



**York College**  
**Physician Assistant Program**  
 94-20 Guy R. Brewer Blvd SC-112  
 Jamaica, NY 11451

Course Instructors:  
**S. Shami, PA-C**  
**M. Malavet, PA-C**  
**J. Yuan, PA-C**  
 (718) 262-2848 or 2839  
 Fax: (718) 262-2504

**History and Physical Verification Form**

**Class:** Physical Diagnosis II (HPPA 522)

**Student Expectation:**

- Obtain medical history and perform physical exam up to the point covered in class.
- Oral presentation to clinical site supervisor/preceptor


**Student:** Lucas Cavalier PA-S

**Clinical Site:** NYPO Emergency Room

**Date of Visit:** 19MAY19

**Activity performed:** H: P

**Supervisor:**  
**Name and Credentials:** Mutaz Mwa, MD.

**Supervisor Signature:** 

**Supervisor Comments:**  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Identifying Information

Name: RY

Address: 86-21 43st. Jackson Heights, NY

DOB: 8/17/1994

Location: Emergency Room New York Presbyterian Queens ✓

Source: Self, Reliable

Source of Referral: Brought to E.R. by mother ✓

Chief Complaint: "I'm having chest pain" x 1 day.

HPI: 25 y/o ♀ is no PMH presents to emergency room with cough, and chest pain. Onset chest pain x 24 hours. Pain localized to Left side over lower ribs. Pain is described as stabbing & non-radiating. 7/10 pain scale. Pain is increased with laying down & relieved with lifting arm above head. Coughing. Cough x 3 weeks non-productive, dry and sporadic. Treated with Azithromycin given to her via Tele-consult from pediatrician. States cough has not improved. Self tx with adult cold, sinus, dalsym and nyquil with relief. Admits to loss of sleep due to cough, decreased appetite. Denies hemoptysis, shortness of breath, palpitations, syncope, wheezing, cyanosis, sore throat, post-nasal drip, nausea, vomiting, diarrhea, night sweats, febrile chill. → Denies Pregnancy. Last menstrual cycle 26 Feb 2019 "normal" ✓

WHEN DID HE  
FINISH HIS  
COURSE OF ABX?

HOW MANY  
MAY SHE  
BEING

PMH: ~~NO~~ Denies Post-medical hx

Denies previous illnesses or hospitalizations ✓

Childhood immunizations. States she's "current"

Past Surg hx: Denies any hx of surgeries ✓  
denies transfusions

✓ INCLUDE THIS IN HPI

Medications: Azithromycin 250mg "Z-pak" day 3. for "cough"

Aleve OTC 1 tab yesterday afternoon for cough

Dalsym OTC 1 tsp PO yesterday for cough

Nyquil OTC 1 tsp PO yesterday qhs for "cough"; to help sleep

Denies Birth Control meds, supplements, herbals ✓

Allergies: NKDA. Denies seasonal/environmental allergies ✓

Family Hx: Father deceased age 51 "Massive MI" ✓

Mother: healthy 56. DM Type II x 8 months ✓

Brother: 23 healthy ✓

Sister: 27 healthy ✓

Social hx: Tob use: Denies using tobacco or ever using tobacco products ✓

ETOH: 1 Beer twice a month. Denies drinking to excess ✓

Drugs (Illicit): Denies using illegal drugs ✓

Exercise: Denies exercising. States "I do not exercise much" ✓

Stress: Moderately stressed due to job searching. Denies SI/HI ✓

Occupation: unemployed ✓

Marital status: Single. ✓

Home situation: lives at home w/ mother. No pets ✓

Sexual hx: Denies being sexually active. Now or previously. Heterosexual ✓

Review of Symptoms:

General: Admits to loss of appetite. (Last oral intake yesterday evening) ✓

5 issues. Denies recent weight gain/loss, dening weakness, malaise, fatigue ✓

Skin, hair, nails: Denies changes in texture, excessive dryness, discolorations, pigments, moles, rashes ✓

Head: Denies headache, vertigo, head trauma, loss of consciousness, or coma ✓

Eyes: Denies blurred vision, diplopia, scotoma, photophobia, pruritus. Denies glasses or contacts ✓

Ears: Denies deafness, pain, discharge, otitis, hearing aids. ✓

Nose/sinus: Denies discharge, epistaxis, obstruction. ✓

Mouth/throat: Denies bleeding gums, sore throat, mouth ulcers, loose teeth. dentures  
last dental exam 19 DEC 2018. ✓

Neck: Denies swelling/lumps, stiffness, decreased ROM. ✓

Breast: Denies lumps, discharge, pain. ✓

Pulmonary: Denies dyspnea, palpitations, syncope, or orthopnea. See HPI ✓

Cardiovascular: See HPI. Denies hx of heart murmur ✓

Gastrointestinal: ~~Denies~~ See HPI. Denies intolerance to different foods, dysphagia ✓  
pyrosis, flatulence, eructus, or abdominal pain. Denies constipation, hemorrhoids, rectal bleeding

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## Review of Systems (CONT)

Lucas Cavetm

Genitourinary: Denies urinal frequency, nocturia, urgency, dysuria ✓

Menstrual: objectual: See HPI. Starts 3-4 pads per cycle.

Denies ~~pregnancy~~ pregnancy. of Menarche at age 14. **NULLIPAROUS**

Nervous System: Denies seizures, ataxia, change in cognition mental status, or memory. ✓

Musculoskeletal: Denies joint pain, swelling, arthritis ✓

Peripheral vascular system: Denies intermittent claudication, coldness/trophic changes denies varicose veins or edema ✓

Hematologic system: Denies anemia, easy bruising, enlarged lymph nodes ✓

Endocrine: Denies polydipsia, polyphagia/polyuria, heat/cold intolerance, goiter, hirsutism

Psychiatric: Denies depression, sadness, or feeling of hopelessness. Denies HI/ST

## Physical Exam:

General: Well nourished, well developed obese ♀ in no apparent distress. Alert and oriented x3. Good posture and dressed in E.R gown. ✓

Vitals: ♀ Left arm 136/93 Pulse 70 Resp 18 T 38.6 oral  
Height: 63" Weight 251 lbs **SpO<sub>2</sub>?** ✓

Skin, hair, nails: No masses, lesions, deformities, No ecchymosis, erythema scars or tattoos. Skin warm moist, Good turgor. No jaundice/cyanosis ✓

Head: No, maculopapular, traumatic, No tenderness to palpation, No masses, lumps, deformity

Eyes: Symmetrical OU. No evidence of strabismus, exophthalmos, ptosis, sclera. white, conjunctivae pink, PERILA. EOMI ± nystagmus, Visual fields full. ✓

Visual acuity OD 20/20 OS 20/20 OU 20/20 uncorrected.

Ophthalmoscopy: Red light reflex OU. No AV nicking, cotton-wool spots noted. ✓

Ears: Auricles symmetrical ± adequate size. No masses lesions deformity. No tenderness to palpation of tragus, mastoid, lobe. External auditory canal unobstructed A.U. Tympanic membrane pearly grey, cone of light appropriate place, no injection over umbo A.U. AU whisper test auditory acuity ~~to intact~~ to whisper AU. Weber/Rinne midline Rinne - AC > BC AU. ✓

Nose: Nodules Rhinorrhea in Right nostril, ± **ERYTHEMATOUS** inflamed lower turbinate. No masses lesions deformity, No tenderness to palpation, crepits, step off Septum midline. Pink, moist, Patent airway ✓

Sinuses: No tenderness to palpation over frontal, maxillary sinuses. ✓

COLOR?  
-WEAR  
-GREEN  
-BROWN

OVER ↓

IN A PATIENT LIKE THIS YOU COULD SAY "NO RHONCHI AUSCULTATED OVER TRACHEA"  
IF YOU THOUGHT THERE MAY BE A POST-NAZAL DRIP AS CAUSE OF COUGH

## Physical Exam (cont)

Mouth/oropharynx: No masses lesions deformities of lips, lips moist, pink. Buccal mucosal pink, moist, no masses, lesions, deformities of ~~lips~~<sup>teeth</sup>. Good dentition. No loose teeth. Tongue pink well papillated, No masses, lesions. Mallampatti grade 3.

Throat: Uvula midline, tonsils grade I. No post nasal drip, erythema

Neck: Trachea midline. No masses lesion deformity, scar pulsation. Supple, non-tender. From, No bruits of thyroid

Lymphs: No palpable cervical lymphadenopathy

Lungs: No use of accessory muscles. Tactile fremitus noted symmetrically throughout.

Clear to auscultation. No adventitious lung sounds. Thoracic expansion symmetrical. AP diameter 1:2.

Noted tenderness to palpation of 5-6<sup>th</sup> rib mid clavicular line of left anterior thorax. No palpable masses, lesions. No evidence of ecchymosis, erythema. ~~No evidence of flail chest~~ No paradoxical movement of thorax.

Heart: No murmurs, heaves, thrills noted. Regular rate, rhythm. S<sub>1</sub>, S<sub>2</sub>. No gallops. S<sub>3</sub> S<sub>4</sub>.

Breast: Symmetrical. No masses, discharge of nipple, retracts. No scars. Pew d'orange. No palpable masses or tenderness. Axillary lymph nodes non-palpable, non-tender bilaterally.

Abdomen: No masses, lesions deformity, scars. Bowel sounds heard through. Tympanic throughout all quadrants. No general/rebound tenderness. No palpable organomegaly.

DBE: No masses, lesions deformity. No evidence of hemorrhoids, rectal bleeding or trauma. Adequate sphincter tone. No blood noted on exam glove. Occult Neg

Rectal Exam: ~~Rectal~~ Female genitalia no masses, lesions deformity, No edema or erythema. Pubic hair evenly divided. No evidence of Bartholin glands, or Skene's glands, inflammation.

No tenderness to palpation of the labia majora, urethra meatus. Cervix appears pink, no discharge, blood noted from os. Swab samples obtained. Bimanual exam show no evidence of cervical motion tenderness. No palpable or tender adnexa.

No masses or edema at the fornices. Vagino-rectal exam shows tenderness, edema, masses or bleeding. Occult negative.

Peripheral Vascular System: Radial, brachial. No evidence of edema, erythema, ecchymosis. Color and temperature appear adequate. No clubbing or cyanosis. Capillary refill <2 sec.

Musculoskeletal: (upper): No trauma, soft tissue injury, edema erythema. No tenderness to palpation. No crepitus. From active motion of shoulder, elbow, wrist, fingers

PULSE EVALUATION?

Physical Exam (cont)

Lucas Cavalier

Laboratory findings:

CBC

Tripain level I/T

IV  $\bar{c}$  ~~lor=loc~~?

PT/PTT

CMP

Rx Ketorelac 15mg IV.

UA

~~WBC~~ ~~over~~

EKG: showed NSR

ECHOCARDIOGRAM (PROBABLY OVERKILL)

CXR:

Assessment: 25y/o ♀  $\bar{c}$  no PMH presents  $\bar{c}$  ~~the~~ ~~fig~~ chest pain and cough. Chest pain likely due to cough:

- ① Costochondritis: dx made clinically  $\bar{p}$  h/o of cardiac/pulmonary etiology
- ② Pleurisy: dx made clinically. CXR.
- ③ Pneumonia: CXR rule out
- ④ Bronchitis: dx made clinically
- ⑤ Myocardial infarction: h/o  $\bar{c}$  Tripain levels and chief complaint

Problem list

- ① Cough/chest pain  $\leftarrow$  CAN SEPARATE INTO 2 PROBLEMS
- ② Obesity

HYCODAN WORKS GREAT FOR PATIENTS LIKE THIS