

ANNUAL WELLNESS VISIT

Date of Completion: 6/2/2022

Patient: Payshent, Sofia

Physician: Williams, Keller

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Demographics

Gender	Female	Ethnicity	Asian
Preferred Language	English	Education	More than high school

Contact Information

Home Phone	555-999-4321	Preferred Phone	Mobile
Mobile Phone	555-888-4321	Permission to Text	May Text
Email	spayshent1@gmail.com	Email Owner	Patient's
Address	1234 Main St	City	Othercity
State	TX	Zip	79797

Insurance

Medicare Beneficiary ID	TX1234567890A	Coverage Start Date	1/1/2019
Primary Insurer	Medicare	Primary Company	
Secondary Insurer	No secondary		

Healthcare Providers

First Name	Last Name	Telephone	Specialty
Keller	Williams		Geriatrics
Prudent	Rock	555-963-2587	Orthopaedist
Suzie	Audobon	555-876-1259	Homeopathic
Jake	Grinder	555-987-9876	Dentist
Seymour	Smith	555-987-9634	Ophthalmologist

Patient Contacts

NAME: John Payshent

Relationship	Spouse	Home Phone	555-999-4321
Permissions/Roles	Emergency,Proxy,Caregiver	Mobile Phone	555-159-7539
Email	jpayshent1@gmail.com	Work Phone	n/a

Hospitalizations, Surgeries, Illnesses and Broken Bones

Births (female only)

Total Births	2	Total Cesarean Births	0
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Description	Age	Side	Surgery	Overnight Stay	Still Treated for This
Appendix out	35-50	N/A	Yes	Yes	No
tonsils out	20 or younger	Both	Yes	Yes	No

Allergies

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Name	Severity	EPI Use	Plan
Z88.9: Pollen	Mild		
Z91.030: Bees	Moderate	Yes	Yes

Self and Family Chronic Conditions, including Cancer

Patient has biological: Parents,Siblings,Children

Cardiovascular

Condition	Me	Parents	Siblings	Children
<u>High Blood Pressure</u> heart overworking to move blood in the body	Yes	Yes	Yes	
<u>High Cholesterol</u> fatty deposits in the blood vessels	Yes	Yes	Yes	
<u>Stroke or Mini-Stroke</u> sudden interruption of blood to the brain		Yes		
<u>Angina</u> reduced blood flow to the heart				
<u>Heart Attack or Failure</u> heart damaged from not getting enough blood (attack) or quits working (failure)		Yes		
<u>Arrythmias, including AFIB</u> heart beats too fast, too slow, or irregularly				
<u>Arterial or Vascular Disease</u> weak blood vessels that don't get blood where it's needed				

Bones and Joints

Condition	Me	Parents	Siblings	Children
<u>Osteoporosis</u> weak or easily broken bones		Yes		
<u>Psoriatic Arthritis</u> arthritis that affects the skin and joints				
<u>Rheumatoid Arthritis</u> auto-immune arthritis disease				
<u>Osteoarthritis</u> overuse or injury arthritis				
<u>Unknown Type or Other Arthritis or Gout</u> swelling of the joints				

Digestive

Condition	Me	Parents	Siblings	Children
<u>IBD, including Crohn's or Ulcerative Colitis</u> chronic swelling of the digestive tract				
<u>GERD (Acid Reflux)</u> stomach acid flows back into the tube connecting the		Yes		

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mouth and stomach				
<u>Colon Polyps</u> clumps of cells in the colon that put patients at higher risk of cancer	Yes	Yes		

Renal

Condition	Me	Parents	Siblings	Children
<u>Chronic UTIs</u> 2 or more bladder infections during a 6-month period				
<u>Kidney Disease</u> kidneys losing function				
<u>Kidney Transplant</u> had surgery for a new kidney				

Endocrine

Condition	Me	Parents	Siblings	Children
<u>Prediabetes</u> high blood sugar but below threshold for diabetes				
<u>Type 1 Diabetes</u> auto immune disease that may result in high blood sugar				
<u>Type 2 Diabetes</u> insulin resistant disease that may result in high blood sugar				
<u>Overactive Thyroid (Hyper)</u> too much hormone causing weight loss, brittle bones, and heart issues				
<u>Underactive Thyroid (Hypo)</u> too little hormone causing obesity, joint pain and heart disease				

Respiratory

Condition	Me	Parents	Siblings	Children
<u>Asthma</u> airways narrow and swell and produce extra mucus				
<u>COPD or Emphysema</u> chronic swelling in the lungs				
<u>Chronic Bronchitis</u> constant irritation or swelling of the lungs				
<u>Sleep Apnea</u> sleep disorder in which breathing repeatedly stops and starts		Yes		

Vision

Condition	Me	Parents	Siblings	Children
<u>Glaucoma</u> high pressure in the eye				

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Macular Degeneration center of the eye dies causing vision loss				
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Neurological

Condition	Me	Parents	Siblings	Children
Chronic Pain pain that lasts for months or even longer				
Dementia or Alzheimer's loss of memory, thinking and social skills severe enough to interfere with daily functionin				
Parkinson's loss of mobility characterized by tremors and shaking				

Mental Health

Condition	Me	Parents	Siblings	Children
Anxiety intense, excessive worry and fear about everyday situations				
Depression persistent feeling of sadness and loss of interest				
Suicide History risk of or thoughts of suicide				
Psychosis impaired relationship with reality				

Infectious

Condition	Me	Parents	Siblings	Children
HIV or Aids prevents your body from fighting disease				
Hepatitis B liver infection that is preventable with a vaccination				
Hepatitis C liver infection that is curable; patients at risk should get tested				
Covid 19 infectious disease causing variety of symptoms				

Addictions

Condition	Me	Parents	Siblings	Children
Alcoholism addiction to alcohol				
Drugs addiction to drugs (prescription or street)				
Eating Disorder abnormal eating resulting in very over or very under weight				

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Nicotine (Tobacco) addiction to nicotine through use of tobacco products				
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Cancer

Type of Cancer	Me	Parents	Siblings	Children
Pancreatic		Yes		
Skin Basal			Yes	

All Other Conditions

Condition	Me	Parents	Siblings	Children
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