

## Test Doctor, M.D.

123 Main Street  
Anywhere, MO 63000

Phone: 111-222-3333  
Fax: 111-222-3334

Thursday, December 19, 2019

### Patient:

Mrs. Sally Pal  
123 Any Street  
St Louis, MO 63301  
67 year old Male  
DOB: 03/30/1952

### Medical Care Provider

Test Doctor, M.D.

### Date of Service

Thursday, December 19, 2019

### Place of Service

123 Main Street - Anywhere, MO 63000

### Chief Complaint

Preventive care exam

### History of Present Illness

### Medications (as of this visit)

albuterol sulfate 2 mg/5 mL oral syrup 1 Select Frequency oral  
lisinopril 20 mg tablet 1 Q1h WA by mouth  
Prozac 20 mg capsule 1 DAILY by mouth

### Medication Allergies

Penicillin G: Mild  
Gluten:

### Review of Systems

**GENERAL:** No weight loss, night sweats, fatigue **SKIN:** No rash, itching jaundice, changes in pigmentation or texture, nails, psoriasis  
**HEAD:** No headache, dizziness, trauma **EARS:** No hearing loss, earache, tinnitus, discharge **EYES:** No difficulty seeing, inflammation, diplopia, lacrimation **NOSE:** No epistaxis, discharge, sinusitis **MOUTH:** No sores, dysphagia, hoarseness. Teeth ok. **NECK:** No swelling, tenderness, stiffness, thyroid/goiter **BREASTS:** No masses, tenderness, discharge **RESPIRATORY:** No cough, SOB, hemoptysis, chest pain, pneumonia **CARDIOVASCULAR:** No chest pain, heart failure, heart attacks, SOB, PND, DOE, Orthpnea, palpitation, edema, murmurs, varicosities **GASTROINTESTINAL:** Good appetite, No Nausea, vomiting, diarrhea, constipation, hematemesis, melena, change in stool, hernia, hemorrhoids **UROLOGIC:** No kidney infections, stones, bladder infection, difficulty or burning on urination, frequency, hematuria, discharge **REPRODUCTIVE:** G P AB LMP PMP No discharge, impotence, sex function, contraception  
**MUSCULOSKELETAL:** No pain, swelling, weakness, gout, phlebitis, clots, joint pains **HEMATOLOGIC:** No anemia, bruises, bleeding disorder, lumps, transfusions **NEUROPSYCH:** No seizures, fainting, speech difficulty, gait, paralysis, memory, psychiatric dxs

### ROS SUMMARY:

### Vital Signs

WT: 159 lb.; HT: 5 ft. 6 in.; BP: 140/90 mmHg;  
BMI: 25.7 kg/m<sup>2</sup>;

### Physical Exam

**CONSTITUTIONAL:** DEVELOPMENT/ NUTRITION/ BODY HABITUS: Nor Development, nutrition **DEFORMITIES/ATTENTION TO GROOMING:** No deformities, groomed **SKIN:** INSPECTION/PALPATION: No lesions **EARS:** EXTERNAL/CANAL RT/LT: No lesions RT TM/ LT TM: No redness **HEARING RT/LT:** Nor **NOSE:** SEPTUM/ TURBINATES: No deformity **MUCOSA:** No lesions **NECK:** MASSES/SYMMETRY: No lumps **BRUIT/ JVD/ THYROID:** No bruit, No nodules **THORAX:** SYMMETRY/DIMENSIONS: No deformity **LUNGS:** TRACHEAL POSITION: Midline **PERCUSSION:** Nor tympany **AUSCULTATION:** Clear **LYMPHATIC NODES:** NECK/AXILLAE: No nodes **INGUINAL:** No nodes **RECTUM:** ANUS/RECTUM: HEMORRHOIDS/PROSTATE: **MUSCULOSKELETAL:** GAIT/STATION: Nor **NECK/ SPINE:** ROM/PAIN/DEFORMITY: Nor **UPPER LIMBS, RT/LT:ROM/PAIN/DEFORMITY:** Nor rom **LOWER LIMBS, RT/LT:ROM/PAIN/DEFORMITY:** Nor rom **CEREBELLAR:** **HEAD:** DESCRIPTION: No deformity **SALIVARY GLANDS/ PAROTID**

**GLANDS:** No lumps **EYES:** LIDS/CONJUNCTIVEA: No lesions, injection SCLARAE/CORNEA: No icterus, clear IRIS/PUPILS: Equal LENS/ FUNDI: Clear, Disc vessels nor **MOUTH:** LIPS/TEETH/MUCOSA: No lesions, caries TONGUE/HARD/SOFT PALATE: No lesions TONSILS/ POSTERIOR PHARNYX: No lesions **BREASTS:** INSPECTION: Symmetric PALPATION: No lumps **CARDIOVASCULAR:** AUSCULATION OF HEART: Reg, No murmur CAROTID RT/LT: No bruit RADIAL RT/LT: Nor FEMORAL RT/LT: Nor DP RT/LT: Nor EDEMA/VARICOSITIES: No edema **ABDOMEN:** INSPECTION/PERCUSSION: Flat PALPATION: No masses, tenderness **FEMALE GENITALIA:** **NEUROLOGIC:** MS;P,P,T: A&Ox3 MEMORY: Nor MOOD/AFFECT: Good 1 OLFACTORY/2 OPTIC: Nor, Nor 3 OCCULAR/4TROCHEAL: Nor, Nor

#### **PE NOTES/SUMMARY:**

#### **Diagnosis**

Z00.8 - Encounter for other general examination

#### **Assessment**

The patient wellness questionnaire was reviewed and discussed.

Appropriate topics addressed. Patient will make an effort to comply with recommendations

Health Concerns: Weight; referral to exercise program

Goals: Exercise 1-2 times weekly

#### **Medications - New**

#### **Medications - Removed**

#### **Orders**

#### **Referrals**

Allergy & Immunology:

#### **Disposition**

1 Year for: Routine follow up

Sincerely,

---

Electronically signed or verified on 12/19/2019 07:15 AM by  
Test Doctor, M.D.

**CC:** Abercombi, Christopher