```
### **Visit 1: Routine Check-Up**
**Date**: 2024-06-15
**Patient Name**: John Smith
**Age**: 78 years
**Visit Reason**: Routine check-up, follow-up on hypertension and diabetes management.
#### Vitals:
| **Measurement** | **Value**
|-----|
| Blood Pressure (BP) | 150/85 mmHg |
| Heart Rate (HR) | 68 bpm
| Respiratory Rate (RR) | 18 breaths/min |
| Temperature (Temp) | 98.1°F
            | 195 lbs
| Weight
| Body Mass Index (BMI) | 29.0
#### Medications:
| **Medication**
                 |**Dosage** | **Frequency** |
|-----|
| Metformin
                           | Twice daily
              | 500mg
| Lisinopril
                          | Once daily
              | 20mg
                | 40mg
                            | Once daily
| Furosemide
| Aspirin
             | 81mg
                         | Once daily
#### Lab Results:
              | **Result** | **Normal Range** |
I **Test**
|-----|
             |7.8% |4.0-5.6%
| HbA1c
| Creatinine
              | 1.4 mg/dL | 0.6-1.2 mg/dL |
              | 137 mEq/L
                           | 135-145 mEq/L
| Sodium
| Potassium
              | 4.1 mEq/L
                            | 3.5-5.0 mEg/L
| Cholesterol Total | 205 mg/dL | <200 mg/dL
```

Notes:

| LDL

- Complaints of mild dizziness when standing, likely orthostatic hypotension.

| 130 mg/dL

- HbA1c is elevated, indicating suboptimal diabetes control. The patient reports occasionally forgetting to take his Metformin.

| <100 mg/dL

- BP remains elevated despite medication. Adjustments to regimen may be necessary.
- The patient denies chest pain, shortness of breath, or recent TIA symptoms.

```
### **Visit 2: Post-TIA Follow-Up**
**Date**: 2024-07-02
**Patient Name**: John Smith
**Age**: 78 years
**Visit Reason**: Follow-up after TIA 2 weeks ago.
#### Vitals:
| **Measurement** | **Value**
|-----|
| Blood Pressure (BP) | 160/90 mmHg |
| Heart Rate (HR) | 72 bpm
| Respiratory Rate (RR) | 20 breaths/min |
| Temperature (Temp) | 98.6°F
            | 198 lbs
| Weight
| Body Mass Index (BMI) | 29.4
#### Medications:
| **Medication**
                  | **Dosage**
                                 | **Frequency**
|-----|
                            | Twice daily
| Metformin
               | 500mg
| Lisinopril
                           Once daily
               | 20mg
| Furosemide
                 | 40mg
                             | Once daily
| Aspirin
              | 81mg
                          | Once daily
| Clopidogrel (Plavix) | 75mg
                               | Once daily
                | 20mg
| Simvastatin
                             | Once daily
#### Lab Results:
               | **Result** | **Normal Range** |
|-----|
|HbA1c
               7.7%
                          4.0-5.6%
               | 135 mEq/L | 135-145 mEq/L
| Sodium
               | 4.4 mEq/L
                           | 3.5-5.0 mEq/L
| Potassium
| BNP (B-type Natriuretic Peptide) | 560 pg/mL
                                        | <100 pg/mL
```

Notes:

- The patient reports feeling "back to normal" after TIA, with no lingering weakness or slurred speech.
- BP remains high despite current regimen; discussed increasing the Lisinopril dosage or adding another antihypertensive.
- The patient refuses Warfarin, prefers staying on aspirin + clopidogrel.
- Urged better diabetes control as HbA1c is still elevated.

Visit 3: CHF Exacerbation **Date**: 2024-08-01 **Patient Name**: John Smith **Age**: 78 years **Visit Reason**: Shortness of breath, worsening swelling in legs. #### Vitals: | **Measurement** | **Value** |-----| | Blood Pressure (BP) | 148/85 mmHg | Heart Rate (HR) | 82 bpm | Respiratory Rate (RR) | 24 breaths/min | | Temperature (Temp) | 99.1°F | Weight | 205 lbs | Body Mass Index (BMI) | 30.4 #### Medications: | **Frequency** | **Medication** | **Dosage** |-----| | Metformin | Twice daily | 500mg | Lisinopril | 40mg | Once daily | Furosemide | 80mg | Twice daily | Once daily | Aspirin |81mg | Clopidogrel (Plavix) | 75mg | Once daily | Simvastatin | Once daily | 20mg #### Lab Results:

Test	**Result**	**Normal Range**	
 Sodium	 133 mEq/L	 135-145 mEq/L	
Potassium	4.6 mEq/L	3.5-5.0 mEq/L	
BNP (B-type Nat	riuretic Peptide)	800 pg/mL <100 pg/mL	- 1
Creatinine	1.6 mg/dL	0.6-1.2 mg/dL	

Notes:

- Patient presents with acute worsening CHF. Reports increased dyspnea, especially at night, and swelling in the legs.
- Furosemide dose increased to 80mg BID for fluid overload. Advised reducing fluid intake.
- BP stable but requires continued monitoring.
- No new neurological symptoms related to TIA.
- Discussed the importance of dietary sodium restriction.

```
### **Visit 4: Follow-Up for CHF and Diabetes**
**Date**: 2024-09-01
**Patient Name**: John Smith
**Age**: 78 years
**Visit Reason**: Follow-up after CHF exacerbation, diabetes control.
#### Vitals:
| **Measurement** | **Value**
|-----|
| Blood Pressure (BP) | 140/82 mmHg |
| Heart Rate (HR) | 76 bpm
| Respiratory Rate (RR) | 18 breaths/min |
| Temperature (Temp) | 98.3°F
| Weight | 198 lbs
| Body Mass Index (BMI) | 29.4
#### Medications:
| **Medication**
                               | **Frequency**
                 |**Dosage**
|-----|
                         | Twice daily
| Metformin
              | 500mg
| Lisinopril
              | 40mg
                          | Once daily
| Furosemide
             | 80mg
                          | Twice daily
| Aspirin
             | 81mg
                         | Once daily
| Clopidogrel (Plavix) | 75mg
                           | Once daily
                | 20mg
                           | Once daily
| Simvastatin
| Insulin (new)
               | 10 units
                          | Before meals
#### Lab Results:
              | **Result**
                          | **Normal Range** |
|-----|
             |8.0% |4.0-5.6%
|HbA1c
| Sodium
              | 136 mEq/L | 135-145 mEq/L
| Potassium
             | 4.2 mEg/L
                           | 3.5-5.0 mEg/L
```

Notes:

- Symptoms improved with increased diuretic dose; leg swelling reduced.
- Diabetes remains poorly controlled despite Metformin. Added insulin at meals to help manage blood sugar.
- BP stable, but weight remains elevated. Advised further

| BNP (B-type Natriuretic Peptide) | 600 pg/mL | <100 pg/mL