

Patient Medical History

Patient Information:

- Name: Sarah Brown
 - Date of Birth: October 20, 1985
 - Gender: Female
 - Height: 5'5"
 - Weight: 135 lbs
 - Blood Type: AB-
 - Marital Status: Single
 - Occupation: Graphic Designer
 - Address: 101 Maple Street, Anytown, USA
 - Phone: (555) 456-7890
 - Email: sarah.brown@example.com
 - Emergency Contact: Laura Brown (Mother) - (555) 654-3210
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Chief Complaint:

- Recurrent abdominal pain and bloating for the past six months.
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Medical History:

Chronic Conditions:

- 1. Irritable Bowel Syndrome (IBS)**
 - Diagnosed: January 2014
 - Current Treatment: Dietary modifications, peppermint oil capsules, occasionally loperamide for diarrhea
- 2. Generalized Anxiety Disorder**
 - Diagnosed: May 2012
 - Current Treatment: Sertraline 50 mg daily, occasional use of Alprazolam 0.5 mg as needed
- 3. Polycystic Ovary Syndrome (PCOS)**
 - Diagnosed: March 2015
 - Current Treatment: Oral contraceptive pills (Ethinylestradiol/Levonorgestrel), Metformin 500 mg twice daily
- 4. Migraine Headaches**
 - Diagnosed: November 2008
 - Current Treatment: Sumatriptan 50 mg as needed, Topiramate 25 mg nightly

Acute Conditions:

1. **Urinary Tract Infection (UTI)**
 - Diagnosed: July 2023
 - Treatment: Nitrofurantoin 100 mg twice daily for 5 days
 2. **Bronchitis**
 - Diagnosed: January 2022
 - Treatment: Azithromycin 500 mg on day 1, then 250 mg daily for 4 days
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Surgeries:

1. **Laparoscopic Ovarian Cystectomy**
 - Date: May 2016
 - Outcome: Successful, no complications
 2. **Tonsillectomy**
 - Date: August 1995
 - Outcome: Successful, no complications
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Allergies:

- Penicillin: Causes rash and swelling
 - Pollen: Causes sneezing and itchy eyes
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Medications:

1. Sertraline 50 mg daily
 2. Alprazolam 0.5 mg as needed
 3. Ethinylestradiol/Levonorgestrel daily
 4. Metformin 500 mg twice daily
 5. Sumatriptan 50 mg as needed
 6. Topiramate 25 mg nightly
 7. Peppermint oil capsules daily
 8. Multivitamin daily
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Immunizations:

1. Influenza Vaccine: Annually
2. Tetanus, Diphtheria, Pertussis (Tdap): Last received 2020

3. Hepatitis B: Completed series
 4. COVID-19 Vaccine: Completed series and booster
 5. HPV Vaccine: Completed series
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Family Medical History:

- Father: Hypertension, Type 2 Diabetes, Alive
 - Mother: Hypothyroidism, Alive
 - Siblings: One brother with Asthma, one sister with Depression
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Social History:

- **Smoking:** Never smoked
 - **Alcohol:** Drinks socially, approximately 1-2 glasses of wine per week
 - **Recreational Drugs:** No history of use
 - **Exercise:** Jogging and yoga 3-4 times a week
 - **Diet:** Balanced diet, low in processed foods, high in fiber and lean proteins
 - **Sexual History:** Heterosexual, currently not in a relationship, past sexually active with use of barrier protection, no history of sexually transmitted infections (STIs)
 - **Living Situation:** Lives alone in an apartment, has a cat
 - **Mental Health:** History of anxiety and occasional panic attacks, currently managed with medication and therapy
 - **Occupation Stress:** Moderate stress levels, mainly during project deadlines
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Recent Tests and Results:

1. **Complete Blood Count (CBC):**
 - Last Reading: Normal (April 2024)
2. **Thyroid Function Test:**
 - Last Reading: TSH 2.0 mIU/L (February 2024)
3. **Lipid Panel:**
 - Total Cholesterol: 170 mg/dL
 - LDL: 100 mg/dL
 - HDL: 50 mg/dL
 - Triglycerides: 120 mg/dL (March 2024)
4. **Abdominal Ultrasound:**
 - Date: April 2024
 - Result: Mild hepatic steatosis, no other abnormalities
5. **Pelvic Ultrasound:**
 - Date: December 2023

- Result: Multiple small ovarian cysts, consistent with PCOS
 - 6. **Endoscopy:**
 - Date: May 2024
 - Result: Mild gastritis, no H. pylori infection
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Review of Systems:

- **Constitutional:** No fever, weight stable, occasional fatigue
 - **Eyes:** No changes in vision
 - **ENT:** No sore throat, occasional nasal congestion
 - **Cardiovascular:** No chest pain, no palpitations
 - **Respiratory:** No shortness of breath, occasional cough
 - **Gastrointestinal:** Recurrent abdominal pain, bloating, alternating constipation and diarrhea
 - **Genitourinary:** No dysuria, no hematuria, history of UTIs
 - **Musculoskeletal:** No joint pain, no muscle weakness
 - **Neurological:** Frequent headaches, no dizziness
 - **Psychiatric:** History of anxiety and occasional panic attacks, currently managed with medication and therapy
 - **Endocrine:** Stable on current PCOS management
 - **Hematologic/Lymphatic:** No easy bruising, no lymphadenopathy
 - **Allergic/Immunologic:** No new allergies
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Plan:

1. **Abdominal Pain and Bloating Evaluation:**
 - Consider referral to a gastroenterologist
 - Continue dietary management for IBS
 - Trial of low FODMAP diet
2. **Anxiety and Panic Attack Management:**
 - Continue current medication (Sertraline 50 mg daily)
 - Regular follow-ups with mental health professional
 - Consider increasing frequency of CBT sessions
3. **PCOS Management:**
 - Continue current medication regimen
 - Regular follow-up with gynecologist
 - Monitor for symptoms of insulin resistance
4. **Migraine Management:**
 - Continue current medication regimen
 - Keep a headache diary to identify triggers
 - Consider referral to a neurologist if migraines become more frequent

5. Lifestyle Modifications:

- Encourage regular exercise routine
- Discuss stress management techniques such as mindfulness and yoga
- Reinforce the importance of a balanced diet

6. Routine Health Maintenance:

- Annual flu shot
- Regular dental and vision check-ups
- Update vaccinations as needed

7. Follow-Up Appointments:

- Schedule follow-up in 3 months to reassess symptoms and review test results