

## Patient Three – Lindy Vargas

### Consult Note ONE YEAR AGO

#### Missed nutrition appt.

# SIGNED BY RYAN SEAPEST MPH, CL NUTR ONE YEAR AGO

### 11 MONTHS AGO Follow Up

19 yo female w PMHx sig for MOBY type DM2, Hyperlipidemia, HTN, Fe deficiency anemia. Dropped out of gym. Gained 2 more lbs. Missed nutritionist appt. BP and glucose high. Pt drinking fruit juice at this visit. We discussed what "high fructose corn syrup" is. Did not bring FS.

#### O:

Weight: 252  
BP 160/100  
Lungs CTA B distant  
Cor RRR No M  
HgA1C 9.8  
LDL 79

#### A/P:

- DM 2
  - MOBY type
  - patient reports that FS's have been about 200-300
  - DOUBT ADHERANCE
  - cont metformin 1000 mg bid and glypizide XL INCREASED TO 20 BID
  - repeat HgA1c prior to next visit
  - has Diabetes Center appt in May
  - MUST BRING FS BID

- Hyperlipidemia
  - needs strict diet and exercise
  - cont atorvastatin 10 qDay
  - LDL at target

- Hypertension
  - DBP higher
  - INCREASE enalapril to 20 bid
  - check creatinine

- Obesity
  - encourage sport programs
  - reinforce good nutrition and follow up
  - avoid processed soups and fruit juices
  - nutrition appt RESCHEDULED / pt agrees to go

- HCM
  - ppd PLACE 0.1 cc x 1 id (HAS MISSED THREE READS IN A ROW)
  - Hep B and Varicella titers for College program show she is IMMUNE
  - pap was wnl via gyn although teen denies sexual activity

- GYN
  - TSH WNL
  - already is on Metformin for DM
  - heavy menses / on Iron for iron def anemia
  - Gyn recommends Lo-Estrin to regularize menses

- Heme
  - Iron Deficiency Anemia

-likely secondary to irregular/heavy menses  
-cont Iron  
-improved  
-check CBC

# SIGNED BY PETULA LETTUCE, MD 11 MONTHS AGO

Consult Note

**SEVEN MONTHS AGO**  
**diabetic foot care**

initial visit  
oral controlled DM  
-med. allergy  
improving rash w/ pruritus  
dorsum R foot  
no other complaints  
palpable pedal pulses bil

**Diagnosis:** fissure

tx: careful inspection of feet  
and shoe gear daily  
use of 1% hydrocortisone cream  
to affected areas prn

ptr 6 mths

# SIGNED BY ALAN WASSERMAN DPM SEVEN MONTHS AGO

**SIX MONTHS AGO**  
**Follow Up**

This is a 19 y/o single female student with a h/o MOBY DM-2, hyperlipidemia, HTN, and iron-deficiency anemia presenting for a follow-up visit. The patient states that she feels healthy overall, though she has only been checking her fingersticks 2 times / wk in the late morning after breakfast. According to her, the finger stick values are typically in the 160s, though a HbA1C on 8/10 was 8.9 (down from a previous value of 9.7 recorded four months prior). The patient claims to take her metformin and Glypizide twice a day without fail, though it appears that she has been taking only 10mg bid of Glypizide (from an old bottle) instead of the newly prescribed 20mg bid. Although she was finally able to obtain her prescription of iron for anemia after difficulty with her Medicaid coverage, she discontinued the iron after only 1 week because she felt that it was making her dizzy.

ROS

Const: Feels energetic, has lost and gained up to 10 pounds on and off. Denies change in appetite  
GU: Has had menses for past 8 days, requiring 4-5 pads per day. Has discontinued OCP because she thought she didn't have to take it. Previous menses was 3 months ago  
Extr: Says foot lesion has resolved

Physical Findings

BP 130/80, HR 80, R 16, Ht 68", Wt 252, BMI 38.3, FSG 252  
Eyes: PERRLA, nl eye movements, no pallor of inner eyelids  
Mouth: Pink, moist mucosa  
Pulm: CTA  
Card: RRR, no murmurs, rubs, gallops  
Pulses: 1+ brachial, radial, dorsalis pedis bilaterally  
Extr: Warm and dry, no lesions

Data

CBC: WBC 7.9, Hb 12.9, Hct 39.1, Plt 245, MCV 88.3, RBC 4.43  
Hepatic panel: WNL

Chol 152, TG 260, HDL 31, HbA1C 8.9, Gluc 146

Assessment: This is a 19 y/o obese woman with a history of MOBY DM-2, hyperlipidemia, HTN, and iron-deficiency anemia presenting for a follow up visit. Based on the most recent HbA1C results, the patient's diabetes has improved slightly, but is still poorly controlled. Continued weight loss is needed, in addition to better compliance with the appropriate dosage of oral diabetes medications. Although the HTN seems fairly well controlled, the patient's triglycerides and HDL are still not within desired limits, and further lifestyle changes may be needed. Finally, the patient's heavy and irregular menses are most likely partially caused by a hormone imbalance 2/2 to extreme obesity and the discontinuation of OCP.

Plan

1.) Diabetes: Discussed with patient the importance of better glucose control and the need to take the appropriate dose of Glypizide on a daily basis. Patient also encouraged to check fingersticks multiple times daily in order to maintain awareness of her glucose levels. Although some improvement in A1C levels seen, much improvement is still needed. F/U HbA1C in November. Diabetes Center appt in November.

2.) Hyperlipidemia: The patient's triglycerides are still high and her HDL low. She was encouraged to continue exercising in order to increase her HDL level and was also counseled on the importance of eating leaner meats and low fat snacks in lieu of beef and fried foods. F/U lipid panel, lfts in November

3.) HTN: Although rather well-controlled, periodic monitoring is needed. Continue enalapril and encourage exercise and weight loss, Ordered Chem 7

4.) Anemia: Patient was informed that her symptoms of dizziness were most likely not due to the iron supplements, and was encouraged to begin taking the iron pills again. See Gyn below. F/U CBC in November

5.) Gyn: The patient was encouraged to restart the OCP in order to regulate her menses and decrease the excessively heavy flow. Weight loss was also encouraged in order to help control hormone imbalances.

6.) Obesity: Patient was encouraged to continue exercising on a daily basis with enough exertion to elevate her heart rate and break a sweat. Patient also counseled on eating a healthier diet (see above).

7.) HCM: Flu shot with next appointment in November.

-ppd Neg

-Hep B and Varicella titers for College program and she is IMMUNE

-pap was wnl via gyn although teen denies sexual activity

-dT done for college

# SIGNED BY PETULA LETTUCE, MD 6 MONTHS AGO

**4 MONTHS AGO  
follow-up**

S: 19 y/o single female student with a h/o MOBY DM-2, hyperlipidemia, HTN, and iron-deficiency anemia presenting for a follow-up visit.

The patient states that she feels healthy overall with no interim problems.

DM: Hb A1c 7.6, which is down from 8.9 in August. She went to the Diabetes Center clinic in October where they discussed the importance of doing fingersticks twice a day. Currently she only checks fs 3x/wk, with readings usually 145-150. She reports being compliant with her meds - metformin and glyburide twice a day without fail. She reports no change in diet and exercise habits. She does not eat much, walks a lot, though does not work up a sweat and does not go to the gym. She had some confusion over whether eating red meat was really bad for her because of the anemia. She would like to exercise more, but doesn't know if it can fit in her schedule.

Fe-def anemia - She has been taking the Fe pills, and has not felt dizzy since the last visit.

She has resumed taking oral contraceptives, and has had regular periods since.

O:

PE:

Bp: 127/71, Pulse: 75 Weight: 253 BMI: 38.5

General: well appearing, obese female in no acute distress,  
HEENT: no palor, fundoscopic exam: no AV nicking no copper wiring, sharp optic disks  
Neck: no lymphadenopathy, thyroid palpable, no nodules appreciated  
CV: RRR, nl s1,s2 no r/m/g  
Pulm: CTAB  
Abd: obese, +BS, NT, no organomegaly, no masses  
Extremities: WWP, 2+ distal pulses, some small ulcerations between toes, no erythema, no warmth, no exudates.

Labs:

lipids: tot chol 152, TGs 316, HDL 34, LDL 55  
LFTs: wnl  
T. PROT 7.2 ALBUMIN 4.3 T. BILI 0.3 D. BILI 0.0  
AST 19 ALT 23 ALK PHOS 63

HbA1c 7.6 (down from 8.9)  
BMP: NA 134 K 4.5 CL 99 CO2 23 BUN 11  
GLUC 275 Cr 0.6 Ca 9.7

CBC: Hgb 11.6 Hct: 37.3 (down from 39.1)

AP: 19 y/o single female student with a h/o MOBY DM-2, hyperlipidemia, HTN, and iron-deficiency anemia presenting for a follow-up visit.

1.) Diabetes: Congratulated patient on better glycemic control since the HbA1c is down to 7.6, but explained that it is possible to obtain better controlled. Patient also encouraged to check fingersticks multiple times daily in order to maintain awareness of her glucose levels. F/U HbA1C in February. Diabetes Center appt in February.

2.) Hyperlipidemia: The patient's TGs are still high and her HDL low. Her LDL is well controlled by the atorvastatin. Consider adding in a second agent, such as gemfibrozil, to lower the TGs. Will send a note to Diabetes Center clinic to obtain their input on the situation. Concern of adding a medication with many adverse side effects which might deter pt from taking all meds. She was encouraged to continue exercising in order to increase her HDL level and was also counseled on the importance of eating leaner meats and low fat snacks in lieu of beef and fried foods. F/U lipid panel, lfts in February.

3.) HTN: well-controlled, still need periodic monitoring. Continue enalapril and encourage exercise and weight loss, Chem 7 in February.

4.) Anemia: Slight drop in Hct, though still much higher than it had been in the past, and she is asymptomatic, and no longer dizzy. Continue taking Fe pills. CBC in February,

5.) Gyn: continue the OCP in order to regulate her menses and decrease the excessively heavy flow. Weight loss was also encouraged in order to help control hormone imbalances.

6.) Obesity: Patient was encouraged to continue exercising on a daily basis with enough exertion to elevate her heart rate and break a sweat. Patient also counseled on eating a healthier diet (see above).

7.) HCM: Flu shot given.  
-ppd Neg this year  
-Hep B and Varicella titers for College program and she is IMMUNE  
-pap was wnl via gyn although teen denies sexual activity  
-dT done for college

Influenza Vaccine Given  
Dosage: 0.5ML IM  
Site: L Arm  
Vaccination info sheet given to patient--y  
Patient verbalizes that s/he is not allergic to eggs--y  
Patient verbalizes understanding and consents to vaccination--y

# SIGNED BY PETULA LETTUCE, MD 4 MONTHS AGO

**THREE WEEKS AGO**  
**NO SHOW TO PMD**

Letter sent to patient.

# SIGNED BY PETULA LETTUCE MD THREE WEEKS AGO