

Patient Clinical Notes

Patient Name: Mr. John Doe

Age: 52 years

Sex: Male

Date of Visit: 08 December 2024

Chief Complaint:

The patient reports persistent fatigue, frequent urination (polyuria), excessive thirst (polydipsia), and unintended weight loss over the past 3 months.

History of Present Illness:

Mr. Doe has been experiencing a gradual onset of symptoms suggestive of hyperglycemia. He notes increased thirst throughout the day, especially at night. Despite maintaining his usual dietary habits, he has lost approximately 10 pounds in the past three months. He also reports blurry vision and occasional tingling sensations in his feet.

Past Medical History:

- Hypertension (diagnosed 10 years ago)
 - Family history of diabetes (father diagnosed at age 55)
 - No prior hospitalizations for diabetes-related complications
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Medications:

- Amlodipine 5 mg daily (for hypertension)
 - No current medications for diabetes
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Lifestyle and Social History:

- Smoker: Quit smoking 5 years ago (previously 1 pack/day for 20 years)
 - Alcohol: Occasional consumption (1-2 drinks per month)
 - Diet: High carbohydrate intake, limited fruits/vegetables
 - Physical activity: Sedentary lifestyle
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Physical Examination:

- **Weight:** 198 lbs (90 kg)
 - **Height:** 5'9" (175 cm)
 - **BMI:** 29.4 (Overweight)
 - **Vitals:**
 - Blood Pressure: 145/92 mmHg
 - Heart Rate: 78 bpm
 - Respiratory Rate: 16 bpm
 - Temperature: 98.6°F
 - **Focused Examination:**
 - **Eyes:** No fundoscopic evidence of diabetic retinopathy
 - **Feet:** Mild peripheral neuropathy (reduced sensation to monofilament test)
 - **Cardiovascular:** Normal S1, S2 without murmurs
 - **Abdomen:** Non-tender, no organomegaly
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Laboratory Findings:

- **Fasting Blood Glucose:** 178 mg/dL (normal: <100 mg/dL)
 - **HbA1c:** 8.2% (normal: <5.7%)
 - **Lipid Panel:**
 - Total Cholesterol: 210 mg/dL (borderline high)
 - LDL: 130 mg/dL (elevated)
 - HDL: 40 mg/dL (low)
 - Triglycerides: 180 mg/dL (elevated)
 - **Kidney Function Tests:**
 - Serum Creatinine: 0.9 mg/dL (normal)
 - eGFR: >90 mL/min
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Assessment:

1. **Type 2 Diabetes Mellitus:** Newly diagnosed, uncontrolled, based on symptoms, fasting blood glucose, and HbA1c levels.

2. **Hypertension:** Suboptimally controlled.
 3. **Dyslipidemia:** Elevation in LDL and triglycerides with reduced HDL.
 4. **Overweight:** BMI suggests increased cardiovascular risk.
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Plan and Recommendations:

1. **Medications:**

- Initiate Metformin 500 mg once daily, to be titrated as tolerated.
- Prescribe atorvastatin 20 mg daily for dyslipidemia.

2. **Lifestyle Modifications:**

- Dietary counseling for a low-glycemic index, low-fat diet.
- Encourage at least 30 minutes of moderate exercise 5 times a week.

3. **Follow-up Tests:**

- Repeat HbA1c in 3 months.
- Annual retinal exam to monitor for diabetic retinopathy.

4. **Referral:**

- Endocrinologist for specialized diabetes management.
 - Nutritionist for dietary planning.
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Physician's Name: Dr. Emily Carter

Specialty: Internal Medicine