**Bravo Health Terlingua**
199 Rex Ivey Rd
Terlingua, TX 79852
P: (432) 300-5175 | F:(432) 200-0532

## Referral Form

**Referring to:** Dr. Test Specialist
**Referred from: JAMES TARIN, MD**

**Patient Information:**

**Patient:** 111test 111test **DOB:** 07/10/1967 **Sex:** Male

**Patient Address:** 5802 Hoover St. Houston TX 77092 **Patient Phone:** (713)-205-3651

**Patient Diagnosis:** ICD10: J32.8 - Other chronic sinusitis; ICD10: N20.0 - Calculus of kidney

**Reason for Referral:**
**evaluate and treat for refer to ENT (J32.8)**

**Additional Referral Notes:**

**Insurance Information:**
Vtg Non Hdhp00000000
Authorization #:
# of Visits:
Expiration Date:

MEMORIAL HERMANN
OnSite Clinic
IN ASSOCIATION WITH Hamilton Health Box

HAMILTON HEALTHBOX

Electronically Signed by: DANIELLE OLSZESKI on 01/02/2026 04:10 PM CST

## Patient Demographics

**Patient Name:** 111test 111test
**Date of Birth:** 07/10/1967
**Gender:** Male
**Preferred Language:** Spanish
**Bill Type:** INSURANCE
**Primary Insurance:** VTG non HDHP

## Care Team

**Rendering Provider:** JAMES TARIN, MD

## Date and Location of Visit

**Date of Service:** 12/16/2025
**Chart Number:** HHB8A2
**Location:** MHOCVTG

## Medication Summary

**Drug Allergies**
**Zofran** (Zofran) urticaria (hives) (Active)

**Current Medications**
**Ambien (zolpidem) tablet 5 mg**
**Ilsinopril (Ilsinopril) tablet 5 mg** Take 1 tablet by mouth once a day

**Medication Reconciliation:**
Not performed

## Chief Complaint / Assistant Note

Pt 111test, a 58 y.o.Male, presents with .

## Subjective

**HPI**

What brings you in today?
→ "What&#39s going on?" or "What are you being seen for today?"

When did it start?
→ Days, weeks, etc.

Where is it located?
→ Be specific: "left knee," "lower back," etc.

What does it feel like?
→ Sharp, dull, pressure, itchy, etc.

Has it gotten better, worse, or stayed the same?

Any other symptoms?
→ Fever, nausea, cough, swelling, etc.

Have you done anything to treat it so far?
→ Medications, ice/heat, rest, ER/urgent care, home remedies

**Medical History- Adult**
**Past Medical History:** ☐None

| | | | | |
|---|---|---|---|---|
| ☐ADHD | ☐COPD | ☐Irritable Bowels | ☐Prostate Problems | ☐Urinary Tract Infection |
| ☐Seasonal Allergies | ☐ Depression | ☐Irregular Heartbeat | ☐Psychiatric Problems | ☐Cancer |
| ☐Amputation | ☐Dementia | ☐Incontinence | ☐Rheumatoid Arthritis | ☐ |
| ☐Anemia | ☐Diabetes | ☐Kidney Disorder | ☐Seizures | ☐ |
| ☐Anxiety | ☐Gastrointestinal Disorder(s) | ☐Kidney Stone | ☐ Sinus Issues | ☐ |
| ☐Asthma | ☐GERD | ☐Lung Disorder(s) | ☐Skin Problems | ☐ |
| ☐Autoimmune Disorder(s) | ☐Glaucoma | ☐Memory Impairment | ☐Sleep Apnea | ☐ |
| ☐Blood Clot | ☐Heart Condition | ☐Migraine Headaches | ☐STI | ☐ |
| ☐Blood Disorder(s) | ☐Hepatitis | ☐Neuropathy | ☐Stroke | ☐ |
| ☐Cataract | ☐Hypertension | ☐Osteoarthritis | ☐Thyroid Disorder | ☐ |
| ☐Cirrhosis | ☐Hypotension | ☐OB-GYN Problems | ☐Tuberculosis | ☐ |
| ☐Crohn's Disease | ☐High Cholesterol | ☐Pneumonia | ☐Ulcer | ☐ |

**FAMILY MEDICAL HISTORY** ☐ family history unknown

| | |
|---|---|
| Mother | ☐Hypertension ☐Diabetes ☐Stroke ☐Heart Disease/Heart Attack ☐High Cholesterol ☐Thyroid Disease ☐Cancer (Type) |
| Father | ☐Hypertension ☐Diabetes ☐Stroke ☐Heart Disease/Heart Attack ☐High Cholesterol ☐Thyroid Disease ☐Cancer (Type) |
| Siblings | ☐Hypertension ☐Diabetes ☐Stroke ☐Heart Disease/Heart Attack ☐High Cholesterol ☐Thyroid Disease ☐Cancer (Type) |
| Family (Other) | ☐Hypertension ☐Diabetes ☐Stroke ☐Heart Disease/Heart Attack ☐High Cholesterol ☐Thyroid Disease ☐Cancer (Type) |

**Social History:**
Occupation: ☐Retired ☐Disabled ☐Student ☐Homemaker ☐Unemployed ☐Self-Employed ☐Employed Full-Time ☐Employed Part-Time
Marital Status: ☐Single ☐Married ☐Divorced ☐Widow/Widower ☐Domestic Partner ☐ In a long-term relationship
Number of Children: Do you live alone: ☐Yes ☐No
Alcohol: ☐Yes ☐No Amount: ☐Social Drinker ☐NON DRINKER
Substance Abuse: ☐Yes ☐No Type:
Do you exercise regularly? ☐ Yes ☐No **If yes, what type and how often?
Special Diet?
Are you a smoker? ☐Yes ☐No Have you ever been a smoker? ☐ Yes ☐ No
If yes, Age Started Smoking Age Stopped PPD
Are you an E-Cigarette User ☐Yes ☐No` Do you use smokeless tobacco? ☐Yes ☐No

Sexually Active

**SURGICAL HISTORY** ☐ No surgical history

| | | | | |
|---|---|---|---|---|
| ☐ Appendectomy | ☐ Cesarean | ☐ Breast Biopsy | ☐ CABG | ☐Cataracts |
| ☐ Cholecystectomy | ☐ EGD | ☐Mastectomy ☐Lumpectomy | ☐ Cardiac Cath | ☐Thyroidectomy |
| ☐ Hysterectomy | ☐ Circumcision | ☐ Knee Surgery | ☐Pacemaker/Defibrillator | ☐Splenectomy |
| ☐ Tubal Ligation | ☐ Hernia Repair | ☐Hip Surgery | ☐ Ear Tubes | ☐ Carotid Endarterectomy |
| ☐ D&C | ☐ Bladder Surgery | ☐ Back Surgery | ☐ Tonsils/Adenoids | ☐ Other |

| What Kind? | Where was it done? | When? |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**Specialists:** ☐None

| Specialty | Frequency | Last Visit | Next Visit | Comment/Reason |
|---|---|---|---|---|
| | | | | |

| | | | | |
|---|---|---|---|---|
| | | | | |
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| | | | | |

**Hospitalizations or Other Medical Problems:** ☐None

| Why? | Where? | When? |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**HEALTH MAINTENANCE**

| | |
|---|---|
| ☐Colonoscopy ☐ COLOGUARD ☐FOBT (Date): | ☐Chest XRAY (Date): |
| ☐Screening Mammogram (Date): | ☐Low dose CT chest (lung cancer screening) (Date): |
| ☐ PAP smear (Date): | ☐ Eye Exam (Date): |
| ☐DEXA scan (Date): | ☐ TB skin test (Date): |

**Gynecology History- Women only:**
☐n/a
Date of last menstrual period: Menopause? Currently Pregnant? . Breastfeeding
G: P: M: A:
Method of Contraceptive:

**Immunization History:**
Pneumonia Vaccination: Date: ; Date:
Shingrix Vaccination: 1st: 2nd:
TD: Date:
Flu: Date:
Other:

**End of Life Plan:**
Advanced Directives?
Living Will?
Medical Power of Attorney? Name: Relationship:
DNR? Filed Where?

**Problem History**

| C.S. | Code | Description | Status | Diagnosed | Edu | Cog | Func | Diagnosed By | Resolved By |
|---|---|---|---|---|---|---|---|---|---|
| ICD10 | N20.0 | Calculus of kidney | ACTIVE | 12/16/2025 07:58 AM CST | No | No | No | DANIELLE OLSZESKI | N/A |
| ICD10 | J32.8 | Other chronic sinusitis | ACTIVE | 12/16/2025 07:58 AM CST | No | No | No | DANIELLE OLSZESKI | N/A |

**ROS**

REVIEW OF SYSTEMS

| SYSTEMS | WNL | ABNORMAL |
|---|---|---|
| GENERAL | ☐ | ☐WEIGHT CHANGE ☐FATIGUE ☐FEVER ☐CHILLS ☐NIGHT SWEATS ☐DECREASED ENERGY LEVEL ☐RECENT ILLNESS ☐WEAKNESS ☐INSOMNIA ☐SWEATING ☐NOCTURNAL COUGH |
| SKIN | ☐ | ☐DELAYED HEALING ☐RASH ☐BRUISING ☐BLEEDING ☐SKIN DISCOLORATION ☐CHANGE IN SKIN LESION/MOLE ☐LUMP ☐BUMP ☐SKIN LESION ☐SORE ☐INSECT BITE |
| HEAD | ☐ | ☐ HEADACHES ☐ITCHY SCALP ☐ RECENT HEADINJURY ☐ CONCUSSION |
| EYES | ☐ | ☐BLURRED VISION ☐CHANGE IN VISION ☐DISCHARGE ☐EYE PAIN ☐PHOTOPHOBIA ☐EYE REDNESS |
| EARS | ☐ | ☐EAR PAIN ☐HEARING LOSS ☐RINGING IN EAR ☐DISCHARGE ☐HEARING AID |
| NOSE/MOUTH/THROAT | ☐ | ☐SINUS CONGESTION ☐DYSPHAGIA ☐NOSE BLEED ☐NASAL DISCHARGE ☐DENTAL PAIN ☐HOARSENESS ☐SORE THROAT |
| BREAST ☐N/A | ☐ | ☐LUMPS ☐BUMPS ☐CHANGES |
| HEME/LYMPH/ENDO | ☐ | ☐HIV ☐BRUISING ☐HX OF BLOOD TRANSFUSION ☐NIGHT SWEATS ☐SWOLLEN GLANDS ☐INCREASE THIRST ☐INCREASE HUNGER ☐COLD INTOLERANCE ☐HEAT INTOLERANCE ☐ABNORMAL BLEEDING |
| CARDIOVASCULAR | ☐ | ☐CHEST PAIN ☐PALPITATIONS ☐PND ☐ORTHOPNEA ☐EDEMA ☐SWEATING WITH FEEDING ☐EXERCISE INTOLERANCE |
| RESPIRATORY | ☐ | ☐COUGH ☐WHEEZING ☐HEMOPTYSIS ☐DYSPNEA ☐PNEUMONIA HX ☐TB ☐ASTHMA HX ☐PRODUCTIVE SPUTUM ☐HOME OXYGEN @LPM. |
| GASTROINTESTINAL | ☐ | ☐NAUSEA ☐VOMITING ☐DIARRHEA ☐CONSTIPATION ☐HEPATITIS ☐HEMORRHOIDS ☐EATING DISORDER ☐ULCER ☐BLACK TARRY STOOL ☐ABDOMINAL PAIN ☐BLOOD IN STOOL ☐GERD ☐HEARTBURN |
| GENITOURINARY/NEPHROLOGY | ☐ | ☐URGENCY ☐FREQUENCY ☐BURNING ☐DYSURIA ☐CHANGE IN COLOR OF URINE ☐INCONTINENCE ☐DISCHARGE ☐BLOOD IN URINE ☐PAINFUL/SWOLLEN GENITAL AREA |
| GYNECOLOGICAL ☐N/A LNMP | ☐ | |
| MUSCULOSKELETAL | ☐ | ☐BACK PAIN ☐JOINT SWELLING ☐STIFFNESS ☐JOINT PAIN ☐FRACTURE HX ☐OSTEOPOROSIS ☐MUSCLE WEAKNESS ☐MYALGIA ☐FREQUENT FALLS ☐NECK PAIN ☐BACK PAIN |
| NEUROLOGICAL | ☐ | ☐SYNCOPE ☐SEIZURES ☐TRANSIENT PARALYSIS ☐WEAKNESS ☐PARESTHESIA ☐BLACK OUT SPELLS ☐SENSORY CHANGE ☐TINGLING☐DIZZINESS ☐SPEECH CHANGE ☐HEADACHE ☐TREMORS ☐DIFFICULTY/TROUBLE SWALLOWING |
| PSYCHIATRIC | ☐ | ☐DEPRESSION ☐ANXIETY ☐NERVOUS ☐SLEEPING DIFFICULTY ☐SUBSTANCE ABUSE ☐SUICIDAL IDCATIONS/ATTEMPTS ☐PREVIOUS DX ☐INSOMNIA ☐HALLUCINATIONS ☐DISTURBED SLEEP |
| ENDOCRINE | ☐ | ☐INCREASE THIRST ☐INCREASE URINATION ☐HIGH BLOOD SUGAR ☐LOW BLOOD SUGAR |
| ADDITIONAL COMMENTS : | | |

**PHQ-2**
Little interest or pleasure in doing things in last 2 weeks
Feeling down, depressed, or hopeless in last 2 weeks

Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]

## Objective

**Objective Notes**

## Assessment

**Assessment Notes**

**Diagnosis Codes**

| C.S. | Code | Description | Status | Diagnosed | Education | Cog | Func |
|---|---|---|---|---|---|---|---|
| ICD10 | N20.0 | Calculus of kidney | ACTIVE | 12/16/2025 | No | No | No |
| ICD10 | J32.8 | Other chronic sinusitis | ACTIVE | 12/16/2025 | No | No | No |

## Procedure

**Procedure Notes**

## Plan

**Plan Notes**

Patient Referred Out and Summary of Care Provided: No
Clinical Summary Provided: No

**Referrals**

| Provider | Specialty | Description / Reason | DX Pointers |
|---|---|---|---|
| Danielle Olszeski | INTERNAL MEDICINE | (Code: )<br>refer to urology | N20.0 - Calculus of kidney |
| | None | (Code: )<br>refer to ENT | J32.8 - Other chronic sinusitis |

**Prescriptions**

| Drug Signature | Start Date | Status |
|---|---|---|
| **amoxicillin** (amoxicillin) tablet 875 mg, Take 1 tablet by mouth twice a day, 2 tablets, 0 refills | 12/16/2025 01:47:59 PM CST | |

**Lab Orders**

| Rendering Provider | Test Codes | Order Status | Created Date |
|---|---|---|---|
| JAMES TARIN, MD | 6399 - CBC (INCLUDES DIFF/PLT) | ROUTINE | 01/02/2026 03:04 PM CST |

**Additional SOAP Comments**

Electronically Signed by: DANIELLE OLSZESKI on 01/02/2026 04:10 PM CST

Note generated by Azalea EHR - www.AzaleaHealth.com

*Please make the necessary corrections below

Name: 111TEST, 111TEST
PID: HHB8
MRN:

HAMILTON HEALTH BOX CENTRAL
2450 HOLCOMBE BLVD STE 2200, SUITE 2200
HOUSTON, TX 77021

Phone: (832) 841-4269
Fax: (832) 376-7445
Hours: 8:00 am - 5:00 pm

X-Ray#:
Gender: MALE
DOB: 07/10/1967 (58 y.o.)
SSN:
Email: tracey.rios@hamiltonhealth
Pri. Phone: (713)205-3651
Work Phone:
Cell Phone:
Address: 5802 HOOVER ST.
HOUSTON, TX 77092

Emergency Name: VERA, STEPHANIE
Emergency#: (713)205-2984
Occupation:
Employment Status:
Employer Name:
Employer Address:

*** Please notify staff of any changes below ***

Medication Updates: Yes / No
Allergy Updates: Yes / No
Primary Physician: _____

Guarantor Name: 111TEST, 111TEST
Patient's Relationship to Guarantor: SELF
Address: 5802 HOOVER ST.
HOUSTON, TX 77092

DOB: 07/10/1967
SSN: XXX-XX-
Pri. Phone: (713)205-3651
Work Phone: ()-
Employer:

## Patient Insurances

| PRIMARY INSURANCE | SECONDARY INSURANCE | TERTIARY INSURANCE |
|---|---|---|
| Name: VTG non HDHP<br>Address: 5851 SAN FELIPE ST<br>UNIT 225<br>HOUSTON, TX 77057<br>Policy #: 00000000<br>Group #:<br>Copay #:<br>Patient-Relationship: SELF<br>Insured Name: 111TEST, 111TEST<br>Insured DOB: 07/10/1967<br>Insured SSN:<br>Insured Gender: MALE | XXX-XX- | XXX-XX- |

## Update of Information - Please update all fields inconsistant with our records above

| Patient | Guarantor | Additional Notes |
|---|---|---|
| Pri. Phone: ( ) - | ( ) - | |
| Work Phone: ( ) - | ( ) - | |
| Cell Phone: ( ) - | ( ) - | |
| Address: | | |
| Employer: | | |
| Other: | | |

By signing below, I acknowledge that the above demographic information is correct and that I have made any corrections or changes as appropriate. I understand that I may be liable for charges that result from any inaccurate information provided.

Signature: _____ Date: _____