SOAP Note
**Patient Name**: Robert Thompson
**DOB**: 04/15/1949 (61 years old)
**MRN**: 12345678
**Date of Visit**: October 1, 2010
**Provider**: Dr. John Smith, MD
**Location**: Internal Medicine Clinic

Subjective
Chief Complaint:
"Feeling okay, but still get tired easily."
History of Present Illness (HPI):
Mr. Robert Thompson, a 61-year-old male with a history of heart failure with reduced ejection fraction (HFrEF), coronary artery disease (CAD) with prior MI, atrial fibrillation on chronic anticoagulation, hypertension, type 2 diabetes, and CKD stage 3, presents for routine follow-up three months after his last visit.
Overall, he feels stable but reports mild exertional fatigue when walking longer distances. No worsening shortness of breath, orthopnea, or paroxysmal nocturnal dyspnea (PND). Denies chest pain, palpitations, dizziness, or syncope. He continues monitoring his weight daily and reports a stable weight with no concerning fluctuations.
He has been adherent to medications but sometimes forgets to take his midday diuretic if busy. Still following a low-sodium diet, though he admits to occasional dietary lapses. No leg swelling, no significant bleeding, no recent hospitalizations or clinic visits since the last appointment.
Diabetes remains stable—he denies polyuria, polydipsia, or recent hypoglycemia.

Objective
Vital Signs
- Blood Pressure: 142/86 mmHg
- **Heart Rate**: 78 bpm, irregularly irregular
- Respiratory Rate: 16 breaths/min
- Oxygen Saturation: 97% on room air
- **Weight**: 201 lbs (stable from prior visits)

General
- Well-appearing, no acute distress

Cardiovascular
- Irregularly irregular rhythm
- No JVD
- No significant edema

Pulmonary
- Clear breath sounds bilaterally, no crackles or wheezing

Extremities
- No significant edema

Neurologic
- Alert and oriented, no focal deficits

Recent Lab Results (from Sept 20, 2010)
- **BNP**: 290 pg/mL (slightly improved, prior 320)
- Creatinine: 1.9 mg/dL (stable, prior 1.8)
- **BUN**: 36 mg/dL (**stable**)
- **K+**: 4.5 mmol/L
- **Na+**: 136 mmol/L
- **Hgb A1c**: 8.7% (slightly improved, prior 8.9%)
- **INR**: 2.4 (therapeutic)

Assessment & Plan
Primary Diagnosis:
1. Heart Failure with Reduced Ejection Fraction (HFrEF), stable
   - Symptoms: Stable with mild exertional fatigue
   - BNP showing slight improvement
   - Plan:
     - Continue **furosemide 40 mg daily** (reinforce adherence)
     - Continue lisinopril 5 mg daily
     - Continue metoprolol succinate 50 mg daily
     - Continue low-sodium diet & fluid restriction
     - Schedule repeat echocardiogram in 3 months
2. Atrial Fibrillation, stable on warfarin
   - No palpitations, dizziness, or significant bleeding
   - INR in target range (2.4)
   - **Plan:** Continue **warfarin 5 mg daily**, repeat INR in 2 weeks
3. Hypertension, mildly elevated but stable
   - BP 142/86 mmHg
   - No symptoms of hypertensive urgency
   - Plan:
     - Continue lisinopril 5 mg daily
     - Salt restriction counseling reiterated
4. Chronic Kidney Disease (Stage 3), stable
   - No acute worsening of renal function
   - **Plan:** Continue monitoring renal function, avoid nephrotoxins
5. Type 2 Diabetes Mellitus, mild improvement but still suboptimal control
   - A1c improved slightly (now 8.7%)
   - No hypoglycemia
   - Plan:
     - Continue insulin glargine 20 units at bedtime
     - Continue insulin aspart sliding scale
     - Dietary counseling and encourage consistent carbohydrate intake
6. Hyperlipidemia, stable
   - Plan: Continue atorvastatin 40 mg nightly

Patient Instructions & Follow-Up
✔ Continue all prescribed medications as discussed
✔ Maintain daily weight monitoring
✔ Follow low-sodium diet strictly
✔ Follow-up:
   - INR check in 2 weeks
   - Primary care follow-up in 3 months
   - Echocardiogram in 3 months

Patient understands the plan and has no urgent concerns today.

Signed,
Dr. John Smith, MD
October 1, 2010