

ME MedExpress

URGENT CARE



MedExpress Urgent Care
1729 East State St
Hermitage, PA 16148
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To: _____ From: Med Express
Company: Discovery House Date: 5-20-16
Fax: 303-736-7767 Pages: 3 pgs
Phone: _____ Return Phone: 724-347-2083
RE: Name: Nicholas Soles DOB: 3/21/93

Remarks: Urgent For your review ASAP Please Comment

Comments: per request

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General Physical Form

Patient Name: Nicholas D Soles DOB: 3/21/1983 Date: 5/20/2016

Medical History: (to be completed prior to examination)

Do you have a health history of any of the following?

- | | | | |
|---|---|------------------------------------|---|
| Chronic or recurrent illness | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Cardiovascular condition | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Head/Brain injuries | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | High blood pressure | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Seizures/Epilepsy | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Lung disease/ Asthma | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Concussion | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Diabetes or elevated blood sugar | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Dizziness or frequent headaches | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Muscular disease | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Eye disorders or impaired vision | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Knee, ankle, neck or back injuries | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Ear disorders, loss of hearing or balance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Broken bones or dislocation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Develop coughing, wheezing or unusual shortness of breath with exercise | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

For any "Yes" answer, indicate the date, diagnosis, treatment and current status of the condition:

None

List current medications, including over-the-counter medications:

Pro Nix] taken for GERD
 Reglan]

List any allergies:

None

I certify that the above information is complete and true. I understand that inaccurate, false or misleading information may invalidate the examination.

Nicholas D Soles
 Patient's Signature

5/20/2016
 Date



MedExpress Hermitage

1729 East State St.

Hermitage

PA 16148-1863

Phone: (724) 347-2083 Fax: (724) 342-0254

Patient Name: Nicholas D Soles

DOB: 3/21/1983

Date: 5/20/2016

Vital Signs:

Height 5' 9" Weight 203 Apical Pulse — Radial Pulse 86

Blood Pressure 118/70 BMI 29.9

Visual Acuity Uncorrected Corrected: L- 20/20 R- 20/15 Pupils Equal Yes No

Urinalysis for Glucose Performed + Whisper test B: 10 ft L: 10 ft R: 8 ft

Physical Exam:

This exam is not meant to replace a full physical examination performed by your private physician.

- Mouth Appliances Yes No Wheezing Yes No
- Missing/Loose Teeth Yes No Cardiac Irregularities Yes No
- Caries Needing Treatment Yes No Cardiac Murmur Yes No
- Enlarged Lymph Nodes Yes No Murmur with Valsalva Yes No
- Skin Infectious Lesions Yes No Abdomen Mass Yes No
- Peripheral Pulses Equal Yes No Organomegaly Yes No
- Symmetrical Breath Sounds Yes No

Musculoskeletal System: (note any abnormalities) None

- Neck Yes No Knee/Hip Yes No
- Shoulder Yes No Ankle Yes No
- Elbow Yes No Hamstrings Yes No
- Wrist Yes No Scoliosis Yes No

Upon evaluation, I recommend:

- May participate in work Sports Activities A follow-up examination with a Primary Care Physician
- Other provider for the following: _____

Ashley Adams PA
Physician's Signature

5/20/16
Date