

SERVICE LEVEL SUMMARY ... 3

HISTORY SUMMARY: D - Detailed
EXAMINATION SUMMARY: EPF - Expanded Problem Focused
DECISION-MAKING SUMMARY: L - Low Complexity
SETTING: Office Visit - Established
CPT: 99213

HPI SUMMARY ... E - Extended [4]

HPI-Location
HPI-Duration
HPI-Context
HPI-Signs

ROS SUMMARY ... E - Extended [2]

ROS-Constitutional
ROS-Musculoskeletal

PFSH SUMMARY ... P - Pertinent [1]

PFSH-Past History

EXAM SUMMARY ... EPF - Expanded Problem Focused [1997
Combined]

EXAM-Const[2]:Vitals - blood pressure
EXAM-Const[2]:Vitals - pulse
EXAM-Const[2]:Vitals - respiration
EXAM-Const[2]:Vitals - temperature
EXAM-Const[2]:General appearance
EXAM-Eyes [1]:Pupils and irises
EXAM-Cardi[2]:Auscultation of the heart
EXAM-Cardi[2]:Palpation of the heart
EXAM-Respi[1]:Auscultation of the lungs
EXAM-Gastr[1]:Abdomen

DIAG SUMMARY ... E - Extensive

DIAG-Est: Total [1]
DIAG-New: No Workup [3]

DATA SUMMARY ... N - Minimal

PROB SUMMARY ... L - Low

PROB-Low Risk
PROB-1-C [272.4] OTHER AND UNSPECIFIED HYPERLIPIDEMIA
PROB-1-N [110.1] DERMATOPHYTOSIS OF NAIL

PROC SUMMARY ... N - Minimal

PROC-CPT 1- [99396] PERIODIC COMPREHENSIVE PREVENTIVE

MEDICINE REEVA..

PROC-ICD 1- [89.7] GENERAL PHYSICAL EXAMINATION

MGM SUMMARY ... N - Minimal

RISK SUMMARY ... L - Low

HINT

05/02/2016
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HISTORY OF {EM=HPI-Context} {EM=PFSH-Past History} PRESENT ILLNESS: The patient is a 62-year-old male who presents today for an annual physical. He had a hip {EM=HPI-Location} {EM=ROS-Musculoskeletal} fracture {ICD9=820.8; ICD10=S72.009A} last month {EM=HPI-Duration} and ended up having open reduction and internal fixation with Dr. Ginther. The involved hip was the right hip. He is still on weight {EM=ROS-Constitutional} restrictions and is doing physical therapy. He is ambulating with the use of a walker. He has a follow-up appointment with Dr. Ginther later this week. He had labs done earlier this week on 04/26/2016. These included a CBC, CMP and lipid panel. He takes simvastatin for the treatment of high cholesterol. The results of his labs were reviewed with him today. His CBC and CMP were completely normal. The patient has had a weight gain of about 11 pounds over the last year and he has also been less active since his hip fracture. He says that there has not been any change in his diet and he is compliant with taking his cholesterol medication. He denies any problems related to taking it. The patient also complains {EM=HPI-Signs} of a fungal infection involving several of his toes on both feet. He believes that he has taken oral medication for this in the past, but it was sometime ago. He reports that it was efficacious for him at the time.

OBJECTIVE: Vitals: BP {EM=EXAM-Const[2]:Vitals - blood pressure} 112/76, pulse {EM=EXAM-Const[2]:Vitals - pulse} 66, respirations {EM=EXAM-Const[2]:Vitals - respiration} 18, temp {EM=EXAM-Const[2]:Vitals - temperature} 96.7. General: Well-developed {EM=EXAM-Const[2]:General appearance}, well-nourished male, in no distress. HEENT: NC/AT. PERRLA {EM=EXAM-Eyes [1]:Pupils and irises}, EOMI. Lungs: Clear {EM=EXAM-Respi[1]:Auscultation of the lungs} to auscultation bilaterally. Heart: Regular {EM=EXAM-Cardi[2]:Auscultation of the heart} rate and rhythm {EM=EXAM-Cardi[2]:Palpation of the heart}, S1, S2. No murmurs, rubs or gallops. Abdomen: Soft {EM=EXAM-Gastr[1]:Abdomen}, nontender, nondistended.

ASSESSMENT:

Annual physical exam {ICD9=V70.0; ICD10=Z00.0} {WARNING: Dig into more descriptive ICD10-CM code.} {ICD9=89.7; ICD10=8E0KXY7; CPT=99396}.
Hyperlipidemia {ICD9=272.4; ICD10=E78.5}.
TD vaccination {ICD9=V06.5}.
Onychomycosis {ICD9=110.1; ICD10=B35.1} of the toenails.
Drug therapy.

PLAN: The patient's medical history was reviewed and updated as necessary today. He is up to date with regards to colon cancer screening. We discussed prostate cancer screening guideline recommendations. He is not having any symptoms suggestive of prostate cancer. He is comfortable with declining screening for prostate cancer. The patient's cholesterol has worsened even though his dose of simvastatin has remain unchanged. This is likely due to his decreased activity level and weight gain. I would expect that

once he has returned to normal activities he may be able to lose the weight that he has gained and the increased activity level should help with his cholesterol. With this in mind, I am not going to change his dose of simvastatin today but I plan to recheck a lipid panel in six months prior to his follow-up appointment. He is going to get the TD vaccination today. He is up-to-date with shingles immunization. I advised him that he may want to strongly consider getting a flu vaccine after the age 65 even though he does not typically get one. We discussed the increased risk for complications and mortality with influenza after the age 65. He does have exam findings consistent with onychomycosis of the toenails. We discussed treatment with terbinafine for this. He is going to go ahead and start on treatment and I plan to recheck a hepatic function panel in one month to ensure that he is not having any significant elevations of his transaminases from their baseline. The patient understands and agrees with the plan. Anticipatory guidance was discussed with the patient.

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