

Subjective

Med same Pains in legs, in ankles then in knees moves around. other problems are the swame

Objective

VS: BMI: 29.2. BP: 110/74. H: 68 in. P: 76 /min. RR: 16 /min. W: 192.0 lbs.

GEN- appears stated age, in no distress
HEENT- extraocular muscles intact, ear, nose, throat - clear
NECK- supple without lymphadenopathy
LUNGS- clear to auscultation bilaterally, no wheeze
HEART- regular rhythm without murmur or rub
ABD- soft, nontender, nondistended, normal bowel sounds, no masses palpated
GENT- deferred
BJE- no clubbing, no cyanosis, 2+ edema of feet only
NEURO- cranial nerves II - XII intact, no focal deficits, normal reflexes bilaterally
SKIN- no rash
STUDIES-

Assessment

Thrombocytopenia

Gout #274.9.

Coronary Artery Disease #414.9. Ischemic cardiomyopathy

CABG, multiple angioplasties

Congestive Heart Failure (enlarged and weakened heart) #428.0.

Chronic Renal Insufficiency #582.9.

Anemia #285.9.

Diabetes Mellitus (non-insulin dependent) Type 2 - 250.00.

cerebrovascular accident ('99)

Hypertension (high blood pressure) #401.9. Hyperlipidemia (elevated cholesterol and triglycerides) #272.4.

Peripheral Vascular Disease #443.9.

Depression, Anxiety #300.4.

Obesity #278.00.

Hypothyroidism #244.9.

Hyperuricemia

Degenerative Joint Disease #715.90. knees and lumbosacral spine

Irritable bowel syndrome (muscle spasms of the bowel wall) #564.1.

Peripheral Vascular Disease #443.9.

Trochanteric bursitis

chronic low back pain

Myelodysplasia

Plan

Counseled 15 minutes for current medical problems. Platelets at 62K on the low side. before we consider steroid injection into left knee, [REDACTED]. Hold on injection into left knee for now. long discussion. other problems status quo. lipids great, a1c of 6.0 does not warrant more medications in his situation. overall outlook is guarded
Office Visit 3-- have [REDACTED] take a look at him for corticosteroid injection left knee for severe djd.
patient understands that blood sugar would temporarily rise but overall control is good at this point.

Medications

Coreg (Carvedilol) 6.25 mg. one bid (Cardiologist)

[REDACTED]
[REDACTED]
Tramadol 50 mg, 1-2 q6h as needed pain.
Allopurinol 300 mg once daily-PRN
Lasix 40 mg qam
Aldactone 25 mg 1/2 daily
Metoprolol 25 mg bid
Lisinopril 2.5 mg qd
1 baby aspirin daily
Synthroid .15 mg once daily
Simvastatin 80 mg, 1 qd (NOT TAKING)
Imdur 30 mg daily po
Amiodarone 200mg twice daily
Zantac 300 mg qhs--PRN
Prilosec 20 mg qam--PRN
Flomax 0.4 mg 2 before bed (NOT TAKING)
Procrit per heme
Plavix 75 mg one daily
Prandin 2 mg two a day PRN
Magnesium 400 mg one daily
B-12 Inj. once monthly
B Complex daily
Occuvite one daily
Tylenol 325 mg. one q 6 hr.

Follow Up

flu and penumo in the fall ----- return in 2-3 months with wife with cbc and uric acid before next office visit with copy to his other docs Signed: [REDACTED]