSA Calculated: 1.89; BMI Calculated: 18.48; Weight: 144-0 lb; Height: 6-2 in; Systolic: 120 mm Hg; Diastolic: 80 mm Hg; Respiration: 88; Heart Rate: 77 bpm; Temperature: 98 F

Current Medications

- **Advil Cold/Sinus TABS;** ; Days: 0; Qty: ; Refill: 0
- **Albuterol Sulfate (5 MG/ML) 0.5% Inhalation Nebulization Solution;** ; Days: 0; Qty: ; Refill: 0
- **Naproxen 500 MG Oral Tablet;** TAKE 1 TABLET EVERY 12 HOURS AS NEEDED.; Days: 23; Qty: 45; Refill: 3

Allergies

- Actonel TABS
- Bee sting; Reactions: Rash, Hives, Swelling

Document and Provider Details

Document: Clinical Summary

Site: TouchWorks Clinic

Provider: Michael Dale