

# Diagnosis Template for Healthcare Professionals

Patient Information	
Name: Ayana	
Patient ID: 29803	
Age	79
Date of Evaluation: Nov 7, 2025	
Referring Physician (if applicable): Dr. Alex	
Gender:	Female
Chief Complaint	
Primary Complaint:	
The patient reports feeling tired and short of breath when walking and says her blood pressure readings at home are high. She also notices forgetfulness, such as misplacing items and repeating questions. Her family states that she moves more slowly and is less energetic than before.	
Duration: 3 years	
Severity (scale 1-10): 7	
Medical History	
1. Past Medical History:	
Hypertension > 20 years (CARDIO:HTN_dx = 1) Chronic kidney disease (stage 3) with stable function (RENAL:eGFR 45 mL/min/1.73 m²) Dyslipidemia and central obesity (METABOLIC_ENDO:WHR = 0.90) Coronary artery calcification (CARDIO:CAC = 480 Agatston) Prior lacunar infarct and mild white-matter change (NEURO:WMH_vol = 13 mL)	
2. Family Medical History:	
Mother with hypertension and late-onset dementia; father with myocardial infarction at 68 years.	
3. Current Medications:	
ACE inhibitor (perindopril 4 mg daily) (CARDIO:ACEi_use = 1) Statin (atorvastatin 20 mg nightly) (METABOLIC_ENDO:Statin_use = 1) SGLT2 inhibitor (dapagliflozin 10 mg daily) (RENAL:SGLT2i_use = 1) Low-salt diet advice (RENAL:DietaryNa = 5 g/d; RENAL:DietaryK = 2.5 g/d)	
4. Allergies:	
Unknown	

<b>5. Previous Hospitalizations/Surgeries:</b>
Hypertensive crisis (age 65); ischemic stroke (age 75); no operations.
<b>Review of Systems</b>
<b>1. General Health:</b>
Moderate fatigue and reduced exercise capacity. BMI 27.5 kg/m <sup>2</sup> ; waist circumference 92 cm; waist-to-hip ratio 0.90 (METABOLIC_ENDO:WHR).
<b>2. Cardiovascular:</b>
Office BP 156/84 mm Hg; heart rate 72 bpm. Ambulatory monitoring shows daytime SBP 155 mm Hg (CARDIO:SBP_day), nighttime SBP 142 mm Hg (CARDIO:SBP_night), and mean arterial pressure 107 mm Hg (CARDIO:MAP). Central hemodynamics: cSBP 139 mm Hg (CARDIO:cSBP), augmentation pressure 13 mm Hg (CARDIO:AP). Arterial function: PWV 12.4 m/s (CARDIO:PWV); FMD 5 % (CARDIO:FMD); RHI 1.6 a.u. (CARDIO:RHI). Echocardiography: LV mass index 110 g/m <sup>2</sup> (CARDIO:LVMi), preserved LVEF 55 % (CARDIO:LVEF). Laboratory: BNP 180 pg/mL (CARDIO:BNP), hsCRP 3.0 mg/L (CARDIO:hsCRP). CT: Coronary calcium 480 Agatston (CARDIO:CAC).
<b>3. Respiratory:</b>
Breathes normally at rest; short of breath after stairs; SpO <sub>2</sub> 98 % on room air.
<b>4. Gastrointestinal:</b>
Appetite fair; no nausea or vomiting; prefers salty soups and preserved foods (RENAL:DietaryNa 5 g/d).
<b>5. Neurological:</b>
Mild slowness of movement and attention. MRI shows white-matter hyperintensity volume 13 mL (NEURO:WMH_vol). Mini-mental status 26/30.
<b>6. Musculoskeletal:</b>
Normal strength; mild deconditioning from low activity.
<b>7. Psychiatric:</b>
Mild depressive symptoms (PHQ-9 = 10 [NEURO:PHQ9]); daytime sleepiness score 11 (NEURO:Sleepiness). No psychosis or anxiety.
<b>8. Other Relevant Systems:</b>
eGFR 45 mL/min/1.73 m <sup>2</sup> (RENAL:eGFR); serum phosphate 5.0 mg/dL (RENAL:Phosphate); parathyroid hormone 85 pg/mL (RENAL:PTH); FGF23 170 pg/mL (RENAL:FGF23). Urine protein 1.0 g/day (RENAL:Proteinuria_gd). No stone history (RENAL:StoneHx = 0).