

Record date: [[DATE]]

[[HOSPITAL]] INTERNAL MEDICINE ASSOCIATES

[[PATIENT]]
[[MEDICALRECORD]]
[[DATE]]

HPI: Mr. [[PATIENT]] is a [[AGE]]-year-old African-American man who has been treated for the five past years by [[HOSPITAL]] at [[CITY]]. He was seen in [[HOSPITAL]] clinic prior to that. His [[HOSPITAL]] physician was Dr. [[DOCTOR]] and his phone number is [[PHONE]]. Patient was last seen one year ago due to the fact that he lost his job and his insurance with [[HOSPITAL]] and states that he has not seen a physician in the past year.

His medical problems include:

1. Coronary artery disease with angioplasty in [[DATE]]. It is unclear which vessels were plastied.
2. Hypercholesterolemia treated in the past with gemfibrozil and niacin for coexistent hypertriglyceridemia. However, he has not taken any niacin or gemfibrozil for the past year as well.
3. Anxiety.
4. Condyloma last fall.

Medications: 1) enteric coated aspirin 325mg q.d.; 2) lorazepam 1mg PO q.h.s. prescribed by Dr. [[DOCTOR]] at [[HOSPITAL]]. Patient also had nitroglycerin tablets at home. Patient used to use diltiazem 30mg PO t.i.d.; however, that was stopped a year ago when he lost his insurance. He does not have any history of hypertension in the past.

Social history: He is currently not working. He has been unemployed for a month and a half. He used to be a [[PROFESSION]] which did not involve any heavy lifting. He did [[PROFESSION]]. He lives with his mother and his sister and has never been married.

Review of systems: Patient states that he has very infrequent episodes of chest pains over the last 10 years. However, he does say that his last chest pain was approximately a week and a half ago. When asked where the pain was he put his hand over this mid-epigastrium and stated that the pain was very similar to the pain he used to have prior to his angioplasty. He took two sublingual nitroglycerins and the pain was relieved within a few minutes of the second nitroglycerin tablet. At the time he was just sitting on his couch watching television. He has no history of exertional angina over the last several years. However, this complaint of chest pain at rest is very worrisome for unstable angina. He currently does not complain of any shortness of breath, dyspnea on exertion, palpitation, or pre-syncope.

On physical examination Mr. [[PATIENT]] is a middle-aged black male in no apparent distress. Temperature was afebrile. Heart rate was 68 and

regular. Blood pressure was 126/92 in the right arm in a sitting position. HEENT was within normal limits. Lungs were clear bilaterally. Heart exam was regular rate and rhythm with no murmurs, rubs, or gallops. Abdomen was benign. Extremities were without edema or lesions.

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Assessment and Plan:

1. Cardiovascular. Patient clearly has coronary artery disease given his past history of angioplasty and his recent complaint of chest pain at rest is worrisome for unstable angina. Given that he is on no current cardiac medication except for aspirin, I will decide to initiate therapy with diltiazem CD 120mg PO q.d. in an attempt to control his blood pressure and heart rate. I also encouraged him to continue his aspirin daily and gave him a fresh bottle of nitroglycerin tablets for use with any chest pain in the near future. The plan will be to get the patient on stable dose of diltiazem and maximize the dose for his heart and blood pressure control. After he has been on a stable dose for several days, we will perform an outpatient stress test to evaluate whether the patient has any evidence of ischemia at this time. If he does, we will recommend a cardiac catheterization to treat any potential lesions which may be causing syms of rest angina. The case was discussed with any cardiacs that are on call.
2. Given the patient's history of coronary artery disease I sent an SMA-20 level off to assess for hypercholesterolemia which he does have with a cholesterol of 291 and hypertriglyceridemia which he also has at a level of 336. He has been taking gemfibrozil and niacin in the past; however, he has not been taking it for the last year. I instructed him to decrease the amount of cholesterol and fats in his diet and explained which food contain those products. I will also initiate treatment with a HMG CoA inhibitor which should decrease both his cholesterol as well as the triglycerides. We will start him off on simvastatin 20mg PO q.d. later this week.
3. Daily anxiety. Will continue the patient's Ativan in an attempt to control his daily anxiety which he says is well controlled without Ativan.
4. History of condyloma in his genital area from last year. Patient states that he currently has several lesions which we will examine on his next visit. If he does, we will refer him to dermatology for liquid nitrogen treatment to remove the lesions.

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5. Patient is now applying for free care at [[HOSPITAL]] status post losing his job and [[HOSPITAL]] insurance last year. The patient's home phone number is [[PHONE]].

[[DOCTOR]], M.D.

[[DOCTOR]]: [[DOCTOR]]: [[IDNUM]]

DD: [[DATE]]

DT: [[DATE]]

DV: [[DATE]]