PATIENT INFORMATION

Medical Record Number: MRN-IND000005

Date Created: 12/01/2024
Last Updated: 04/01/2025
Full Name: Ramesh lyer
Date of Birth: 01/15/1960

Age: 65Sex: Male

• Address: 4, Nungambakkam High Road, Chennai, Tamil Nadu 600034

Phone: (Cell) 95XXXXXX41Email: r.iyer60@email.com

Preferred Contact Method: Email
 Preferred Language: Tamil, English

Emergency Contact: Geetha lyer (Wife), 95XXXXXX42
 Insurance: New India Assurance Senior Citizen Mediclaim

• Primary Care Provider: Dr. Shankar Narayan, MD, Apollo Hospital Chennai

ALLERGIES AND ADVERSE REACTIONS

Codeine: Nausea, Vomiting, Mild (Identified 2015)

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MEDICATIONS

- Telmisartan/Hydrochlorothiazide: 40/12.5 mg Once daily (Started 2018, Dr. Narayan, Hypertension)
- Metformin XR: 1000 mg Once daily (Started 2010, Dr. Narayan, Type 2 Diabetes)
- Gliclazide MR: 60 mg Once daily (Started 2021, Dr. Narayan, Type 2 Diabetes)
- Rosuvastatin: 10 mg Once daily (Started 2018, Dr. Narayan, Hyperlipidemia)
- Allopurinol: 100 mg Once daily (Started 2023, Dr. Narayan, Gout)

IMMUNIZATION RECORD

Influenza: 10/2024

• Tdap: 2016

COVID-19 (Booster): 12/2024
Pneumococcal (PPSV23): 01/2020
Shingrix: Completed series 2023

MEDICAL HISTORY

• Chronic Conditions: Type 2 Diabetes Mellitus (Diagnosed 2010), Hypertension (Diagnosed 2008), Hyperlipidemia (Diagnosed 2018), Gout (Diagnosed 2023)

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- Past Medical History: Kidney Stone (Calcium oxalate) (2015), Occasional Gout Flares (last one 08/2024).
- Surgical History: Cataract Surgery (Right eye 2022, Left eye 2023)

FAMILY HISTORY

- Father: Deceased at 80 (Complications of Diabetes)
- Mother: Deceased at 78 (Natural Causes)
- Brother: 62, Living (Hypertension)
- Sister: 60, Living (Healthy)

SOCIAL HISTORY

- **Substance Use:** Never smoker. Occasional alcohol (1-2 drinks/month). Drinks filter coffee 2 times daily.
- Occupation: Retired Bank Manager
- Exercise: Morning walks 30-40 mins daily, Yoga twice weekly.
- **Diet:** Vegetarian, South Indian diet. Tries to limit sweets and fried food. Aware of purine-rich foods.
- Living Situation: Lives with wife.

REVIEW OF SYSTEMS (Latest: 03/15/2025)

 Reports generally stable health. Blood sugars reasonably controlled, checks fasting glucose weekly (range 110-140 mg/dL). No recent gout flares. Denies chest pain, SOB. Vision good post-cataract surgery.

PHYSICAL EXAMINATION (Latest: 03/15/2025)

- Vital Signs: BP 138/84 mmHg, HR 72 bpm, RR 16/min, Temp 98.2°F, Wt 72 kg, Ht 170 cm, BMI 24.9
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- **General:** Alert, comfortable.
- **Exam:** Eyes: Clear lens implants bilat. Heart, Lungs normal. Abdomen soft. Feet: Sensation intact to monofilament, DP pulses 2+. No tophi noted.

LABORATORY DATA (Latest: 03/15/2025)

- CBC: WNL
- CMP: Creatinine 1.1 mg/dL, eGFR 65 mL/min/1.73m2, Uric Acid 6.5 mg/dL
- HbA1c: 7.2%
- Lipid Panel: TC 170, LDL 95, HDL 45, TG 150
- Urinalysis: Microalbuminuria Trace

DIAGNOSTIC IMAGING AND PROCEDURES

 Renal Ultrasound (2015 - during kidney stone): Mild hydronephrosis, resolved post-stone.



• ECG (03/15/2025): Normal Sinus Rhythm, No acute changes.

PROBLEM LIST

- 1. Type 2 Diabetes Mellitus (E11.9) with mild nephropathy Active, Suboptimally Controlled (HbA1c goal <7%)
- 2. Hypertension (I10) Active, Controlled
- 3. Hyperlipidemia (E78.5) Active, Controlled
- 4. Gout (M10.9) Active, Controlled on medication
- 5. History of Nephrolithiasis (N20.0) Resolved