

**Coordinator For Healthplans - Encounter Summary for [REDACTED]  
[REDACTED], Electronically signed by Dr. [REDACTED], FNP-C**

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**Social Security Number**

[REDACTED]

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**Encounter**

Date of Start Service

[REDACTED]

**Encounter Participant**

Dr. [REDACTED]

**Contact**

[REDACTED] Tel: [REDACTED]

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**Appointment Confirmation**

Provider: Dr. [REDACTED], MD

Confirmed On: [REDACTED] 05:57 AM

**Location:**

[REDACTED] [REDACTED] [REDACTED]

Ph. tel: [REDACTED]

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**Table Of Contents:**

Paitnet Summary  
Patient Demographics  
Patient Lifestyle  
Patient Vitals  
Doctor Information  
Doctor Notes  
Past Hospital Visit  
Current Medications  
Medical Tests

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**Patient Summary**

[REDACTED], born on [REDACTED], is a [REDACTED] male. He has a history of hypertension, which is being managed with medication. Regular monitoring of his blood pressure and lifestyle modifications are in place to maintain his current health status.

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## Patient Demographics

Name: [REDACTED]

DOB: [REDACTED]

Age: [REDACTED]

Sex: Male

SSN: [REDACTED]

Hospital ID:  
[REDACTED]

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## Patient Lifestyle

Smoking Status: Never

Alcohol Consumption: Occasionally

Diet Preference: Diabetic-friendly

Exercise Habits: Mild

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## Patient Vitals

Heart Rate: 72

Respiratory Rate: 16

Temperature Celsius: 36.8

Oxygen Saturation Percent: 98

Blood Pressure: 130/85 mmHg

Recorded Date: [REDACTED]

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## Doctor Information

Doctor Name:

[REDACTED]  
[REDACTED]

Doctor Unique ID:

[REDACTED]

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## Doctor Notes

Subjective Observations: Patient reports feeling generally well. Compliant with medication regimen. No new complaints.



Assesment: Hypertension is well-controlled with current medication. Metabolic panel is stable. ECG normal. Reviewing Urine Analysis results upon completion.

Recommendations: Continue current medication regimen. Maintain healthy lifestyle habits. Follow diabetic diet.

Follow Up Instruction: Schedule follow-up appointment in 3 months for routine checkup and medication review.

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## Past Hospital Visits

Date	Reason
[REDACTED]	Routine Checkup
[REDACTED]	Hypertension Follow-up
[REDACTED]	Flu Symptoms
[REDACTED]	Blood Test
[REDACTED]	Annual Physical Exam
[REDACTED]	Checkup with physician

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## Current Medications

Medication Summary	Dosage	Frequency
Lisinopril	20mg	Once daily
Aspirin	81mg	Once daily
Vitamin D	2000 IU	Once daily
Metformin	[REDACTED]	Twice daily
Omeprazole	20mg	Once daily as needed

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## Medical Tests

Medication Test	Status	On/Last
Complete Blood Count (CBC)	Done	30/ [REDACTED]
Comprehensive Metabolic Panel (CMP)	Done	[REDACTED]



Lipid Panel	Done	[REDACTED]
Electrocardiogram (ECG)	Done	[REDACTED]
Urine Analysis	Pending	[REDACTED]
HbA1c	Done	[REDACTED]

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