CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 239 | MRN: MRN-239-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	Monica Geller
DOB:	1969-04-22
Gender:	female
Race:	Caucasian
Height:	5 ft 6 in
Weight:	135 lbs
Telecom:	212-555-1994
Address:	495 Grove Street, Apt 20, New York, NY 10014
Marital Status:	Married
Multiple Birth:	No (Order: 1)

COMMUNICATION	
Language:	English
Preferred:	Yes

EMERGENCY CONTACT	
Relationship:	Spouse
Name:	Chandler Bing
Telecom:	212-555-1995
Address:	495 Grove Street, Apt 19, New York, NY 10014
Gender:	male
Organization:	N/A
Period Start:	1999-11-25
Period End:	ongoing

PRIMARY PROVIDER	
General Practitioner:	Dr. Angela Feinstein, MD
Managing Organization:	NYU Langone Health

INSURANCE / PAYER	
Payer ID:	J1113
Payer Name:	Empire BlueCross BlueShield
Plan Name:	Gold PPO

Plan Type:	PPO
Group ID:	STAR-00871
Group Name:	Stark Industries
Member ID:	EBCBS654321098
Policy Number:	EMP-PPO-987654321
Effective Date:	2015-01-01
Termination Date:	ongoing
Copay:	$40
Deductible:	$1500
SUBSCRIBER	
Subscriber ID:	MEM-BING-001
Subscriber Name:	Chandler Bing
Relationship:	Spouse
Subscriber DOB:	1968-04-08
Subscriber Address:	495 Grove Street, Apt 19, New York, NY 10014

II. MEDICAL BIOGRAPHY & HISTORY

Monica Geller is a 56-year-old married female, renowned as a head chef in a competitive New York City culinary scene. Her persona is defined by a high-energy, meticulous, and often anxious temperament. She thrives on order and control, which contributes to both her professional success and her personal stress levels. Her medical history is notable for long-standing, medically managed generalized anxiety disorder, mild hypertension, and mixed hyperlipidemia. She leads an active lifestyle, balancing a demanding career with a regular exercise regimen.

The presenting problem is a two-month history of intermittent, non-exertional chest pressure. These episodes are correlated with periods of high stress at work. While initially mild, a recent increase in intensity prompted an Emergency Department visit, which ruled out an acute myocardial infarction but left the underlying etiology unresolved. Her family history is significant for a father who died from a myocardial infarction, a fact that contributes to her health-related anxiety.

Socially, Monica is well-supported, living with her husband, Chandler Bing. She is a non-smoker and consumes alcohol moderately. Her life is a constant balance between her passion for food, her need for a clean and orderly environment, and managing the pressures of her career. The current clinical picture is complex, with symptoms that could stem from cardiac, gastrointestinal, or psychosomatic origins, necessitating a thorough diagnostic evaluation to parse out the contribution of her anxiety from a potential underlying organic pathology, especially given her cardiovascular risk factors.

III. CLINICAL REPORTS & IMAGING

■ *PROGRESS NOTE PCP*

Report Text:
Subjective:
Patient is Monica Geller, a 56-year-old female, established patient, who presents today for evaluation of intermittent chest pain. She reports the discomfort started approximately two months ago. She describes it as a dull pressure,

located centrally in her chest, non-radiating. Episodes are brief, lasting 5-10 minutes, and have occurred sporadically, perhaps 2-3 times a week. She cannot identify a consistent trigger but notes it seems to happen more frequently on days with high work-related stress. She is a professional chef and describes her work environment as high-pressure. The pain is not associated with exertion, meals, or specific positions. It is not relieved by antacids. She denies shortness of breath, diaphoresis, nausea, or lightheadedness during these episodes. She has not tried any specific remedies for the pain. She is here today because an episode yesterday was slightly more intense than usual, which caused her concern.

Review of Systems:
Constitutional: Denies fever, chills, weight loss. Reports some fatigue, but attributes it to her demanding work schedule.
Cardiovascular: As per HPI. Denies palpitations, orthopnea, PND, or lower extremity edema.
Respiratory: Denies cough, wheezing, or dyspnea.
Gastrointestinal: Denies nausea, vomiting, diarrhea, abdominal pain, reflux, or dysphagia.
Musculoskeletal: Denies any recent chest wall injury or myalgias.
Psychiatric: Acknowledges significant daily stress and a history of generalized anxiety. Reports her mood is otherwise stable.
All other systems reviewed and are negative.

Past Medical History:
1. Essential Hypertension, diagnosed 2022, managed with Lisinopril.
2. Generalized Anxiety Disorder, diagnosed 2018, managed with Sertraline.
3. Mixed Hyperlipidemia, diagnosed 2023, managed with Atorvastatin.

Past Surgical History:
- Appendectomy, 1985

Social History:
Patient is married, lives with her husband in a New York City apartment. She is a renowned chef. She denies any tobacco use. She rep...

■ *LAB RESULTS COMPREHENSIVE*

Report Text:
Patient: Monica Geller
DOB: 1969-04-22
MRN: MRN-239
Ordering Provider: Dr. Angela Feinstein, MD
Collection Date: 2025-09-21 08:30
Report Date: 2025-09-21 12:00

FINAL REPORT

TEST NAME | RESULT | FLAG | REFERENCE RANGE | UNITS

COMPREHENSIVE METABOLIC PANEL
Sodium | 140 | | 136 - 145 | mmol/L
Potassium | 4.1 | | 3.5 - 5.1 | mmol/L

Chloride | 101 | | 98 - 107 | mmol/L
Carbon Dioxide | 25 | | 21 - 32 | mmol/L
Glucose | 92 | | 65 - 99 | mg/dL
BUN | 15 | | 6 - 20 | mg/dL
Creatinine | 0.8 | | 0.57 - 1.00 | mg/dL
eGFR | >60 | | >60 | mL/min/1.73m2
Calcium | 9.5 | | 8.6 - 10.3 | mg/dL
Protein, Total | 7.1 | | 6.0 - 8.3 | g/dL
Albumin | 4.2 | | 3.5 - 5.2 | g/dL
Bilirubin, Total | 0.6 | | 0.2 - 1.2 | mg/dL
Alkaline Phosphatase | 78 | | 39 - 117 | IU/L
AST (SGOT) | 22 | | 0 - 32 | IU/L
ALT (SGPT) | 25 | | 0 - 33 | IU/L

LIPID PANEL
Cholesterol, Total | 210 | H | 100 - 199 | mg/dL
Triglycerides | 160 | H | 0 - 149 | mg/dL
HDL Cholesterol | 55 | | >39 | mg/dL
LDL Cholesterol, Calculated| 135 | H | 0 - 99 | mg/dL

CARDIAC & THYROID
Troponin-I, high sensitivity| 5.2 | | < 20.0 | ng/L
TSH | 2.34 | | 0.450 - 4.500 ...

■ *DISCHARGE SUMMARY ER*

Report Text:
ADMISSION DATE: 2025-10-10
DISCHARGE DATE: 2025-10-11

PATIENT: Monica Geller (MRN: MRN-239), 56-year-old Female

CHIEF COMPLAINT: Chest Pain

HISTORY OF PRESENT ILLNESS: Patient presented to the Emergency Department via private vehicle with a chief complaint of intermittent chest pressure. The episode began approximately 2 hours prior to arrival while she was at home after a stressful day at work. She describes the sensation as a 5/10 central chest pressure, similar to previous episodes but slightly more intense and persistent. It does not radiate. She denies any associated shortness of breath, nausea, vomiting, or diaphoresis. She took no medication for it. The pain has been waxing and waning since onset. She notes a history of similar, but milder, pain over the past two months and has a pending cardiology workup. She decided to come to the ED due to the increased intensity.

PAST MEDICAL HISTORY:
- Hypertension
- Generalized Anxiety Disorder
- Hyperlipidemia

MEDICATIONS:
- Lisinopril, Atorvastatin, Sertraline. She is compliant with her medications.

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Non-smoker, social alcohol use, professional chef. High-stress occupation.

EMERGENCY DEPARTMENT COURSE:
Upon arrival, the patient was placed in a monitored bed. Vital signs were stable: BP 142/88, HR 92, RR 18, SpO2 98% RA. She appeared anxious but in no acute distress.

An ECG was performed which showed a normal sinus rhythm at 92 bpm, with no acute ST segment elevation, depression, or T-wave inversions. No evidence of ischemia.

A chest X-ray (single view) was obtained, which was negative for any acute cardiopulmonary process. The cardiac silhouette was normal in size, and the lungs were clear.

Laboratory studies were sent, including a CBC, BMP, and serial Troponin-I levels. Initial Troponin-I was <0.01 ng/mL. A second Troponin-I drawn 3 hours later was also <0.01 ng/mL. CBC and BMP were within normal limits.

Given the atypical nature of her chest pain, her ...

■ *CARDIOLOGY CONSULT NOTE*

Report Text:
REASON FOR CONSULTATION: Evaluation of chest pain. Patient referred by Dr. Angela Feinstein.

SUBJECTIVE: Monica Geller is a pleasant 56-year-old female with a history of hypertension, hyperlipidemia, and generalized anxiety disorder, who is referred for evaluation of intermittent chest pain. I have reviewed her records from her PCP, Dr. Feinstein, and her recent ED visit on 10/10/2025.

Patient recounts a 2-3 month history of intermittent, substernal chest pressure. She states the episodes are self-limited, lasting minutes, and are not associated with exertion. She does note a strong correlation with psychological stress, particularly from her demanding career as a chef. The pain does not radiate and is not pleuritic or positional. There are no consistent relieving factors. Her recent ED visit was prompted by a more intense episode, but a full workup including serial troponins and ECG was negative for acute coronary syndrome. She was discharged and told to follow up urgently.

She has a significant family history of premature coronary artery disease, with her father suffering a fatal MI at age 75. Her personal risk factors include hypertension and mixed hyperlipidemia, which are under treatment. She does not smoke but does consume alcohol socially.

REVIEW OF SYSTEMS:
- Cardiovascular: Denies orthopnea, PND, edema. Reports no palpitations. Chest pain as described above.
- Respiratory: Denies dyspnea on exertion, cough, or wheezing.
- All other systems are reviewed and negative.

PAST MEDICAL HISTORY: As noted above. Hypertension, Hyperlipidemia, GAD.

MEDICATIONS: Lisinopril 10mg, Atorvastatin 20mg, Sertraline 50mg, Aspirin 81mg.

ALLERGIES: NKDA.

OBJECTIVE:
Vital Signs: BP: 130/82 mmHg, HR: 76 bpm, RR: 16, SpO2: 98% on room air.
Heart: RRR, normal S1/S2. No murmurs, rubs or gallops. Carotid upstrokes are brisk without bruits.
Lungs: Clear to auscultation bilaterally.
Extremities: Warm, well-perfused. No edema. Pulses 2+ throughout.

PRIOR DIAGNOSTICS REVIEWED:
- ...

■ *STRESS ECHOCARDIOGRAM REPORT*

Report Text:
Patient: Monica Geller
DOB: 1969-04-22
MRN: MRN-239
Procedure Date: 2025-10-24
Referring Physician: Dr. Robert Vance
Interpreting Physician: Dr. Robert Vance

PROCEDURE: Exercise Stress Echocardiogram (CPT 93350)

INDICATION: Chest pain. Evaluate for myocardial ischemia.

TECHNIQUE: The patient underwent a standard Bruce protocol treadmill stress test. Resting 2D echocardiographic images of the left ventricle were obtained in the parasternal long-axis, parasternal short-axis, apical four-chamber, and apical two-chamber views. The patient then exercised on the treadmill. Heart rate, blood pressure, and a 12-lead ECG were monitored continuously. At peak exercise, the patient was rapidly returned to the imaging bed, and post-exercise images were promptly acquired in the same views.

STRESS TEST DETAILS:
- Resting HR: 75 bpm, Resting BP: 132/84 mmHg.
- Exercise Duration: 8 minutes and 45 seconds (Bruce Protocol Stage 3).
- Peak Heart Rate: 155 bpm (95% of age-predicted maximum of 163 bpm). A heart rate of >85% of max-predicted was achieved.
- Peak BP: 188/90 mmHg.
- METs Achieved: 10.1.
- ECG Changes: No significant ST-segment depression or elevation was noted. Occasional PVCs were seen during recovery.
- Symptoms: At peak exercise, the patient reported mild fatigue and shortness of breath, but denied any chest pain.

ECHOCARDIOGRAPHIC FINDINGS:

1. **Resting Study**:
- Left Ventricle: The left ventricular size and systolic function are grossly normal. The estimated ejection fraction is 60-65%. There are no significant regional wall motion abnormalities at rest. Left ventricular wall thickness is at the upper limits of normal.
- Right Ventricle: The right ventricular size and systolic function are normal.
- Atria: The left and right atria appear normal in size.
- Valves: All valves are structurally normal with no evidence of significant stenosis or regurgitation. Mild trivial mitral and tricuspid regurgitation is noted on color Doppler.
- ...
