

MedFlow AI

SOAP NOTE

Date: February 10, 2026

Patient Name: John Doe

Patient ID: P-12345

Provider: MedFlow AI Provider

S — SUBJECTIVE

Chief Complaint:

Chest discomfort

History of Present Illness:

Patient is a 45 year old Male presenting with Chest discomfort, Shortness of breath during exertion, Fatigue for 2 weeks. Severity is Moderate.

Past Medical History:

Hypertension

Current Medications:

None reported

Allergies:

No known drug allergies (NKDA)

Social History:

Not provided

Family History:

Not provided

Review of Systems:

Constitutional: Positive for fatigue. Cardiovascular: Positive for chest discomfort.

O — OBJECTIVE

Vital Signs:

| | |
|--------------------------|--------|
| Blood Pressure: | 145/90 |
| Heart Rate: | 92 bpm |
| Respiratory Rate: | 16 bpm |
| Temperature: | 98.6 F |

Physical Examination:

General appearance: Well-developed, well-nourished. Cardiovascular: S1, S2 audible, no murmurs.

Imaging Studies:

Chest X-Ray: Normal

Other Imaging: N/A

Laboratory Results:

Pending

A — ASSESSMENT

Differential diagnosis includes: 1. Angina pectoris 2. GERD 3. Musculoskeletal chest pain. The presence of Chest discomfort, Shortness of breath during exertion, Fatigue in the context of Hypertension requires further evaluation.

P — PLAN

{"medications": ["Omeprazole 20mg once daily"], "lab_tests": ["H. pylori test", "CBC"], "follow_up": "2 weeks"}

Lifestyle Recommendations:

Dietary: Avoid spicy food and caffeine. Focus on small, frequent meals.

Exercise: Gentle walking allowed. Avoid strenuous activity until cardiac clearance.

Clothing: Loose-fitting clothing to avoid abdominal pressure.

Stress Management: Relaxing classical music to manage stress.

Environmental: Lavender for calming environment.

Additional Notes:

Patient ethnicity: South Asian. Tailor dietary advice accordingly.

SAFETY ALERT

Seek immediate emergency care if symptoms worsen or include crushing chest pain, radiating pain, or severe diaphoresis.

This SOAP note is for medical documentation purposes. All information should be verified and supplemented with complete clinical assessment.

Document generated on: February 10, 2026 at 15:44