

## Progress Notes

Drew Walker at 11/8/2015 10:59 PM

### SUBJECTIVE:

- Patient presents for evaluation of fatigue.
- History: Followed for hypertension and hypothyroidism; less compliant with medication and follow-up.
- Original diagnosis of hypothyroidism linked to fatigue.
- Patient suspects thyroid dysfunction ("out of whack").
- Regular Synthroid use despite reduced blood pressure medication.
- Notes occasional cold intolerance (lifelong pattern), mild constipation; denies melena or hematochezia.
- Weight stable; no skin or hair symptoms.

### Hypertension:

- Reduced blood pressure medication to every second or third day due to fatigue concerns.
- No home blood pressure checks.
- Sporadic exercise; denies chest pain, palpitations, dyspnea, or edema.
- Aware of hypertension risks; dislikes taking multiple medications.

### Hypercholesterolemia:

- On Zocor 40 mg daily, occasionally forgets doses.
- Questions if Zocor side effects contribute to fatigue.

### Review of Systems (ROS):

- DERM: Negative

- EYES: Reading glasses
- ENT: Frequent URI's
- RESP: Occasional "bronchitis," fewer since quitting smoking
- CV: Negative
- GI: See HPI above
- GU: Nocturia X 1-2
- NEURO: Negative
- MS: Negative
- PSYCH: Negative

OBJECTIVE:

- Vitals:
  - BP: 150/100
  - Pulse: 88
  - Temp: 98.6°F
  - Height: 5'8" (1.73 m)
  - Weight: 177 lbs (80.29 kg)
- General Appearance: Alert, cooperative, hydrated.
- Skin and Nails: Normal; good hydration.
- EYES: Normal conjunctivae; PERRLA; fundi normal.
- Ears: External ears and canals normal; TM's clear.
- Nose: Mucosa pink, septum midline, intact; no sinus tenderness.
- Mouth: Lips, gums, teeth healthy. Tongue midline.
- Neck: Trachea midline; no palpable thyroid nodules.