## Patient: Arjun Kumar

**Patient ID:** HK-728-455

**DOB:** 15/08/1975 (Age 48 at first visit)

**Gender:** Male

**Occupation:** Software Project Manager

**Known Allergies (Established prior to Visit 1):**

**Sulfa Drugs** (Trimethoprim/Sulfamethoxazole) - Causes generalized urticaria (hives) and pruritus (itching).

**No known food allergies.**

**Past Medical History (PMH):**

Hypertension (HTN), diagnosed 5 years ago, well-controlled on medication.

Dyslipidemia, diagnosed 5 years ago.

**Medications on file (Pre-Visit 1):**

Tab. Telmisartan 40 mg - once daily

Tab. Atorvastatin 10 mg - once at night

**Social History:**

Smokes occasionally (5-10 cigarettes/week, social smoker). Denies alcohol use. Sedentary job.

**Surgical History:**

Appendectomy (2001)

**Family History:**

Father: History of Coronary Artery Disease (CAD), died of MI at 65.

Mother: Alive, has Type 2 Diabetes and HTN.

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## Visit 1: Initial Consultation for New Symptoms

**Date:** October 26, 2023

**Reason for Visit:** "Persistent cough and feeling tired for the past 2 weeks."

**Subjective (What the patient says - HPI):**
"Mr. Kumar presents today reporting a 2-week history of a dry, hacking cough. He states it started after a 'bad cold' that his son had. The cough is worse at night, preventing him from sleeping soundly. He also reports feeling unusually fatigued, describing himself as 'not his usual self.' He denies fever, chills, shortness of breath, or chest pain. He reports some post-nasal drip. He has been taking over-the-counter Cetirizine 10mg daily with minimal relief. His blood pressure at home has been running slightly high, around 150/92 mmHg. He is concerned about his energy levels and the persistent cough."

**Objective (Doctor's findings):**

**Vitals:** BP: 148/90 mmHg, HR: 88 bpm, Temp: 98.6°F (37.0°C), SpO2: 98% on room air.

**Physical Exam:**

**HEENT:** Mild pharyngeal erythema (redness), no exudate.

**Lungs:** Clear to auscultation bilaterally, no wheezes or rales.

**Heart:** Regular rate and rhythm, no murmurs.

**Labs/Studies:** None ordered today.

**Assessment (A):**

**Post-viral cough:** Likely following a recent upper respiratory infection (URI).

**Fatigue:** Probable secondary to persistent cough and poor sleep.

**Hypertension:** Noted to be elevated today, likely contributing to fatigue. Requires monitoring.

**Plan (P):**

**Cough:** Recommend Guaifenesin 400mg every 6 hours as needed for cough. Continue hydration and steam inhalation. Advise that post-viral cough can last 3-8 weeks.

**Fatigue:** Reassurance. Encourage sleep hygiene.

**Hypertension:** Advise to check home BP twice daily for the next week and log readings. We will review logs and consider adjusting Telmisartan dose if trend continues.

**Follow-up:** Return in 2 weeks for BP re-check or sooner if cough worsens or fever develops.

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## Visit 2: Follow-up & Worsening Symptoms

**Date:** November 9, 2023

**Reason for Visit:** "Follow-up on BP. Cough is better but now has new chest discomfort."

**Subjective:**
"Mr. Kumar returns for follow-up. He reports his cough has significantly improved and is now mostly resolved. His sleep has improved. However, he now reports a new, concerning symptom: for the past 4 days, he has experienced a 'burning sensation' in the center of his chest that seems to radiate slightly to his throat. It occurs mostly after large meals and when lying down flat at night. He has to prop himself up with pillows. He denies pain with deep breathing or exertion. He brought his home BP log, which shows readings averaging 145/88 mmHg. He has been under significant stress at work due to a project deadline."

**Objective:**

**Vitals:** BP: 142/85 mmHg, HR: 84 bpm.

**Physical Exam:**

**Lungs:** Clear.

**Heart:** RRR.

**Abdomen:** Soft, non-tender, active bowel sounds.

**Assessment (A):**

**GERD (Gastroesophageal Reflux Disease):** Classic symptoms of retrosternal burning worsening with meals and recumbency. Likely exacerbated by stress.

**Hypertension:** Persistently elevated. Requires medication adjustment.

*Resolving post-viral cough.*

**Plan (P):**

**GERD:** Start trial of Tab. Pantoprazole 40 mg once daily before breakfast for 4 weeks. Counsel on dietary modifications: avoid spicy foods, caffeine, large late-night meals.

**Hypertension:** Increase Telmisartan dose to 80 mg once daily. Re-check BP in 4 weeks.

**Stress:** Discuss stress management techniques.

**Follow-up:** Schedule follow-up in 4 weeks. Return immediately if chest pain becomes severe, is associated with exertion, or is accompanied by shortness of breath or sweating.

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## Visit 3: Routine Management & A New Problem

**Date:** December 14, 2023

**Reason for Visit:** "Routine follow-up for HTN and GERD. Now has a painful rash on foot."

**Subjective:**
"Patient here for scheduled follow-up. He reports excellent response to Pantoprazole - his chest burning symptoms have completely resolved. His home BP log on increased Telmisartan shows excellent control, with averages of 128/82 mmHg. He feels less fatigued. However, he now reports a new, unrelated issue: for the past 3 days, he has developed a very painful, blistering rash on the sole of his right foot. He describes it as 'a cluster of tiny blisters on a red base' that is extremely tender to touch, making it difficult to wear shoes. He denies recent trauma to the area, new soaps, or detergents. He recalls having chickenpox as a child."

**Objective:**

**Vitals:** BP: 126/80 mmHg, HR: 76 bpm.

**Physical Exam:**

> **Skin:** On the plantar surface of the right foot, near the ball, there is a cluster of vesicles (small blisters) on an erythematous base. The area is tender to palpation. No drainage. Classic presentation.
>
> **Other systems:** Unremarkable.

**Assessment (A):**

**Hypertension:** Well-controlled on current regimen.

**GERD:** Resolved on medication. Will continue current dose.

**Herpes Zoster (Shingles):** Classic presentation of a painful, vesicular rash in a dermatomal distribution (likely S1 nerve). History of childhood varicella confirms risk.

**Plan (P):**

**Hypertension & GERD:** Continue Telmisartan 80 mg and Pantoprazole 40 mg.

**Shingles:**

> **Prescribe:** Tab. Valacyclovir 1 gram three times daily for 7 days.

**For Pain:** Advise Tab. Acetaminophen 500 mg every 6 hours as needed for pain. *Avoid NSAIDs like Ibuprofen for now due to potential side effects.*

**Counsel:** This is a viral infection. Keep the area clean and dry to prevent bacterial infection. It is contagious to individuals who have not had chickenpox until the lesions crust over.

**Follow-up:** Return immediately if fever develops, rash spreads, or pain becomes unmanageable. Otherwise, follow-up as needed.