**Note Clinique : Chronic Issue / Follow-up**

Phillip D. Smith

1234567-8

4/8/2017

HISTORY OF PRESENT ILLNESS: Mr. Smith is a 66-year-old gentleman with hypertension and hypercholesterolemia. He reports he is overall doing well. He is not having any trouble with his medications. His blood pressures generally have been running around 140/90 at home. He has been having low back pain for the past 6 months. It is more on the right side and occurs intermittently throughout the day. No known initial precipitating event. He denies any radiation down his legs, any fevers, night sweats, weight loss, or bowel or bladder problems. Of note, he did have significant radiation in this area many years ago for treatment for skin cancer. He is not getting much exercise.

PMH, MEDS, ALLERGIES, SOCIAL HISTORY: Reviewed and otherwise unchanged from July 2005 note.

REVIEW OF SYSTEMS:

CARDIOVASCULAR: no chest pain, palpitations, PND, orthopnea, edema or syncope

PULMONARY: no shortness of breath or cough

GI: no abdominal pain or changes in bowel habits

PHYSICAL EXAMINATION:

VITAL SIGNS: Weight 210.7 pounds, BP 139/85, pulse 63, temp 36.8.

HEENT: Conjunctivae pink.

NECK: No lymphadenopathy.

LUNGS: Clear.

HEART: Regular rate and rhythm without murmur.

EXTREMITIES: No edema, pulses 2+.

NEUROLOGIC: Strength, sensation and DTRs intact.

MUSCULOSKELETAL: He has no tenderness over his spine. Straight leg raise negative.

ASSESSMENT AND PLAN:

1. Hypertension, only fair control. We will increase his enalapril to 20 mg a day. Continue atenolol 25 mg a day. Again, recommended diet and exercise changes. Check creatinine and potassium today.
2. Hypercholesterolemia. Continue Lipitor 40 mg a day. Check lipids and ALT today.
3. Back pain. No concerning features other than his history of radiation exposure. Given this though, will get an x-ray. Also check CBC, calcium, sed rate and PSA. He was offered a visit to Physical Therapy, but he is not interested in this currently. He will take some acetaminophen as needed.
4. Health maintenance. Given more FOBTs.
5. Return to clinic in 6 months. He will let us know if back pain gets any worse.

Joe Doctor, MD