**PROGRESS NOTE**

### PROBLEM:

1. Rectal bleeding.
2. Anemia.

### SUBJECTIVE:

The patient was previously seen for GI consultation on January 5, 2018 for evaluation of rectal bleeding and anemia. The patient was scheduled for a colonoscopy, but due to personal reasons the study has not yet been performed. She returns today with ongoing anemia but the most recent lab data is not available for review. In addition, less than a week ago she began having loose stools, but this appears to be improving. She voices no other GI-related complaints, without nausea, vomiting and/or evidence of active blood loss. She has no other comments or medical 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 100/58. Temperature is 96.1. Current weight is 187 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:

Microcytic anemia of unclear etiology with history of blood in the stools. This raises the suspicion for possible primary bowel source. Other possibilities include low H&H indices related to menorrhagia.

### PLAN:

The patient will be scheduled for a colonoscopy. If endoscopic inspection of the lower GI tract is inconclusive, then a subsequent upper endoscopy and/or small bowel capsule study may be necessary. Further recommendations will follow.