REASON FOR VISIT: , Followup evaluation and management of chronic medical conditions.,HISTORY OF PRESENT ILLNESS:, The patient has been doing quite well since he was last seen. He comes in today with his daughter. He has had no symptoms of CAD or CHF. He had followup with Dr. X and she thought he was doing quite well as well. He has had no symptoms of hyperglycemia or hypoglycemia. He has had no falls. His right knee does pain him at times and he is using occasional doses of Tylenol for that. He wonders whether he could use a knee brace to help him with that issue as well. His spirits are good. He has had no incontinence. His memory is clear, as is his thinking.,MEDICATIONS:,1. Bumex - 2 mg daily.,2. Aspirin - 81 mg daily.,3. Lisinopril - 40 mg daily.,4. NPH insulin - 65 units in the morning and 25 units in the evening.,5. Zocor - 80 mg daily.,6. Toprol-XL - 200 mg daily.,7. Protonix - 40 mg daily.,8. Chondroitin/glucosamine - no longer using.,MAJOR FINDINGS:, Weight 240, blood pressure by nurse 160/80, by me 140/78, pulse 91 and regular, and O2 saturation 94%. He is afebrile. JVP is normal without HJR. CTAP. RRR. S1 and S2. Aortic murmur unchanged. Abdomen: Soft, NT without HSM, normal BS. Extremities: No edema on today's examination. Awake, alert, attentive, able to get up on to the examination table under his own power. Able to get up out of a chair with normal get up and go. Bilateral OA changes of the knee.,Creatinine 1.7, which was down from 2.3. A1c 7.6 down from 8.5. Total cholesterol 192, HDL 37, and triglycerides 487.,ASSESSMENTS:,1. Congestive heart failure, stable on

current regimen. Continue.,2. Diabetes type II, A1c improved with increased doses of NPH insulin. Doing self-blood glucose monitoring with values in the morning between 100 and 130. Continue current regimen. Recheck A1c on return.,3. Hyperlipidemia, at last visit, he had 3+ protein in his urine. TSH was normal. We will get a 24-hour urine to rule out nephrosis as the cause of his hypertriglyceridemia. In the interim, both Dr. X and I have been considering together as to whether the patient should have an agent added to treat his hypertriglyceridemia. Specifically we were considering TriCor (fenofibrate). Given his problems with high CPK values in the past for now, we have decided not to engage in that strategy. We will leave open for the future. Check fasting lipid panel today.,4. Chronic renal insufficiency, improved with reduction in dose of Bumex over time.,5. Arthritis, stable. I told the patient he could use Extra Strength Tylenol up to 4 grams a day, but I suggest that he start with a regular dose of 1 to 2 to 3 grams per day. He states he will inch that up slowly. With regard to a brace, he stated he used one in the past and that did not help very much. I worry a little bit about the tourniquet type effect of a brace that could increase his edema or put him at risk for venous thromboembolic disease. For now he will continue with his cane and walker.,6. Health maintenance, flu vaccination today.,PLANS: , Followup in 3 months, by phone sooner as needed.