











## HISTORY AND PHYSICAL EXAMINATION RECORD

Patient:

Date:

Physician:

Enter notes here. Select this text and begin typing.

## CONTINUATION SHEET

Patient:

Date:

Physician:

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## PREOPERATIVE HISTORY AND PHYSICAL EXAMINATION

Patient:

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## OPERATIVE REPORT

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**Gulf View Associates**

3500 Tamiami Trail South • Sarasota, FL 34239-5280 • (941) 555-3980

**Sara O. Mendenhall, DO**—Internal Medicine

**Joseph L. Torres, MD, FACP, PC**—Family Practice

**Stanley N. Kilne, MD, PA**—General Practice

## PHYSICIAN'S PROGRESS NOTES

Patient:

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Date:

Findings:

Enter Findings here. Select this text and begin typing.

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## DISCHARGE SUMMARY

**Patient:** LEMBO, Todd R.

**Date:** February 24, 10--

**Physician:** Donalde R. Moser, M.D.

**OPERATION:** Modified putti-platt procedure, left sholder

**HISTORY:** Unremarkable. No Known allergies. This 21 year old white male suffered a dislokation of theleft sholder while participating in sports 3 years ago Following that he had reorcurrent dislokations of the sholder, which the patient was able to reducehimself. He was admitted at this time for surgecal correction.

### PHYSICAL EXAMINATION

**VITAL SIGNS:** Afebrile. Pulse 70.

**SKIN:** Clear. **HEENT:** Head and neck unremarkable. **LUNGS:** Clear.

**HEART:** Cardiovascular examination naormal.

**ADBOMEN:** Soft nontender, with no masses.

**EXTREMETIES:** Good range of motion of left sholder with no focaltenderness. There was voluntery guarding on abduction and external rotation of the left sholder. Flexors were normal.

**LABATORY DATA:** x-ray of the chestwas normal

**OTHER:** Urinalysis was ;normal. Electrolighs, BUM normal. Hematocrit 42, WBC 7,700. Platelets adequate. Prothrombin time was normal.

**OUTPATIENT CLINC COURSE:** On February 19, 19—the patient was taken to the operating room where Dr. Perigo performed a modified Putti Platt reconstruction of the left sholder. The patient tolerated the procedurwell.

OPERATIVE PROCEDURE: Modified putti-platt procedure, left sholder.

PROGNISIS: Should have gradual recovry of full function with limitation of  
ext4ernal rotation

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Donald J. Moser

D: February 24

T: February 24

DJM/si

## HISTORY AND PHYSICAL EXAMINATION RECORD

Patient:

Date:

Physician:

CHIEF COMPLAINT: Congestive heart failure, pulmonary emfysema, diabetes melletus, and xanthomas over a rather large area of his body in a period of 2 months.

PRESENT ILLNESS: His last hospitalization, in July of 1987 was for pulmonary emfysema, artieriosclerotic heart disease, decompensated state and diabetes melletus. Duringf his hospitalization the patient has pulmonary function studies done, which showed a generalized decompensation in all measurements since 1980. A gall bladder and upper GI study at that time were normal. A lipid panel source showed hyperuricemia and Tkpe IV huperlipidemia. The patient had an uneventful hospital course and was discharged on digoxin, 0.25 mg daily, Lasix, 40 mg daily. Since that time the patient states he has been "drugging."

HISTORY--

ALLERGIES. The patient denies any allergies to food or medicine.

MEDICATIONS: His present medication include Digoxin, 0.25 mg daily, Lasic, 40 mg daily, Pronestyl, 250 mg occassionally for abnormal heart rhythm.

SURGICAL: Negative.

SOCIAL: The patient is a prominent businessman in Sarasota and has been for the past 30 years. He states that his actdivities are the same now as two to three years ago. The patient was a two pack a day smoker until his

hospitalization in July, 19--, when he decided to quit smoking. He admits to an occasional drink, and there is some question regarding an ethanol history. He does not admit to any trouble with sleeping or eating.

FAMILY HISTORY: The patient's mother is 86 years old and has emphysema and high blood pressure. His father died at age 35 from tuberculosis. The patient has one sister, age 55, who is a known asthmatic. There is no family history of cancer, heart disease, diabetes, kidney disease, allergies.

REVIEW OF SYSTEMS--

GI: Complains of polydipsi, polyuria, polyphagia. He has been on a diet to control his hypertriglyceridemia and hypercholesterolemia and states that he is chronically hungry.

CR: Denies ankle edema, paroxysmal nocturnal dyspnea, but he does admit to two pillow orthopnea. He denies any chest pain.

GU: Denies urinary tract complaints.

Skin: Approximately 2 months ago the patient noticed a gradual onset of xanthomas over the lower thighs anteriorly and in the knee areas. This spread to the extensor surfaces of the lower arms and elbows, followed by the volar surface of the left index finger, and, finally, the entire buttock area.

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Stanley N. Kline, M.D.

SNK/si

D: February 24, 19--

T: February 24, 19--