

# Institute for Health Innovation Family Medical Practice

Patient Name: Hayden Romero DOB: 01-14-06 Age: 14

Height: 63 inches Weight: 120 lbs Blood Pressure: 130/90

\*same weight as last visit 6 months ago

## Symptoms:

<p>General Symptoms</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Weight Loss</li> <li><input type="checkbox"/> Weight Gain</li> <li><input type="checkbox"/> Fever</li> <li><input type="checkbox"/> Fainting</li> <li><input type="checkbox"/> Fatigue</li> </ul> <p style="text-align: center;"><i>X Trouble eating</i></p>	<p>Nervous System</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Dizziness</li> <li><input type="checkbox"/> Headaches</li> <li><input type="checkbox"/> Numbness</li> <li><input checked="" type="checkbox"/> Trouble Focusing</li> </ul> <p style="text-align: center;"><i>X Trouble sleeping</i></p>	<p>Digestive Symptoms</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Nausea</li> <li><input type="checkbox"/> Vomiting</li> <li><input checked="" type="checkbox"/> Stomach Pains</li> <li><input type="checkbox"/> Cramping</li> <li><input type="checkbox"/> Diarrhea</li> <li><input type="checkbox"/> Constipation</li> </ul>
<p>Respiratory System</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asthma</li> <li><input checked="" type="checkbox"/> Trouble breathing</li> <li><input type="checkbox"/> Chest pains</li> <li><input type="checkbox"/> Wheezing</li> <li><input type="checkbox"/> Difficulty breathing during exercise</li> </ul>	<p>Muscles &amp; Skeletal Systems</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Back pain</li> <li><input type="checkbox"/> Leg pain</li> <li><input type="checkbox"/> Arm pain</li> <li><input type="checkbox"/> Swollen joints</li> <li><input type="checkbox"/> Difficulty walking or moving</li> </ul>	<p>Circulatory System</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Rapid heartbeat</li> <li><input type="checkbox"/> Slow heartbeat</li> <li><input type="checkbox"/> Chest pain</li> <li><input checked="" type="checkbox"/> High blood pressure</li> <li><input type="checkbox"/> Cold hands/feet</li> </ul>

## Medications:

none

## Doctor's Notes:

Hayden's strep test was negative; negative for the flu; No sign of bacterial or viral infection; Heart rate & blood pressure high - no sign of heart issue; Maybe see a specialist? - Therapy or GI Doctor