

Patient Clinical Chart

Patient Profile

Name: John Doe

Age: 52 years

Sex: Male

Date of Birth: 01/01/1971

Medical Record Number: 000123456

Chief Complaint

Patient reports experiencing chest pain on exertion, shortness of breath, and occasional palpitations for the past 3 months.

Medical History

Hypertension: Diagnosed 5 years ago, currently managed with medication.

Type 2 Diabetes Mellitus: Diagnosed 8 years ago, on oral hypoglycemics.

Hyperlipidemia: Diagnosed 2 years ago, on statin therapy.

Family History: Father had a myocardial infarction at age 55.

Social History

Smoker, 1 pack per day for 30 years.

Moderate alcohol intake.

Sedentary lifestyle.

Medications

Lisinopril 10 mg daily.

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Metformin 500 mg twice daily.

Atorvastatin 20 mg at bedtime.

Allergies

No known drug allergies.

Physical Examination

Vital Signs: BP 142/88 mmHg, HR 78 bpm, RR 16/min, Temp 98.6°F (37°C).

General Appearance: No acute distress.

Cardiovascular Examination: Regular rhythm, no murmurs, rubs, or gallops. Mild bilateral lower extremity edema.

Respiratory Examination: Clear to auscultation bilaterally.

Other Examinations: Within normal limits.

Diagnostic Tests

ECG: Sinus rhythm, no ST segment or T wave changes.

Echocardiogram: Left ventricular hypertrophy, ejection fraction 55%.

Blood Tests:

LDL cholesterol 130 mg/dL (high)

HDL cholesterol 40 mg/dL (low)

HbA1c 7.2% (indicating diabetes is not well controlled)

Fasting blood glucose 180 mg/dL (high)

Assessment

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Stable angina pectoris likely secondary to coronary artery disease.

Poorly controlled type 2 diabetes mellitus.

Hypertension.

Hyperlipidemia.

Plan

Medications: Increase atorvastatin to 40 mg at bedtime. Add aspirin 81 mg daily for cardiovascular protection. Consider initiation of a beta-blocker for angina and blood pressure control.

Lifestyle Modifications: Advise patient to quit smoking. Recommend dietary consultation for a heart-healthy diet. Encourage regular moderate exercise.

Follow-Up: Schedule a stress test to evaluate the extent of coronary artery disease. Follow up in 4 weeks to reassess symptoms and blood pressure control.