

Gagandeep Munday
H & P: Family Medicine Rotation
05/24/2021

Identifying Data:

Full Name: AW	Religion: None
Address: Queens, NY	Reliability: Reliable
Age: 70	Source of Information: Self
Date & Time: May 21, 2021 @ 1:00pm	Source of Referral: Self
Location: South Shore Family Medical	Mode of Transport: Motorized Wheelchair

Chief Complaint: “I have been peeing a lot more”

History of Present Illness:

70 y/o AA M PMH Hyperlipidemia, DM2, Depression, HTN, and osteoarthritis c/o increased urinary urgency and frequency at night, with sensation incomplete emptying of bladder. Patient states that these symptoms have been going on for “several years”. For the past 4 days he has been experiencing a “burning pain” when he urinates. Denies taking any medication for his symptoms. Denies any hematuria, oliguria, incontinence, family h/o prostate cancer, recent weight gain/loss, changes in hair distribution, weakness, fatigue, penile discharge, h/o UTI, h/o pyelonephritis, h/o kidney stones, h/o STI, rashes, lesions, masses, inguinal pain, abdominal pain, chest pain, dyspnea, SOB, fever, chills, body aches, or recent trauma.

Past Medical History:

Present illness: S/P MVA 2002, Osteoarthritis of knees, Hyperlipidemia, DM2, Depression, HTN
Past illness: none
Hospitalizations: none
Immunizations: flu vaccine yearly, all others Up to Date

Past Surgical History:

Inguinal hernia repair 1963
Denies any other injuries, past surgeries, and transfusions.

Medications:

- Jardiance 10 MG Tablet 1 tablet Orally Once a day
- Glucophage XR 750 MG Tablet Extended Release 24 Hour 1 tablet with evening meal Orally Once a day
- Mobic 7.5 MG Tablet 1 tablet Orally Once a day with food
- Cyclobenzaprine HCl 10 MG Tablet 1 tablet as needed Orally Three times a day
- Amlodipine-Olmesartan 5-40 MG Tablet 1 tablet Orally Once a day
- Rosuvastatin Calcium 10 MG Tablet 1 tablet Orally Once a day
- Vitamin D 2000 UNIT Tablet as directed Orally Once a day
- Omeprazole 10 MG Capsule Delayed Release 1 capsule Orally Once a day
- GlipiZIDE 10 MG Tablet 1 tablet 30 minutes before breakfast Orally Once a day

Denies taking any other medications or herbal supplements.

Allergies:

Denies any known drug allergies

Family History:

Mother deceased at 85

Father deceased at 85

Sister 68, alive, overweight, DM2

Social History:

Habits: AW denies ever smoking cigarettes, drinking alcohol, or any past or present illicit drug use.

Travel: No recent travel

Marital History: Single

Sexual History: Not currently sexually active. Denies any history of STD.

Occupation: Currently not working, live off SSI and disability benefits

Home: Pt lives an apartment building on the 4th floor. Denies any problems at home.

Diet: Reports that he consumes a balanced diet, lots of meats, rice, and vegetables.

Sleep: Reports that he usually gets 5 hours of sleep every night

Exercise: Reports that he does not exercise at all.

Safety: Pt admits to wearing a seat belt

Review of Systems:

General- Denies fever, chills, night sweats, fatigue, weakness, loss of appetite, recent weight gain or loss

Head- Denies headache, vertigo, unconsciousness,

Eyes- Denies vision changes

Pulmonary- Denies dyspnea, SOB, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND

Cardiovascular- Denies chest pain, palpitations, irregular heartbeat, edema/swelling of ankles or feet, syncope, known heart murmur

Gastrointestinal: Denies change in appetite, nausea, vomiting, dysphagia, abdominal pain, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding, blood in stool,

Genitourinary: Denies incontinence, nocturia, oliguria, polyuria

Peripheral Vascular- Denies coldness, trophic changes, varicose veins, peripheral edema, color changes

Nervous System: Denies seizures, dizziness, loss consciousness, sensory disturbances, ataxia, loss of strength, change in cognition/mental status/memory, weakness

Physical

Vital Signs:

Blood Pressure: 134/72 mmhg

Heart Rate: 90 bpm

Respiration Rate: 16 breaths/min

Temperature: 96.8 F

O₂ Sat: 99% room air

Height: 67 inches

Weight: 380 lbs

BMI: 59.51

General Appearance: 70 yo male A/O x 3. Pt has large build and good posture, well dressed, and groomed. Appears in no acute distress.

Skin: Warm and moist/dry, good turgor, anicteric, no lesions, no rashes, no scars, no tattoos.

Nails: No clubbing, no discoloration, capillary refill <2 sec throughout.

Hair: Average quantity and distribution, no signs of alopecia, seborrhea, or lice.

Eyes: symmetrical OU, no evidence of strabismus or ptosis noted, sclera (white/ red), conjunctiva and cornea clear. Visual fields intact, OU, PERRLA, EOMI full with no nystagmus.

Head: normocephalic, atraumatic, nontender to palpation throughout, no signs of alopecia, seborrhea, or lice. Nontender to palpation throughout

Chest: Symmetrical, no deformities, no signs of trauma. Respiration unlabored/ no paradoxical respiration or use of accessory muscles noted. Lat AP diameter 2:1. Non-tender to palpation.

Lungs: Clear to auscultation bilaterally, no rales/rhonchi/wheezes, no egophony, no tactile fremitus, normal percussion.

Cardiovascular: Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm (RRR); S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs or other extra sounds.

Peripheral Vascular: Extremities are normal in color, size, and temperature. Pulses are 2+ bilaterally in upper and lower extremities. No bruits noted. No clubbing, cyanosis or edema noted bilaterally. No stasis changes or ulcerations noted.

Neurological: Alert and oriented to person, place, and time. Memory and attention intact. Receptive and expressive abilities intact. Thought coherent. No dysarthria, dysphonia or aphasia noted.

Labs/procedures:

Urinalysis with reflex culture

Differential based off Chief Complaint:

1. Cystitis
2. Urethritis
3. BPH
4. Prostate Cancer
5. Prostatitis

Assessment

35 y/o M, PMH Hyperlipidemia, DM2, Depression, HTN, and osteoarthritis c/o chronic h/o increased urinary urgency and frequency at night, with sensation of incomplete emptying of bladder. Endorses dysuria for the past 4 days. Likely UTI.

Problem List:

1. Urinary urgency

Plan:

Urinary urgency

- Urinalysis with culture
- Refer to urology
- PSA level