

PATIENT NAME: Michael Elbery
DATE: 7/28/2008

DOB: 2/8/52

PROBLEMS: health maintenance, diabetes in remission

HPI: patient returns for his routine exam. His only complaint is occasional epigastric pain which he thinks could be related to pancreatic insufficiency. He certainly does not want to try any over-the-counter or prescription medicine for this however. He says he does want prescriptions for ketaconazole shampoo to help his scalp and prevent progression of male pattern baldness as well as topical finasteride.

PMH: Recently diagnosed with diabetes, spontaneous remission, and a negative stress test last year.

Operations: None.
Injuries: None.
Allergies: Patient reports no known allergies.
Immunization Status: Current.

MEDICATIONS: None at this time

FAMILY AND SOCIAL HISTORY: see health history form

Marital Status: Divorced
Employment: Operating website
Smoking: Occasional cigar
Alcohol/Drugs: Limited
Sexual History: Did not discuss
Exercise/Activity: Stays physically active.

REVIEW OF SYSTEMS: As noted in chart. Entirely unremarkable except as above.

PHYSICAL EXAM: Vital Signs: BP 106/62, pulse 76 and regular feet 2 inches 223 pounds
HEENT: Normocephalic, PERRLA, full EOM, fields full. Lids, sclera, conjunctivae clear. Canals clear, TMs normal, hearing intact. Nose and throat unremarkable.
Neck: Supple, no thyromegaly, or lymphadenopathy, carotid pulses equal without bruits.
Breasts: Symmetric appearance, without masses. Axillae negative.
Chest: No respiratory distress, clear to auscultation and percussion.
Heart: S1, S2 wnl without murmur, rub, or gallop, PMI wnl.
Abd: Soft, no distension, no masses.
MS: Full ROM, without swelling, cyanosis or edema.
Genitalia: Declined.
Rectal: Declined.
Skin: Good color, no jaundice, no significant lesions.
Neuro: Memory and cognition intact, reflexes, strength and sensation normal bilaterally. Gait, balance and coordination intact. Possible minimal loss sensation in toes.

IMPRESSIONS: Remarkable recovery from severe diabetes, and may have been type I and he may be in a honey moon so we need to be observing for recurrence however he has been testing his blood sugars regularly and getting excellent results. He is very interested in his left laboratory studies including the HDL.

PLAN:

Diagnostic: Chemistries lipids homocysteine vitamin D level PSA
Therapeutic: He is considering some kind of over-the-counter pancreatic supplement. He declined any anti-acid therapy.
Patient Education: Discussion about diabetes, his relatively unusual thinking about medical issues.
Follow-up: Three months and as needed. Will send him results of tests.

Michael Kaplan, M.D.