Mrs. Liu Allergies: Nuts	Age: DOB:	55 years 6/2/58	Sex: Female Portal:	eight:110 lbs nguage: English	MRN: FN#:	LOC: Outpatient:
Diagnosis – Current V						
Vitals and Measurer	nents			Common Labs		
Last 2 years for all visits				Last 2 years for all vi	isits	
	Lates	t Within Pre	evious Within		Latest Wi	ithin Previous Within
BP	108/6	8 11	0/65	WBC	4.5	4.6
HR	72	70		Hemoglobin	14.3	14.6
Temp	98.2	98	.1	Hematocrit	43	42.3
Respiratory Rate	14	14		Platelet	248	248
Weight (kg)	56.8	56	.8	Sodium Level	143	142
Weight (lb)	125	12	5	Potassium Level	4.2	4.1
Height (in)	60	60		Chloride Level	98	98
Body Mass Index (in)	20	20		Glucose Level	95	95
 <u>Physician Notes</u>: <u>Presenting Complain</u> Annual physical Family History: Mother: Osteoporosis Father: High blood pi Grandmother: Osteop 	s; broke ressure			Postmenopausal HRT - none DXA screen - non Recent mammogr Colonoscopy 6 ye Past Surgical Hi T & A (age 5)	ram - normal ears ago - no	
Social History: Married Light exercise Moderate drinker: 1 g Nonsmoker Calcium Multivitamin	glass of	wine 1x per	week	Lungs: Negative to CV: Negative for	e for fever, c for SOB or c chest pain, c n/v/d/c or ab x	edema, or palpitations dominal pain; negative for
				Gen:Well-nourish Pulm:Lungs CTA CV: RRR, S1 and	ant/post bill S2 ausculta ender with F	tted, PMI WNL. 3S X 4 Quads. Negative for

MS: Motor strength and gait normal with full ROM X 4 extremities.
Assessment: Routine Physical Exam Screening for Osteoporosis
 Plan: 1. DXA scan. 2. Due to sedentary lifestyle, family history, and postmenopausal status advised patient regarding calcium and vitamin D supplements and lifestyle changes, including increased exercise and decreased alcohol intake. 3. RTC in 2-3 weeks for follow up/results.

NOTES:

<u>Nurses Notes</u>: **S:** "I am here for my annual exam. I recently retired and moved here to be with our son. I am in good shape."

O: Patient sitting upright, respirations regular and even at 14/minute. Apical pulse visible. Nail beds pink and capillary refill < 2 seconds. Blood Pressure 108/68 diaphoresis or pallor noted.

A: Well postmenopausal woman with risk for osteoporosis based on family history, postmenopausal status X 3 years, and no Estrogen Therapy. BMI, 20.

P: (1) Provide nutrition counseling

(2) Provide exercise counseling

(3) Initiate calcium supplementation (1200-1500 mg/day)

Mr. Jackso Allergies:	n Age: 70 y DOB: 04/2	ears 20/1943	Sex: Male Portal:	ight: iguage: English	MRN: FN#:	LOC: Outpatient:
Diagnosis – Curr						
Vitals and Meas				Common Labs		
Last 2 years for all v				Last 2 years for all vi		
	Latest Within		Previous Within		Latest Within	Previous Within
BP	136/84	134/82		WBC	5,200	5,100
HR	80	80		Hemoglobin	14g/dL	13.5g/dL
Temp	98.6	98.6		Hematocrit	42%	41%
Respiratory Rate	18	20		Platelet	200,000	195,000
Weight (kg)				Sodium Level	140 mEq/L	140 mEq/L
Weight (lb)	185	180		Potassium Level	4.0 mEq/L	4.0 mE/L
Height (in)	72	72		Chloride Level	98 mEq/L	99 mEq/L
Body Mass Index (in)	25.1	24.4		Glucose Level	106 mg/dL	100 mg/dL
 Physician Notes Presenting Com Annual physical Family History: None Social History: Married Light exercise Smoker 				Arthritic Flu shot – none Blood pressure - n Past Surgical Hi Prostate surgery Review of System None Comments: Ordering flu shot arthritis, smoking	5 years post treatmenormal story: ns: and DXA scan. Du	ent e to sedentary lifestyle, te cancer history patient at
Nurses Notes S: "I am here for take a tumble wh day."	2	0	1 20	high risk for osted		

O: Patient sitting upright, respirations regular and even at
18/minute. Apical pulse visible. Nail beds pink and capillary
refill < 2 seconds. Blood Pressure 136/84; no diaphoresis or
pallor noted.
A: Well male with risk for osteoporosis based on smoking history
and chemotherapy for prostate cancer.
P: (1) Provide nutrition counseling
(2) Complete referral form for DXA.