Patient Note Sample

Patient Information: The patient is a 54-yo F with PMH of HTN & HLD, who presents with 5 minutes of retrosternal chest pain.

History of Present Illness:

- Dull, squeezing, heavy pain started while dancing on the day of the presentation
- Currently not in pain but mildly nauseated
- Concerned about having a heart attack like the patient's father
- Has had similar pain over the past year, but worse on the day of the presentation
- Pain onset was gradual and lasted <5 minutes
- Started 2 weeks before the presentation and got SOB with dancing, but no chest pain until now
- +dizziness and nausea, -vomit
- In the past 3 months, has chest tightness with walking a dog that improves with rest
- Took 2 ibuprofen tablets for pain
- Pain located around the middle of the chest, no radiation
- Pain intensity 4 out of 10
- +diaphoresis, +palpitations, -cough, -LOC, -heartburn, -stool color change, -rash

Past Medical History: HTN, HLD, laparoscopic cholecystectomy, C-section x1, varicella immunization
Medications: Candesartan QD, Atorvastatin QD
Allergies: NKDA
Family History: Father; MI 2 years before the presentation at 81, HTN, HLD. Mother; Alzheimer's, hypothyroidism
Social History: Lives with husband and 3 dogs, has 1 child, works as an accountant, denies alcohol use or smoking
Review of Systems: -fever, -change in appetite, -weight loss, -change in sleep habits, +**fatigue**, -headache, -eye issue, -mouth issue, -heat or cold sensitivity, -excess bleeding, LMP 3 years before presentation, -miscarriage or abortion

Physical Examination
Vital Signs:

- Temp: 98°F
- BP: 138/88 mmHg
- HR: 86/min, regular
- RR: 18/min

General Appearance: The patient is in no acute distress.
Mental Status: The patient is awake and alert.
HEENT:

- No conjunctival icterus or pallor
- No oral sores, oropharynx clear
- No cervical lymphadenopathy
- No thyromegaly
- No jugular venous distension
- No carotid bruits or murmur radiation

Heart:

- No thrills or heaves
- The point of maximal intensity is not displaced or not sustained
- Regular rate and rhythm
- Normal S1 and S2, no murmurs, rubs, or gallops

Chest:

- No spider nevi
- Bilateral resonant sounds on percussion
- Clear to auscultation bilaterally: No wheezes, rhonchi, or crackles

Abdomen:

- Soft, non-tender
- No scars, abdominal distension, caput medusae, striae, hernias, or spider nevi
- Positive bowel sounds in all four quadrants
- No high-pitched or tinkling sounds
- No aortic bruit
- No hepatosplenomegaly
- No rebound tenderness
- No guarding
- No pulsatile masses
- Negative Murphy's sign
- No costovertebral angle (CVA) tenderness

Neuro:

- Deep tendon reflexes: symmetric 2+ in patellar tendons

Upper extremities:

- No palmar pallor or erythema
- No koilonychia or leukonychia
- No clubbing, cyanosis, or peripheral edema
- Capillary refill time is more than 2 seconds
- No asterixis
- No postural tremors

Lower extremities:

- No peripheral edema

Summary: This is a 54-yo F with PMH of HTN and HLD that has worsening recurrent chest pain on exertion, palpitations, and SOB with FH of MI presenting with HTN and delayed CRT.
This is concerning for stable angina pectoris, but the differential includes arrhythmias, CHF, and pulmonary pathologies.

Differential Diagnosis:

#1. Stable Angina Pectoris
#2. Atrial Fibrillation
#3. CHF

Plan:

Chest pain:

- Order troponin, CBC, BMP, BNP
- Order ECG, CXR, TTE
- Order aspirin
- Consult cardiology if +ECG or TTE
- Consider nitrates

HTN: Continue Candesartan QD
HLD: Continue Atorvastatin QD