

# Anonymized Medical Record

## Patient Demographics

**Patient ID:**

FH-001

**Date of Birth:**

1985-03-12 (Age: 39)

**Gender:**

Male

**Ethnicity:**

Caucasian

## Chief Complaint (CC)

:

Cough and shortness of breath for 3 days.

## History of Present Illness (HPI)

:

39-year-old male presenting with a productive cough, clear sputum, increasing shortness of breath, and mild chest tightness for the past 3 days. Symptoms started gradually with a sore throat and body aches, which have since resolved. Denies fever. No recent travel. No known sick contacts. States symptoms worsen with exertion.

## Past Medical History (PMH)

:

- Childhood asthma (well-controlled, no exacerbations in adulthood)
- Seasonal allergies
- No prior surgeries

## Medications

:

- Montelukast 10mg daily (for seasonal allergies)
- Albuterol HFA PRN (for asthma, last used >5 years ago)

## Allergies

:

Penicillin (rash)

## Family History (FH)

:

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- Mother: Type 2 Diabetes
- Father: Hypertension
- No significant family history of respiratory conditions.

## Social History (SH)

:

Non-smoker, occasional alcohol use. Works as an accountant. Lives with partner.

## Review of Systems (ROS)

:

- Constitutional: Denies fever, chills, night sweats, weight change.
- Respiratory: Productive cough, dyspnea on exertion, mild chest tightness. Denies hemoptysis, wheezing.
- Cardiovascular: Denies chest pain, palpitations, edema.
- Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation.
- Musculoskeletal: Denies joint pain, muscle aches (resolved).

## Physical Examination (PE)

:

- Vitals: Temp 98.6°F, HR 78, RR 18, BP 128/82, O2 Sat 96% RA.
- General: Alert and oriented, appears well-nourished, mild respiratory distress.
- Lungs: Symmetrical chest expansion, scattered rhonchi bilaterally, no wheezing or crackles. Good air entry.
- Cardiac: Regular rate and rhythm, S1S2 present, no murmurs, rubs, or gallops.
- ENT: Clear nasal passages, mild pharyngeal erythema.
- Skin: Warm, dry, no rashes.

## Assessment

:

1. Acute bronchitis, likely viral. Given history of asthma, monitor for exacerbation.
2. Productive cough and dyspnea.

## Plan

:

1. Medications: Prescribe inhaled corticosteroid for 5 days, continue Montelukast.
2. Education: Advise rest, hydration, avoid irritants. Educate on signs of worsening respiratory distress (increased shortness of breath, wheezing, fever).
3. Follow-up: Return to clinic in 3 days if no improvement or sooner if worsening. Consider chest X-ray if symptoms persist or worsen significantly.