

## CHIEF COMPLAINT

Annual exam.

## HISTORY OF PRESENT ILLNESS

Martha Collins is a 50-year-old female with a past medical history significant for congestive heart failure, depression, and hypertension who presents for her annual exam. It has been a year since I last saw the patient.

The patient has been traveling a lot recently since things have gotten a bit better. She reports that she got her COVID-19 vaccine so she feels safer about traveling. She has been doing a lot of hiking.

She reports that she is staying active. She has continued watching her diet and she is doing well with that. The patient states that she is avoiding salty foods that she likes to eat. She has continued utilizing her medications. The patient denies any chest pain, shortness of breath, or swelling in her legs.

Regarding her depression, she reports that she has been going to therapy every week for the past year. This has been really helpful for her. She denies suicidal or homicidal ideation.

The patient reports that she is still forgetting to take her blood pressure medication. She has noticed that when work gets more stressful, her blood pressure goes up. She reports that work has been going okay, but it has been a lot of long hours lately.

She endorses some nasal congestion from some of the fall allergies. She denies any other symptoms of nausea, vomiting, abdominal pain.

## REVIEW OF SYSTEMS

,Äç Ears, Nose, Mouth and Throat: Endorses nasal congestion from allergies.  
,Äç Cardiovascular: Denies chest pain or dyspnea on exertion.  
,Äç Respiratory: Denies shortness of breath.  
,Äç Gastrointestinal: Denies abdominal pain, nausea, or vomiting.  
,Äç Psychiatric: Endorses depression. Denies suicidal or homicidal ideations.

## PHYSICAL EXAMINATION

,Äç Cardiovascular: Grade 3/6 systolic ejection murmur.  
1+ pitting edema of the bilateral lower extremities.

## VITALS REVIEWED

,Äç Blood Pressure: Elevated.

## RESULTS

Echocardiogram demonstrates decreased ejection fraction of 45%. Mitral regurgitation is present.

Lipid panel: Elevated cholesterol.

#### ASSESSMENT AND PLAN

Martha Collins is a 50-year-old female with a past medical history significant for congestive heart failure, depression, and hypertension who presents for her annual exam.

Congestive heart failure.

,Äç Medical Reasoning: She has been compliant with her medication and dietary modifications. Her previous year's echocardiogram demonstrated a reduced ejection fraction of 45%, as well as some mitral regurgitation. Her cholesterol levels were slightly elevated on her lipid panel from last year.

,Äç Additional Testing: We will order a repeat echocardiogram. We will also repeat a lipid panel this year.

,Äç Medical Treatment: She will continue with her current medications. We will increase her lisinopril to 40 mg daily and initiate Lasix 20 mg daily.

,Äç Patient Education and Counseling: I encouraged her to continue with dietary modifications.

Depression.

,Äç Medical Reasoning: She is doing well with weekly therapy.

Hypertension.

,Äç Medical Reasoning: She has been compliant with dietary modifications but has been inconsistent with the use of her medication. She attributes elevations in her blood pressure to increased stress.

,Äç Medical Treatment: We will increase her lisinopril to 40 mg daily as noted above.

,Äç Patient Education and Counseling: I encouraged the patient to take her lisinopril as directed. I advised her to monitor her blood pressures at home for the next week and report them to me.

Healthcare maintenance.

,Äç Medical Reasoning: The patient is due for her routine mammogram.

,Äç Additional Testing: We will order a mammogram and have this scheduled for her.

Patient Agreements: The patient understands and agrees with the recommended medical treatment plan.