

# SEATTLE GENERAL HOSPITAL

Department of Internal Medicine  
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## COMPREHENSIVE MEDICAL REPORT

Report ID: MEDRPT-2024-PAT-3847

Date of Service: October 28, 2024

### PATIENT INFORMATION

Patient Name: Jonathan Michael Harrison

Blood Type: A Positive

Date of Birth: March 15, 1978

Primary Physician: Dr. Elizabeth Warren, MD

Patient ID: PAT-3847-2024

Insurance: BlueCross BlueShield

Secondary Physician: ~~Dr. Michael Harrison~~ Policy #BCB-445782 Number: BCB-445782

### VITAL SIGNS

Measurement	Value	Normal Range	Status
Blood Pressure	142/88 mmHg	120/80 mmHg	ELEVATED
Heart Rate	78 bpm	60-100 bpm	NORMAL
Temperature	98.6°F	97.8-99.1°F	NORMAL
Respiratory Rate	16 breaths/min	12-20 breaths/min	NORMAL
Oxygen Saturation	97%	95-100%	NORMAL

### CHIEF COMPLAINT

Patient presents with persistent headaches occurring 3-4 times per week for the past 6 weeks, rated 6-7/10 in severity. Associated symptoms include occasional dizziness, mild nausea, and sensitivity to light. Patient reports increased stress at work and difficulty sleeping. No history of migraines. Blood pressure slightly elevated today.

### MEDICAL HISTORY

- Hypertension (diagnosed 2019) - controlled with Lisinopril 10mg daily
- Type 2 Diabetes (diagnosed 2021) - managed with Metformin 500mg twice daily
- Appendectomy (2005) - no complications
- No known drug allergies
- Family history: Father - heart disease; Mother - diabetes

### CURRENT MEDICATIONS

- Lisinopril 10mg - once daily for hypertension
- Metformin 500mg - twice daily for diabetes
- Aspirin 81mg - once daily for cardiovascular protection
- Vitamin D3 2000 IU - once daily

## PHYSICAL EXAMINATION

- General: Alert and oriented, no acute distress
- HEENT: Normocephalic, pupils equal and reactive, no papilledema
- Neck: Supple, no lymphadenopathy, no thyromegaly
- Cardiovascular: Regular rate and rhythm, no murmurs or gallops
- Respiratory: Clear to auscultation bilaterally, no wheezes or rales
- Abdomen: Soft, non-tender, no organomegaly
- Neurological: Cranial nerves II-XII intact, normal strength and sensation
- Extremities: No edema, pulses 2+ bilaterally

## LABORATORY RESULTS

Test	Result	Reference Range	Flag
Glucose, Fasting	118 mg/dL	70-100 mg/dL	HIGH
HbA1c	6.8%	<5.7%	HIGH
Total Cholesterol	215 mg/dL	<200 mg/dL	HIGH
LDL Cholesterol	142 mg/dL	<100 mg/dL	HIGH
HDL Cholesterol	48 mg/dL	>40 mg/dL	
Triglycerides	165 mg/dL	<150 mg/dL	HIGH
Creatinine	1.1 mg/dL	0.7-1.3 mg/dL	
eGFR	82 mL/min	>60 mL/min	
TSH	2.4 mIU/L	0.4-4.0 mIU/L	
Hemoglobin	14.2 g/dL	13.5-17.5 g/dL	
WBC	7,200 /µL	4,500-11,000 /µL	
Platelets	245,000 /µL	150,000-400,000 /µL	

## IMAGING STUDIES

CT Head without Contrast (10/28/2024):

**FINDINGS:** No acute intracranial hemorrhage, mass effect, or midline shift. Normal gray-white matter differentiation. Ventricle and sulci are normal in size and configuration. No abnormal extra-axial fluid collections. Paranasal sinuses are clear. Mastoid air cells are well aerated.

**IMPRESSION:** Normal CT head examination. No acute intracranial pathology identified.

## ASSESSMENT

1. Tension-type headaches - likely secondary to stress and poor sleep
2. Hypertension, Stage 1 - suboptimally controlled
3. Type 2 Diabetes Mellitus - fair control (HbA1c 6.8%)
4. Hyperlipidemia - LDL above target

## TREATMENT PLAN

### 1. HEADACHE MANAGEMENT:

- Start Sumatriptan 50mg as needed for acute headache episodes
- Refer to Neurology for headache evaluation if symptoms persist
- Recommend stress management techniques and sleep hygiene

### 2. HYPERTENSION:

- Increase Lisinopril from 10mg to 20mg once daily
- Home blood pressure monitoring twice daily
- Target BP: <130/80 mmHg
- Dietary sodium restriction (<2300mg/day)

### 3. DIABETES MANAGEMENT:

- Continue Metformin 500mg twice daily
- Reinforce dietary modifications and exercise
- Target HbA1c: <7.0%

### 4. HYPERLIPIDEMIA:

- Start Atorvastatin 20mg once daily at bedtime
- Heart-healthy diet counseling
- Target LDL: <100 mg/dL

## FOLLOW-UP APPOINTMENTS

- Primary Care: 4 weeks for BP recheck and medication adjustment
- Lab Work: Fasting lipid panel in 6 weeks after starting statin
- Neurology Referral: If headaches do not improve in 2 weeks
- Ophthalmology: Annual diabetic eye exam due

## PATIENT EDUCATION PROVIDED

- Discussed medication changes and potential side effects
- Reviewed warning signs requiring immediate medical attention
- Provided written instructions for home BP monitoring
- Dietary counseling for DASH diet and low cholesterol
- Stress reduction techniques and sleep hygiene handout

### ATTENDING PHYSICIAN

Signature: **Dr. Elizabeth Warren**

Name: Elizabeth A. Warren, MD, FACP

License #: WA-MD-45782

Date: October 28, 2024

### VERIFIED & APPROVED

Medical Records Department

Approval Code: MRD-2024-1028

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