

SOAP NOTE - 1

Pt name: Iqbal

Age : 40

Gender : Male

location : inpatient

Subjective:

C.C:

I am feeling severe back pain and can't be able to walk facing difficulty while walking

PMH: present illness history

The pt is admitted to the hospital 1 week before he was on dialysis suffering from severe pain in the back and can't be able to walk.

PMH:

The patient is having hypertension and has been 7 years and he was diagnosed with hypertensive chronic kidney disease end stage one year ago. He is taking anti-hypertensive tablets regularly on time. He is taking dialysis alternate day.

Objective:

Vitals signs

BP - 160/100 mmHg

HR - 72 bpm

Temp - 98.4°F

SPO₂ - 97.9%

Musculoskeletal: Reports pain in the back and difficulty while walking

Diagnostic

MR1 - The tumor is detected in spinal cord.

PET Scan - detects metastatic spread throughout the body.

Assessment:

Malignant neoplasm of spinal cord
Secondary malignant neoplasm of bone marrow
Hypertensive chronic kidney disease, end stage

Plan:

- Start Dexamethasone 10mg IV immediately to reduce spinal cord edema & pain
- Lisinopril 10mg orally once
- Chemotherapy is recommended
- The surgery should be performed for removing cancer.

ICD - C72.0, I12.0, N18.6, Z99.2
C79.52

CPT - 99233

POS - 21

SOAP NOTE - 2

Pt name: Aisha

Age : 47

Gender : female

Visit : in office

Subjective:

Patient requests refill of metformin
500mg reports taking medications as prescribed,
denies side effect, chest pain, dizziness

Objective:

BP : 135/80 mmhg

HR: 73 bpm

No edema noted

Appears well, in no acute distress

Lab tests:

Fasting blood glucose : 105 mg/dL

Post lunch blood glucose : 175 mg/dL

Assessment:

Diabetes mellitus Type 2 stable on
current therapy

Plan:

Refill metformin 500mg, daily continue
diet & exercise
follow up in 1 month or sooner
if symptoms

ICD - E11.9

CPT - 99212

POS - 11

SOAP NOTE -3

Pt name : John Watt

Age : 32

Gender : male

Visit : Audi / video

Subjective:

Patient says " I am feeling itching , burning sensation on the soles of the foot . My right foot skin has become scaly since 1 week .

PHI:

Pt is a 32 year old male reports that he is feeling itchiness , burning sensation on the soles of the foot . He also reports his right foot skin along with itchiness , burning sensation becomes scaly since 1 week .

PMH:

Pt is a 32 year old male reports that total wrist arthroplasty was performed 2 years ago .

Social history :

Pt is a non-smoker, and consumes alcohol occasionally.

Objective:

BP - 140/80mmhg as reported by patient

Temp - 99.5°F as reported by patient

Assessment:

Athlete foot ~~right foot~~

Plan:

Terbinathine cream 1% [can use clotrimazole
Miconazole] Apply thin layer to the
affected area twice daily

Lamisil AT: prescribed once daily
for 1 week.

If symptoms are not reduced consider
inoffice visit.

ICD - B55.3

CPT - 99213-95

POS - 10

SOAP Note - 4.

Pt name : Lakshmi Rao

Age : 29

Gender: Female

location: Care hospital

Subjective :

- Patient , 7 months (28 weeks) gestation admitted for elevated blood pressure
- Reports persistent headache, visual disturbance and dizziness.
- Denies chest pain, shortness of breath
- No recent medication changes
- Patient expresses concern about early delivery but understand medical advice

Objective :

Vital signs :

BP : 170/110 mmhg, HR : 92 bpm, Temp : 98.4

RR : 18/min, SpO₂ : 98% RA

General: Patient alert, oriented X3, appears anxious

Obstetric Exam:

→ Fundal height appropriate for gestational age

→ Fetal heart rate: 140 bpm, regular

→ No vaginal bleeding or leakage of fluid.

Neurological Exam:

→ Alert, no focal deficits.

→ Reflexes: 3+ patellar, 3+ bicep

→ Mild peripheral edema noted

Labs / Diagnostic

Urinalysis: +3 protein

CBC, renal & liver function pending

Assessment:

→ Severe gestational hypertension with the signs of end organ involvement (proteinuria)

→ Fetal status currently stable

- ⇒ Plan
- Delivery planning
- * Decision made for early delivery at 7 months due to maternal hypertension and risks of complications
- * Discussed risks & benefits of preterm delivery with patient & family.
- Medical Management
- Initiate hydralazine IV to stabilize BP pre-delivery
- Magnesium sulphate for seizure prophylaxis
- Delivery preparation
- * Consult neonatology for preterm delivery support.
- * Prepare for possible C-section
- Education / Counselling
- * Discuss preterm infant care & NICU admission likelihood
- * Emphasize importance of maternal BP control post-delivery

ICD - 014.13 , Z 3A.28

CPT - 99223.

POS - 21

SOAP Note - 5

Patient name: Linda Mathews

Date of visit: 09/26/2025

Provider : Dr. Karen Holt, M.D.

location : Patient Home visit

Subjective:

C-C: "My stomach pain is worse and I'm more tired lately"

History of present illness:

54 year old female with history of TBS (mixed type), hypertension, & hyperlipidemia was recently diagnosed with sigmoid colon adenocarcinoma (via colonoscopy/biopsy) and gall stones (via abdominal

ultrasound) Provider was asked to evaluate at home due to worsening fatigue, abdominal discomfort & difficulty travelling for clinic visits.

Patient reports persistent left lower quadrant cramping pain, alternating constipation and loose stools and occasional rectal bleeding. She has noticed increased fatigue and 12 lb weight loss over the past 3 months. She also describes right right upper quadrant pain after eating greasy foods, sometimes radiating to her back. No vomiting, no jaundice.

ROS:

Constitutional: Weight loss, fatigue

GI: Cramping pain, rectal bleeding,

Cardiac: No chest pain

Pulmonary: No shortness of breath

GU: No dysuria

- PMH: IBS, hypertension, hyperlipidemia
- Past surgical history: none
- Medications:
Amlodipine 10mg daily, Simvastatin 20mg daily, Dicyclomine 10mg TID (PRN for IBS).
- Family history:
Father died of colon cancer at 67, mother with type 2 diabetes.
- Social history:
Lives alone, non-smoker, occasional wine, librarian by profession.

Objective (limited by home setting)

Vitals: BP 146/84, HR 86 Temp 98.4°F

General: Alert, oriented, appears tired but not in acute distress.

Abdomen: Mildly distended, tenderness LLQ and RUQ

Rectal exam: Already confirmed bleeding

Recent results (reviewed from chart)

- Colonoscopy : Sigmoid mass, adenocarcinoma on biopsy.
- Abdominal ultrasound : Multiple gallstones, no cholelithiasis
- Lab : Hgb 9.8 (low) CEA 12.4 ng/mL
- CT abdomen : Sigmoid colon mass with regional lymphadenopathy, no distant metastasis.

Assessment:

- Colorectal adenocarcinoma (sigmoid colon)
- Cholelithiasis (gall stones)
- Irritable bowel syndrome (IBS, misdiagnosed)
- Iron deficiency anaemia
- Hypertension - Stable on medication
- Hyperlipidaemia

Plan :

* Colon cancer:

- Arrange surgical oncology consult
- Plan for colectomy with regional lymph node evaluation

* Gall stones:

Elective laparoscopic cholecystectomy recommended after stabilization of colon cancer

Counsel on avoiding fatty meals

* Anemia :

Start oral iron supplementation

Repeat labs before surgical oncology evaluation

* IBS :

Continue dicyclomine PRN for cramping
Monitor bowel habits.

* Chronic conditions :

Continue amlodipine & simvastatin
Monitor b/p during visits

FollowUP:

Home nursing visits weekly for vitals &
symptom monitoring

→ surgical oncology appointment within 1 week

ICD -

C18.7, K58.2, D50.9, I10, E78.5

CPT -

99350

POS - 12