



Dr. Test Alexander

LR CENTER
1234 Anywhere Street Nottinhere, AK 39582
PHONE: 1234567890
EMAIL: Iroman@webdmemr.com



Evaluation and Management Service

Visit Information

Patient Name: Joe Smith EMR Record No: 182-1 Visit Date: 30-Oct-2009 1:15:02PM
Reference#: 11310 Center Record No: 41205322 Closing Date: 30-Oct-2009 4:37:11PM
Visit Type: Regular Visit (New)

Subjective

Chief Complaint: 42 y/o white male referred by Dr. Carlos Matos, internist for evaluation of his diabetes.

Present Illness: His diabetes had gotten uncontrolled in late 2008 with a cough medication and cortisone which he had received for a dry cough. Has hypertension and BP and in 2008 was having dry cough and Avapro was d/c but since continued with cough, we resumed Avapro. In 3/09 we added Lisinopril and he continued with cough. 1 mo ago he d/c Lisinopril and continued with Avapro. His cough continued. 2 weeks ago he d/c Avapro and cough improved. 4 days ago he saw nephrologist and BP was high and he added Diovan. Cough has not gotten worse. He is not taking Lasix but denies swelling.
He was told to have a mild renal condition. Used to see Dr. Quesada. Initially on OHA x 10 years and then started on NPH bid and never used rapid acting insulins. DRANK JUICES, MILK IN COFFEE AND WATER WITH MEALS. FBS - 45-60-70-87 mg% (asymptomatic) and in PM BS- 95, 99, 105 mg%. Denies any hypos since last visit.
Last colonoscopy was in 2002 and only finding was diverticulitis. Reviewed repeat colonography with findings as stated below in PMH. Denies melena or hematochezia. Denies fatigue or tiredness.
Refers to neuropathic pain of 7/10 in 3 PM. He never increased Neurontin to bid but requires Ultracet tid or qid or 5 tab at HS. Did not bring tabs ordered at last visit.
Since last visit used Vit D 5000 IU qd x 2 months and then continued with 1000 IU qd (? dose uncertain).

Review of Systems: GENERAL: No weight loss, night sweats, fatigue. SKIN: No rash, itching, jaundice, psoriasis. HEAD: No headaches, dizziness, or trauma. EARS: No hearing loss, earaches, tinnitus, discharge. EYES: No difficulty seeing, inflammation, diplopia, lacrimation. NOSE: No epistaxis, discharge, sinusitis. MOUTH: No sores, dysphagia, hoarseness, or any problems with teeth. NECK: No swelling, tenderness, stiffness, no thyroid enlargement. BREASTS: No masses, tenderness, discharge. RESPIRATORY: No cough, expectoration, SOB, hemoptysis or chest pain. CARDIOVASCULAR: No chest pains, angina, SOB, PND, DOE, orthopnea, palpitations, or edema. GASTROINTESTINAL: Good appetite, No nausea, vomiting, diarrhea, constipation, hematemesis, melena, or change in stools. UROLOGIC: No difficulty or burning on urination, frequency, hematuria, discharge. REPRODUCTIVE: No discharge or sexual dysfunction. MUSCULOSKELETAL: No pain, swelling, weakness, or joint pains. HEMATOLOGIC: No bruises or bleeding disorder. NEUROPSYCH: No seizures, fainting, speech difficulty, gait problems, paralysis, memory problems or disorientation.

Current Medications:

Table with 7 columns: Start Date, End Date, Medication, Dose, Frequency, Route, Indications. Rows include Simvastatin 40 mg Tab, Zetia 10 mg Tab, Diovan HCT 160 mg-25 mg Tab, Amlodipine 10 mg Tab, Fenofibrate Micronized 43 mg Cap, and Humulin 70/30 100 unit/mL (70-30) Susp, Sub-Q Inj.

Patient Name: Joe Smith

EMR Record No: 182-1

Visit Date: 30-Oct-2009 1:15:02PM

Reference#: 11310

Center Record No: 41205322

Closing Date: 30-Oct-2009 4:37:11PM

(GMT 00:00) Greenwich Mean Time

Visit Type: Regular Visit (New)

11-Mar-2009	Vitamin D 1,000 unit Cap	1	Every day (QD)	Oral	Vitamin D Deficiency
01-Oct-1990	Neurontin 600 mg Tab	1	Every day (QD)	Oral	Neuropathy in Diabetes
01-Oct-2003	Ultracet 37.5 mg-325 mg Tab	1	2 times a day (BID)	Oral	

Past Medical History:

Start Date	End Date	Diagnosis	Comments
06-Feb-2002		(585.1) Chronic Kidney Disease, Stage I	
08-May-2009		(574) Cholelithiasis	by CT colonography, asypmtomatic.
08-May-2009		(577.1) Chronic Pancreatitis	due to previous ethanolism and repeated pancreatis x 6. Residual syptoms- occasional diarrreah after fatty foods pm.
01-May-2002		(562.10) Diverticulosis of Colon	descending and ascending colon, asymptomatic
08-May-2009		(600) Hyperplasia of Prostate	enlargement by CT colonography, asymptomatic
22-Mar-2008		(268) Vitamin D Deficiency	moderate with secondary HPTH??

Allergies: IODIDE, Lyrica gives him intranquility, ARB ? and ACEI ? gives him cough

Hospitalizations:

15-Oct-1991	Left leg Fractures
12-Feb-2002	CABG x 3
01-Jun-2002	Right leg- Above knee amputation due to atherosclerosis
22-May-2002	Right Leg Bypass
01-Feb-1995	Acute Pancreatitis in 1995 and 5 other occasions due to Ethanolism. Last episode in 1996.

Social History:

Marital Status: Married Occupation: Retired

No Smoking

Past Smoker Amount: 90 pack years Quit since: 1983

No Alcohol Intake

Past Drinker Amount: Moderate Quit since: 1996

Family History:

Siblings: 1 **Children:** 1

Mother Mother is alive but not healthy. Reason: Atherosclerosis

Father Father is deceased. Age of death: 85. Reason: Esophageal Cancer

Sibling 1 sibling is alive and healthy.

Children 1 child is alive and healthy.

Immunizations:

Date of Immunization	Age at Immunization	Vaccine
11-Oct-2005		Influenza

Patient Name: Joe Smith

EMR Record No: 182-1

Visit Date: 30-Oct-2009 1:15:02PM

Reference#: 11310

Center Record No: 41205322

Closing Date: 30-Oct-2009 4:37:11PM

(GMT 00:00) Greenwich Mean Time

Visit Type: Regular Visit (New)

Objective

Vital Signs

Date: September 22, 2009

Blood Pressure: 183/72 mmHg

% Fat: N/A

Waist: N/A

IBW: 139-151

Weight: N/A

Pulse: 69 bpm

Goal Weight: 136-142 po

BMI: N/A

Temp: N/A

Height: 65.5 inches

Respiratory Rate: 14

Laboratories Performed:

Date	Laboratories	Results	Comments
22-Sep-2009	(82948) Glucose; blood, reagent strip	156 mg/dl	1/2 hour pp BS

Assessment

- 02-Oct-1960 (401.1) Benign Hypertension
- 01-Oct-2000 (272.2) Mixed Hyperlipidemia
- 01-Oct-1985 (249.01) Uncontrolled Secondary Diabetes Mellitus without Mention of Complication
- 06-Feb-2002 (585.1) Chronic Kidney Disease, Stage I
- 03-Oct-1990 (357.2) Neuropathy in Diabetes
- 01-Feb-2002 (440) Atherosclerosis
- 22-Mar-2008 (268) Vitamin D Deficiency

Plan

1. Continue Humulin 70/30- to 7 u in AM and 8 u in PM - 30 min before meals.
2. Continue Norvasc to 10 mg qd. Observe serum potassium.
3. Resume Lasix 40 mg qd.
4. Increase Diovan to 320 mg qd.
5. Continue Simvastatin to 40 mg qd and TRIPLIX 45 MG QD.
6. Advised of risk of myalgias with statin.
7. RTC IN 2 WEEKS WITH lipid profile, BUN, lytes, ALT, s creatinine, A1c, 25 OH Vit D and PTH intact.
8. Never got Freestyle meter but another meter instead. Told to bring his meter at next visit to compare with ours. Believe he is getting falsely low BS values.
9. Increase Neurontin 600 mg to bid - noon and in the PM.
10. Continue Zetia 10 mg qd.
11. Oriented on basic concepts of diabetic diet.
12. Reviewed CT Colonography see DC.
13. Continue Vit D qd and bring dose he is taking since 4 mo ago.

Patient Name: Joe Smith

EMR Record No: 182-1

Visit Date: 30-Oct-2009 1:15:02PM

Reference#: 11310

Center Record No: 41205322

Closing Date: 30-Oct-2009 4:37:11PM

(GMT 00:00) Greenwich Mean Time

Visit Type: Regular Visit (New)

Referenced Documents

Document ID	Upload Date	Evaluation Date	File Name	Description
17,286	30-Oct-2009	09-Apr-2009	Insurance Cards.docx	(Insurance Cards) Copy of Insurance Card
17,287	30-Oct-2009	22-Sep-2009	Colonagraphy.doc	(Procedures) (Others) Colonography

Signature: _____

Electronically signed by Dr. Test Alexander using
Single-Form Authentication

National Provider Identifier

9999999999

Lic. No. 9999

DEA Reg: No. AZ 9999999

Closing Date: 30-Oct-2009 4:37:11PM

(GMT 00:00) Greenwich Mean Time

CPT ® Copyright 2009 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. CPT is a registered trademark of the American Medical Association.