

## Patient Five

swelling of the joints. **Neurologic:** No history of seizures, TIAs, gait change, headaches, or confusion. **GU:** No dysuria, nocturia, hematuria, or incontinence. No impotence, testicular pain or masses. **Psychiatric:** No depression or anxiety. **Skin:** No rashes. **Endo:** No polyuria, polydipsia, or thyroid nodules. **Heme:** No bleeding, anemia, or clotting problems.

**PHYSICAL EXAM: General:** Morbidly obese black male in no apparent distress. **Head:** Normocephalic, atraumatic. **Ears:** Tympanic membranes normal. External canals normal. **Eyes:** PERRLA, EOMI, Funduscopic exam benign, sclera anicteric. **Nose:** Normal with no purulence or polyps, no sinus tenderness. **Throat:** Normal without evidence of purulence or exudates. **Neck:** Supple, full range of motion. No evidence of carotid bruits. Thyroid normal without evidence of thyromegaly. **Cardiac:** PMI 5<sup>th</sup> ICS MCL. Heart is regular rate and rhythm without any murmurs, rubs or gallops. **Lungs:** Clear to A & P. **Abdomen:** Soft, nontender, normal active bowel sounds. No hepatosplenomegaly. **Rectal:** Normal rectal tone, no mass, stool is brown Hemoccult negative. Prostate normal size, no nodules or tenderness. **Genitalia:** Normal male genitalia, testicle descended, no masses or discharge. **Extremities:** Normal femoral, popliteal, DP, PT pulses, no bruits, no CCE. **Lymph Nodes:** No evidence of cervical, axillary, supraclavicular or inguinal adenopathy. **Neuro:** A & O x3. CN 2-12 intact. Strength 5/5. DTRs 1+, gait normal. Normal finger to nose and heel to shin. Proprioception light touch and pin prick intact. **Skin:** No rashes.

## ASSESSMENT/PLAN:

1. Hypertension, poorly controlled. We will switch him over to Lotrel 10/20 and have him back in six weeks to reassess blood pressure at that time. Check labs and electrolytes after he has been on Lotrel for about a week.
2. Elevated cholesterol. Repeat cholesterol panel.
3. Gout. I have reviewed with him the triggers of gout. I have asked him to cut back on his food intake and we will check a uric acid and see where he stands. He will cut alcohol and shellfish out.
4. Patient and I did discuss his obesity. He is really going to try to straighten this out. I told him he is basically killing himself by eating. He is going to work on this and follow up with me in about six weeks and we will see where he stands and make further decisions.
5. Routine labs and electrolytes were requested. Stool Hemoccult cards were provided.