

Mock Medical Record

Patient Name: Michael Sims
MRN: 00987124-AZC
DOB: 04/19/1972
Encounter Date: 07/22/2024
Provider: Dr. Sarah Lin, MD
Department: Internal Medicine / Cardiology Consult

1. Reason for Visit

Patient presents with chest discomfort described as “pressure-like” x3 days, associated with mild SOB, intermittent palpitations, and dizziness. Reports increased stress at work. Denies syncope, hemoptysis, or recent trauma.

2. Past Medical History

- HTN (diagnosed 2012)
- Type II DM (diagnosed 2018, HbA1c last 8.7%)
- Hyperlipidemia
- Remote history of appendectomy (1991)
- Family Hx: Father MI age 54, Mother T2DM

3. Medications

Medication	Dose & Frequency	Notes
Lisinopril	20mg PO daily	BP control
Metformin	1000mg PO BID	Last refill 07/01/2024
Atorvastatin	40mg PO nightly	Non-adherent past 3 months
OTC Ibuprofen	400mg PRN (3-4x/week)	For headaches
Energy Supplements	Unknown	Purchased online, unverified

4. Vital Signs (07/22/24 09:45)

- BP: 162/98 mmHg (sitting, R arm)
- HR: 108 bpm, irregular
- Temp: 98.4°F
- SpO₂: 95% RA
- Weight: 98.4 kg
- Height: 175 cm (BMI 32.1, obese class I)

5. Physical Exam

- General: Obese M, alert, anxious, in no acute distress.
- Cardiac: Irregularly irregular rhythm, tachycardic. No murmurs, rubs, or gallops.
- Respiratory: Mildly decreased breath sounds at bases, no wheeze/crackles.
- Abdomen: Soft, NT/ND, no HSM.
- Neuro: AOX3, no focal deficits.

6. Diagnostics

- EKG: Atrial fibrillation, HR 115, nonspecific ST-T wave abnormalities.
- Chest X-ray: Mild cardiomegaly, no acute infiltrate.
- Labs (drawn 07/22/24):
 - CBC: WNL except mild leukocytosis (WBC 11.2k)
 - CMP: Glucose 198 mg/dL (H), Cr 1.3 mg/dL (mildly ↑), ALT 52 (↑)
 - Troponin I: 0.03 ng/mL (upper limit normal 0.04)
 - HbA1c: 8.9%

7. Assessment

1. Atrial Fibrillation, new onset vs paroxysmal
2. Uncontrolled HTN
3. Type II DM – poorly controlled
4. Hyperlipidemia – poor medication adherence
5. Obesity (BMI 32.1)

8. Plan

- Admit to telemetry for monitoring.
- Start Metoprolol tartrate 25mg PO q6h (hold if HR <60).
- Consider anticoagulation (CHA₂DS₂-VASc = 3 → moderate risk).
- Cardiology consult for further management.
- Counseling re: diet, exercise, medication adherence.
- Recommend outpatient stress test once stable.

9. Additional Notes

- Patient expressed concern about “energy supplements” possibly worsening palpitations.
- Lives alone, limited social support. Works night shifts.
- Insurance: Horizon HMO – requires prior auth for echo.
- Follow-up appointment scheduled: 08/05/2024 with PCP.

10. Signature

Dr. Sarah Lin, MD

NPI: 1298745632

Signed electronically 07/22/2024 11:28