**PROGRESS NOTE**

### SUBJECTIVE:

Mr. Stanford was previously seen on 05/03/10 for a screening colonoscopy. Endoscopic findings revealed evidence of internal hemorrhoids and a sessile polyp size 0.5 cm removed via cold biopsy. The remaining of the inspected colon appeared normal. Pathology findings conclude evidence of segments of hyperplastic polyp but no dysplasia or tubular adenoma. The patient voices after his endoscopy developing two days of nausea and vomiting, which have subsequently resolved. He voices no other GI-related complaints.

### REVIEW OF SYSTEMS:

The patient’s review of systems questionnaire was reviewed and there are no additional pertinent positives.

### PHYSICAL EXAM:

**VITAL SIGNS:** Blood pressure is 143/89. Temperature is 96.2. Current weight is 181 pounds.

**LUNGS:** Clear to auscultation and percussion.

**CARDIO:** S1, S2 within normal limits, without gallops or murmurs.

**ABDOMEN:** Soft and nontender without organomegaly, mass or ascites.

### ASSESSMENT:

1. Internal hemorrhoids and benign colon polyp documented via colonoscopy on 05/03/10.
2. Transient nausea and vomiting appears secondary to analgesic administration. Clinically at this time he voices feeling well.

### PLAN:

I recommend a repeat colonoscopy in five years and implementation of a high fiber diet. Otherwise, Mr. Stanford will be seen on an as-needed basis, and I have asked him to return if he develops future GI-related concerns.