

Training Chart- This chart is used for educational purposes only

Date: December 12, 2015

HPI:

**Chief Complaint** 

cough and wheeze for 1 week needing more

History Obtained from Mode of Arrival Accompanied by

patient walking family member

Accompanied by fa Additional HPI

yr male with hypertension,

diabetes-2,dyslipidemia and h/o TIA, admitted westchester fot TIA, MRI no acute stroke, Idl and a1c normal there, started on aggrenox, , now came with yolanda., BP at home 105/56, 120/66, 136/61,

127/65, sugars 60s fasting feels dizzy,

#### Problem List:

- Nocturia:
- Full dentures- PRELIMINARY IMPRESSIONS:
- Social problem: (V62.9)
- Screening for tuberculosis: (V74.1)
- Need for vaccination for Strep pneumoniae:
- Osteoarthritis of shoulder due to rotator cuff injury:
- Rotator cuff injury:
- Poor dentition:
- **HEARING LOSS NOS:** (389.9)
- Sensorineural hearing loss, bilateral: (389.18)
- . NEUROPATHY IN DIABETES:
- ATHEROSCLER-EXTREMTY NOS:
- Excessive ear wax:
- Dizziness:
- OM (onychomycosis):
- Need for prophylactic vaccination with tetanus-diphtheria (TD): 09:29
- Dysfunction, eustachian tube:
- Tympanosclerosis:
- Bilateral leg weakness:
- Moderate nonproliferative diabetic retinopathy of both eyes: 12:31
- Posterior vitreous detachment:
- H/O: CVA
- Asthma:
- Type Il/unspec diabetes w/neurological manifestation, not uncontrolled:
- Right shoulder pain:
- Age-associated hearing loss:
- VACCINATION INFLUENZA:
- . OTHER ACUTE PAIN:

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- BENIGN HYPERTENSION:
- DM MANIF NEC TYP II
- DIABETIC MACULAR EDEMA:
- PRESBYOPIA:
- SENILE CATARACT NOS:
- PTERYGIUM NOS:
- B12 DEFIC ANEMIA NEC:

#### Basic Screen:

- . Are you being hurt, hit, or frightened by anyone at home or in your life?: no
- During the last month have you often been bothered by having little interest or pleasure in doing things?: no
- Has there been any significant weight loss, or gain recently?: no
- Is there increased fall risk?: yes
- Patient was referred to the following service:: OT, patient advised on fall prevention and home safety
- Do you smoke cigarettes?: no
- Durning the last month have you often been bothered by feeling down, depressed or hopeless?:
- Are you having pain not controlled at this time?: no

#### Learning Preference:

- Patients' preferred method of learning: verbal instructions and discussion.
- Barrier(s) to Learning: none.
- Provided education in the language that patient/family understands.

# Past, Family and Social History:

- Past Medical History: positive
- Cardiovascular: coronary artery disease, hyperlipidemia, hypertension
- Respiratory: asthma
- Endocrine: diabetes mellitus
- Diabetes Mellitus Type: non-insulin dependent
- Neurological/Psychiatric: CVA, TIA
- Past Surgical History: noncontributory
- Family History: positive
- Conditions: diabetes
- Family Member with Diabetes: children
- Social History: noncontributory
- · Additional PFSH: Living with daughter.

#### Review of Systems:

- General: see HPI
- Skin/Breast: negative
- Ophthalmologic: negative
- **ENMT**: negative
- Respiratory and Thorax: negative
- Cardiovascular: negative

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- Gastrointestinal: negative
- Genitourinary: negative
- Musculoskeletal Symptoms: arthralgia
- Neurological: negative
- Psychlatric: negative
- Hematology/Lymphatics: negative
- Endocrine: negative
- Allergic/Immunologic: negative

#### Vital Signs:

- Height (feet): 5 feet
- Height (in): 2 inch
- Height (cm): 157.4 cm
- Weight (lbs): 120 lb
- Weight (kg): 54.431 kg
- BMI (kg/m2): 21.9 M2
- Pulse bpm: 78 bpm
- BP Systolic (mm Hg): 124
- BP Diastolic (mm Hg): 72
- BP Site: right arm
- Comments: manual and home BP

#### PE:

#### General/Skin/HEENT:

- General: well-developed; well-groomed; well-nourished; no distress
- · Head: no tenderness; scalp normal; no apparent injury
- Neck: normal; supple; no JVD; normal thyroid gland

# MS/Neuro/Psych/Lymph:

Additional PE: walking with cane

# Heart Disease/Cholesterol Risk Assessment:

History of Sudden Cardiac Death in Parents / Grandparents < 55 Years of Age: no</li>

#### STD/HIV Risk Assessment:

• History of STD: no

#### TB Risk Assessment:

• Exposure to TB: no

### Result by Order:

# General Chemistry:

Herno	globin A1C, Plasma			
Result	Value	Abn	Range	Text
Hemoglobin A1C,	7.8		[4.7 - 6.4 %]	MANAGEMENT CONTRACTOR CONTRACTOR CONTRACTOR
Plasma	5 1 HISSON - 100		5-1000 F - 1000 F - 1	
Prost	ate Specific Antigen	,		
Result	Value	Abn	Range	Text
Prostate Specific	1.77	· III IMAMA I IA	The state of the s	This test is
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different assay methods cannot be interchanged.

Antigen performed using the Roche chemiluminescent method. This is a screening test only, andshould not be used exclusively to diagnose or rule out cancer. Values obtained for this test using

#### Consults Reviewed:

**Details:** neurology rheumatology podiatry

# Today's Assessment: Active Issues:

1. HYPERTENSION NOS: Hypertension controlled goal 130/80, hold meds if BP less than 90 systolic or 60 diastolic DASH diet and exercise, 2 gram salt diet Meds refilled, continue current tt cbc chem 7 before next visit Opthalmology/up to date

- 2. DIABETES
- 3. Mild asthma exacerbation:
- 4. Diabetes mellitus with hypoglycemia:

#### Assessment and Plan:

Plan of care discussed with patient and family member 1- Hypertension controlled goal 130/80, hold meds if BP less than 90 systolic or 60 diastolic DASH diet and exercise, 2 gram salt diet 2-Diabetes with hypoglycemia well controlled on current medication A1c -Medical Nutrition Therapy, meds refilled, to keep fasting finger stick less than 120 reduce glipizide to 5 mg 3- Bronchial asthma acute exacerbation prednisone for 5 days, albuterol

colonoscopy 2004, RTC Dr Narula 1 month.

# Patient Self Management Goals:

The patient set the following goal(s) on 16-Nov-2011 taking medications.

Medication goals include: take medications as prescribed. Patient Confidence Level about

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achieving goal is 5.

Follow up visit scheduled in 1 month.

Taking medications goals continued.

**Electronic Signatures:** 

(Signed

Entered: HPI, PROBLEM LIST, BASIC SCREEN/LEARNING PREFERENCE, PFSH, ROS, VITAL SIGNS, PE, SCREENING, LABORATORY RESULTS, CONSULTS REVIEWED, TODAY'S ASSESSMENT,

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