

AAROGYA SAHAYAK - SAMPLE CLINICAL NOTE

PATIENT ENCOUNTER SUMMARY

Date of Visit: [Date Removed]
Facility: Apollo Hospitals, Chennai
Department: General Medicine / Endocrinology
Physician: [De-identified]
Patient ID: [De-identified]

Chief Complaint

58-year-old male presenting with persistent fatigue, increased thirst, frequent urination, and blurred vision for the past 3 months. Reports unexplained weight loss of 4 kg over the same period. Known hypertensive, now presenting with blood sugar concerns.

Vital Signs

Parameter	Value	Interpretation
Blood Pressure	158/96 mmHg	Elevated - Stage 2 Hypertension
Heart Rate	82 bpm	Normal
Temperature	37.1 C	Afebrile
SpO2	97%	Normal
Weight	78 kg	BMI: 27.4 (Overweight)
Fasting Blood Glucose	214 mg/dL	Significantly Elevated

Laboratory Investigations

HbA1c: 9.4% (Target <7.0%) - Poorly controlled glycemia
Fasting Plasma Glucose: 214 mg/dL (Normal <100 mg/dL)
Post-prandial Glucose (2hr): 296 mg/dL (Normal <140 mg/dL)
Serum Creatinine: 1.3 mg/dL (borderline elevated, monitor for nephropathy)
eGFR: 62 mL/min/1.73m² (Stage 2 CKD - caution with Metformin dosing)
LDL Cholesterol: 142 mg/dL (Elevated, target <70 mg/dL for diabetic patients)
HDL Cholesterol: 38 mg/dL (Low)
Triglycerides: 218 mg/dL (Elevated)
Urine Albumin-Creatinine Ratio: 48 mg/g (Microalbuminuria)

Relevant Medical History

Hypertension (diagnosed 5 years ago) - currently on Amlodipine 5mg OD
No prior diabetes diagnosis but family history of T2DM (father, maternal aunt)
Smoker: 10 pack-years (quit 2 years ago)
No known drug allergies
No prior cardiac events or surgeries

Clinical Assessment

New diagnosis of Type 2 Diabetes Mellitus with poor glycemic control (HbA1c 9.4%). Concurrent Stage 2 Hypertension, mixed dyslipidemia, microalbuminuria, and borderline CKD Stage 2. High cardiovascular risk profile given the

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combination of diabetes, hypertension, dyslipidemia, and prior smoking history. Metabolic syndrome criteria met.

Current Medications

1. Amlodipine 5mg OD (for hypertension)
2. Aspirin 75mg OD (cardiovascular prophylaxis)
3. No current anti-diabetic medication (new diagnosis)

Physician Plan / Recommendations

1. Initiate Metformin 500mg BID with meals (up titrate to 1000mg BID as tolerated, monitor eGFR closely)
2. Consider adding SGLT-2 inhibitor (Empagliflozin 10mg OD) for cardiorenal protection given microalbuminuria
3. Intensify antihypertensive therapy - increase Amlodipine to 10mg or add ACE inhibitor (Ramipril 5mg) for nephroprotection
4. Initiate statin therapy: Atorvastatin 40mg OD (high-intensity statin for diabetic patients with dyslipidemia)
5. Dietary counseling: DASH diet + diabetic diet - restrict refined carbohydrates, saturated fats, sodium
6. Structured exercise: 150 minutes/week moderate aerobic activity (brisk walking, cycling)
7. Self-monitoring of blood glucose: Fasting and post-prandial twice daily
8. Follow-up in 4 weeks with repeat fasting glucose; HbA1c recheck in 3 months
9. Ophthalmology referral for diabetic retinopathy screening
10. Nephrology referral if eGFR declines below 45 or proteinuria worsens

This is a synthetic, de-identified clinical document created for testing Aarogya Sahayak's PDF upload feature. No real patient data is contained in this file. All clinical values are fabricated for demonstration purposes.