

|                |                    |                |              |
|----------------|--------------------|----------------|--------------|
| Patient Name:  | Sarah Mitchell     | Date of Birth: | 14/07/1985   |
| Date of Visit: | 22/03/2026         | MRN / ID:      | MRN-20458371 |
| Provider:      | Dr. James Chen, MD | Visit Type:    | Follow-up    |

## S Subjective

Chief complaint, HPI, symptoms, patient-reported history

Patient is a 40-year-old female presenting for follow-up of hypertension diagnosed 6 months ago. She reports occasional mild headaches in the morning, occurring 2-3 times per week, usually resolving by midday. She denies chest pain, shortness of breath, dizziness, or visual changes. She states she has been taking her medication daily as prescribed. She reports mild stress related to work but has been walking 30 minutes most days. Diet has improved with reduced sodium intake. No new complaints.

## O Objective

Vitals, physical exam findings, lab/imaging results

Vitals: BP 138/88 mmHg (sitting, left arm), HR 74 bpm, RR 16, Temp 36.8C, SpO2 98% on RA, Weight 72 kg, BMI 26.1. General: Alert, oriented, no acute distress. HEENT: PERRLA, no papilledema on fundoscopic exam. Neck: No JVD, no carotid bruits. CV: RRR, no murmurs, gallops, or rubs. Lungs: CTA bilaterally. Extremities: No peripheral oedema. Labs (fasting, drawn 18/03): Total cholesterol 212, LDL 138, HDL 52, Triglycerides 160, Creatinine 0.9, eGFR >90, Fasting glucose 102.

## A Assessment

Diagnosis, differential diagnoses, clinical impression

- Essential hypertension (I10) - Suboptimally controlled. Current BP 138/88 on Lisinopril 10mg daily. Target BP <130/80 per current guidelines. Morning headaches likely related to elevated BP.
- Dyslipidaemia (E78.5) - Borderline high LDL at 138 mg/dL with elevated triglycerides. Cardiovascular risk warrants consideration of pharmacotherapy.
- Prediabetes (R73.03) - Fasting glucose 102. Lifestyle modifications ongoing.

## P Plan

Treatment, medications, referrals, follow-up, patient education

- Hypertension: Increase Lisinopril from 10mg to 20mg daily. Continue home BP monitoring twice daily; patient to keep log. Reinforce low-sodium diet (<2g/day).
- Dyslipidaemia: Start Atorvastatin 20mg daily at bedtime. Repeat lipid panel in 8 weeks.
- Prediabetes: Continue dietary modifications and regular exercise. Recheck HbA1c in 3 months.
- Lifestyle: Encouraged to maintain 150 min/week moderate exercise. Discussed stress management techniques. Referral to dietitian for personalised nutrition counselling.
- Follow-up in 6 weeks for BP recheck and medication tolerance. Sooner if headaches worsen or new symptoms arise.