

Generate the History of Present Illness:

Using the following Example HPI Format, and the provided patient Visit Details and Patient Encounter Transcription from today's visit, please generate an example of what the History of Present Illness would look like for the 'Visit Note': Format this in a concise, paragraph format that is less than 1200 characters

Example HPI Format: "36 yr-old Black Male returns for a scheduled asthma follow-up. CC: "difficulty breathing, exercise and cold induced asthma symptoms". Last seen 8/15/2022. 5'7", 150lbs (↓5) BMI: 23.49, BP: 98/62, HR: 88 bpm, RR: 22 bpm, SpO2: 90% Medical History includes HAE type III and hypothyroidism...etc"

Visit Details:

"8/23/2023 2:30 PM

Follow-up Office Visit, Established patient

Last seen 4/15/2023

Patient Details:

MRN 659-89745

72-year-old white female. Retired teacher

Vitals: 8/23/2023 2:05 PM

150 lbs, 5'4" BMI: 25.7, P: 140/85 mmHg, Temp: 98.6°F, HR: 88 bpm, RR: 22 bpm, B, SpO2: 90%

Nursing Notes:

Patient was cooperative and followed instructions during the PFT. She appeared a bit short of breath post-test, but recovered after a few minutes. Oxygen saturation remained stable throughout the test, ranging from 94-96%.

Chief Complaint: Presents with possible sinus infection or seasonal allergies.

Social History: Current smoker. 1 pack/day for 20 years, Lives at home with her husband and 3 dogs. Active lifestyle involving her grandchildren. Patient

Medical History:

Diagnosed with allergic rhinitis in the 1970s. Regularly used nasal steroids and antihistamines. Breast cancer diagnosis 15 years ago; treatment included chemotherapy, radiation, and lumpectomy. Multiple orthopedic surgeries: shoulder replacement, two meniscus repairs, and several foot surgeries. History of high blood pressure, managed with lisinopril 10mg daily. Borderline high cholesterol managed with atorvastatin 20mg daily. Diagnosed with COPD likely secondary to prolonged smoking. Past sinus infections which required antibiotics. Foot X-ray and physical exam confirmed arthritis.

Medications: Lisinopril 10mg daily (for hypertension). Atorvastatin 20mg nightly (for cholesterol). Tiotropium (Spiriva) HandiHaler, 18 mcg capsule inhaled once daily (for COPD). Albuterol inhaler, 90 mcg, used as needed (for COPD and asthma symptoms). Melatonin 5mg as needed for sleep. P

FT Results 8/23/2023 2:15 PM FEV1 (Forced Expiratory Volume in 1 second): 60% of predicted. FVC (Forced Vital Capacity): 70% of predicted. FEV1/FVC ratio: 0.65.

#### Patient Encounter Transcription

Doctor: Good afternoon, Trudy. I'm Dr. McNeil. How are you feeling today? Patient (Trudy): Hello, doctor. I've been better, to be honest. Doctor: I see in your file you're a 72-year-old white female with concerns about a possible sinus infection or seasonal allergies. You're currently a smoker and you've been on several medications including Lisinopril, Atorvastatin, Spiriva, Albuterol, and Melatonin. You've also been diagnosed with Arthritis, COPD, and Rhinitis. Have I got everything right? Patient: Almost perfect, but I've actually stopped taking Melatonin. I felt I didn't need it anymore. Doctor: That's good to hear. Sleeping better lately? Patient: Yes, probably due to less stress. And I've started exercising again, which seems to be helping. Doctor: That's fantastic. Regular exercise can work wonders. Apart from the issues bringing you in today, have you felt generally better then? Patient: I was feeling good until about two weeks ago. Doctor: I see. Can you describe the symptoms that started troubling you two weeks ago? Patient: I've been experiencing sinus drainage, post-nasal drip, headaches, and a lot of sinus pressure. Doctor: And you haven't been sneezing or feeling itchiness in your nose or mouth? Patient: No, not at all. Doctor: And the discharge you're experiencing, have you noticed its color? Patient: It's yellowish and seems to be worse in the morning. Doctor: You said this started 2 weeks ago? Patient: yes. Doctor: Are you sneezing? Patient: No. Doctor: Do you have an itchy nose or itchy mouth? Patient: No. Doctor: Do your eyes itch? Patient: No. Doctor: You described a drip in the back of your throat, correct? Patient: Correct. Doctor: Do you ever spit that up? Do you ever see it? Patient: Yes. Doctor: Is it discolored or clear? Patient: Yellow. Worse in the morning. Doctor: Has it persisted for the last two weeks? Has it changed since it began? Patient: I think it's getting worse. Doctor: Do you see any blood? Patient: No. Doctor: Have you ever had this before? Patient: Two or three times in my life. Doctor: In the past, were you ever had any studies done like x-rays or a CAT scan? Patient: I've had a CAT scan done quite a few years ago and I've had x-ray. No, yeah, I've had an x-ray. A sinus x-ray. Doctor: Was it abnormal? Patient: I believe the one time was positive. I had an acute sinus infection. Doctor: Have you seen any other specialists about this, particularly any ear, nose, and throat doctors? Patient: No. Doctor: Have you a season of the year that you feel worse? Patient: Well, I do have seasonal allergies so I deal with that all the time but this is a little different. Doctor: What season do you have those symptoms? Patient: All the time. Doctor: So it's not seasonal? Patient: Oh, I guess it's just allergies. Doctor: All year round? Patient: Yeah. Doctor: Have you a trigger, something you know sets it off? Patient: Not that I know of. Doctor: So cats, dogs, weeds, trees, grass, nothing that makes you feel worse? Patient: If there is something that makes me feel worse, I don't know what it is. I'm not allergic to dogs or cats. Doctor: Are you any worse outdoors rather than indoors? Patient: I don't think so. Doctor: Any troubles when you sweep or vacuum the house? Patient: No. Doctor: And what type of treatment have you taken for this problem and for your allergies in the past? Patient: So I periodically take a nasal steroid and I also take Allegra from time to time. Doctor: None of these you're taking on a regular basis? Patient: No not now. When my allergies flare up I do take the Flonase regularly. It helps more

than Allegra. Doctor: Have you had any antibiotics for this episode? Patient: No. Doctor: But you've had those antibiotics in the past? Patient: Yes, maybe three times in my life. Doctor: Were they effective? Patient: Yes. Doctor: Have you ever had steroids by mouth? Patient: For... not for this. I've had it for an upper respiratory infection with a cough that did not go away after the acute infection was over. Doctor: You still continue to smoke, correct? Patient: Correct. Doctor: How many, how much, how many cigarettes in a day? Patient: A package a day. Doctor: Do you cough in the morning? Patient: Yes. Doctor: Is it productive? Patient: Yes. Doctor: Do you cough up something? Do you get bronchitis?, two or three times a year. Doctor: I'm talking about an inhaler for your lungs. Patient: No, I have no treatment for my lungs. I've had, uh, uh, Ventolin when I've had the acute infections. Doctor: Does it help? Patient: It helped a lot. Doctor: Have you had any surgery? Sinus surgery? Patient: Yes. No. Doctor: But you've had other operations? Patient: Yes, I have quite a few. Orthopedic surgeries mainly and breast cancer surgery. Doctor: And you're on a blood pressure pill, correct? Patient: Correct. Doctor: You have a cough, has anybody ever talked about a cough associated with one of your blood pressure pills? Patient: No. Doctor: Did the cough predate the blood pressure pill? Patient: I don't, I can't, I'm not sure. Doctor: Is there anything in your family's history that might be relevant? Lung disease perhaps, or any other medical problems? Patient: My mom had, my mom and dad were both smokers and my mom had emphysema and my dad had breast, had lung cancer. Doctor: Do you have any known allergies, especially to medications? Patient: I'm allergic to penicillin. Doctor: Can you briefly describe your typical diet? And how often do you consume alcohol? Patient: I eat a balanced diet with occasional junk food, and I drink wine maybe once a week. Doctor: Have you traveled recently or been to any new environments where you might have been exposed to allergens or irritants? Patient: No, I haven't traveled recently. Doctor: Do your symptoms get worse with physical activity or exertion? Patient: I've noticed more sinus pressure when I do strenuous activities. Doctor: When you took antibiotics or steroids in the past, did you notice any side effects? Patient: The antibiotics sometimes upset my stomach. Doctor: So I think I've got enough information right now to proceed so I'll do a brief physical examination and then go on and talk to you about what we should do next. If that's alright. Patient: Okay, that's fine. Doctor:, I'm going to check the lymph nodes on your neck. Please let me know if you feel any pain or tenderness. Patient: No, that doesn't hurt. Doctor: Good. I'm now going to examine your sinuses. I'll apply some pressure over them. Let me know if there's any discomfort. Patient: There's a bit of pressure when you push there. Doctor: I see. Thank you for letting me know. Now, let's move to your lungs. I'd like you to take some deep breaths while I listen with my stethoscope. Doctor: Breathe in... and out. Deep breath in... and out. Doctor: There's a bit of wheezing on exhale. Now, I'm going to check your throat. Say "ahh" for me. Patient: Ahh... Doctor: Thank you, Trudy. I noticed some post-nasal drip. Next, I'm going to check your feet since you mentioned some discomfort. Can you point to where it hurts the most? Patient: Right here, on the side. Doctor: I can see some signs of inflammation. Likely due to the arthritis you mentioned earlier. Lastly, let's check your blood pressure.. Doctor: Your blood pressure is slightly elevated, likely due to the medication you're on. Overall, the physical findings are consistent with your symptoms. We'll discuss the next steps and a plan of action shortly. Patient: Thank you, Dr. McNeil. Doctor: Based on what we've discussed and my examination, here's a plan. Let's order some labs, especially a complete blood count. It might be worth getting a sinus CT scan, considering your past imaging and the persistence of symptoms. I'd also recommend

seeing an ENT specialist. Your smoking history and symptoms also make me think a visit to a pulmonologist would be beneficial. Meanwhile, continue with the nasal steroid, but try not to overuse it. And on a side note, have you considered quitting smoking? We've got some excellent resources to help. Patient: Thanks, Dr. McNeil. I'll for sure think about the smoking part, but I'll definitely get those tests done and see the specialists. Doctor: That's what I like to hear. And remember, if anything changes or if you just have questions, don't hesitate to give us a call. Take care, Trudy."