PATIENT DEMOGRAPHICS

Name: Emily Rose Parker

DOB: 05/23/1965

Gender: F

Medical Record #: 0012345891

Phone: (410) 555-8890

Address: 1459 Wicket Rd, Apartment 4B, Baltimore, MD 21209

Primary Care Provider: Dr. Samuel Lin, MD, Midtown Community Health Center

Emergency Contact: Derek Parker (husband), (410) 555-8891

Insurance: Blue Cross Blue Shield, Policy# BC5542019

Preferred Pharmacy: CVS, 804 Main Street, Baltimore, MD

ACTIVE MEDICAL PROBLEM LIST *(07/01/2024)*

1. Type 2 Diabetes Mellitus with Neuropathy
2. Hypertension
3. Hyperlipidemia
4. Chronic Kidney Disease, Stage 3 (2019)
5. Depression (2018, recurrent episode)
6. Coronary Artery Disease s/p PCI (2022)
7. Gastroesophageal Reflux Disease (GERD)
8. Hypothyroidism
9. Obesity
10. Chronic Low Back Pain
11. Vitamin D deficiency
12. Osteoarthritis - bilateral knees
13. Insomnia

ALLERGIES *(varied entries)*

- Penicillin: Rash
- Metformin: GI Upset (N/V) *(added 09/2021)*
- Sulfa Drugs: No Known Reaction
- No known environmental or food allergies

CURRENT MEDICATION LIST *(as of 06/14/2024)*

- Losartan 50 mg daily
- Metoprolol XL 50 mg daily
- Amlodipine 5 mg daily
- Lisinopril 10 mg daily (d/c'd 02/2023: dry cough)
- Simvastatin 40 mg at bedtime
- Levothyroxine 75 mcg daily
- Vitamin D3 2000 IU daily
- Glimepiride 2 mg daily
- Gabapentin 100 mg TID
- Aspirin 81 mg daily
- Sertraline 100 mg daily
- PRN Tylenol 500 mg (listed as "Acetaminophen" in older entries)
- Pantoprazole 40 mg daily
- OTC Calcium/Vitamin D 2 tabs daily
- Melatonin 5 mg PRN at bedtime

VITAL SIGNS *(multiple dates, varied formats)*

Date	BP	HR	Temp	Wt (kg)	SpO2	Ht (cm)	BMI
06/14/24	138/78	72	36.6	96.7	98%	168	34.3
03/19/24	146/85	69	n/a	97.1	97%	n/a	n/a
01/17/23	151/79	80	36.7	94.3	98%	168	33.4
12/07/22	144/81	85	36.8	96.0	99%	168	34.0
09/22/21	158/88	89		95.7			
07/14/20	133/77	76	36.5	93.0	99%	168	32.7

IMMUNIZATIONS							
(selected							
•							
Influenza Vaccine: 10/							
•							
COVID-19 Vaccine: Pfizer 1st and							
•							
TDAP: 04/							

•							
Zoster: 2 doses, 12/							
•							
Pneumococcal: PP							
OUTPATIENT CLINIC NOTES							
Date:							
06/14/202							
Provider:							

Dr. Samue Lin, MD							
Visit Type							
Follow-up Diabetes + Hypertens n + Lab Review							
Subjectiv							

Ms. Parker returns for routine DM2/ hypertension follow-up. Recent lab show A1c 8.1%. Now using new glucometer (random readings from 115-210). Denies chest pain, palpitations. Occasional nocturia, mild ankle swelling. Neuropathy symptoms (tingling, numbness) persist but stable. Occasional headaches. Admits to diet noncompliance "2-3 times/wk." No new visual							

Objective							

Gen: Overweigh NAD HEENT: Mild dry mucosa Neck: Supple, nc thyromega Cardiac: RRR, S1/ S2, trace L edema Pulm: Clea Abd: Obes nt/nd Ext: Diminishec pinprick plantar B/L Neuro: Ale CN II-XII grossly intact, +monofilar ent deficit bilat. feet Skin: No ulcers Labs: Cr 1.36 (stable), eGFR 52							

Assessment/Plan:							
•							
DM2 w/ neuropathy: Continue current meds,							
•							
HTN: BP slowly improving. Continu							
•							
CKD 3: Sta							

•							
Hyperlipidemia:							
•							
Depression:							
•							
OA, knees: Increas							
RTC 4 month							
Date:							

01/17/202							
Provider:							
Dr. Shireesha Patel, MD							
Visit Type							
Annual Medicare Wellness/ Complex Chronic Care							
Subjectiv							

Says "feeling a little better since fall," mood brighter bu energy stil low some days. Slee - trouble falling/ staying asleep. Using melatonin with partia relief. Still has burnin in both fee No chest pain, but gets mild exertional dyspnea walking 2 blocks. Occasiona headache (less). No vision changes, r epigastric pain or nausea.							

Objective							
Wt: 94 kg, BP 151/79 Gen: Tired appearing but interactive HEENT: Chronically dry mouth CV: S1/S2 no m/r/g, mild pitting edema ankles Pulm: Bibasilar crackles Neuro: Diminished vibratory sense toes Labs from 12/22: A1c 8.4, Cr 1.4 TSH 1.8							
Assessment/Plan:							

•							
DM2: Control suboimal, switch metformin + glimeiride due to GI intolerance							
•							
HTN: BP suboptimal							
•							
CKD3: Sta							
•							

CAD, remote							
•							
OA, knees:							
•							
Insomnia: Continue							
Labs 3 months,							
Date:							
09/22/202							

Provider:							
Dr. Lin							
Visit Type							
Diabetes Check & Medicatior Issue							
Subjectiv							
Complains of "bad stomach" c Metformin (N/V, loose stools), ca tolerate. Blood sugars mostly 160-240 fasting. "Very tired Reports poor sleep and worry about finances.							
Objective							

BP 158/88 Wt 95.7kg CV: No m/g Neuro: Stocking neuropathy present Mood: Tearful							
Assessment/Plan:							
•							
DM2: d/c Met for min, star							
•							

Depression: Scores 15/ PHQ9,							
•							
HTN: Adj							
•							
F/u 2 mo							
Date:							
02/03/202							
Provider:							
NP May Urias							
Reason:							

"Can't Sleep" visi							
Subjective							
Sleep onse insomnia >2h nightly occasional leg cramps No snoring no witnessed apnea per spouse. Sometimes uses OTC diphenhydramine w/ variable efficacy.							
Plan:							
•							
Begin Melato							
•							

Decrease caffeine intake,							
•							
Schedule baseline sleep							
HOSPITAL ADMISSON/ PROGRESS NOTES							

Date of Admissio							
11/17/202							
Attending							
Dr. Khalid Noorani, MD							
Location:							
Midtown Hospital							
HOSPITA ADMISSI N H&P							
CHIEF COMPLAI T:							
Chest tightness x 2 days							
HISTORY OF PRESENT ILLNESS:							

Ms. Parker is a 57-yea old woman with HTN, DM2, know CAD, who presents with new 2 day pressure-like chest tightness, radiating to left arm an jaw, associated with diaphoresi and mild SOB. She took aspiri at home, denied nausea/ vomiting, r previous episodes a rest, but recently more exertional fatigue ove past month							

PAST MEDICAL HISTORY:							
•							
See problem list.							
•							
CAD with PCI 2022 (see cat							
MEDICATIONS ON ADMISSION:							

Simvastati 40mg, Losartan 50mg, Amlodipine 5mg, Metoprolol XL 25mg, Levothyrox ne 75mcg, Gabapenti 100mg TID Aspirin 81mg, Glimepirid 2mg, Pantoprazo e 40mg							
ALLERGII S:							
Penicillin (rash), Sul (no reactio noted)							
SOCIAL HISTORY:							
•							

Ex-smoker							
•							
Drinks rarely ("1							
•							
Married, lives w/							
•							
Diet: "too ma							
•							
No illicit dru							

FAMILY HISTORY:							
Father: MI age 62, DM2 Mother: RA HTN							
EXAM:							

BP 146/89 HR 103, R 19, Sat 97%, Temp 36.8 Gen: Mild distress, diaphoretic CV: RRR, S4, slight jugular venous distension Lung: Bilat scattered crackles Abd: Nontender Ext: 1+ pitting edema ankles Neuro: Ale oriented							
ED COURSE:							
•							

ECG: Non-Q wave							
•							
Troponin I = 2.3							
•							
Cardiology							
•							
Started nitroglycerin,							
•							
Cardiac cath: 80							

IMPRESSI N:							
NSTEMI ir setting of multi-vesse CAD, DM2 CKD3.							
PLAN:							
•							
Continue DA PT (as piri							
•							
Statin							
•							
Beta							

•							
Adjust DM me							
•							
Monitor K/							
•							
PT/OT con							
•							
Discharg e pla							
PROGRE S NOTE							
(11/20/20 2)							

Doing well mild chest wall soreness only. Bridged from IV heparin to aspirin/ ticagrelor. Blood sugars 130-190. Creatinine rising to 1.49, adequate fluids, wat for contras nephropat .							
DISCHAR GE SUMMAR							
(11/21/20 2)							

ADMISSIO N DX:							
NSTEMI							
DISCHAR E DX:							
NSTEMI, CAD s/p PCI of RC Type 2 diabetes, Hypertens n, CKD3							
HOSPITAL COURSE:							

Ms. Parker presented with 2 days of chest tightness. Troponin significantly elevated, EKG showed inferolateral ischemia. Treated with heparin, taken to cath lab within 18 hours, single drug eluting stent placed in mid RCA, no complications. No CHF by echo. Cr rose from 1.36 → 1.49, with downtrending at discharge. Discharged on DAPT, statin, beta blocker, DI control							

DISCHARGE MEDS:							
•							
Aspirin 81							
•							
Ticagrelor							
•							
Simvastatin							
•							
Metoprolol							
•							
Losartan 50							

•							
Gabapentin							
•							
Glimepiride							
•							
Pantoprazole							
•							
Levothyroxin							
•							
Vitamin D3							
•							
Sertraline 100							

•							
Tylenol							
AA of d/c pantoprazol							
FOLLOW-UP:							
See PCP within 1 week, Cardiology in 2 weeks							

SPECIALIST CONSULT NOTE & OUTSIDE RECORDS							
(selected, partial scans)							
CARDIOLOGY NOTE							
(12/29/202)							

Ref: Post-PCI follow up. BP 134/72 HR 68. Patient denies angina, ca walk up a flight of stairs with mild dyspnea only. ECG NSR, no acute ischemia. Continue dual antiplatele for at least 12 months then consider monothera y. Statin complianc emphasize .							
NEUROL GY CLINIC							

(09/11/20 3)							
Referred fo worsening sensory symptoms feet. Exam Diminished vibration B L, reduced ankle reflexes. N motor loss EMG - mild to moderat axonal sensorimo r polyneurop thy. Impressior Diabetic neuropathy Gabapenti titrated. No evidence o alternative cause.							

LABS - CUMULATIVE REPORTS (2018-2024)							

SOCIAL HISTORY *(varied forms, contradictory entries)*

- **11/2022:** Denies tobacco. Drinks wine "once monthly." Married, 2 adult children. Exercises once weekly.
- **01/2023:** Former smoker, quit 2012. Lives with spouse and cat. No alcohol in "months."
- **07/2020:** Smoked 0.5 ppd x 10 yrs, quit 2012. Drinks red wine "at holidays." Exercises "5k steps/day in summer, less in winter." Retired school teacher.

FAMILY HISTORY

- Father: DM2, MI age 62, Deceased age 73 (colon cancer)
- Mother: RA, HTN, Alive age 86
- Siblings: One brother (healthy), one sister (RA, lupus)

SURGICAL HISTORY

- 2022: PCI, mid RCA
- 2015: Cholecystectomy
- 2011: Laparoscopic hysterectomy
- 1987: Cesarean section

ADDITIONAL "SCANNED" DOCUMENTS / "MISC EMR ENCOUNTERS"

NURSING PHONE TRIAGE *(03/21/2023)*

Pt called RN due to severe nighttime foot pain (burning, 7/10). Directed to increase PM gabapentin, warm soaks, call if no improvement or new swelling.

PRESCRIPTION REFILL REQUESTS

- 04/15/2023: Gabapentin 100mg TID, refill x6 months
- 04/17/2023: Request for Melatonin 5mg OTC
- 05/02/2022: Losartan 50mg, preferred pharmacy: CVS

SPECIALIST COMMUNICATION

- Letter from Dr. Alana Youssef, Endocrinology (08/2020): "Emily Parker evaluated for subclinical hypothyroidism (TSH 5.2, FT4 nl). Recommend starting low dose Levothyroxine, repeat TSH in 8-10 weeks. PCP to adjust as needed."

IMMUNIZATION ADMINISTRATION RECORD *(duplicate)*

- Flu vaccine: 10/01/2022, Lot #FF092
- COVID mRNA boosters: 11/22/2022 (left deltoid), 03/28/2024 (right deltoid)
- Zoster vaccine: Dose 2 - 01/20/2023

ADVANCE DIRECTIVES

- MOLST form (scanned copy): Dated 03/19/2019

- Status: Full Code
- No other directives specified.

DUPLICATE AND OLDER MEDICAL PROBLEM LISTS (as commonly found)

- Problem List (09/2021):
  - Type 2 Diabetes, poorly controlled
  - Hypertension
  - CKD, Stable
  - Hyperlipidemia
  - Neuropathy, diabetic
  - Insomnia
  - Depression
  - PAD (??)
  - GERD
  - Chronic OA

PRIMARY CARE PROVIDER NOTE (paper scan, partial)

Date: 03/19/2018

Visit Reason: New patient establish

Review of Systems

Weight gain ~8 lbs past 6 months, fatigue, leg aches. No recent vision change, chest pain, or PND/DOE. Denies palpitations. No cough, GI bleeding, or hematuria.

Family Hx: Father - MI, DM2.

Soc Hx: ~10 pack-year tobacco (smoke-free 5+ yrs), 1-2 glasses wine/month.

Medications brought to visit: Losartan, Simvastatin, Levothyroxine (did not recall dose), "allergy pill."

Exam

Obese, BP 142/86, HR 82. No JVD. S1/S2, clear lungs.

RECENTLY ADDED/DELETED MEDICATIONS (from e-prescribing tabulation, sometimes duplicative)

- 2024: Continue all current meds; Ticagrelor stopped 1/2024 (one year post-PCI)
- 2023: Added Amlodipine 5mg qd, increased Metoprolol XL to 50mg (from 25mg)
- 2023: Lisinopril d/c'd (pt complaints cough)
- 2022: Restarted Sertraline 100mg
- 2021: Metformin d/c'd due to GI intolerance

INCOMPLETE DOCUMENT: HOSPITAL EMERGENCY DEPT NOTE *(scanned, ER flow sheet 02/15/2022, partial)*

"CC: Right knee swelling/pain after misstep on stairs. Denies fall. Mild effusion on exam, no erythema, weightbearing tolerated. X-ray: Mildly advanced OA, no fracture. Given injection, f/u PCP in 1-2 weeks."

LABS (SELECT OLDER - HANDWRITTEN SCAN)

- 03/19/2019: A1c 7.5, LDL 104
- 10/22/2018: Cr 1.18, TSH 4.8

MEDICAL PROBLEM LIST (system-generated, w/ mapping errors)

List generated 07/2022

1. Diabetes Mellitus Type 2
2. Diabetic Polyneuropathy
3. Essential primary hypertension
4. Hyperlipidemia
5. Chronic kidney disease, stage 3

6. Hypothyroidism, primary
7. Obesity, unspecified
8. Gastro-esophageal reflux disease (with esophagitis - deleted)
9. Depression (recurrent)
10. Osteoarthritis of knee
11. Insomnia

SOCIAL WORK NOTES (abbreviated)

09/29/2021:

Pt expresses concern re: insurance costs, adherence to medication, limited access to healthy foods. Connected with SNAP and low-cost pharmacy program.

PREVENTIVE CARE (varied entries)

- Colonoscopy: 06/2021 normal
- Mammogram: 05/2022 normal
- Eye Exam (diabetic): 11/2023, no retinopathy
- Dental: 02/2024, no acute problems; last visit: 02/2022
- Bone Density: 2022: osteopenia

Patient Portal Messages (selected)

10/14/2023:

Patient: "Having more burning in feet at night, what can I do? Already max dose gabapentin."

Response (RN): "Okay to start Epsom salt soak and acetaminophen, follow up if not improving."

"PROGRESS NOTE" (narrative, unstructured)

"05/17/2023: Patient seen in office, discussed overall wellness, BP checked, walked with limp due to L knee pain. Noted concern with

sniffles last week, no COVID sx, denies fever, advised home fluids, and rest. Labs pending. Pt to call with results."

PRINTED PHYSICIAN LETTER (old scan, 2020)

To: Midtown Community Health Center

From: Dr. Anne Marshall, Rheumatology,

Regarding: Emily Rose Parker

"Ms. Parker evaluated for chronic knee pain, likely primary OA. Labs: RA factor negative, CRP normal. No evidence of inflammatory disease. Recommend conservative management, topical NSAID, PT, weight management strategies."

ADDITIONAL MEDICATION NOTES

- Melatonin increased to 5 mg qhs PRN (2024)
- Gabapentin titrated up for neuropathy (last increase 09/2023)
- Simvastatin dose unchanged since 2017

SCANNED DOCUMENT SUMMARY LIST

- Primary care progress notes: 2018-2024
- Cardiology: 2022-2023
- Neurology: 2023
- Rheumatology: 2020
- Endocrinology: 2020
- Social Work: 2021
- Nursing: multiple
- Various lab and diagnostic scan reports (on file)

End of printed record for Emily Rose Parker. Faxed by Midtown Community Health Center, 07/01/2024.

This record is provided in response to a formal release of information request. Pages: 15 (as printed; content condensed for clarity).

(If more materials needed, contact Midtown Medical Records: (410) 555-8890)

This simulated medical record is meant for educational use only.