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9-27-19

Chaya Newfield
H & P #1

Identifying Data

Name: Mrs R. ✓

DOB: August 9, 1964 (age 55) ✓

Date and time: 9-24-19 9:10 AM ✓

Address: Flushing, Queens ✓

Location: NYPQ Pre-Admission Testing ✓

Religion: Christian ✓

Sex: Male ✓

Race: Guyanese (CN) 11:08 PM East Indian ✓

Nationality: Guyanese ✓

Marital status: common law marriage ✓

Referral source: Emergency Department ✓

History source: Self ✓

Reliability: reliable ✓

Chief Complaint:

"I'm here to be cleared (CN) 1:13 PM get clearance for a cystoscopy and urethrotomy procedure"

(the items circled, just cross out, initial and newwete)

HPI

Mr. R. is a reliable 55 year old male, with a past medical history of hypothyroidism, presented to PAT today for pre-surgical testing for a cystoscopy and urethrotomy. Mr. R. reports having an overactive bladder x 2 years, which has been getting increasingly worse in the past month, when Mr. R. began having pain with urination. The pain is sharp and burning sensation, non-radiating, 5/10 severity, abrupt onset when urinating. Mr. R. reports no known (CN) 1:33 PM denies admits frequent urination, nocturia and polyuria. Mr. R. admits that ED doctor prescribed tablets (unknown medication) but he stopped taking them after a week because he did not feel they were working x 3 weeks ago. Pt denies aggravating or alleviating factors,

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denies abnormal urine odor, history of kidney stones, incontinence or change in bowel movements. Pt denies being sexually active x 1 year.
any back pain? hematuria? dysuria?

Past Medical History

Present illnesses: Hypothyroidism x 5 years

Past illnesses: Denies ✓

childhood illnesses: Denies ✓

Immunizations: up to date ✓

Last flu shot: x 1 month ago ✓

Tests and screenings: Digital rectal prostate exam x 2 weeks ago (benign)

Past Surgical History

Denies past surgeries or transfusions

Medications:

Synthroid, 100 mcg orally, x 1 tablet in the morning for hypothyroidism

Allergies:

NKA, no known food or environmental allergies.

Family History:

grandparents, maternal and paternal, unknown

father, deceased at age 69, cancer

mother, 82, alive and well

sister, 50, pmh of cancer, in remission x 7 years, alive and well

brother, 48, alive and well

brother, 46, alive and well ✓

son, 23, alive and well ✓

daughter, 20, alive and well

Denies family history of allergies, diabetes, lung disease

Social History:

- Denies alcohol use, tobacco use, smoking cigarettes, drug use.
- Pt drinks 4 cups of coffee a week. ✓

travel- pt emigrated from Guyana x 1 year ago ✓

Exercise - Pt does 20 minutes of brisk walking daily.

Occupational History - pt worked in a sugar factory in Guyana, and served in the military from 1987-1992. Currently unemployed.

Marital status: common law marriage (Partner lives in Guyana)

Home situation: pt lives alone, ⁹⁻²⁷⁻¹⁹ ~~no pets~~ ^(N) 2:11 PM denies pets at home.

Diet: Breakfast of bread, lunch of ~~rice~~, sandwich for supper.

Sleep patterns: average of 8 hours a night. ✓

Sexual history: Denies recent sexual activity, or sexually transmitted infections.

Review of Systems:

General: Denies any recent weight gain or loss, changes in appetite, fatigue, fever or chills, night sweats, generalized weakness.

Skin, hair, nails: Denies changes in texture, excessive dryness or sweating, discoloration, pigmentations, moles, rashes, pruritus, changes in hair distribution besides for bald spot on crown of head.

Head: Denies headache, vertigo, head trauma, unconsciousness, coma, fracture

Eyes: Denies visual disturbance, lacrimation, photophobia, pruritus,

Pt admits glasses use, last eye exam x 8 months ago ^{9-27-19 CN 2:34 PM} (unremarkable) within normal limits. ✓

Ears: Denies deafness, pain, discharge, tinnitus, hearing aids ^{use of}

nose/sinus: Denies discharge, epistaxis, obstruction.

Mouth/throat: Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures ^{use of}. Admits last dental exam x 1 year ago, within normal limits. ✓

Neck: Denies localized swelling/lumps, stiffness, ~~decreased~~ range of motion

2:38 PM ⁹⁻²⁷⁻¹⁹ ~~ECOT~~

Pulmonary system: Denies dyspnea, SOB, DOE, cough, wheezing, hemoptysis, cyanosis, orthopnea, paroxysmal nocturnal dyspnea.

Cardiovascular: Denies chest pain, hypertension, palpitations, irregular heart beats, edema, swelling of ankles/feet, syncope, no known heart murmur.

Gastrointestinal: Denies changes in appetite, intolerance to specific foods, nausea, vomiting, dysphagia, abdominal pain, pyrosis, flatulence, belching, diarrhea, jaundice, change in bowel habits, constipation, rectal bleeding, colonoscopy/guac/sigmoidoscopy.

(4)

Genitourinary: Admits increased frequency of urination, approximately 60 times over 24 hrs, urgency, nocturia, polyuria, dysuria. Denies incontinence, stricture, abnormal color of urine, foul smelling urine, hematuria. Last prostate exam x 2 weeks ago. (benign)

Sexual history: Denies sexually active, impotence, sexually transmitted infections.

Musculoskeletal: Denies muscle/joint pain, deformity/swelling, redness, arthritis.

Peripheral Vascular: Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, color change.

Nervous system: Denies seizures, headaches, loss of consciousness, sensory disturbance, numbness, paresthesia, dysesthesia, hyperesthesia, ataxia, loss of strength, change in cognition, weakness (asymmetric).

Musculoskeletal: Denies muscle/joint pain, deformity/swelling, redness, arthritis.

Hematologic System: Denies anemia, easy bruising or bleeding, lymph node enlargement, blood transfusion, history of DVT/PE.

Endocrine System: Admits polyuria. Denies polydipsia, polyphagia, heat or cold intolerance, goiter, ^{9-27-19 CN 3:17 PM} ~~hyperthyroidism~~ ^{hypothyroidism}.

Psychiatric: Denies depression/sadness, anxiety, obsessive compulsive disorder, medication.

Vital signs:

BP	R	L
seated	140/112	142/100 ✓
standing	140/116 ✓	140/110

R: 18 breaths per minute, ✓ unlabored

P: 68 beats per minute, regular rhythm

T: 98.6°F, oral ✓

O₂ sat: 99% in room air

Height: 5'8" ✓

Weight: 181 lbs.

BMI: 27.5 ✓

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General survey:

~~overall~~ 55 year old male, alert and oriented x3. Pt appears well-dressed, well-groomed, in no acute distress. Pt appears moderately over weight and muscular.

Skin: warm and moist, good turgor. Non-icteric, no lesions noted, no scars, tattoos.

Hair: Balding on crown of head, otherwise ^{3:30 PM} CN 9-27-19 ~~normal~~ distribution of hair and quantity of hair is unremarkable. Smooth texture, no signs of seborrhea, lice or nits.

Nails: No clubbing, capillary refill < 2 seconds throughout.

Head: Normocephalic, atraumatic, not tender to palpation throughout.

95.50
great!