

ANSWER QUESTIONS 66-78 REGARDING THIS ENCOUNTER

[illegible]

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M E D I C A L



Patient Name: Elsie Aldridge
Date of Service: 4-5-2017

DOB: 8-7-1948

Chief Complaint: Diabetes follow up

The patient presents today for a 6 month follow up of her diabetes. She has had diabetes for approximately 10 years and she has been on Metformin 500mg daily. She comes in today because she notes she has been having increased difficulty with controlling her sugars. She sees the issues most frequently first thing in the morning and late at night. Her sugars have been moderately high for her with the highest being 225. She has no complaints with any associated dizziness or blurred/double vision. She does note that she has had some edema in her lower extremities.

Past Medical History: HTN in past, not currently treated
Weight: 245 lbs BP: 135/85 HR: 75

Exam: Patient is a lovely woman who is well nourished and well developed. She has pleasant mood and affect and is neurologically alert and oriented with good reflexes

Cardio: 2+ pitting edema in right and left lower extremities

Respiratory: She has no labored breathing and no accessory muscle use with breathing pattern

Lymph: No lymphadenopathy

Musculoskeletal: Normal gait- no limping or guarded gait.

GI: No HSM, bowel sounds present

Diabetes Uncontrolled - currently exacerbated

Glucose elevated in office today was 224

Fasting glucose and GTT ordered. We will also do a full cardiac panel, including liver enzymes to assess for potential cardiac compromise.

We need to get her DM stabilized. I am going to increase her Metformin from 500mg to a trial of 1000mg per day and then once we get the results of her labs we will then decide if any additional changes in dosing/frequency are required.

We have spent time discussing her current diet and exercise. Her weight has increased slightly, but nothing of significance, but she does understand how both diet and exercise can have a positive effect on her DM. She is a poor manager of her health and I believe cardiac compromise may be setting in.

Review labs to consider cardiac referral.

Electronically signed by Mike Sugar, M.D.