

PATIENT:	FRENCH, DONALD	SSN:
M.R. NUMBER:	00714776	DOB: 08/20/1950
ACCOUNT NUMBER:	0106296957	SEX: M
REQUESTING PHYSICIAN:		ROOM: 318-01
CONSULTING PHYSICIAN:	MICHAEL CHORCHES, MD	
DATE OF REPORT:	02/16/2004	

HISTORY OF PRESENT ILLNESS:

Mr. Donald French is a 53-year-old patient who is admitted with back and chest pain. The patient is obese. He has hypertension. He has had recurrent episodes of midsternal pain radiating to the left shoulder and down the left arm. The pain manifests itself as if an "elephant was sitting on his chest." He states that he has had this pain for at least a month or possibly longer. He gets it with physical activity and also during sexual intercourse. The patient was in a stressful family situation, and his blood pressure went up significantly in October. He took medication, and the medication brought the values down. He does not know about his cholesterol. He does have gastroesophageal reflux. This has been a chronic problem. His current pain is different than his reflux pain.

FAMILY HISTORY:

Noncontributory for premature coronary artery disease.

ALLERGIES:

None admitted to. Tobacco – none. Alcohol – occasional.

MEDICATIONS:

An antihypertensive agent/medication for gastroesophageal reflux.

SYSTEMS REVIEW:

HEENT: Head unremarkable. Eyes unremarkable. ENT unremarkable.

CARDIOVASCULAR: See above.

RESPIRATORY: Unremarkable.

GASTROINTESTINAL: See above.

GENITOURINARY: History of urinary tract infection requiring hospitalization a number of years ago. Urinary bladder dysfunction currently has a catheter in place since admission.

SKIN: Unremarkable.

LYMPHATICS: Unremarkable.

HEMATOLOGIC: Unremarkable.

PSYCHIATRIC: Unremarkable.

MUSCULOSKELETAL: The patient has had low back pain for quite some time. He usually takes Doan's pills. He sometimes takes aspirin. This weekend, on Saturday, he had recurrence of his pain that was rather severe. He took various medications including a Percocet on Sunday. While his back pain was severe, his chest pain worsened, and that brought him to the hospital. Cardiac enzymes have been negative.

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OBJECTIVE

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 138/90, pulse 78, weight 296 pounds.

NECK: Veins are not visibly distended. Carotids are brisk without bruits.

LUNGS: Breath sounds are equal bilaterally without rales, rhonchi or dullness.

CARDIOVASCULAR: Estimated apex impulse not palpable due to body habitus. First and second heart sounds are normal without murmur, gallop or rub.

ABDOMEN: Protuberant and soft. Organs are not palpable.

EXTREMITIES: Pulses are equal in both arms and in both legs. No edema.

Electrocardiogram: No acute changes.

ASSESSMENT:

1. Chest pain, rule out coronary atherosclerotic heart disease.
2. Obesity.
3. Musculoskeletal low back pain.
4. Systemic hypertension.

PLAN:

Mr. French has had recurrent chest discomfort. He, at first, made rather light of it, but then after some discussion, it becomes clear that this has been going on for a couple of months, and it is typically brought on by physical activity including during sexual intercourse. I think that he has a high risk factor profile for coronary artery disease in that he is an adult male, obese with hypertension. Due to the recurrence of his discomfort, cardiac catheterization is indicated. This will be carried out later this afternoon. He has had a previous catheterization done, he thinks in 1996, which did not reveal disease. The risks and benefits of cardiac catheterization were explained to the patient which he was aware of since he had a previous study. The possibility of doing angioplasty with stenting was also discussed with its possible need for emergent surgery. He understands and agrees to proceed.

MICHAEL CHORCHES, MD

dm

D: 02/16/2004 8:41 A

T: 02/16/2004 11:09 A

Doc #: 717755

cc: MICHAEL CHORCHES, MD
JASON KIMBALL, MD

Saint Joseph's Hospital of Atlanta
Healing Hands. Caring Hearts. Touching Lives.

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