

HEENT SOA Note – Tina Jones

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Subjective

Chief Complaint (CC)

"I have a sore throat, itchy eyes, and a runny nose."

History of Present Illness (HPI)

Tina Jones is a 28-year-old African American female, who presents with sore throat, itchy eyes, and clear rhinorrhea. She reports that the symptoms started about one week ago, involving her throat, eyes, and nasal passages. The sore throat is described as itchy with mild to moderate soreness during swallowing. The sore throat is also present throughout the day, although it is worse in the morning. She reports constant bilateral eye itching with associated redness with a persistent runny nose of thin, clear drainage. The patient states that her symptoms feel like allergies rather than a common cold. She states that her sister has history of asthma and hay fever. She takes throat lozenges taken every few hours and drinks a lot of water for throat discomfort. She denies taking treatment with antihistamines or decongestants. She reports occasional headaches rated 3–4/10, with episodes of blurry vision after prolonged reading or studying. She states headaches improve with acetaminophen and rest. She denies fever, chills, cough, chest tightness, wheezing, shortness of breath, sinus pain, sinus pressure, purulent nasal drainage, nausea, or vomiting. The patient reports that her symptoms have remained consistent over the past week, without triggering her asthma or respiratory status.

Past Medical History

- Asthma

Medications

- Albuterol sulfate inhaler PRN

Allergies

- Cats
- Dust
- No known medication allergies reported

Family History

- Sister with hay fever, asthma

Social History

- Denies tobacco use
- Denies secondhand smoke exposure
- Denies occupational irritant exposure
- Denies exposure to mold or mildew

Review of Systems (ROS)

Reports decreased energy levels. Denies fever, chills, nausea, vomiting, or recent illness.

HEENT: Reports sore throat, itchy throat, itchy eyes, eye redness, and clear rhinorrhea. Reports occasional headaches and blurry vision after prolonged reading. Denies ear pain, hearing changes, nasal bleeding, sinus pressure, sinus pain, mouth sores, dental problems, or changes in taste or smell.

Respiratory: Denies cough, shortness of breath, chest tightness, wheezing, or worsening asthma symptoms.

Objective

Weight 89 kg

BMI 30.8

BG 199

RR 16

HR 80

BP 141/82 P

ulse ox 99%

Temp 99.1

General

Alert, oriented times 4, follows commands, cooperative, in no acute distress.

HEENT

Head/Face: Skull symmetric Facial features symmetrical. No scalp tenderness or palpable masses.

Eyes: Conjunctiva moist and pink. Sclera white. No discharge noted. Pupils equal, round, reactive to light and accommodation. Extraocular movements intact with normal convergence. Peripheral vision intact. Fundoscopic examination reveals sharp optic disc margins bilaterally with no retinal abnormalities. Right eye 20/40, Left 20/20.

Ears: External auditory canals pink bilaterally. Tympanic membranes pearly gray with appropriate cone of light. Weber, Rinne, and whisper tests normal bilaterally. No discharge noted.

Nose: Nasal mucosa pink with clear drainage present. Turbinates patent bilaterally. No polyps, lesions, septal deviation, or sinus tenderness.

Mouth/Throat: Oral mucosa moist and pink. Oropharynx pink without erythema or exudate. Tonsils without enlargement or edema. Gag reflex intact (CN IX, X).

Neck: Supple and symmetrical. No masses, swelling, or tenderness. Thyroid non-enlarged without nodules. No cervical, supraclavicular, or axillary lymphadenopathy.

Vascular: Temporal arteries palpated bilaterally. Pulses 2+, no thrills noted. Temporal arteries auscultated bilaterally, no bruits present. Carotid arteries palpated bilaterally. Pulses 2+, no thrills noted. Carotid arteries auscultated bilaterally, no bruits present.

Respiratory

Breath sounds clear to auscultation throughout all lung fields. No wheezes, crackles, rhonchi, or stridor.

Assessment

Primary Diagnosis

Allergic Rhinitis, Unspecified (ICD-10-CM J30.9)

The patient presents with clear rhinorrhea, itchy eyes, itchy throat. Patient has known environmental allergies, family history of hay fever. She also has absence of fever or infectious findings. Clinical presentation is most consistent with allergic rhinitis (Dykewicz et al., 2020)

Differential Diagnoses

Allergic Conjunctivitis (ICD-10-CM H10.13)

Supported by bilateral eye itching and redness. Occurring concurrently with allergy symptoms.

Acute Pharyngitis, Unspecified (ICD-10-CM J02.9)

Considered due to sore throat. Less likely due to absence of fever, exudate, erythema, and lymphadenopathy. Evidence decreases the likelihood of an infectious etiology.

Acute Upper Respiratory Infection, Unspecified (ICD-10-CM J06.9)

Possible due to rhinorrhea and throat discomfort. Less likely because symptoms are predominantly allergic in nature and lack systemic manifestations.

References

American Medical Association. (2025). *ICD-10-CM 2025: The complete official codebook*.

American Medical Association.

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