

**KAISER PERMANENTE** STK-WEST LANE  
 7373 WEST LANE  
 STOCKTON, CA 95210-3377

ANDERSON, TIFFANY K  
 MRN: 110007897964  
 DOB: 8/22/1970, Sex: F  
 Enc. Date: 07/26/07

*Date of sex Hcn.*  
*Complaint filed*

**Office Visit**

**Visit Information**

	Provider	Department	Encounter #
7/26/2007 4:30 PM	SYLVIA FERNANDES MD	Stk-Pme1 >West Lane	42631059

**Allergies as of 7/26/2007**

Date Reviewed: 7/26/2007

Noted	Type	Reactions
No Known Allergies		

**Immunizations**

No immunizations on file.

**Reason For Encounter History**

User	Date & Time
Romero, Reinaldo Antonio (M.A.)	7/26/2007 4:40 PM

**Reason For Encounter**

NECK PROBLEM [655]

**Diagnoses**

Visit Diagnoses

**DIFFUSE MYOFASCIAL PAIN SYNDROME. - Primary**  
**CERVICALGIA**

**Vitals - Last Recorded**

BP	Pulse	Temp(Src)	Ht	Wt
128/79	78	98.3 °F (36.8 °C) (Tympanic)	5' 4"	145 lb (65.772 kg)

**All Flowsheet Data (all recorded)**

Row Name	07/26/07	Encounter Vitals
	1630	
<b>ENC VITALS</b>		
BP	128/79 mmHg -RR	
Pulse	78 -RR	
Temp	98.3 °F (36.8 °C) -RR	
Temp src	Tympanic -RR	
Wt (gms)	145 lb (65.772 kg) -RR	
Height	5' 4" -RR	
Pain Score	8 (0-10) -RR	
Pain Loc	NECK -RR	
Recorded by	[RR] Romero, Reinaldo Antonio (M.A.)	
<b>Initials</b>	<b>Name</b>	<b>User Key</b>
RR	Romero, Reinaldo Antonio (M.A.)	
		<b>Effective Dates</b>
		-
		<b>Provider Type</b>
		MEDICAL ASSISTANT

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

**Encounter Information**

Date & Time	Provider	Department	Center
7/26/2007 4:30 PM	SYLVIA FERNANDES MD	Stk-Pme1 >West Lane	STKA

**Visit Notes**

REINALDO ROMERO Thu Jul 26, 2007 4:44 PM  
 Neck pain, shoulder pain.  
 Electronically signed by REINALDO ROMERO on Thu Jul 26, 2007 4:44 PM

**Progress Notes**