

PATIENT MEDICAL RECORD

Patient Name: John A. Smith

Date of Birth: 05/13/1957

Age: 67

Sex: Male

MRN: 00452671

Date of Visit: 03/18/2025

Provider: Dr. Emily R. Han, MD

Location: Lakeside Family Medicine, 3428 Willow Creek Dr., Madison, WI 53705

Phone: (608) 555-3841

Fax: (608) 555-3842

CHIEF COMPLAINT

"Follow-up for hypertension and joint pain"

HISTORY OF PRESENT ILLNESS

Mr. Smith is a 67-year-old male presenting for a routine follow-up. He reports generally feeling well but notes persistent stiffness and mild pain in both knees, worse in the morning and after long periods of inactivity. No recent falls. He denies chest pain, shortness of breath, or dizziness.

PAST MEDICAL HISTORY

- Hypertension (Dx 2011)
- Hyperlipidemia (Dx 2014)
- Osteoarthritis – bilateral knees (Dx 2020)
- GERD
- BPH (Benign Prostatic Hyperplasia)

MEDICATIONS

- Lisinopril 20mg daily
- Atorvastatin 40mg nightly
- Omeprazole 20mg daily
- Tamsulosin 0.4mg at bedtime
- Acetaminophen 500mg PRN for knee pain

ALLERGIES

- NKDA (No Known Drug Allergies)
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VITAL SIGNS

- BP: 138/82 mmHg
 - HR: 76 bpm
 - Temp: 98.1°F
 - RR: 16
 - SpO2: 98% on room air
 - Height: 5'10"
 - Weight: 198 lbs
 - BMI: 28.4 (Overweight)
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PHYSICAL EXAM

- General: Well-nourished, alert, in no acute distress
 - Cardiac: Regular rate and rhythm, no murmurs
 - Lungs: Clear to auscultation bilaterally
 - Abdomen: Soft, non-tender, no organomegaly
 - Musculoskeletal: Mild crepitus in both knees, no effusion or instability
 - Neuro: CN II-XII intact, no focal deficits
 - GU: Normal prostate on DRE, no nodules
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LABS (02/28/2025)

- Total Cholesterol: 202 mg/dL
 - LDL: 124 mg/dL
 - HDL: 42 mg/dL
 - HbA1c: 5.7%
 - PSA: 1.3 ng/mL
 - CMP: WNL
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ASSESSMENT / PLAN

1. Hypertension – Stable on Lisinopril. Continue current dose. Monitor BP at home.
2. Hyperlipidemia – Lipid panel borderline; continue Atorvastatin.
3. Osteoarthritis – Recommend physical therapy, continue acetaminophen PRN. Consider knee X-ray if symptoms worsen.
4. GERD – Controlled on omeprazole. No changes.
5. BPH – Controlled on Tamsulosin. No urinary retention or nocturia.

Follow-up: 6 months, or sooner PRN

Physician Signature:

Emily R. Han, MD

NPI: 1872546012

Date Signed: 03/18/2025

SPECIALIST ENCOUNTER RECORD – UROLOGY

Patient Name: John A. Smith
Date of Birth: 05/13/1957
Age: 67
Sex: Male
MRN: 00452671
Date of Visit: 03/14/2025
Referring Provider: Dr. Emily R. Han, MD
Specialist: Dr. Victor T. Lin, MD, FACS – Urology
Practice: Capitol Urology Associates
Address: 2180 Parkside Dr., Suite 300, Madison, WI 53703
Phone: (608) 555-9271
Fax: (608) 555-9272

REASON FOR VISIT

Established patient follow-up for BPH and PSA monitoring

HISTORY OF PRESENT ILLNESS

Mr. John Smith returns for follow-up of benign prostatic hyperplasia. He reports continued benefit from Tamsulosin 0.4mg nightly with improved urinary stream and decreased hesitancy. He denies nocturia, hematuria, dysuria, or incontinence. No episodes of urinary retention. No flank pain or fever.

He underwent routine PSA screening in February 2025 (result: 1.3 ng/mL), which remains within age-appropriate limits.

PAST UROLOGIC HISTORY

- BPH, medically managed
 - Elevated PSA (previously stable, no abnormal trends)
 - No history of prostate biopsy
 - No history of kidney stones or urinary tract infections
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CURRENT MEDICATIONS

- Tamsulosin 0.4mg QHS
 - Lisinopril 20mg QD
 - Atorvastatin 40mg QHS
 - Omeprazole 20mg QD
 - Acetaminophen 500mg PRN
-

ALLERGIES

- NKDA

VITAL SIGNS (per nursing intake)

- BP: 132/78 mmHg
 - HR: 74 bpm
 - Temp: 97.9°F
 - Weight: 198 lbs
 - BMI: 28.4
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PHYSICAL EXAM

- General: Alert, oriented, cooperative
 - Abdomen: Soft, non-tender, no suprapubic fullness
 - Genitourinary: No inguinal lymphadenopathy, testes normal
 - DRE: Prostate smooth, mildly enlarged, no nodules or asymmetry, no tenderness
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ASSESSMENT / PLAN

1. **BPH – stable on medical therapy**

- Continue Tamsulosin 0.4mg nightly
- Reinforced hydration and bladder health habits
- No indication for urodynamic testing or surgical intervention at this time
- Consider repeat PSA in 12 months unless symptoms change

2. **Prostate Cancer Screening – stable PSA (1.3 ng/mL)**

- No family history of prostate cancer
- Low clinical suspicion at this time; DRE normal
- Will continue annual PSA + DRE as per AUA guidelines

Recommendations:

- Follow up in 12 months
- Sooner PRN for change in symptoms (e.g., worsening flow, hematuria, pain, retention)

Physician Signature:

Victor T. Lin, MD, FACS

NPI: 1043530917

Date Signed: 03/14/24