

GREENFIELD FAMILY MEDICINE
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PATIENT MEDICAL RECORDS — URGENT RELEASE

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Date of Release: 02/14/2026
Requested By: Emergency Coordination Team
Reason: Patient en route via ambulance — cardiac event

PATIENT DEMOGRAPHICS

Name: Daniel Wilson
Date of Birth: 03/22/1971
Age: 40
Sex: Male
Address: 20 Broad, NY
Phone: (408) 555-7192
Emergency Contact: Linda Whitfield (wife) — (408) 555-7193
Insurance: Blue Shield PPO — ID# BSC-8827441
PCP: Dr. Margaret Chen, MD

MEDICAL HISTORY

Active Conditions:

- Essential hypertension (dx 2014)
- Type 2 diabetes mellitus (dx 2017)
- Hyperlipidemia (dx 2016)
- Obesity, BMI 33.2 (current)
- Obstructive sleep apnea (dx 2019, uses CPAP nightly)
- Chronic kidney disease, stage 2 (dx 2022, eGFR 78)
- Gastroesophageal reflux disease (dx 2018)

Resolved Conditions:

- Left rotator cuff tear (2020, surgically repaired)
- Pneumonia, community-acquired (2023, resolved)

Family History:

- Father: MI at age 58, deceased age 64 (CHF)
- Mother: Type 2 diabetes, hypertension, alive age 81
- Brother: Coronary artery disease, stent placement age 52

- Maternal grandmother: Stroke at age 70

Social History:

- Former smoker — 12 pack-year history, quit 2017
 - Alcohol: 2-3 drinks/week (social)
 - Occupation: Software project manager, sedentary
 - Exercise: Walks 2x/week, 20 min
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ALLERGIES (CRITICAL)

- !! Penicillin — anaphylaxis (confirmed 2009, hospitalized)
 - !! Sulfa drugs — severe rash, angioedema
 - !! Iodinated contrast dye — hives, throat tightness
 - Codeine — nausea/vomiting (intolerance, not true allergy)
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CURRENT MEDICATIONS

1. Metformin 1000mg PO BID (diabetes)
 2. Lisinopril 20mg PO daily (hypertension)
 3. Atorvastatin 40mg PO QHS (hyperlipidemia)
 4. Amlodipine 5mg PO daily (hypertension)
 5. Aspirin 81mg PO daily (cardiovascular prophylaxis)
 6. Omeprazole 20mg PO daily (GERD)
 7. Jardiance (empagliflozin) 10mg PO daily (diabetes/renal)
 8. Melatonin 3mg PO QHS PRN (sleep)
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RECENT LAB RESULTS (01/08/2026)

HbA1c: 7.4% (prev 7.1% on 07/2025)
Fasting glucose: 148 mg/dL (H)
Total cholesterol: 212 mg/dL (H)
LDL: 128 mg/dL (H)
HDL: 38 mg/dL (L)
Triglycerides: 234 mg/dL (H)
Creatinine: 1.3 mg/dL (H)
eGFR: 78 mL/min
BUN: 22 mg/dL
Potassium: 4.6 mEq/L
Sodium: 140 mEq/L
TSH: 2.1 mIU/L (normal)
ALT: 34 U/L
AST: 29 U/L
CBC: WNL

CARDIAC HISTORY & RISK FACTORS

- Framingham 10-year CV risk: 22% (high)
- Last ECG (09/2025): Normal sinus rhythm, no ST changes, left axis deviation, no prior comparison abnormalities
- Last echocardiogram (03/2024): LVEF 55%, mild LVH, grade 1 diastolic dysfunction, no valvular disease
- Stress test (03/2024): Completed 7:42 of Bruce protocol, achieved 85% max HR, no ischemic ST changes, no chest pain during test. Adequate exercise tolerance.
- Coronary calcium score (2023): 187 Agatston units (moderate)
- Carotid ultrasound (2023): Mild bilateral plaque, no hemodynamically significant stenosis

Risk factors present:

- * Hypertension (controlled on 2 agents)
- * Diabetes (suboptimally controlled)
- * Hyperlipidemia (LDL above goal despite statin)
- * Obesity
- * Strong family history of premature CAD
- * Former smoker
- * Sedentary lifestyle
- * Low HDL

IMMUNIZATION HISTORY

- Influenza (seasonal): 10/15/2025
- COVID-19 bivalent booster: 11/02/2024
- Tdap: 06/18/2022
- Pneumococcal (PCV20): 03/10/2024
- Hepatitis B (series complete): 2019
- Shingrix (2-dose series complete): 2024

PAST PROCEDURES & SURGERIES

- Left rotator cuff arthroscopic repair (06/2020)
- Colonoscopy (04/2024) — 2 benign polyps removed, repeat in 5 years
- Upper endoscopy (01/2023) — mild esophagitis, no Barrett's
- Cardiac stress test (03/2024) — see cardiac section
- Sleep study (08/2019) — moderate OSA, AHI 24

RECENT VISIT NOTES

Last visit: 01/15/2026 — Routine diabetes/hypertension f/u

Subjective: Pt reports occasional chest tightness with heavy exertion (climbing stairs carrying loads), resolves with rest within 2-3 minutes. Denies rest pain, radiation, diaphoresis. Reports good CPAP compliance. Diet adherence "fair" per pt. Admits increased stress at work past 2 months.

Objective: BP 142/88 (elevated), HR 76, BMI 33.2

Assessment:

1. HTN — slightly above goal, consider uptitrating amlodipine
2. T2DM — HbA1c rising, reinforced diet, consider adding GLP-1
3. Exertional chest tightness — low suspicion for ACS given recent negative stress test, but warrants monitoring given risk profile. Discussed warning signs. Return if worsening.

Plan: Recheck BP in 4 weeks. Nutrition referral placed.

Discussed GLP-1 agonist options (Ozempic vs Mounjaro). Pt will consider and follow up. Repeat HbA1c in 3 months.

CLINICAL NOTES FOR EMERGENCY TEAM

Key concerns for this patient:

- * SEVERE PENICILLIN ALLERGY — anaphylaxis risk. Use alternatives (azithromycin, fluoroquinolones if needed).
- * Contrast dye allergy — premedicate if CT with contrast is required (methylprednisolone + diphenhydramine).
- * Recent exertional chest tightness reported 01/15/2026 — may be relevant to current presentation.
- * On metformin — hold if contrast imaging planned or if renal function deteriorating. Baseline Cr 1.3.
- * On aspirin 81mg daily — already anticoagulated.
- * CKD stage 2 — dose-adjust renally cleared medications.
- * Strong family history of early MI (father at 58, brother stented at 52).

Records released under HIPAA emergency provision
45 CFR 164.512(j) — to avert serious threat to health/safety

Prepared by: Sarah Kim, RN — Greenfield Family Medicine
Authorized by: Dr. Margaret Chen, MD
Date/Time: 02/14/2026, 14:32 PST
