

# Electronic Health Record (EHR)

## Patient Information

Full Name: John A. Smith

Date of Birth: 05/14/1985

Age: 38

Gender: Male

Patient ID: 20250313-001

Blood Type: O+

Address: 123 Elm Street, Seattle, WA 98101

Phone: (206) 555-7890

Email: john.smith@email.com

Emergency Contact: Jane Smith (Spouse), Phone: (206) 555-1234

## Medical History

Chronic Conditions: Hypertension (2017), Type 2 Diabetes (2020)

Allergies: Penicillin (Severe - anaphylaxis), Peanuts (Mild rash)

Surgical History: Appendectomy (2012), Knee Arthroscopy (2021)

Family History: Father - Type 2 Diabetes, Hypertension; Mother - Hyperthyroidism; No siblings

## Current Medications

Metformin - 500 mg, Twice Daily (Blood sugar control)

Lisinopril - 10 mg, Once Daily (Blood pressure control)

Aspirin - 81 mg, Once Daily (Cardiovascular health)

## Chief Complaint (CC)

"Persistent fatigue and frequent urination over the past month."

## History of Present Illness (HPI)

John A. Smith is a 38-year-old male with a history of Type 2 Diabetes and Hypertension. He presents with complaints of persistent fatigue and increased urination for the past four weeks. Reports increased thirst and occasional blurry vision. Blood sugar levels fluctuating between 180-220 mg/dL at home.

## Vital Signs

Blood Pressure: 138/88 mmHg

Heart Rate: 78 bpm

Respiratory Rate: 16 breaths/min

Temperature: 98.6°F (37°C)

Oxygen Saturation: 98%

Weight: 180 lbs

Height: 5'11" (180 cm)

BMI: 25.1

## Laboratory Results (Ordered)

Fasting Blood Glucose: 198 mg/dL (Normal: 70-99 mg/dL)

Hemoglobin A1C: 8.1% (Normal: <5.7%)

Complete Blood Count (CBC): WNL

Kidney Function (Creatinine): 1.1 mg/dL (Normal: 0.6-1.3 mg/dL)

Urinalysis: + Glucose, No Ketones

## Assessment & Plan

1. Uncontrolled Type 2 Diabetes Mellitus (A1C: 8.1%)
  - Increase Metformin to 1000 mg twice daily.
  - Consider adding GLP-1 agonist (Semaglutide).
2. Hypertension (Stable, 138/88 mmHg)
3. Fatigue likely secondary to hyperglycemia.
4. Lifestyle Modifications: Recommend low-carb diet, increased water intake, and daily exercise.
5. Follow-up in 6 weeks with repeat A1C and fasting glucose test.
6. Patient Education: Signs of worsening diabetes, vision loss, or severe fatigue.

## Physician's Notes

Physician Name: Dr. Emily Carter

Date of Visit: 03/13/2025

Clinic: Seattle Primary Care