Robert D

Home: 9889758248 Male DOB: 04/04/1950	Immediate Contact: Steve R 9886728748

Patient Information

Name: Robert D	**Home Phone:** 9889758248
Address: 4444 Coffee Ave Goa	**Office Phone:**
Patient ID: 0000-44444	**Fax:**
Birth Date: 04/04/1950	**Status:** Active
Gender: Male	**Marital Status:** Married
Aadhar No: 444-444-4444	**Language:** English
Home Doctor: Carl M	
Contact By: Phone	**Emp. Status:** Full-time
Email:	
Home LOC Hospital : WeServe Clinic	**External Relative ID:** MR-111-1111

Problems

DIABETES MELLITUS (ICD-250.)
HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)

Medications

PRINIVIL TABS 20 MG (LISINOPRIL) 1 po qd
Last Refill: #30 x 2 : Carl Savem MD (08/27/2010)
HUMULIN INJ 70/30 (INSULIN REG & ISOPHANE (HUMAN)) 20 units ac breakfast
Last Refill: #600 u x 0 : Carl Savem MD (08/27/2010)

Directives

Allergies and Adverse Reactions (! = critical)

Services Due

FLU VAX, PNEUMOVAX, MICROALB URN

3/18/2011 - Office Visit: F/u Diabetes
Provider: Carl Savem MD
Location of Care: WeServeEveryone Clinic

OFFICE VISIT

History of Present Illness
Reason for visit: Routine follow up
Chief Complaint: No complaints

History

Diabetes Management
Hyperglycemic Symptoms
Polyuria: no
Polydipsia: no
Blurred vision: no

Sympathomimetic Symptoms
Diaphoresis: no
Agitation: no
Tremor: no
Palpitations: no
Insomnia: no

Neuroglycopenic Symptoms
Confusion: no
Lethargy: no
Somnolence: no
Amnesia: no
Stupor: no
Seizures: no

Review of Systems

General: denies fatigue, malaise, fever, weight loss
Eyes: denies blurring, diplopia, irritation, discharge
Ear/Nose/Throat: denies ear pain or discharge, nasal obstruction or discharge, sore throat
Cardiovascular: denies chest pain, palpitations, paroxysmal nocturnal dyspnea, orthopnea, edema Respiratory: denies coughing, wheezing, dyspnea, hemoptysis
Gastrointestinal: denies abdominal pain, dysphagia, nausea, vomiting, diarrhea, constipation
Genitourinary: denies hematuria, frequency, urgency, dysuria, discharge, impotence, incontinence
Musculoskeletal: denies back pain, joint swelling, joint stiffness, joint pain
Skin: denies rashes, itching, lumps, sores, lesions, color change
Neurologic: denies syncope, seizures, transient paralysis, weakness, paresthesias
Psychiatric: denies depression, anxiety, mental disturbance, difficulty sleeping, suicidal ideation, hallucinations, paranoia
Endocrine: denies polyuria, polydipsia, polyphagia, weight change, heat or cold intolerance
Heme/Lymphatic: denies easy or excessive bruising, history of blood transfusions, anemia, bleeding disorders, adenopathy, chills, sweats
Allergic/Immunologic: denies urticaria, hay fever, frequent UTIs; denies HIV high risk behaviors

Vital Signs

Ht: **64 in.** Wt: **140 lbs.**T: **98.0** degF. T
site: **oral** P: **72** Rhythm: **regular** R: **16** BP: **158/90**

Physical Exam

General Appearance: well developed, well nourished, no acute distress
Eyes: conjunctiva and lids normal, PERRLA, EOMI, fundi WNL
Ears, Nose, Mouth, Throat: TM clear, nares clear, oral exam WNL
Respiratory: clear to auscultation and percussion, respiratory effort normal
Cardiovascular: regular rate and rhythm, S1-S2, no murmur, rub or gallop, no bruits, peripheral pulses normal and symmetric, no cyanosis, clubbing, edema or varicosities
Skin: clear, good turgor, color WNL, no rashes, lesions, or ulcerations

Problems (including changes): Blood pressure is lower. Feet are inspected and there are no callouses, no compromised skin. No vision complaints.

Impression: Sub optimal sugar, control with retinopathy and neuropathy, high glucometer readings. Will work harder on diet. Will increase insulin by 2 units.

Home Glucose Monitoring:
AC breakfast 110 to 220
AC breakfast mean 142
AC dinner 100 to 250
AC dinner mean 120

03/18/2011 - Lab Report: Metabolic Panel Provider: Carl Savem MD

Tests:

(1) Metabolic Panel(ML-03CHEM)

ALK PHOS	72	35-100
BG RANDOM	125 mg/dl	70-125
BUN	16 mg/dl	7-25
CALCIUM	9.6 mg/dl	8.2-10.2
CHLORIDE	101 mmol/l	96-109
CO2	27 mmol/l	23-29
CREATININE	0.7 mg/dl	0.6-1.2

PO4	2.9 mg/dl	2.5-4.5
POTASSIUM	4.5 mmol/l	3.5-5.3
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LDH, TOTAL	136 IU/L	0-200
SODIUM	135 mmol/l	135-145

(2) HbA1c Test
HbA1c level 6.0%
(3) Lipid Profile
Cholesterol, Total 210 mg/dl
Triglycerides 236 mg/dl
HDL Cholesterol 36
LDL Cholesterol 107

WeServe Clinic	*March 24, 2011*

Male DOB: 04/04/1950 0000-44444

	Date 03/18/2011
HEIGHT (in)	64
WEIGHT (lb)	140
TEMPERATURE (deg F)	98
TEMP SITE	oral

PULSE RATE (/min)	72
PULSE RHYTHM	
RESP RATE (/min)	16
BP SYSTOLIC (mm Hg)	158
BP DIASTOLIC (mm Hg)	90
CHOLESTEROL (mg/dL)	
HDL (mg/dL)	
LDL (mg/dL)	
BG RANDOM (mg/dL)	125
CXR	
EKG	
FLU VAX	
TD BOOSTER	0.5 ml g
Foot Exam	
Eye Exam	Complete

Robert D

Home: 9889758248
Male DOB: 04/04/1950

Date: 4/5/1955

Diagnosed with: Dengue fever

Symptoms:

Aching muscles and joints

Body rash that can disappear and then reappear

High fever

Intense Headache

Pain behind the eyes

Vomiting and feeling nauseous

Medication:

Acetaminophen (**Tylenol** can alleviate pain and reduce fever.)

Aspirin, ibuprofen (Advil, Motrin IB) and naproxen sodium (To Avoid pain relievers that can increase bleeding complications)

Care provided by: Will MD, Adam's Clinic

Contact : 9865497258

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LDH, TOTAL	136 IU/L	0-200
SODIUM	135 mmol/l	135-145

(2) HbA1c Test
HbA1c level 6.0%
(3) Lipid Profile
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Triglycerides 236 mg/dl
HDL Cholesterol 36
LDL Cholesterol 107

WeServe Clinic	*March 24, 2011*

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	Date 03/18/2011
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CHOLESTEROL (mg/dL)	
HDL (mg/dL)	
LDL (mg/dL)	
BG RANDOM (mg/dL)	125
CXR	
EKG	
FLU VAX	
TD BOOSTER	0.5 ml g
Foot Exam	
Eye Exam	Complete

Robert D

Home: 9889758248
Male DOB: 04/04/1950

Date: 4/5/1955

Diagnosed with: Dengue fever

Symptoms:

Aching muscles and joints

Body rash that can disappear and then reappear

High fever

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Vomiting and feeling nauseous

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Contact By: Phone	**Emp. Status:** Full-time
Email:	
Home LOC Hospital : WeServe Clinic	**External Relative ID:** MR-111-1111

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Chief Complaint: No complaints

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Polyuria: no
Polydipsia: no
Blurred vision: no

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Agitation: no
Tremor: no
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Insomnia: no

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WeServe Clinic	*March 24, 2011*

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EKG	
FLU VAX	
TD BOOSTER	0.5 ml g
Foot Exam	
Eye Exam	Complete

Robert D

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Polydipsia: no
Blurred vision: no

Sympathomimetic Symptoms
Diaphoresis: no
Agitation: no
Tremor: no
Palpitations: no
Insomnia: no

Neuroglycopenic Symptoms
Confusion: no
Lethargy: no
Somnolence: no
Amnesia: no
Stupor: no
Seizures: no

Review of Systems

General: denies fatigue, malaise, fever, weight loss
Eyes: denies blurring, diplopia, irritation, discharge
Ear/Nose/Throat: denies ear pain or discharge, nasal obstruction or discharge, sore throat
Cardiovascular: denies chest pain, palpitations, paroxysmal nocturnal dyspnea, orthopnea, edema Respiratory: denies coughing, wheezing, dyspnea, hemoptysis
Gastrointestinal: denies abdominal pain, dysphagia, nausea, vomiting, diarrhea, constipation
Genitourinary: denies hematuria, frequency, urgency, dysuria, discharge, impotence, incontinence
Musculoskeletal: denies back pain, joint swelling, joint stiffness, joint pain
Skin: denies rashes, itching, lumps, sores, lesions, color change
Neurologic: denies syncope, seizures, transient paralysis, weakness, paresthesias
Psychiatric: denies depression, anxiety, mental disturbance, difficulty sleeping, suicidal ideation, hallucinations, paranoia
Endocrine: denies polyuria, polydipsia, polyphagia, weight change, heat or cold intolerance
Heme/Lymphatic: denies easy or excessive bruising, history of blood transfusions, anemia, bleeding disorders, adenopathy, chills, sweats
Allergic/Immunologic: denies urticaria, hay fever, frequent UTIs; denies HIV high risk behaviors

Vital Signs

Ht: **64 in.** Wt: **140 lbs.**T: **98.0** degF. T
site: **oral** P: **72** Rhythm: **regular** R: **16** BP: **158/90**

Physical Exam

General Appearance: well developed, well nourished, no acute distress
Eyes: conjunctiva and lids normal, PERRLA, EOMI, fundi WNL
Ears, Nose, Mouth, Throat: TM clear, nares clear, oral exam WNL
Respiratory: clear to auscultation and percussion, respiratory effort normal
Cardiovascular: regular rate and rhythm, S1-S2, no murmur, rub or gallop, no bruits, peripheral pulses normal and symmetric, no cyanosis, clubbing, edema or varicosities
Skin: clear, good turgor, color WNL, no rashes, lesions, or ulcerations

Problems (including changes): Blood pressure is lower. Feet are inspected and there are no callouses, no compromised skin. No vision complaints.

Impression: Sub optimal sugar, control with retinopathy and neuropathy, high glucometer readings. Will work harder on diet. Will increase insulin by 2 units.

Home Glucose Monitoring:
AC breakfast 110 to 220
AC breakfast mean 142
AC dinner 100 to 250
AC dinner mean 120

03/18/2011 - Lab Report: Metabolic Panel Provider: Carl Savem MD

Tests:

(1) Metabolic Panel(ML-03CHEM)

ALK PHOS	72	35-100
BG RANDOM	125 mg/dl	70-125
BUN	16 mg/dl	7-25
CALCIUM	9.6 mg/dl	8.2-10.2
CHLORIDE	101 mmol/l	96-109
CO2	27 mmol/l	23-29
CREATININE	0.7 mg/dl	0.6-1.2

PO4	2.9 mg/dl	2.5-4.5
POTASSIUM	4.5 mmol/l	3.5-5.3
SGOT (AST)	31 U/L	0-40
BILI TOTAL	0.7 mg/dl	0.0-1.3
URIC ACID	4.8 mg/dl	3.4-7.0
LDH, TOTAL	136 IU/L	0-200
SODIUM	135 mmol/l	135-145

(2) HbA1c Test
HbA1c level 6.0%
(3) Lipid Profile
Cholesterol, Total 210 mg/dl
Triglycerides 236 mg/dl
HDL Cholesterol 36
LDL Cholesterol 107

WeServe Clinic	*March 24, 2011*

Male DOB: 04/04/1950 0000-44444

	Date 03/18/2011
HEIGHT (in)	64
WEIGHT (lb)	140
TEMPERATURE (deg F)	98
TEMP SITE	oral

PULSE RATE (/min)	72
PULSE RHYTHM	
RESP RATE (/min)	16
BP SYSTOLIC (mm Hg)	158
BP DIASTOLIC (mm Hg)	90
CHOLESTEROL (mg/dL)	
HDL (mg/dL)	
LDL (mg/dL)	
BG RANDOM (mg/dL)	125
CXR	
EKG	
FLU VAX	
TD BOOSTER	0.5 ml g
Foot Exam	
Eye Exam	Complete

Robert D

Home: 9889758248
Male DOB: 04/04/1950

Date: 4/5/1955

Diagnosed with: Dengue fever

Symptoms:

Aching muscles and joints

Body rash that can disappear and then reappear

High fever

Intense Headache

Pain behind the eyes

Vomiting and feeling nauseous

Medication:

Acetaminophen (**Tylenol** can alleviate pain and reduce fever.)

Aspirin, ibuprofen (Advil, Motrin IB) and naproxen sodium (To Avoid pain relievers that can increase bleeding complications)

Care provided by: Will MD, Adam's Clinic

Contact : 9865497258

Robert D

Home: 9889758248 Male DOB: 04/04/1950	Immediate Contact: Steve R 9886728748

Patient Information

Name: Robert D	**Home Phone:** 9889758248
Address: 4444 Coffee Ave Goa	**Office Phone:**
Patient ID: 0000-44444	**Fax:**
Birth Date: 04/04/1950	**Status:** Active
Gender: Male	**Marital Status:** Married
Aadhar No: 444-444-4444	**Language:** English
Home Doctor: Carl M	
Contact By: Phone	**Emp. Status:** Full-time
Email:	
Home LOC Hospital : WeServe Clinic	**External Relative ID:** MR-111-1111

Problems

DIABETES MELLITUS (ICD-250.)
HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)

Medications

PRINIVIL TABS 20 MG (LISINOPRIL) 1 po qd
Last Refill: #30 x 2 : Carl Savem MD (08/27/2010)
HUMULIN INJ 70/30 (INSULIN REG & ISOPHANE (HUMAN)) 20 units ac breakfast
Last Refill: #600 u x 0 : Carl Savem MD (08/27/2010)

Directives

Allergies and Adverse Reactions (! = critical)

Services Due

FLU VAX, PNEUMOVAX, MICROALB URN

3/18/2011 - Office Visit: F/u Diabetes
Provider: Carl Savem MD
Location of Care: WeServeEveryone Clinic

OFFICE VISIT

History of Present Illness
Reason for visit: Routine follow up
Chief Complaint: No complaints

History

Diabetes Management
Hyperglycemic Symptoms
Polyuria: no
Polydipsia: no
Blurred vision: no

Sympathomimetic Symptoms
Diaphoresis: no
Agitation: no
Tremor: no
Palpitations: no
Insomnia: no

Neuroglycopenic Symptoms
Confusion: no
Lethargy: no
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General: denies fatigue, malaise, fever, weight loss
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Vital Signs

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site: **oral** P: **72** Rhythm: **regular** R: **16** BP: **158/90**

Physical Exam

General Appearance: well developed, well nourished, no acute distress
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Home Glucose Monitoring:
AC breakfast 110 to 220
AC breakfast mean 142
AC dinner 100 to 250
AC dinner mean 120

03/18/2011 - Lab Report: Metabolic Panel Provider: Carl Savem MD

Tests:

(1) Metabolic Panel(ML-03CHEM)

ALK PHOS	72	35-100
BG RANDOM	125 mg/dl	70-125
BUN	16 mg/dl	7-25
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CREATININE	0.7 mg/dl	0.6-1.2

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BILI TOTAL	0.7 mg/dl	0.0-1.3
URIC ACID	4.8 mg/dl	3.4-7.0
LDH, TOTAL	136 IU/L	0-200
SODIUM	135 mmol/l	135-145

(2) HbA1c Test
HbA1c level 6.0%
(3) Lipid Profile
Cholesterol, Total 210 mg/dl
Triglycerides 236 mg/dl
HDL Cholesterol 36
LDL Cholesterol 107

WeServe Clinic	*March 24, 2011*

Male DOB: 04/04/1950 0000-44444

	Date 03/18/2011
HEIGHT (in)	64
WEIGHT (lb)	140
TEMPERATURE (deg F)	98
TEMP SITE	oral

PULSE RATE (/min)	72
PULSE RHYTHM	
RESP RATE (/min)	16
BP SYSTOLIC (mm Hg)	158
BP DIASTOLIC (mm Hg)	90
CHOLESTEROL (mg/dL)	
HDL (mg/dL)	
LDL (mg/dL)	
BG RANDOM (mg/dL)	125
CXR	
EKG	
FLU VAX	
TD BOOSTER	0.5 ml g
Foot Exam	
Eye Exam	Complete

Robert D

Home: 9889758248
Male DOB: 04/04/1950

Date: 4/5/1955

Diagnosed with: Dengue fever

Symptoms:

Aching muscles and joints

Body rash that can disappear and then reappear

High fever

Intense Headache

Pain behind the eyes

Vomiting and feeling nauseous

Medication:

Acetaminophen (**Tylenol** can alleviate pain and reduce fever.)

Aspirin, ibuprofen (Advil, Motrin IB) and naproxen sodium (To Avoid pain relievers that can increase bleeding complications)

Care provided by: Will MD, Adam's Clinic

Contact : 9865497258

Robert D

Home: 9889758248 Male DOB: 04/04/1950	Immediate Contact: Steve R 9886728748

Patient Information

Name: Robert D	**Home Phone:** 9889758248
Address: 4444 Coffee Ave Goa	**Office Phone:**
Patient ID: 0000-44444	**Fax:**
Birth Date: 04/04/1950	**Status:** Active
Gender: Male	**Marital Status:** Married
Aadhar No: 444-444-4444	**Language:** English
Home Doctor: Carl M	
Contact By: Phone	**Emp. Status:** Full-time
Email:	
Home LOC Hospital : WeServe Clinic	**External Relative ID:** MR-111-1111

Problems

DIABETES MELLITUS (ICD-250.)
HYPERTENSION, BENIGN ESSENTIAL (ICD-401.1)

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Directives

Allergies and Adverse Reactions (! = critical)

Services Due

FLU VAX, PNEUMOVAX, MICROALB URN

3/18/2011 - Office Visit: F/u Diabetes
Provider: Carl Savem MD
Location of Care: WeServeEveryone Clinic

OFFICE VISIT

History of Present Illness
Reason for visit: Routine follow up
Chief Complaint: No complaints

History

Diabetes Management
Hyperglycemic Symptoms
Polyuria: no
Polydipsia: no
Blurred vision: no

Sympathomimetic Symptoms
Diaphoresis: no
Agitation: no
Tremor: no
Palpitations: no
Insomnia: no

Neuroglycopenic Symptoms
Confusion: no
Lethargy: no
Somnolence: no
Amnesia: no
Stupor: no
Seizures: no

Review of Systems

General: denies fatigue, malaise, fever, weight loss
Eyes: denies blurring, diplopia, irritation, discharge
Ear/Nose/Throat: denies ear pain or discharge, nasal obstruction or discharge, sore throat
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Allergic/Immunologic: denies urticaria, hay fever, frequent UTIs; denies HIV high risk behaviors

Vital Signs

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site: **oral** P: **72** Rhythm: **regular** R: **16** BP: **158/90**

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General Appearance: well developed, well nourished, no acute distress
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AC breakfast 110 to 220
AC breakfast mean 142
AC dinner 100 to 250
AC dinner mean 120

03/18/2011 - Lab Report: Metabolic Panel Provider: Carl Savem MD

Tests:

(1) Metabolic Panel(ML-03CHEM)

ALK PHOS	72	35-100
BG RANDOM	125 mg/dl	70-125
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LDH, TOTAL	136 IU/L	0-200
SODIUM	135 mmol/l	135-145

(2) HbA1c Test
HbA1c level 6.0%
(3) Lipid Profile
Cholesterol, Total 210 mg/dl
Triglycerides 236 mg/dl
HDL Cholesterol 36
LDL Cholesterol 107

WeServe Clinic	*March 24, 2011*

Male DOB: 04/04/1950 0000-44444

	Date 03/18/2011
HEIGHT (in)	64
WEIGHT (lb)	140
TEMPERATURE (deg F)	98
TEMP SITE	oral

PULSE RATE (/min)	72
PULSE RHYTHM	
RESP RATE (/min)	16
BP SYSTOLIC (mm Hg)	158
BP DIASTOLIC (mm Hg)	90
CHOLESTEROL (mg/dL)	
HDL (mg/dL)	
LDL (mg/dL)	
BG RANDOM (mg/dL)	125
CXR	
EKG	
FLU VAX	
TD BOOSTER	0.5 ml g
Foot Exam	
Eye Exam	Complete

Robert D

Home: 9889758248
Male DOB: 04/04/1950

Date: 4/5/1955

Diagnosed with: Dengue fever

Symptoms:

Aching muscles and joints

Body rash that can disappear and then reappear

High fever

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Medication:

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Services Due

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3/18/2011 - Office Visit: F/u Diabetes
Provider: Carl Savem MD
Location of Care: WeServeEveryone Clinic

OFFICE VISIT

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