

#### Patient Identification Information

- Name: John Doe
- Age: 45
- Sex: Male
- Date of Birth: January 1, 1979
- Race/Ethnicity: Caucasian
- Contact Information: 123 Health St, Wellness City, HC 45678, Phone: 555-1234

#### Chief Complaint

- Patient reports experiencing persistent headaches and occasional dizziness over the past two months.

#### History of Present Illness

- The headaches began approximately eight weeks ago, initially mild but have progressively become more severe. Describes the pain as throbbing, primarily in the temples. Dizziness is sporadic but occurs mostly in the mornings. No nausea or vision changes noted.

#### Past Medical History

- Hospitalized for appendectomy at age 12.
- Diagnosed with hypertension at age 40.
- Seasonal allergies.
- No known drug allergies.

#### Medication History

- Lisinopril 10 mg daily for hypertension.
- Ibuprofen as needed for headaches.
- Loratadine 10 mg daily during spring for allergies.

#### Family Medical History

- Father had coronary artery disease, passed away at 68 from a heart attack.
- Mother is alive, has type 2 diabetes and hypothyroidism.
- One younger sister, healthy.

#### Social History

- Works as an accountant.
- Married, with two children.
- Non-smoker, occasional alcohol consumption on weekends.
- Denies use of recreational drugs.

#### Review of Systems

- General: Denies weight loss, fever, or fatigue.
- Cardiovascular: Occasional palpitations but no chest pain.
- Respiratory: No shortness of breath or cough.
- Gastrointestinal: Normal appetite, no nausea, vomiting, or bowel changes.
- Neurological: Headaches as described, no history of seizures or fainting.

#### Physical Examination

- General: Patient appears well-nourished and in no acute distress.
- Vital Signs: Blood pressure 140/90 mmHg, Heart rate 78 bpm, Respiratory rate 16/min, Temperature 98.6°F.
- Head, Eyes, Ears, Nose, Throat: Normal, no sinus tenderness.

- Cardiovascular: Regular rate and rhythm, no murmurs.
- Respiratory: Clear to auscultation bilaterally.
- Abdomen: Soft, non-tender, no hepatosplenomegaly.
- Neurological: Alert and oriented, cranial nerves intact, normal gait.

#### Diagnostic Tests

- Blood tests including Complete Blood Count, Comprehensive Metabolic Panel.
- MRI of the brain to rule out any neurological cause for headaches.
- ECG to assess cardiac function given history of palpitations.

#### Assessment and Plan

- Differential diagnosis includes tension headaches, migraine, hypertension-related issues.
- Plan to adjust hypertension medication and monitor blood pressure.
- Follow up after MRI results and blood test results.
- Consider referral to a neurologist if symptoms persist or worsen.