

Synthetic Medical History - John Doe

John Doe - Full Medical History (2020-2025)

Extended Synthetic Medical History for John Doe (Age 27, AB+)

Primary Profile:

- Pre-existing Conditions: Asthma (since childhood), IBS (diagnosed 2021), Allergic Rhinitis
- Medications: Albuterol (PRN), Cetirizine, Dicyclomine (as needed), Vitamin D3 (since 2024)
- Lifestyle: Office worker, sedentary with intermittent exercise; non-smoker; moderate alcohol use
- Family History: Mother has Type 2 Diabetes, father has hypertension

MEDICAL HISTORY: 2020-2025

Primary Care Visit - Feb 2020

- Complaint: Shortness of breath during workouts
- Note: Asthma symptoms increasing with winter; advised inhaler use pre-exercise. No signs of infection or wheeze on auscultation.
- Plan: Refill albuterol, start tracking peak flow at home

Allergy Consultation - June 2020

- Referral Letter Summary: Persistent nasal congestion, itchy eyes
- Skin Prick Testing: Positive for pollen, dust mites
- Diagnosis: Allergic Rhinitis
- Plan: Begin daily antihistamine, advised HEPA filters at home

Gastroenterology Consultation - Jan 2021

- Complaint: Bloating, alternating diarrhea/constipation, stress-related flares
- Diagnosis: Irritable Bowel Syndrome (IBS-D subtype)
- Plan: Low FODMAP diet trial, PRN Dicyclomine, referral to dietitian

Routine Blood Test - May 2021

- Findings: Hb: 14.5 g/dL, WBC: 6.8 x10/L, Ferritin: 46 ng/mL, CRP: 1.2 mg/L
- Assessment: Normal

Dietitian Report - June 2021

- Summary: IBS managed better with diet adherence; advised probiotic trial
- Patient Feedback: Reduced bloating, fewer flares

Emergency Visit - Oct 2021

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- Complaint: Acute wheezing + cough during a hike
- Intervention: Nebulized albuterol, observed for 1 hour
- Diagnosis: Asthma exacerbation
- Plan: Resume regular peak flow tracking, follow-up with PCP

Annual Physical - Jan 2022

- BMI: 22.8, BP: 112/74, Labs normal
- Assessment: Healthy, encouraged more consistent exercise

Pulmonary Function Test - July 2022

- FEV1/FVC: Mild obstruction, reversible with bronchodilator
- Diagnosis: Controlled asthma
- Plan: Maintain current meds

Psychiatry Referral - Nov 2022

- Note: Fatigue, stress-related GI issues, mild anxiety
- Evaluation: Diagnosed with mild generalized anxiety
- Plan: CBT recommended, no meds

Eye Exam - April 2023

- Complaint: Blurry vision after long screen time
- Diagnosis: Digital eye strain
- Plan: Blue-light filters, 20/20/20 rule

Comprehensive Metabolic Panel - Sept 2023

- All values normal

Allergy Panel - Oct 2023

- Positive: Pollen, dust mites, cat dander
- Plan: Continue Cetirizine, immunotherapy discussed

Consultation Note - Mar 2024

- Complaint: Chronic fatigue, brain fog
- Note: Diet and sleep suboptimal
- Plan: Blood tests ordered

Blood Test - Mar 2024

- Findings: Vitamin D: 21 ng/mL, B12: 308 pg/mL, Ferritin: 34 ng/mL
- Plan: Start Vit D3, monitor fatigue

Annual Physical - July 2024

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- Vitals and urinalysis: Normal
- Assessment: Fit for age, fatigue persists

Consultation Note - Mar 2025

- Complaint: Fatigue, unintentional 4 kg weight loss
- Exam: Pale conjunctiva noted
- Plan: Blood tests, hematology referral

Blood Test - Mar 2025

- Findings: Hb: 11.9 g/dL, WBC: 4.0 x10/L, ESR: 28 mm/hr, CRP: 5.8 mg/L
- Assessment: Suspicion of chronic inflammation or hematologic issue

Hematology Referral - May 2025

- Autoimmune/Thyroid/Chest X-ray: Normal
- Note: Bone marrow biopsy considered if anemia progresses

Current Differential:

- Iron deficiency anemia with unclear etiology
- Chronic inflammation vs. early autoimmune or hematologic disorder

Simulated Doctor-Patient SOAP Note (Feb 2025)

S: Patient reports feeling fatigued over past 3 months, with recent unintentional weight loss (~4 kg), occasional night sweats. Denies fever or recent travel.

O: BP 116/76, HR 74, Temp 98.1F, mild pallor, no lymphadenopathy, no hepatosplenomegaly.

A: Likely anemia of chronic disease; weight loss concerning. Labs indicate elevated inflammatory markers.

P: Ordered repeat CBC, ESR/CRP, autoimmune screen, chest X-ray. Referral to hematology.

Primary Care Follow-up Call Summary (April 2025)

Doctor: "Hi John, I wanted to update you on the blood tests. Your inflammatory markers are still raised, and your hemoglobin remains low. The hematologist agrees we should proceed with more testing if things don't improve next month."

Patient: "Okay. I still feel tired, but I'm managing."

Doctor: "Continue your supplements and rest. We'll follow up again after your next lab."

DETAILED LAB REPORTS FOR JOHN DOE

Routine Blood Test – May 2021

Reason: Baseline evaluation during IBS workup

Test	Result	Reference Range
Hemoglobin (Hb)	14.5 g/dL	13.5–17.5 g/dL
White Blood Cell Count	6.8 x10 ⁹ /L	4.0–11.0 x10 ⁹ /L
Ferritin	46 ng/mL	30–300 ng/mL
C-Reactive Protein (CRP)	1.2 mg/L	<3.0 mg/L

Comprehensive Metabolic Panel – Sept 2023

Reason: Annual screening

Test	Result	Reference Range
Glucose (fasting)	89 mg/dL	70–99 mg/dL
BUN	14 mg/dL	7–20 mg/dL
Creatinine	0.91 mg/dL	0.6–1.3 mg/dL
Sodium	139 mmol/L	135–145 mmol/L
Potassium	4.3 mmol/L	3.5–5.1 mmol/L
ALT	19 U/L	7–56 U/L
AST	17 U/L	10–40 U/L

Blood Test – March 2024

Reason: Evaluation for fatigue and brain fog

Test	Result	Reference Range
Vitamin D (25-OH)	21 ng/mL	30–100 ng/mL
Vitamin B12	308 pg/mL	200–900 pg/mL
Ferritin	34 ng/mL	30–300 ng/mL

Blood Test – March 2025

Reason: Persistent fatigue and weight loss

Test	Result	Reference Range
Hemoglobin (Hb)	11.9 g/dL	13.5–17.5 g/dL
White Blood Cell Count	4.0 x10 ⁹ /L	4.0–11.0 x10 ⁹ /L
ESR	28 mm/hr	0–20 mm/hr
CRP	5.8 mg/L	<3.0 mg/L