

Seizures: no

Review of Systems

General: denies fatigue, malaise, fever, weight loss

Eyes: denies blurring, diplopia, irritation, discharge

Ear/Nose/Throat: denies ear pain or discharge, nasal obstruction or discharge, sore throat

Cardiovascular: denies chest pain, palpitations, paroxysmal nocturnal dyspnea, orthopnea, edema
Respiratory: denies coughing, wheezing, dyspnea, hemoptysis

Gastrointestinal: denies abdominal pain, dysphagia, nausea, vomiting, diarrhea, constipation

Genitourinary: denies hematuria, frequency, urgency, dysuria, discharge, impotence, incontinence

Musculoskeletal: denies back pain, joint swelling, joint stiffness, joint pain

Skin: denies rashes, itching, lumps, sores, lesions, color change

Neurologic: denies syncope, seizures, transient paralysis, weakness, paresthesias

Psychiatric: denies depression, anxiety, mental disturbance, difficulty sleeping, suicidal ideation, hallucinations, paranoia

Endocrine: denies polyuria, polydipsia, polyphagia, weight change, heat or cold intolerance

Heme/Lymphatic: denies easy or excessive bruising, history of blood transfusions, anemia, bleeding disorders, adenopathy, chills, sweats

Allergic/Immunologic: denies urticaria, hay fever, frequent UTIs; denies HIV high risk behaviors

Vital Signs

WeServeEveryone Clinic	<i>March 24, 2011</i>
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Ht: **64 in.** Wt: **140 lbs.** T: **98.0** degF. T site: **oral** P: **72** Rhythm: **regular** R: **16** BP: **158/90**

Physical Exam

General Appearance: well developed, well nourished, no acute distress

Eyes: conjunctiva and lids normal, PERRLA, EOMI, fundi WNL

Ears, Nose, Mouth, Throat: TM clear, nares clear, oral exam WNL

Respiratory: clear to auscultation and percussion, respiratory effort normal

Cardiovascular: regular rate and rhythm, S1-S2, no murmur, rub or gallop, no bruits, peripheral pulses normal and symmetric, no cyanosis, clubbing, edema or varicosities

Skin: clear, good turgor, color WNL, no rashes, lesions, or ulcerations

Problems (including changes): Blood pressure is lower. Feet are inspected and there are no callouses, no compromised skin. No vision complaints.

Impression: Sub optimal sugar, control with retinopathy and neuropathy, high glucometer readings. Will work harder on diet. Will increase insulin by 2 units.

Home Glucose Monitoring:

AC breakfast 110 to 220

AC breakfast mean 142

AC dinner 100 to 250

AC dinner mean 120

Plan**Medications:**

HUMULIN INJ 70/30 20 u ac breakfast

PRINIVIL TABS 20 MG 1 qd

Treatment: Will have annual foot exam at next visit.

Orders:

UA

Metabolic Panel

Education/Counseling (time): 5 minutes

Coordination of Care (time): 20 minutes

Follow-up/Return Visit: 3 months

Disposition: return to clinic

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Chart Summary

03/18/2011 - Lab Report: Metabolic Panel Provider: Carl Savem MD

Tests:

(1) Metabolic Panel(ML-03CHEM)

ALK PHOS	72	35-100
BG RANDOM	125 mg/dl	70-125
BUN	16 mg/dl	7-25
CALCIUM	9.6 mg/dl	8.2-10.2
CHLORIDE	101 mmol/l	96-109
CO2	27 mmol/l	23-29
CREATININE	0.7 mg/dl	0.6-1.2
PO4	2.9 mg/dl	2.5-4.5
POTASSIUM	4.5 mmol/l	3.5-5.3
SGOT (AST)	31 U/L	0-40
BILI TOTAL	0.7 mg/dl	0.0-1.3
URIC ACID	4.8 mg/dl	3.4-7.0
LDH, TOTAL	136 IU/L	0-200
SODIUM	135 mmol/l	135-145

(2) HbA1c Test

HbA1c level 6.0%

(3) Lipid Profile

Cholesterol, Total 210 mg/dl

Triglycerides 236 mg/dl

HDL Cholesterol 36

LDL Cholesterol 107

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Female DOB: 04/04/1950

0000-44444

Ins:

Commercial xxxxx

	Date 03/18/2011
HEIGHT (in)	64
WEIGHT (lb)	140
TEMPERATURE (deg F)	98
TEMP SITE	oral
PULSE RATE (/min)	72
PULSE RHYTHM	
RESP RATE (/min)	16

BP SYSTOLIC (mm Hg)	158
BP DIASTOLIC (mm Hg)	90
CHOLESTEROL (mg/dL)	
HDL (mg/dL)	
LDL (mg/dL)	
BG RANDOM (mg/dL)	125
CXR	
EKG	
PAP SMEAR	
BREAST EXAM	
MAMMOGRAM	
HEMOCCULT	neg
FLU VAX	
PNEUMOVAX	
TD BOOSTER	0.5 ml g
Foot Exam	
Eye Exam	Complete