

Clinical Report

1. Patient Information:

- 39-year-old male. No other background details provided.

2. Visit Reason:

- "I'm just having a lot of chest pain, and I thought I should get it checked out."

3. History of Present Illness (HPI):

- **Onset:** Chest pain began last night.
- **Palliating/Provoking factors:** Pain worsens with deep breaths and lying down; improves when sitting upright.
- **Quality:** Sharp pain.
- **Region/Radiation:** Located on the left side of the chest, sometimes radiating to the left shoulder.
- **Severity:** Not explicitly quantified, but described as "a lot" and prompting a visit to the doctor.
- **Time course:** Constant for approximately 8 hours. Associated with mild shortness of breath.

4. Medical History:

- **Past Medical History:** No known medical conditions.
- **Surgical History:** No prior surgeries.
- **Medications:** No regular medications.

- **Family History:** Father had a heart attack around age 50; uncle had a stroke.
- **Social History:** Smokes half a pack of cigarettes per day; drinks alcohol socially on weekends.

5. Examination Findings:

- **Vitals:** Blood pressure 130/85 mmHg, heart rate 90 bpm, oxygen saturation 97%.
- **General:** Patient reports chest tightness.
- **Respiratory:** Lungs clear to auscultation.
- **Cardiovascular:** Heart sounds normal, no murmurs or irregularities.
- **MSK/Chest:** Tenderness to palpation over the left side of the chest; no swelling or bruising.
- **Other systems:** Not specifically examined or mentioned as unremarkable.

6. Diagnostic Results:

- ECG and blood tests ordered, but results pending.

7. Assessment/Diagnosis:

- 39-year-old male presenting with acute left-sided chest pain radiating to the left shoulder, worsened by deep breaths and lying down. Differential diagnosis includes musculoskeletal pain (e.g., costochondritis) and cardiac ischemia (e.g., angina). Awaiting diagnostic test results for definitive diagnosis.

8. Plan of Care:

- Over-the-counter pain reliever (ibuprofen) recommended for pain management.
- ECG and blood tests ordered to evaluate for cardiac causes.
- Follow-up planned after test results are available.

9. Clinician's Notes:

- Concern for possible cardiac etiology given family history and presentation. Will reassess and adjust plan based on diagnostic testing. Patient advised to return if symptoms worsen.