Clinical Note

Patient information
Name: John Doe
Date of birth: 1975-03-15
Gender: Male
Patient history
Chief complaint/reason for consult:
Persistent cough and chest discomfort for 2 weeks
History of presenting illness:
Patient reports a dry, persistent cough that started approximately 2 weeks ago. The cough is worse at night and is occasionally accompanied by mild chest discomfort. No fever, no shortness of breath at rest, but notes some breathlessness with exertion. Denies any recent travel or known sick contacts.
Medication & dosage:
Lisinopril 10mg once daily for hypertension Metformin 500mg twice daily for type 2 diabetes
Past medical/surgical history:
Hypertension (diagnosed 5 years ago) Type 2 Diabetes (diagnosed 3 years ago) Appendectomy (20 years ago)

Family history:

Father: Myocardial infarction at age 65
Mother: Type 2 diabetes, diagnosed at age 60
No family history of lung cancer or other respiratory conditions

Social history:

Occupation: Office manager
Smoking: Former smoker, quit 10 years ago. 20 pack-year history.
Alcohol: Occasional, 1-2 drinks per week
Exercise: Walks 30 minutes, 3 times per week

Allergies:

Penicillin (rash)

Examination & test

Review of system:

Respiratory: As noted in HPI
Cardiovascular: No palpitations, no edema
GI: No nausea, vomiting, or abdominal pain
Neurological: No headaches or dizziness
Musculoskeletal: No joint pain or swelling

Physical examination:

Vital signs: BP 138/88, HR 76, RR 18, Temp 37.0°C, SpO2 97% on room air
General: Alert, oriented, no acute distress
HEENT: Oropharynx clear, no lymphadenopathy
Cardiovascular: Regular rate and rhythm, no murmurs
Respiratory: Decreased breath sounds in right lower lobe, no wheezes or crackles
Abdomen: Soft, non-tender, no organomegaly
Extremities: No edema, normal pulses

Test result:

Chest X-ray: Right lower lobe infiltrate, suspicious for community-acquired pneumonia
CBC: WBC 11,000 (slight elevation), otherwise normal
Basic metabolic panel: Within normal limits

Clinical management

Notes:

Clinical presentation and chest X-ray findings are consistent with community-acquired pneumonia. Given patient's age and comorbidities, outpatient management with oral antibiotics is appropriate. Will follow up in one week or sooner if symptoms worsen.

Medication:

Azithromycin 500mg on day 1, then 250mg daily for 4 more days
Continue current medications for hypertension and diabetes

Referrals:

None at this time. Will reassess need for pulmonology referral at follow-up if symptoms persist.

Clinician name: Dr. Emma Brown

Clinician signature: Dr. Emma Brown

Date: 2024-09-18