Patient Note 4

Patient Name: Linda Carter

Age: 68

Gender: Female

Current Problem List:

• Type 2 Diabetes (20 years, with retinopathy)

- Hypertension (15 years)
- Osteoporosis

Past Medical History:

- Type 2 Diabetes
- Hypertension
- Cataract surgery (1 year ago)
- Osteoporosis with vertebral fracture (3 years ago)

Allergy:

None

Family History:

• Father: Diabetes, Hypertension

• Mother: Osteoporosis

Social History:

Non-smoker

Alcohol: Rarely drinks

• Diet: Balanced with adequate calcium intake

History of Present Illness: Complains of blurred vision and difficulty reading fine print. Recent eye exam confirms worsening retinopathy. Denies headaches or other visual disturbances. Admits to inconsistent calcium and vitamin D supplementation.

Physical Examination:

Vital Signs: BP 134/82 mmHg, HR 80 bpm, BMI 27 kg/m²

• HEENT: Mild cataract residual changes

• Cardiovascular: Normal S1, S2; no murmurs

• Musculoskeletal: Mild tenderness in thoracic spine

Neurological: Intact reflexes

Assessment:

- 1. Type 2 Diabetes with worsening retinopathy
- 2. Hypertension, well controlled
- 3. Osteoporosis with poor adherence to supplementation

Diagnosis:

- · Diabetic retinopathy, worsening
- Osteoporosis
- Hypertension (controlled)

Plan:

- Continue Insulin Glargine 20 units QHS
- Increase Calcium and Vitamin D supplementation
- Refer to ophthalmologist for laser therapy
- Start Bisphosphonate: Alendronate 70 mg weekly
- Monitor A1c in 3 months

Follow-Up: Return in 4 weeks for ophthalmology referral update and osteoporosis management.

Medications:

- Insulin Glargine 20 units QHS
- Calcium 1200 mg daily
- Vitamin D 2000 IU daily
- Alendronate 70 mg weekly
- Lisinopril 20 mg daily

Recurring Questions for Monitoring:

- 1. Have you noticed any changes in your vision?
- 2. Are you taking your calcium and vitamin D supplements?
- 3. Have you missed any insulin doses?
- 4. Any new or worsening back pain?
- 5. Are you experiencing any side effects from medications?