Exhibit E

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Audiology Clinic Note-Audiological Evaluation and Hearing Aid Check

CHILDREN'S NATIONAL MEDICAL CENTER
HEARING AND SPEECH CENTER
111 Michigan Avenue, N.W.
Washington, D.C. 20010
(202) 476-5600

AUDIOLOGICAL EVALUATION AND HEARING AID CHECK

RE: Brandon Najera
MR: 020778166
EN: 1905801437
AGE: 10 years
DOB: 02/15/2009
DOE: 03/20/2019
PARENTS: Paola Melendez, Julio Najera
ADDRESS: 13523 Georgia Avenue, Apt. 103, Silver Spring, MD 20906
PHONE: 240-898-8184

EXAMINER: Emily Fustos, Au.D., CCC-A, FAAA

HISTORY: Brandon is a 10 year old male who was seen today for an audiological evaluation and hearing aid check. He was accompanied by his mother to today's visit. History obtained from Brandon, his mother with assistance of a Martti Spanish video interpreter, and medical record is as follows:
- History of bilateral high frequency mild to moderate sensorineural hearing loss and experienced hearing aid user
- Brandon's Phonak Sky V50-P hearing aids were dispensed at this center on 11/28/2016
- Last seen in Audiology on 1/25/2017; Brandon demonstrated excellent aided benefits with both of his hearing aids; Brandon was also dispensed his new earmolds and were a good fit for both ears; encouraged mother to keep second pair of earmolds as back up in case if the first set does not fit well or if they are lost
- Today, mother denied hearing concerns and recent ear infections but noted that Brandon needs new earmolds
- Brandon is currently in 3rd grade at Flower Valley Elementary School (MCPS) and receives speech therapy and hearing related services and uses an FM system in the classroom; he is followed by educational audiologist Dr. Louise Colodzin, Au.D.

UNAIDED TESTING

TEST PROCEDURES: Hearing was assessed under insert earphones for specific frequencies and speech using standard audiometry with one tester. Middle ear function was assessed using immittance audiometry.

TEST FINDINGS: See audiological record for behavioral test findings. Mother was given 2 copies of the audiogram prior to her departure from today's session, one for her own records and the other to share with the primary care physician as required.

Audiogram: Behavioral test results were obtained with good reliability.

Right Ear: Stable normal hearing through 500 Hz sloping to mild to moderate sensorineural hearing loss
250 Hz: 10 dB HL
500 Hz: 20 dB HL
750 Hz: 30 dB HL
1000 Hz: 50 dB HL
2000 Hz: 55 dB HL
4000 Hz: 60 dB HL
8000 Hz: 60 dB HL

Left Ear: Stable normal hearing through 1500 Hz sloping to moderate sensorineural hearing loss
250 Hz: 5 dB HL
500 Hz: 15 dB HL
1000 Hz: 10 dB HL

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1500 Hz: 20 dB HL
2000 Hz: 60 dB HL
4000 Hz: 55 dB HL
8000 Hz: 55 dB HL

Speech Audiometry: A speech reception threshold (SRT) was recorded at 20 dB HL in the right ear and 15 dB HL in the left ear, consistent with pure tone thresholds. Word recognition was not assessed due to time constraints, as remainder of appointment was utilized for aided testing.

***Note: Hearing thresholds as compared to previous audiological evaluation on 10/24/2016 were essentially stable for all frequencies bilaterally.*

Immittance Audiometry: Otoscopic evaluation revealed clear ear canals bilaterally.
Tympanometry: Normal physical ear canal volume and normal middle ear pressure and tympanic membrane mobility bilaterally
Ipsilateral Acoustic Reflex Screening at 1000 Hz: Present bilaterally, consistent with normal conduction through the auditory system to the level of the brainstem

AIDED TESTING

TEST PROCEDURES: Aided hearing was assessed in the sound field for specific frequencies and speech using standard audiometry with one tester.

TEST FINDINGS: See audiological record for behavioral test findings.

Current earmolds were found to be a loose fit bilaterally, so earmold impressions were taken today. Visual inspection of the hearing aids revealed that they were in good condition. Electroacoustic analysis and listening check revealed both hearing aids to be in good working order, with no static or distortion. Datalogging revealed average daily hearing aid usage time of 3.1 hours for both hearing aids. Aided performance was assessed using the following amplification:

Manufacturer: Phonak
Model: Sky V50-P
Right Ear Serial #: 1642X0V2M
Left Ear Serial #: 1642X0V2N
Warranty Expires: 1/28/2018

Programming:
Start Up Program: DAI/Roger program
Additional Program(s): Soundflow
SoundRecover: Off
Indicator Lights: On - low battery warning
Volume Control: Deactivated

Functional Gain Audiogram: Aided behavioral test results were obtained with good reliability.

Binaural Hearing Aids:
Speech (SRT): 20 dB HL
500 Hz: DNT due to normal hearing sensitivity
1000 Hz: 25 dB HL
2000 Hz: 20 dB HL
4000 Hz: 25 dB HL
6000 Hz: 20 dB HL

Aided Speech Perception Testing:
Presentation Method: CID W-22 word lists were presented in monitored live voice at 0 degrees azimuth with noise presented at 0 degrees azimuth.

Binaural Hearing Aids:

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1. Quiet (50 dB HL): 92% correct
2. Noise (50 dB HL at +5 dB SNR): 48% correct (it should be noted that speech stimuli were presented at 45 degrees azimuth for speech perception in noise testing, not 0 degrees azimuth)

Even though Brandon demonstrated good aided speech perception in quiet, his score decreased to fair in the presence of background noise; therefore, Brandon will benefit from continued use of an FM system in the classroom to improve the SNR of the classroom and ensure that he has consistent access to the teacher's voice.

The assessment of Brandon's aural rehabilitation status via functional gain measures and aided speech perception in quiet and in the presence of background noise took approximately 35 minutes of today's hour long appointment.

EARMOLD IMPRESSION: Bilateral ear impressions were taken for fabrication of new earmolds for use with hearing aids. Ear impressions were taken bilaterally and without incident. Order will be placed for earmolds as follows:
Company: Emtech
Material: EM3000
Color: blue and neon green swirl
Style: Skeleton
Vent: .09
Tube size: slim tube
Tube through: slim tube
Canal Length: medium
Helix lock: no

Plan: Earmolds will be dispensed and billed to insurance at scheduled hearing aid check appointment.

SUMMARY AND IMPRESSIONS: Results were consistent with normal hearing sensitivity sloping to a stable mild to moderate sensorineural hearing loss bilaterally with normal middle ear function bilaterally. Brandon is receiving significant and appropriate benefit from his hearing aids. He responded to speech and tonal stimuli in the normal to near-normal hearing range with both hearing aids together, which indicates that Brandon's hearing aids are giving him appropriate auditory access to speech sounds for communication and to continue his speech and language development. Brandon also demonstrated excellent aided speech perception in quiet and fair aided speech perception in noise, supporting continued need for FM system use in the classroom. No hearing aid programming changes were made today. Bilateral earmold impressions were taken without incident.

RECOMMENDATIONS:
1. Follow up with primary care physician, managing ENT, and educational audiologist regarding today's results.
2. Continue full time use of binaural hearing aids.
3. Return to Audiology for a hearing aid check evaluation in 1-2 months when new earmolds arrive in the office. Family will be contacted to schedule this appointment.
4. Continue hearing related services in the classroom, including but not limited to preferential seating and FM system use in the classroom to optimize signal-to-noise ratio, especially in group learning situations.

PATIENT/PARENT/CAREGIVER EDUCATION:
Person(s) educated: Brandon and mother
Test results, impressions and recommendations were explained: Verbally
Barriers to learning:Language; mother is Spanish speaking only; a Martti Spanish video interpreter was present for case history and review of results
Patient/parent/caregiver was given the opportunity to ask questions and expressed understanding of today's results and recommendations.

It was my pleasure to work with Brandon and his mother in our center. If I can provide any additional information regarding this patient, please do not hesitate to contact this Center at (202) 476-5600.

Emily Fustos, Au.D., CCC-A, FAAA

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Board Certified in Audiology
Pediatric Audiologist

Cc: Parents
Medical Records

WARNING:

Hearing aids and batteries can be dangerous if swallowed or improperly used.

- Hearing aids should be used only as advised by your doctor, audiologist, or hearing aid dispenser.
- Hearing aids, parts thereof, and batteries are not toys and should be kept out of reach of anyone who might swallow these items or otherwise cause themselves injury.
- Never change the battery or adjust the controls of the hearing aid in front of children.
- Discard batteries carefully in a receptacle that cannot be accessed by infants, small children, or persons of mental incapacity.
- Always check medication before swallowing as batteries have been mistaken for tablets.
- Never put your hearing aid or batteries in your mouth for any reason, as they are slippery and may be accidentally swallowed.
- In the event a battery is swallowed, call collect: The National Button Battery Ingestion Hotline at (202) 625-333 for counsel on treatment.

Electronically Signed by EMILY FUSTOS on 3/25/2019 1:20:46 PM

Review Requested of Primary Care Provider
Review Requested of Parents/Guardians of Patient
Perform Completed by EMILY FUSTOS on Wednesday, March 20, 2019 2:41:50 PM
Modify Completed by EMILY FUSTOS on Monday, March 25, 2019 1:06:59 PM
Modify Completed by EMILY FUSTOS on Monday, March 25, 2019 1:14:32 PM
Modify Completed by EMILY FUSTOS on Monday, March 25, 2019 1:18:19 PM
Modify Completed by EMILY FUSTOS on Monday, March 25, 2019 1:19:24 PM
Modify Completed by EMILY FUSTOS on Monday, March 25, 2019 1:20:46 PM
Sign Completed by EMILY FUSTOS on Monday, March 25, 2019 1:20:46 PM
VERIFY Completed by EMILY FUSTOS on Monday, March 25, 2019 1:20:46 PM

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Upper Marlboro: (301) 297-4000

Scottish Rite Center for Childhood Language Disorders
(202) 939-4703

Sheela L. Stuart, Ph.D.
Department Chair

Tommie L. Robinson Jr., Ph. D.
Director, Scottish Rite Center

Deborah C. Hankins
Clinical Operations Manager

Final Report

RCV
4/3/19

Audiology Clinic Note
Hashim Hashim, MD
Hashim S Hashim MD PC
4701 Randolph Road
Suite 212
Rockville, MD 20852

Patient Name: NAJERA,BRANDON JESUS
Date of Birth: 02/15/2009
Date of Visit: 03/20/2019

Dear Dr. Hashim,

Attached you will find my notes and impressions from our visit with Brandon Najera. Thank you for allowing us to participate in the care of your patient.

Please let us know if you have any questions or concerns.

Sincerely,

Emily Fustos, AuD
efustos@childrensnational.org
Hearing and Speech
Children's National Health System

CC: Hashim Hashim MD
Parent(s)/Guardians of Brandon Najera

The George Washington University
School of Medicine and Health Sciences
Department of Pediatrics

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Neurology Clinic Note-Follow Up Note

Patient Summary
HA
Chief Complaint
FUP
History of Present Illness
Pt with Ha, here today with mom to f/u. HX from mom with translator.
Seen in Feb for initial headache evaluation; prescribed cyproheptadine, mother discontinued after 2 weeks
Seen in March for follow up Headaches had resolved, but HA again arond end of school, seen in July (below).

Now reports HA mostly in AM. Feel dizzy with HA, cannot clarify. Sometimes has N. Photophobia. Drinks only 2 bottle. Sleep 10-9. Spent many ohrs playing outside in the summer. NO caffeine. Lots of trigger food, hod-dog, chocholate.

No weakness with HA. mom noted face asymmetry since March or earlier. Not getting better or worse

form note July 19, no facial weakness noted:
There has been no change in headaches.
-occurs a few times a week
-always in the morning after getting up
-tells mother that his head hurts, no other symptoms, no Nausea or vomiting, no dizziness, no blurred vision.
-resolves on it's own in a few minutes, the longest it lasts in 1-2 hours
-he continues to function well thorough headaches
-drinks 2 bottles of water a day
-continues to have difficulty with constipation
-spends time on tablet while he has headache without difficulty.

Allergies
No Known Allergies
Problem List/Past Medical History
Ongoing
- Bell's palsy
- HA (headache)
- Loss of hearing
- Migraines

Historical
No qualifying data
Family History
~~1 cousin with deafness~~
Social History
Tobacco
Lives with Someone Who Smokes? No., 07/16/2019
Physical Exam
Vitals & Measurements
T: 35.5 °C (Temporal Artery) **HR:** 82(P) BP: 106/78(L Arm) **SpO2:** 91%
HT: 134 cm **WT:** 30.1 kg **BMI:** 16.76
Afebrile
Normocephalic.
No skin lesions.
ENT clear
Heart: RR
Lungs: clear
Abdomen: soft, NT, ND
Peripheral pulses present.

MENTAL STATUS: Awake, alert and oriented to person, place and time. Cooperative with normal comprehension but decreased hearing, and fluent speech.

CRANIAL NERVES:

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I: Not tested.
II: Full visual fields by confrontation. Fundi through the undilated pupil: no abnormal pigmentation, discs of normal color, size and shape, no venous engorgement.
III, IV, VI: Full ocular motility without nystagmus. Pupils equal, round, reactive to light and accommodation.
V: Normal facial sensation bilaterally. Normal strength of mastication muscles.
VII: L facial weakness, asymmetric smile and eye closure
VIII: Hearing decreased. can hear loud voice.
IX, X: Palate elevates symmetrically.
XI: Normal strength of trapezii and sternocleidomastoid muscles. No atrophy.
XII: Tongue protrudes in midline; no fasciculations or atrophy.

MOTOR: Normal muscle bulk, strength and tone. No adventitious movements.
REFLEXES: Deep tendon reflexes 2+
SENSORY: Intact to light touch
COORDINATION: No tremor or abnormal movement. Normal finger-to-nose and heel-to-shin. Normal gait. Normal tandem gait. Normal heel and toe walking. Romberg negative. Rapid alternating and rapid succession movements age appropriate.

Diagnostic Results
CT head 2014
Impression:

1. Mildly diastatic short segment acute fracture of the left posteroinferior parietal bone without significant displacement or depression.

Assessment/Plan
This is a 10 years old male with history of migraine headaches and more frequent HA, mostly in AM

He also developed weakness in the right side of his face that look like a Bell's palsy, that likely developed 3 or 4 months ago.

He has a history of hearing loss for unclear cause and he is wearing hearing aids, but they are not comfortable, and he will need adjustment.

We will get a brain MRI.
Referral to audiology.
Referral to PT for rehabilitation of his right face.

For the migraines
Increase water intake, keep a diary to identify trigger food, keep up good sleep. No caffeine. No food containing nitrates and MSG as discussed.

Magnesium 250 mg at bedtime

In care of severe migraine take Tylenol or Motrin 400 mg.

Do not use pain medication more than twice/week. If medicating migraine, take a full dose at the onset of headache.
Return in 3 months in Neurology
1. Bell's palsy
2. Neuralgia of 7th cranial nerve
3. HA (headache)
4. Migraines
5. Loss of hearing

Electronically Signed by PAOLA PERGAMI on 8/26/2019 11:50:43 AM

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Review Requested of Primary Care Provider
Review Requested of Referring Provider
Perform Completed by PAOLA PERGAMI on Monday, August 26, 2019 10:32:27 AM
Modify Completed by PAOLA PERGAMI on Monday, August 26, 2019 10:32:33 AM
Modify Completed by PAOLA PERGAMI on Monday, August 26, 2019 11:50:43 AM
Sign Completed by PAOLA PERGAMI on Monday, August 26, 2019 11:50:43 AM
VERIFY Completed by PAOLA PERGAMI on Monday, August 26, 2019 11:50:43 AM

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Final Report

Neurology Clinic Note
Mario Ortega, MD
International Pediatrics PA
10901 Connecticut Avenue
Suite 100
Kensington, MD 20895

Patient Name: NAJERA,BRANDON JESUS
Date of Birth: 02/15/2009
Date of Visit: 08/26/2019

Dear Dr. Ortega,

Attached you will find my notes and impressions from our visit with Brandon Najera. Thank you for allowing us to participate in the care of your patient.

Please let us know if you have any questions or concerns.

Sincerely,

Paola Pergami, MD
ppergami2@childrensnational.org
Neurology General Child
Children's National Health System

CC: Mario Ortega MD

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Final Report

Provider Letter (CCD)
HASHIM HASHIM,
4701 Randolph Road
Suite 212
Rockville,MD 20852

Patient Name: NAJERA, BRANDON JESUS
DOB: 02/15/09

Date of Visit: 07/16/19

Dear HASHIM HASHIM ,

Thank you for referring your patient to our office for care.
Attached you will find my notes and impressions from our visit.

Chief Complaint
Headaches

History of Present Illness
Followup headaches
Seen in Feb for initial headache evaluation; prescribed cyproheptadine, mother discontinued after 2 weeks
Seen in March for follow up Headaches had resolved.
Was referred back by PCP for headaches.
There has been no change in headaches.
-occurs a few times a week
-always in the morning after getting up
-tells mother that his head hurts, no other symptoms, no Nausea or vomiting, no dizziness, no blurred vision.
-resolves on it's own in a few minutes, the longest it lasts in 1-2 hours
-he continues to function well thorough headaches
-drinks 2 bottles of water a day
-continues to have difficulty with constipation
-spends time on tablet while he has headache without difficulty.

RECEIVED
7.19.19

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Review of Systems

Review of Systems: No fever or illness. No runny nose or congestion. No difficulty breathing. No vision or hearing changes. No vomiting or diarrhea. No bowel or bladder incontinence. No rashes. No behavioral changes. No pain in extremities. No unexplained lumps, bumps, bruises, or allergies

Physical Exam

Vitals & Measurements

HR: 66(P) **BP:** 95/55(L Arm)

HT: 133.4 cm **WT:** 30.3 kg **BMI:** 17.03

Physical Exam

Constitutional: general: Alert, cooperative, not anxious or depressed, in no acute distress, not lethargic/slow, not restless, not sickly, well-nourished and well-developed.
Integumentary: no rash, no birth marks
Head and Face: Face is nondysmorphic, Head normal shape and size.
Neck: Examination of the neck: no lymphadenopathy, thyroid characteristics: normal size and consistency.
Cardiovascular: Auscultation of the heart: normal, no murmur
Chest and Lungs: Auscultation: normal breath sounds, no adventitious sounds
Neurologic: Appropriate judgment, insight, mood, affect, and behavior. Oriented to person, place, and situation. Appropriate recent and remote memory. Normal attention span. Normal spontaneous speech. Vocabulary is age-appropriate. Funduscopic exam reveals sharp disc margins bilaterally. Pupils are equally round and reactive to light and accommodation. Extraocular movements are full and intact with conjugate gaze and no nystagmus. Facial sensation is intact to touch bilaterally. Facial expressions are strong and symmetric bilaterally. Hearing is intact to conversation. Palate elevates symmetrically. Tongue extends in the midline. Normal tone and bulk in all four extremities with no posturing, tremors, or pronator drift. Strength is 5/5 proximally and distally in all four extremities. Deep tendon reflexes are appropriate and symmetric throughout. Toes go down. No nystagmus, dysmetria, or ataxia. Normal gait.
Psychiatric: Appropriate judgment, insight, mood, affect, and behavior. Oriented to person, place, and situation. Appropriate recent and remote memory. Normal attention span. Normal spontaneous speech
Coordination: Normal. Romberg sign negative, no impairment of tandem walking. No impairment of finger to nose. No impairment of rapid alternating movements

Assessment/Plan

Tension headaches

Exam is normal with no focal neurologic signs, no signs of increased inter cranial pressure, optic discs are sharp with normal spontaneous venous pulsations.
Headache is not associated with unilateral symptoms of redness of the eye, tearing, runny nose, ptosis, or dilated pupil. Headache does not wake the patient out of sleep, is not

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associated with substantial periods of confusion, is not associated with excessive vomiting, and is not associated with a change in balance. The headache is not of progressive frequency. The headache is not clearly positional

No need for diagnostic imaging

Plan
1) Do these things every day to prevent headache
* Fluids - 80-100 ounces per day, none with caffeine or artificial sweeteners
* Exercise - 5 times a week for 30 minutes of aerobic activity (running, biking, swimming)
* Sleep- 8-10 hours each night, with no more than 2hrs change (do not stay up or sleep in)
* Diet - 3 healthy meals a day plus snacks if needed
* Screens - Take rest breaks with prolonged use (i.e. 30 min on, 10 min break)
* Participate - Do not avoid activities because of headache
* Distract yourself - When you have pain do something you enjoy
* Desensitize - Work through pain to teach your brain to ignore amplified pain signals
* Don't ask or talk about pain - Avoid focusing on pain and do not "check-ins" about pain

2)Take the following medication every day to prevent headache:
*melatonin 3mg at bedtime daily for headache prevention.

No follow up needed unless he develops red flag symptoms or is unable to function through headaches.
If he remains constipated it is likely he is not drinking enough water
decrease screen time and increase exercise.

Please let me know if you have any questions or concerns.

Sincerely,
Lauren M. Dome CPNP

CC Providers:
HASHIM HASHIM

-Electronically Signed by LAUREN DOME on 7/16/2019 4:24:37 PM-

Follow-up Requested of DISTRIBUTION HIM
Perform Completed by LAUREN DOME on Tuesday, July 16, 2019 4:24:37 PM

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Final Report

Provider Letter (CCD)
HASHIM HASHIM,
4701 Randolph Road
Suite 212
Rockville,MD 20852

Patient Name: NAJERA, BRANDON JESUS
DOB: 02/15/09

Date of Visit: 03/27/19

Dear HASHIM HASHIM,

Thank you for referring your patient to our office for care. Attached you will find my notes and impressions from our visit.

Chief Complaint
FUP

History of Present Illness
Follow up headaches with vomiting. Last appointment was in Feb 2019.
Recommended cyproheptadine, mother gave it for 2 weeks and said it made his headaches worse.
She has discontinued cyproheptadine and says he has not had a headache in the past 10 days.

concerns about constipation and dry skin

Review of Systems
Review of Systems: No fever or illness. No runny nose or congestion. No difficulty breathing. No vision or hearing changes. No vomiting or diarrhea. No bowel or bladder incontinence. No rashes. No behavioral changes. No pain in extremities. No unexplained lumps, bumps, bruises, or allergies

Physical Exam
RECEIVED 4.5.19

Vitals & Measurements
T: 36.8 °C (Temporal Artery) **HR:** 65(P) **BP:** 102/63(L Arm)
HT: 132 cm **WT:** 30.5 kg **BMI:** 17.5

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Constitutional: general: in no acute distress, not lethargic/slow, not restless, not sickly, well-nourished and well-developed. **Cardiovascular:** Auscultation of the heart: normal, no murmur
Chest and Lungs: Auscultation: normal breath sounds, no adventitious sounds
Neurologic:
Funduscopic exam reveals sharp disc margins bilaterally. Pupils are equally round and reactive to light and accommodation. Extra ocular movements are full and intact with conjugate gaze and no nystagmus. Normal tone and bulk in all four extremities with no posturing, tremors, or pronator drift. Strength is 5/5 proximally and distally in all four extremities. Deep tendon reflexes are appropriate and symmetric throughout. No nystagmus, dysmetria, or ataxia. Normal gait.

Assessment/Plan
Resolved headaches
Exam is normal with no focal neurologic signs, no signs of increased inter cranial pressure, optic discs are sharp with normal spontaneous venous pulsations.
follow up with PCP regarding dry itchy skin and constipation.
No follow up to neurology needed at this time.

Please let me know if you have any questions or concerns.

Sincerely,
LAUREN DOME,

CC Providers:
HASHIM HASHIM

Electronically Signed by LAUREN DOME on 3/27/2019 2:43:42 PM

Follow-up Requested of DISTRIBUTION HIM
Perform Completed by LAUREN DOME on Wednesday, March 27, 2019 2:43:42 PM

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Final Report

Provider Letter (CCD)
HASHIM HASHIM,
4701 Randolph Road
Suite 212
Rockville,MD 20852

Patient Name: NAJERA, BRANDON JESUS
DOB: 02/15/09

RECEIVED 3.7.19

Date of Visit: 02/27/19

Dear HASHIM HASHIM,

Thank you for referring your patient to our office for care. Attached you will find my notes and impressions from our visit.

Chief Complaint
NPV - Headache

History of Present Illness
Headache History
When did headaches start? 1 month occurs in the morning when waking, often with vomiting.
Frequency: Number of Headaches_____times/week ____20__times/month
Location: whole head
Severity of Headache:
Duration: resolves with vomiting, or headache lasts 30min
Quality: pinching
Are there any warnings that headache is going to start (auras), Yes or no, if so what are they
Visual, ___ Auditory___ Sensory___
Taste___ Smell___Other_____
Is/are the headache(s) position-dependent:
Are there any warnings that the headache is going to start (auras)?
Associated Problems with Headache
Nausea and or vomiting _x__ Visual changes____ Sensitivity to light ____ Sensitivity to sound____
Numbness or tingling of extremities ____ Dizziness_____

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Ringing in ears_____Confusion___
weakness____Diarrhea_____
Other:_____

Triggering Factors of Headache: none identified
Do Headaches wake you from sleep? no
Can Continue School/play or do school work Yes_____ No_x___missed school 5 times due to headache in the past month
Medications Tried, idid they help?
- Abortive: Motrin or Tylenol helps some
- Preventive:
_Other:
Any history of head injury? no
Imaging studies: none
How much Water/day: some
Exercise U/N how often: active daily
Stressors:none identified
Sleep Habits: good
School : doing well
Other Medical Problems: constipation, now on miralax.
Red flag symptoms:
Headache is not associated with unilateral symptoms of redness of the eye, tearing, runny nose, ptosis, or dilated pupil. Headache does not wake the patient out of sleep, is not associated with substantial periods of confusion, is not associated with excessive vomiting, and is not associated with a change in balance. The headache is not of progressive frequency. The headache is not clearly positional

Review of Systems
Review of Systems: No fever or illness. No runny nose or congestion. No difficulty breathing. No vision or hearing changes. No vomiting or diarrhea. No bowel or bladder incontinence. No rashes. No behavioral changes. No pain in extremities. No unexplained lumps, bumps, bruises, or allergies

Physical Exam
Vitals & Measurements
HR: 68(P) **BP:** 97/59(L Arm)
HT: 132 cm **WT:** 29.9 kg **BMI:** 17.16
Physical Exam

Constitutional: general: Alert, cooperative, not anxious or depressed, in no acute

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distress, not lethargic/slow, not restless, not sickly, well-nourished and well-developed.
Integumentary: no rash, no birth marks
Head and Face: Face is nondysmorphic, Head normal shape and size.
Neck: Examination of the neck: no lymphadenopathy, thyroid characteristics: normal size and consistency.
Cardiovascular: Auscultation of the heart: normal, no murmur
Chest and Lungs: Auscultation: normal breath sounds, no adventitious sounds
Neurologic: Appropriate judgment, insight, mood, affect, and behavior. Oriented to person, place, and situation. Appropriate recent and remote memory. Normal attention span. Normal spontaneous speech. Vocabulary is age-appropriate. Funduscopic exam reveals sharp disc margins bilaterally. Pupils are equally round and reactive to light and accommodation. Extraocular movements are full and intact with conjugate gaze and no nystagmus. Facial sensation is intact to touch bilaterally. Facial expressions are strong and symmetric bilaterally. Hearing is intact to conversation. Palate elevates symmetrically. Tongue extends in the midline. Normal tone and bulk in all four extremities with no posturing, tremors, or pronator drift. Strength is 5/5 proximally and distally in all four extremities. Deep tendon reflexes are appropriate and symmetric throughout. Toes go down. No nystagmus, dysmetria, or ataxia. Normal gait.
Psychiatric: Appropriate judgment, insight, mood, affect, and behavior. Oriented to person, place, and situation. Appropriate recent and remote memory. Normal attention span. Normal spontaneous speech
Coordination: Normal. Romberg sign negative, no impairment of tandem walking. No impairment of finger to nose. No impairment of rapid alternating movements

Assessment/Plan
Migraine headaches with vomiting
Exam is normal with no focal neurologic signs, no signs of increased inter cranial pressure, optic discs are sharp with normal spontaneous venous pulsations.
Plan
1. Cyproheptadine g 4mg at bedtime
2. Motrin for headache as needed no more than twice a week
3 foolow up in 1 month, if no improvement consider MRI brain

Please let me know if you have any questions or concerns.

Sincerely,
LAUREN DOME,

CC Providers:
HASHIM HASHIM

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Electronically Signed by LAUREN DOME on 2/27/2019 12:39:32 PM

Follow-up Requested of DISTRIBUTION HIM
Perform Completed by LAUREN DOME on Wednesday, February 27, 2019 12:39:32 PM