**Clinical note Chronic disease**

Samuel J. Smith

1234567-8

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HISTORY OF PRESENT ILLNESS: Mr. Smith is a 63-year-old gentleman with coronary artery disease, hypertension, hypercholesterolemia, COPD and tobacco abuse. He reports doing well. He did have some more knee pain for a few weeks, but this has resolved. He is having more trouble with his sinuses. I had started him on Flonase back in December. He says this has not really helped. Over the past couple weeks he has had significant congestion and thick discharge. No fevers or headaches but does have diffuse upper right-sided teeth pain. He denies any chest pains, palpitations, PND, orthopnea, edema or syncope. His breathing is doing fine. No cough. He continues to smoke about half-a-pack per day. He plans on trying the patches again.

CURRENT MEDICATIONS: Updated on CIS. They include aspirin, atenolol, Lipitor, Advair, Spiriva, albuterol and will add Singulair today.

ALLERGIES: Sulfa caused a rash.

SOCIAL HISTORY: Smokes as above.

REVIEW OF SYSTEMS: CONSTITUTIONAL: Weight stable. GI: No abdominal pain or change in bowel habits.

PHYSICAL EXAMINATION:

VITAL SIGNS: Weight is 217 lbs, blood pressure 131/61, pulse 63.

HEENT: TMs clear bilaterally, mild maxillary sinus tenderness on the right, nasal mucosa boggy with moderate discharge, teeth in good repair with no erythema or swelling

LUNGS: Clear, even with forced expiration.

HEART: Regular rate and rhythm without murmur

EXTREMITIES: No edema.

ASSESSMENT AND PLAN:

1. Coronary artery disease. Doing well. Continue aspirin, beta-blocker and statin. Cholesterol pretty good with LDL 80 and ALT fine as well in December.
2. Hypertension, well controlled. Continue atenolol.
3. Tobacco abuse. He was again told that he needs to quit and encouraged to use the patches.
4. Allergic rhinitis and possible sinusitis. We will try Singulair and a course of amoxicillin. As with my prior note, he may need to see ENT, as he is a smoker and this is a pretty new complaint for him.
5. History of abdominal aortic aneurysm with endovascular repair. Continue follow up with vascular surgery.
6. Health maintenance. He had multiple adenomatous polyps on colonoscopy in 2000. Form filled out for repeat colonoscopy. We reviewed the pros and cons of prostate cancer screening and he wishes not to be screened.
7. Return to clinic in six months.

Mary Student, MS3

Seen with Joe Doctor, MD