

Patient: Margaret Hoffman **DOB:** 06/14/1958 **MRN:** MRN-440291 **Provider:** Dr. James Park, MD

Chief Complaint

Patient presents for routine follow-up of chronic conditions and evaluation of persistent cough x 10 days, now improving. Also reports intermittent right knee pain worsening over past 3 months.

History of Present Illness

67-year-old female with known history of type 2 diabetes mellitus (**E11.65**), essential hypertension (**I10**), and hyperlipidemia (**E78.5**). Patient was seen 10 days ago for acute upper respiratory infection (**J06.9**) and started on amoxicillin. Symptoms have improved — cough is less frequent, no fever. She also developed a skin infection on left forearm (**L08.9**) last week and was started on cephalexin by urgent care.

Regarding knee pain: describes aching in the right knee, worse with stairs and prolonged walking. No swelling, locking, or instability. Consistent with primary osteoarthritis of the right knee (**M17.11**). X-ray obtained showing moderate joint space narrowing.

Assessment & Diagnoses

1. **E11.65** — Type 2 diabetes mellitus with hyperglycemia. HbA1c 7.2%, up from 6.8%. Adding glipizide 5mg was initiated at last visit; continue and reassess in 6 weeks.
2. **I10** — Essential hypertension. BP 148/92 at triage, improved to 136/84 post-rest. Continue lisinopril 10mg and amlodipine 5mg. Consider dose increase if not at goal at next visit.
3. **E78.5** — Hyperlipidemia, unspecified. LDL 138 mg/dL above goal. Increasing atorvastatin from 20mg to 40mg.
4. **J06.9** — Acute upper respiratory infection, unspecified. Improving on amoxicillin. Complete course (3 days remaining).
5. **L08.9** — Local infection of the skin, unspecified. Forearm cellulitis responding to cephalexin. Continue 7-day course.
6. **M17.11** — Primary osteoarthritis, right knee. New diagnosis. Start conservative management: weight management, low-impact exercise, ibuprofen PRN. Refer to PT if no improvement in 6 weeks.
7. **E11.65** — Type 2 diabetes mellitus with hyperglycemia (reiterated for diabetic eye exam referral).
8. **Z79.84** — Long-term use of oral hypoglycemic agents. Documented for medication reconciliation.
9. **Z87.39** — Personal history of other musculoskeletal disorders. Relevant to knee evaluation.

Plan

- Increase atorvastatin to 40mg QHS
- Continue metformin 500mg BID + glipizide 5mg QAM
- Complete amoxicillin and cephalexin courses
- Referral: ophthalmology for diabetic retinopathy screening
- Referral: physical therapy for right knee if not improved in 6 weeks
- Follow-up: 6 weeks with repeat HbA1c, lipid panel, BP check
- Patient educated on diet modification, daily walking (30 min)