SUBJECTIVE:, The patient is a 62-year-old white female with multiple chronic problems including hypertension and a lipometabolism disorder. She follows with Dr. XYZ on her hypertension, as well as myself. She continues to gain weight. Diabetes is therefore a major concern. In fact, her dad had diabetes and she has a brother who has diabetes. The patient also has several additional concerns she brings up today. One is that her left knee continues to bother her and it hurts. She cannot really isolate where the pain is, it just seems to hurt through her knee. She has had this for some time now and in fact as we reviewed her records, her left knee has been x-rayed in 1999. There was some minimal narrowing of the weightbearing joint with some minor hypertrophic spurring medially. She would like to have this x-rayed again today. She is certainly not interested in any surgery. She has noted that it particularly hurts to kneel. In addition, she complains of her stools being a baby-yellow. She has rectal bleeding off and on. It is bright red. She had a colonoscopy done in 1999. She does have a family history of colon cancer questionable in her mother, who is deceased. She complains of some diffuse abdominal pain off and on. She has given up fast foods and her pop and this has not seemed to help. She does admit however, that she is not eating right. Sometimes her stools are hard. Sometimes they are runny. The blood does not really seem to be related to necessarily a hard stool. It is always bright red and will sometimes drip into the toilet. Over the last couple of days, she had also been sneezing and has had an itchy throat. She tried some Claritin and this did not

help. She has had some body aches. She is finally feeling better today with this. She also is questioning whether she has some sleep apnea. She will awaken suddenly in the middle of the night. She was told that she does snore. She does not smoke. As stated, she has gained significant weight.,GYNECOLOGICAL HISTORY: , She does not bleed. She has both ovaries, as well as her uterus and cervix. She is on no hormonal therapy.,PREVENTATIVE HISTORY:, She is not exercising. She does not do self breast examinations. She has recently had her mammogram and it was unremarkable. She does take her low-dose aspirin daily as well as her multivitamin. She does wear her seatbelt. As previously noted, she does not smoke or drink alcohol.,PAST MEDICAL, FAMILY AND SOCIAL HISTORY:, Per health summary sheet, unchanged.,REVIEW OF SYSTEMS:, Unremarkable with the exception of that above. ,ALLERGIES: , No known drug allergies.,CURRENT MEDICATIONS:, Benicar 20 mg daily; multivitamin; glucosamine; vitamin B complex; vitamin E and a low-dose aspirin.,OBJECTIVE:,General: Well-nourished, well-developed, a very pleasant 61-year-old in no acute distress.,Vitals: Her weight today is 246 pounds. In March of 2002 she weighed 231 pounds. In March 2001 she weighed 203 pounds. Her blood pressure is 160/78. Pulse is 84. Respiratory rate of 20. She is afebrile.,HEENT: Head is of normocephalic, atraumatic. PERLA. Conjunctivae clear. TMs are unremarkable and canals are patent. Nasal mucosa is slightly reddened. Nares are patent. Throat shows some clear posterior pharyngeal drainage. Throat is slightly reddened.

Non-exudative. No oral lesions or dental caries noted.,Neck: Supple, No adenopathy. Thyroid without any nodules or enlargements, no JVD or carotid bruits.,Heart: Regular rate and rhythm without murmurs, clicks or rubs. PMI is nondisplaced.,Lungs: Clear to A&P.; No CVA tenderness.,Breast exam: Negative for any axillary nodes, skin changes, discrete nodules or nipple discharge. Breasts were examined both lying and sitting.,Abdomen: Soft, nondistended, normoactive bowel sounds, no hepatosplenomegaly or masses. Non tender.,Pelvic exam: BUS unremarkable. Speculum exam shows normal physiologic discharge. There are some atrophic vaginal changes. Cervix visualized, no gross abnormalities. Pap smear obtained. Bimanual is negative for any adnexal masses or tenderness. Rectal exam is negative for any adnexal masses or tenderness. No rectal masses. She does have some external hemorrhoids, none of which are inflamed at this time. No palpable rectal masses.,Neuromusculoskeletal exam: Cranial nerves II-XII are grossly intact. No cerebellar signs are noted. No evidence of a gait disturbance. DTRs are 1+/4+ and equal throughout. Good uptoeing. Skin: Inspection of her skin, subcuticular tissues negative for any concerning skin lesions, rashes or subcuticular masses.,ASSESSMENT:,1. Weight-gain.,2. Hypertension.,3. Lipometabolism disorder.,4. Rectal bleeding.,5. Left knee pain.,6. Question of sleep apnea.,7. Upper respiratory infection, improving.,8. Gynecological examination is unremarkable for her age.,PLAN:, We discussed at length, the

issue of sleep apnea and its negative sequela. I have recommended that she be referred for a sleep study. She is certainly at risk for sleep apnea. She refuses this. I do not think that her upper respiratory tract infection needs any further treatment at this time since she is feeling better. I did x-ray her knee and with the exception of some degenerative changes, it was unremarkable. I reviewed this with her. I do think that since she is having rectal bleeding, while this is not real unusual for her, with her family history of colon cancer, I am going to have her discuss this further with Dr. XYZ and leave further studies up to them. I will dictate Dr. XYZ a note. I am not going to order any further studies at this time in terms of her yellow stools and right upper quadrant discomfort. She has had a gallbladder sonogram done in the past, this has been unremarkable and these symptoms really have not changed for her. This however, has been some time ago. I suspect she has an element of irritable bowel syndrome. I have strongly encouraged weight reduction, both through diet and exercise. I would like to see her back in the office in six months. I did retake her blood pressure today and it was 130/70. She is fasting this morning, so we will get a fasting blood sugar, chem-12, lipid profile, and CPK. I will her mail the results. I have strongly encouraged medication management if her lipids are elevated. I think she is amenable to this. Her DEXA scan is up to date having been done on 04/09/03. I do not recommend one this year.