Ray Lanham 55 year old male **NOTE FROM VISIT 6 MONTHS AGO**

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| **Subjective:** |

**Chief Complaint**

Patient presents with

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| **Chief Complaint** |
| Patient presents with |
| • | Diabetes |

**History of Present Illness**

No real complaints this visit. Sugars are still high, although denies polyuria and polydipsia. Endorses adherence with her medications. Still unwilling to take insulin. Last saw podiatrist years ago. Daughters remain involved in her care.

Still smoking cigarettes; not interested in quitting.

**History and Medications**

R. Lanham has a past medical history of:

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| **Patient Active Problem List** |
| Diagnosis |
| • | Essential hypertension |
| • | Uncontrolled diabetes |
| • | Tobacco use disorder |
| • | Gout |

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| **Social History** |

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|  |  |  |  |
| Tobacco Use |
| • | Smoking status: | Current smoker – 1 ppd |
| • | Smokeless tobacco: | Never Used |
| Substance Use Topics |
| • | Alcohol use: | Occasional |
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| **Current Outpatient Medications on File Prior to Visit** |
| Medication | Sig | Dispense | Refill |

* Lisinopril 20 mg 1 tablet p.o. daily
* Metformin 1000 mg 1 tablet p.o. BID
* Glipizide 5 mg 1 tablet p.o. daily
* Atorvastatin 40 mg 1 tablet p.o. daily

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| No current facility-administered medications on file prior to visit. |

Remainder of review of systems negative except as noted above.  Allergies noted and reviewed.

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|  **Objective:** |

**Physical Examination**

Blood pressure 145/94, pulse 78, temperature 97.8 °F (36.6 °C), temperature source Oral, SpO2 97 %.

Physical Exam

Constitutional: **Well-developed and well-nourished**

Head: Normocephalic and atraumatic.

Mouth/Throat: **Oropharynx is clear and moist.**

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: **Normal rate, regular rhythm and normal heart sounds; diminished DP and PT pulses**

Pulmonary/Chest: **Breath sounds normal. No respiratory distress. No wheezes, rales, or rhonchi**

Abdominal: **Soft. Bowel sounds are normal. Non-tender, non-distended, no guarding or RT**

Musculoskeletal: Normal range of motion;**no edema.**

Lymphadenopathy:

  No cervical adenopathy.

Neurological: **Oriented to person, place, and time. No cranial nerve deficit.**

Skin: Skin is warm and dry.

Psychiatric: **Normal mood and affect.**

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| **HEALTH MAINTENANCE** |

Lipid Panel:

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| **Lab Results** |
| Component | Value | Date |
|   | CHOL | 199 | 09/02/2020 |
|   | CHOL | 111 | 05/13/2019 |
|   | CHOL | 154 | 03/26/2019 |

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| **Lab Results** |
| Component | Value | Date |
|   | HDL | 51 | 09/02/2020 |
|   | HDL | 44 | 05/13/2019 |
|   | HDL | 49 | 03/26/2019 |

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| **Lab Results** |
| Component | Value | Date |
|   | TRIG | 136 | 09/02/2020 |
|   | TRIG | 96 | 05/13/2019 |
|   | TRIG | 62 | 03/26/2019 |

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| **Lab Results** |
| Component | Value | Date |
|   | LDL | 49 | 05/13/2019 |
|   | LDL | 100 (H) | 03/19/2019 |
|   | LDL | 106 | 12/21/2012 |

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| **Lab Results** |
| Component | Value | Date |
|   | LDLCALC | 124 (H) | 09/02/2020 |
|   | LDLCALC | 93 | 03/26/2019 |
|   | LDLCALC | 104 (H) | 03/14/2018 |

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| **Lab Results** |
| Component | Value | Date |
|   | CHOLHDL | 2.5 | 05/13/2019 |
|   | CHOLHDL | 3.14 | 03/26/2019 |
|   | CHOLHDL | 3.5 | 03/19/2019 |

Immunizations

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| **Immunization History** |
| Administered | Date(s) Administered |
| • | Hep A/Hep B | 11/17/2014 |
| • | Hepatitis B (Adult) | 12/03/2013, 01/30/2014, 04/12/2016, 06/21/2016, 10/21/2016 |
| • | Hepatitis B (Unspecified) | 12/03/2013, 01/30/2014 |
| • | PPD Test | 11/25/2013 |
| • | Pfizer SARS-CoV-2 Vaccination | 03/12/2021, 04/02/2021 |
| • | Td | 06/07/2017 |
| • | Tdap | 05/05/2011 |
| • | Pneumovax | 012/01/2010 |

Diabetes

    Hemoglobin A1c:

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| **Lab Results** |
| Component | Value | Date |
|   | HGBA1C | 10.0 (H) | 04/20/2021 |

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|  **Assessment:** |

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|   |   | ICD-10-CM |
| **1.** | Uncontrolled diabetes |  |
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| 2. | Hypertension |  |
| 3. | High cholesterol |  |

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| **Plan:** |

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| 1. Diabetes: Not really interested in any changes; check urine microalbumin next visit. Encouraged to see Ophthalmology and Podiatry. Check labs before next visit.
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| 1. Dyslipidemia: Remains on statin; check lipids.
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| 1. Smoking: Advised to quit.
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| 1. Gout: No recent flares; not interested in urate-lowering therapy; check uric acid with labs.
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