

CLINIC PROGRESS NOTE **Date:** October 24, 2023 **Patient:** John Doe **DOB:** 05/12/1965 (Age: 58) **Provider:** Dr. Sarah Jenkins, MD

Chief Complaint: Routine 3-month follow-up for T2DM, HTN, and HLD.

History of Present Illness (HPI): 58 y.o. male presents for routine follow-up of multiple chronic conditions. Patient reports feeling generally well. Denies chest pain, SOB, or palpitations. Reports occasional mild dizziness when standing up too quickly in the mornings. Home BP logs average 135/85. Fasting blood sugars at home range from 110-130 mg/dL. Adherence to diet has been "fair" but admits to low physical activity.

Vitals: BP: 138/88 | HR: 72 | Temp: 98.6°F | Wt: 215 lbs | BMI: 30.8

Current Medications:

1. Metformin HCL 500mg - Take 1 tablet by mouth twice daily with meals.
2. Lisinopril 10mg - Take 1 tablet by mouth daily.
3. Atorvastatin 20mg - Take 1 tablet by mouth at bedtime.
4. Vitamin D3 2000 IU - Take 1 capsule daily.

Assessment:

1. Type 2 Diabetes Mellitus without complications. Moderately controlled.
2. Essential Hypertension. Borderline control; likely contributing to orthostatic symptoms.
3. Hyperlipidemia. Stable.

Plan:

- **Medications:** Continue current regimen. Educated patient to stand up slowly from seated/supine positions to mitigate orthostatic hypotension likely secondary to Lisinopril.
- **Lifestyle:** Strongly advised to implement 30 mins of moderate aerobic exercise 5x/week and reduce sodium intake.
- **Labs:** Order complete metabolic panel (CMP), HbA1c, and fasting lipid panel today.
- **Follow-up:** Return to clinic in 3 months with lab results. Call immediately if muscle aches (SAMS) develop or dizziness worsens.