

Note for Jane Doe on 4/4/03 - Chart 5407

Chief Complaint (1/1): This 62 year old female presents today for evaluation of angina.

Associated signs and symptoms: Associated signs and symptoms include chest pain, nausea, pain radiating to the arm and pain radiating to the jaw.

Context: The patient has had no previous treatments for this condition.

Duration: Condition has existed for 5 hours.

Quality: Quality of the pain is described by the patient as crushing.

Severity: Severity of condition is severe and unchanged.

Timing (onset/frequency): Onset was sudden and with exercise.

Patient has the following coronary risk factors: smoking 1 packs/day for 40 years and elevated cholesterol for 5 years. Patient's elevated cholesterol is not being treated with medication. Menopause occurred at age 53.

Allergies: No known medical allergies.

Medication History: Patient is currently taking Estraderm 0.05 mg/day transdermal patch.

PMH: Past medical history unremarkable.

PSH: No previous surgeries.

Social History: Patient admits tobacco use She relates a smoking history of 40 pack years.

Family History: Patient admits a family history of heart attack associated with father (deceased).

ROS: Unremarkable with exception of chief complaint.

General: Patient is a 62 year old female who appears pleasant, her given age, well developed, oriented, well nourished, alert and moderately overweight.

Vital Signs: BP Sitting: 174/92 Resp: 28 HR: 88 Temp: 98.6 Height: 5 ft. 2 in. Weight: 150 lbs.

HEENT: Inspection of head and face shows head that is normocephalic, atraumatic, without any gross or neck masses.

Ocular motility exam reveals muscles are intact.

Pupil exam reveals round and equally reactive to light and accommodation.

There is no conjunctival inflammation nor icterus.

Inspection of nose reveals no abnormalities.

Inspection of oral mucosa and tongue reveals no pallor or cyanosis.

Inspection of the tongue reveals normal color, good motility and midline position.

Examination of oropharynx reveals the uvula rises in the midline.

Inspection of lips, teeth, gums, and palate reveals healthy teeth, healthy gums, no gingival hypertrophy, no pyorrhea and no abnormalities.

Neck: Neck exam reveals neck supple and trachea that is midline, without adenopathy or crepitation palpable.

Thyroid examination reveals smooth and symmetric gland with no enlargement, tenderness or masses noted.

Carotid pulses are palpated bilaterally, are symmetric and no bruits auscultated over the carotid and vertebral arteries.

Jugular veins examination reveals no distention or abnormal waves were noted.

Neck lymph nodes are not noted.

Back: Examination of the back reveals no vertebral or costovertebral angle tenderness and no kyphosis or scoliosis noted.

Chest: Chest inspection reveals intercostal interspaces are not widened, no splinting, chest contours are normal and normal expansion.

Chest palpation reveals no abnormal tactile fremitus.

Lungs: Chest percussion reveals resonance.

Assessment of respiratory effort reveals even respirations without use of accessory muscles and diaphragmatic movement normal.

Auscultation of lungs reveal diminished breath sounds bibasilar.

Heart: The apical impulse on heart palpation is located in the left border of cardiac dullness in the midclavicular line, in the left fourth intercostal space in the midclavicular line and no thrill noted.

Heart auscultation reveals rhythm is regular, normal S1 and S2, no murmurs, gallop, rubs or clicks and no abnormal splitting of the second heart sound which moves normally with respiration.

Right leg and left leg shows evidence of edema +6.

Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

Palpation of liver reveals no abnormalities with respect to size, tenderness or masses.

Palpation of spleen reveals no abnormalities with respect to size, tenderness or masses.

Examination of abdominal aorta shows normal size without presence of systolic bruit.

Extremities: Extremities: Right thumb and left thumb reveals clubbing.

Pulses: The femoral, popliteal, dorsalis, pedis and posterior tibial pulses in the lower extremities are equal and normal.

The brachial, radial and ulnar pulses in the upper extremities are equal and normal.

Examination of peripheral vascular system reveals varicosities absent, extremities warm to touch, edema present - pitting and pulses are full to palpation.

Femoral pulses are 2 /4, bilateral.

Pedal pulses are 2 /4, bilateral.

Neurological: Testing of cranial nerves reveals nerves intact.

Oriented to person, place and time.

Mood and affect normal and appropriate to situation.

Deep tendon reflexes normal.

Touch, pin, vibratory and proprioception sensations are normal.

Babinski reflex is absent.

Coordination is normal.

Speech is not aphasic.

Musculoskeletal: Muscle strength is 5/5 for all groups tested.

Gait and station examination reveals midposition without abnormalities.

Skin: No skin rash, subcutaneous nodules, lesions or ulcers observed. Skin is warm and dry with normal turgor and there is no icterus.

Lymphatics: No lymphadenopathy noted.

Impression: Angina pectoris, other and unspecified.

Plan: Diagnostic & Lab Orders: Ordered serum creatine kinase isoenzymes (CK isoenzymes).

Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report.

The following cardiac risk factor modifications are recommended: quit smoking and reduce LDL cholesterol to below 120 mg/dl.

Patient Instructions:

Patient received literature on angina.

Prescriptions:

nitroglycerin Dosage: 0.1 mg/hr film, extended release Sig: as needed for chest pain Dispense: 20 Refills: 0 Allow Generic: No

digoxin Dosage: 0.125 mg tablet Sig: 1 qd Dispense: 30 Refills: 0 Allow Generic: Yes

_____ A. Cardiologist, MD

Billing Statement - Friday, April 04, 2003

Provider: A. Cardiologist, MD
Patient: Jane Doe, Chart 5407
1231 8th Street, Suite 222
West Des Moines, IA 50265

Diagnoses

1. 413.9 Other And Unspecified Angina Pectoris

Treatments

1. 93000 Electrocardiogram, Routine ECG With At Least 12 Leads; With Interpretation And Report

Related Diagnoses:

Modifiers:

Units:

2. 82552 Creatine Kinase (CK), (CPK); Isoenzymes

Related Diagnoses:

Modifiers:

Units:

3. 99212 Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least Two Of These Three Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making. Counseling And/Or Coordination Of Care With Other Providers Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/Or Family's Needs. Usually, The Presenting Problem(s) Are Self Limited Or Minor. Physicians Typically Spend 10 Minutes Face-To-Face With The Patient And/Or Family.

Related Diagnoses:

Modifiers:

Units:

Referring Physician: Marcus Welby, MD

Date Last Seen: 04/19/2002

Sample Prescription

A. Cardiologist, MD

DEA#:

Name: Jane Doe
Addr: 1231 8th Street, Suite 222
West Des Moines, IA 50265

Date: 4/4/03

digoxin
0.125 mg tablet
1 qd

X _____
Substitution Permitted

X _____
Dispense as written

Refills: 0
Disp: 30
Allow Generic: Yes

A. Cardiologist, MD

DEA#:

Name: Jane Doe
Addr: 1231 8th Street, Suite 222
West Des Moines, IA 50265

Date: 4/4/03

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as needed for chest pain

X _____
Substitution Permitted

X _____
Dispense as written

Refills: 0
Disp: 20
Allow Generic: No

Patient Instructions for Jane Doe on 4/4/03

ANGINA

What is it?

Angina is chest pain due to a lack of oxygen to the heart most often occurring in men age 35 or older and postmenopausal women. It is usually located right under the breast bone. Physical and emotional stress, as well as eating heavy meals, can bring it on. In a healthy person, these stresses are easily handled. In a person with an underlying heart condition like coronary artery disease, heart valve problem, arrhythmias or high blood pressure, the heart doesn't get enough blood (i.e. not enough oxygen to the heart muscles). Other causes could be due to a hyperactive thyroid disorder or anemia. People more likely to have angina may also have diabetes mellitus, be overweight, smoke, have a poor diet with lots of salt and fat, fail to exercise, have a stressful workload or have a family history of coronary artery disease.

Signs and symptoms:

- * Pain in chest described as tightness, heavy pressure, aching or squeezing.
- * The pain sometimes radiates to the jaw, left arm, teeth and/or outer ear.
- * Possibly a left-sided numbness, tingling, or pain in the arm, shoulder, elbow or chest.
- * Occasionally a sudden difficulty in breathing occurs.
- * Pain may be located between the shoulder blades.

Treatment:

- * Nitroglycerin relieves the immediate symptoms of angina in seconds. Carry it with you at all times.
- * Other medications may be prescribed for the underlying heart problems. It is important to take them as prescribed by your doctor.
- * Surgery may be necessary to open the blocked coronary arteries (balloon angioplasty) or to bypass them.
- * Correct the contributing factors you have control over. Lose weight, don't smoke, eat a low-salt, low-fat diet and avoid physical and emotional stresses that cause angina. Such stressors include anger, overworking, going between extremes in hot and cold, sudden physical exertion and high altitudes (pressurized airplanes aren't a risk). Practice relaxation techniques.
- * Exercise! Discuss first what you are able to do with your doctor and then go do it.
- * Even with treatment, angina may result in a heart attack, congestive heart failure or a fatal abnormal heartbeat. Treatment decreases the odds that these will occur.
- * Let your doctor know if your angina doesn't go away after 10 minutes, even when you have taken a nitroglycerin tablet. Call if you have repeated chest pains that awaken you from sleep regardless if the nitroglycerin helps. If your pain changes or feels different, call your doctor or call 911 if the pain is severe.

A. Cardiologist, MD

4/4/03

Marcus Welby, MD
1231 8th Street, Suite 222
West Des Moines, IA 50265

Dear Dr. Welby:

Jane Doe was seen in my office in consultation as requested by you as a patient for evaluation and care. The following is a summary of my findings and recommendations:

Impression: Angina pectoris, other and unspecified.

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If I may be of any further assistance in the care of your patient, please let me know. Thank you for providing me the opportunity to participate in the care of your patients.

Sincerely,

A. Cardiologist, MD