Patient Metadata
Name: John Doe (fictional)
MRN: 00012345
DOB: 01/15/1971 (Age 54)
Sex: Male
Date of Encounter: 03/12/2025
Location: Emergency Department
Provider: A. Provider, MD

Chief Complaint:
Chest pain / heartburn-like symptoms.

History of Present Illness:
The patient is a 54-year-old male with a history of hypertension, hyperlipidemia, and tobacco use who presents with two days of burning chest pain. Symptoms are worse after eating and when lying flat. The patient reports the pain feels different from prior cardiac-related pain but may radiate to the left shoulder. He endorses nausea without vomiting and denies shortness of breath. He reports he has been off his blood pressure medications for approximately three months due to running out. The patient appeared anxious and was pacing during evaluation.

Review of Systems:
Constitutional: Denies fever or chills.
Cardiovascular: Reports chest pain; denies syncope.
Respiratory: Denies shortness of breath or cough.
Gastrointestinal: Reports epigastric pain and nausea; denies vomiting, hematemesis, or melena.
Neurologic: Denies focal neurologic deficits.

Physical Examination:
General: Anxious appearing male.
HEENT: Throat clear.
Chest/Lungs: Possible mild wheezing; no rales appreciated.
Cardiovascular: Tachycardic; no murmur appreciated. Examination limited due to patient talking.
Abdomen: Epigastric tenderness without rebound or guarding.
Extremities: No peripheral edema; pulses intact.

Vital Signs:
Blood pressure 178/102 mmHg; heart rate 104 bpm; respiratory rate 18 breaths/min; temperature 98.7°F; oxygen saturation 96% on room air.

Diagnostic Studies:
Electrocardiogram with unclear interpretation, possibly normal with questionable borderline ST elevation in leads V2–V3. Chest radiograph pending at time of note.

Assessment:
Chest pain, possibly secondary to gastroesophageal reflux disease versus acute coronary syndrome;

uncontrolled hypertension due to medication nonadherence; anxiety.

Plan:
Administer GI cocktail and aspirin. Obtain serial troponins. Consider restarting antihypertensive therapy. Observation admission versus discharge pending laboratory results.

Disposition and Follow-Up:
Disposition pending laboratory results and possible cardiology consultation.