

# CHART AUDIT TOOL

## Chart #2

### Instructions:

- Review this chart.
- Complete the Chart Audit tool
- Discuss the findings



**Problem History:**

1990-Jan-01 ESSENTIAL HYPERTENSION

**Active Medications:**

2016-Apr-11 NASONEX 50 MCG NASAL SPRAY 2.0 Spray(s) Two times daily X 10 Day(s)  
2016-Apr-11 Cefuroxime Axetil 500 mg Oral Tablet 1.0 Tablet(s) Two times daily X 10  
Day(s)  
2016-Apr-04 VENTOLIN HFA 100 MCG INHALER 1.0 Spray(s) Four times daily As Needed  
X 7 Day(s)  
2015-Dec-21 APO-PANTOPRAZOLE DR 40 MG TAB 1.0-2.0 Tablet(s) Once daily X 90  
Day(s)  
2015-Aug-13 Furosemide 40 mg Oral Tablet 1.0 Tablet(s) Once daily X 90 Day(s)  
2015-Feb-04 ESTALIS 140/50 MCG/DAY PATCH 1.0 Patch(es) Twice/Week X 8 Week(s)  
2014-May-02 Minocycline HCL 50 mg Oral Capsule 1.0 Capsule(s) Once daily X 30 Day(s)  
2014-Apr-30 METROCREAM 0.75% CREAM 1.0 Application(s) Two times daily X 30 Day(s)  
2014-Mar-03 Levofloxacin 500 mg Oral Tablet 1.0 Tablet(s) Once daily X 10 Day(s)  
2013-Nov-25 APO-PANTOPRAZOLE DR 40 MG TAB 1.0 Tablet(s) Once daily X 60 Day(s)  
2013-Feb-15 Furosemide 40 mg Oral Tablet 1.0 Tablet(s) Once daily X 90 Day(s)  
2012-Nov-09 Rabeprazole Sodium 20 mg Oral Tablet, Delayed Release (Enteric Coated)  
1.0 Tablet(s) Once daily X 60 Day(s)

**External Medications:**

None Recorded

**Surgical/Medical History:**

2004 Arthroscopy - rt patellar chondroplasty  
Tonsillectomy  
Tubal ligation  
Lower segment caesarean section - x2

**Known Allergies:**

Sulfa(Sulfonamide Antibiotics) - Sulfa (Sulfonamide Antibiotics) (Mild Drug Allergy)

**Immunization Summary:**

None Recorded

**Lifestyle Notes:**

Employment - Employed: payroll  
Marital Status - Married  
Smoking - Never smoked

**Family History:**

Cirrhosis (Father) - died 65  
Carcinoma (Mother) - breast  
Multiple sclerosis (Mother) - died 62  
Gout (Brother) - br1  
Hypertension (Brother) - br1  
Carcinoma (Aunt) - breast m aunt

**Patient:**  
**Birthdate:**  
**Home Phone:**  
**Title:**

**MHSC # / PHIN:**  
**Gender:**  
**Cell Phone:**

**Provider:**

**Appointment Date: 2016-Apr-11**

**Referred By:**

S: Sinus infection - very full x 5/7. Had some biaxin on hand from 2014 - hasn't taken. Hasn't had bad episode x 2 yrs. Feeling feverish. Some cough. Teeth hurt.

O: congested ++

A: sinusitis.

P: rx cefuroxime and nasonex.

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March 03, 2016

**Patient:**  
**PHIN:**  
**Birthdate:**  
**Phone:**  
**Address:**

Dear Dr.

Thank you for the referral of your patient. Please see below Impression and Plan for full details pertaining to the consultation.

Please see AI consult for all PmHx information

Impression/Plan: 61 yo WF female with PmHx HTN, asthma, GERD, HRT referred for spot above left knee area which has been present for years now but is increasing in size.

1. Left superior knee lesion:

Patient states that recently the lesion was picked off and only an erythematous hue is present today on exam which is approx 6mm where the lesion used to be. No clinical concerns or signs of carcinoma present. Reassurance given. I offered to reassess the area for her in a few months.

RTC: next avail left knee lesion f/u

With kind regards,

Internal Medicine Specialist  
Autoimmune Diseases & Autoimmune Skin Diseases  
\*Practicing as a Medical Corporation

Winnipeg, MB

2016-Feb-10

Appt: June 20/16 @ 2:00  
Pt notified Feb 10/16

Winnipeg, MB

**Patient:**  
**Address:**  
**Telephone:**  
**PHN:**  
**MHSC:**  
**Birthdate:**

Dear Dr.

Thank you for seeing a 61 Yr female patient. complains of a feeling of discomfort in her chest with eating. She describes a cramp in her upper abdomen also. She has been taking pantoloc 2-3/day on her own initiative. I have advised her not to take more than 2/day. She feels like food backs up to the epigastrium and sits there, and gives her lots of pressure. She has seen you and had a gastroscopy in December 2014. It doesn't matter what she eats, it can happen with any type of food. Her bowel movements have been normal, and her weight is stable. She finds that these symptoms have appeared a few months ago, and have gradually become worse.

On exam, she looks well. Examination of her abdomen shows normal bowel sounds. The abdomen is soft, with mild tenderness in the epigastrium and medial RUQ. There is no mass or organomegaly.

Summary of medical history is,

**Problem History:** ESSENTIAL HYPERTENSION

**Active Medications:** APO-PANTOPRAZOLE DR 40 MG TAB [1.0-2.0 Tablet(s) Once daily X 90 Day(s)] , Furosemide 40 mg Oral Tablet [1.0 Tablet(s) Once daily X 90 Day(s)] , ESTALIS 140/50 MCG/DAY PATCH [1.0 Patch(es) Twice/Week X 8 Week(s)]

**Known Allergies:** Sulfa(Sulfonamide Antibiotics) - Sulfa (Sulfonamide Antibiotics) (Mild Drug Allergy)

I appreciate your seeing her for further evaluation of persistent upper abdominal pain.

Sincerely,

**Electronically Reviewed to Expedite Delivery**

<b>Patient</b>	<b>Home Phone</b>	<b>Work Phone</b>		
<b>Health #</b>	<b>MHSC #</b>	<b>Sex</b>	<b>F</b>	<b>Patient ID</b>
<b>Age</b>	61 years			
<b>DOB</b>	1954			

Lab Order #: 5007968  
 Ordered By: Reported By: UNICITY  
 Collection Date: 2016-Feb-08 Reviewed: 2016-Feb-08 by  
 Updated On: 2016-Feb-08 4:24 PM

	Flags	Results	Ref Range
<b>ALT</b>			
ALT (F)		24	< 32 U/L

Lab Order #: 5007968  
 Ordered By: I Reported By: UNICITY  
 Collection Date: 2016-Feb-08 Reviewed: 2016-Feb-08 by  
 Updated On: 2016-Feb-08 4:24 PM

	Flags	Results	Ref Range
<b>AST</b>			
AST (F)		17	< 31 U/L

Lab Order #: 5007968  
 Ordered By: Reported By: UNICITY  
 Collection Date: 2016-Feb-08 Reviewed: 2016-Feb-08 by  
 Updated On: 2016-Feb-08 4:24 PM

	Flags	Results	Ref Range
<b>LIPASE</b>			
LIPASE (F)		24	0 - 60 U/L

Ordered By:  
 Collection Date: 2016-Feb-08 Reviewed: 2016-Feb-08 by  
 Updated On: 2016-Feb-08 4:24 PM

	Flags	Results	Ref Range
<b>Physical History</b>			
BP - Systolic		128	
BP - Diastolic		82	

**Patient:**  
**Birthdate:**  
**Home Phone:**  
**Title:**  
**Provider:**  
**Referred By:**

**MHSC # / PHIN:**  
**Gender:**  
**Cell Phone:**  
**Appointment Date: 2016-Feb-08**

S: Follow up bp. Winter has been going okay. Started sinus infection meds today - first since Oct - good for her.

Gets feeling of discomfort in throat and chest with eating. Will get cramp in upper abd also. Is taking pantoloc 2-3/day. Feels like food backs up and sits there. Has seen [redacted] and had scope Dec 2014. Doesn't matter what she eats. Bowels normal. Wt st. Worse over the last few mos.

O: looks well bp 128/82. Abd - BS normal soft mild tend epig, med RUQ no mass/organomeg

A: dyspepsia vs pancreatitis. Bp stable.

P: bloodwk re ?pancreatitis. Refer back to [redacted] Rtc 3 mos cpx - bloodwk prior.



**Patient:**  
**Birthdate:**  
**Home Phone:**  
**Title:**  
**Provider:**  
**Referred By:**

**MHSC # / PHIN:**  
**Gender:**  
**Cell Phone:**

**Appointment Date: 2015-Nov-16**

S: Follow up bp. Enjoyed the summer. Now babysitting 4/7 for 15 mos grson. Keeps them busy!  
Has started clogging, also bowls and does zumba.

Feels that she is wheezing at night - has had ventolin in the past - expired. Would like rx.

Has had some vertigo in ams - had serc in 2014 with success - needs new rx.

Spot on ant rt knee - getting larger, raised x 1 yr.

O: looks well bp 142/84 rt ant knee - 5x6mm sl raised sl irreg violaceous lesion.

A: bp adequate. Mild asthma? Vertigo. Irreg skin lesion.

P: rtc 3 mos re bp. Rx ventolin and serc. Refer derm.

Winnipeg, MB

2015-Nov-16

Dr. f

Appt Pending

**Patient:**

**Address:**

**Telephone:**

**PHN:**

**MHSC:**

**Birthdate:**

Dear Dr. \_\_\_\_\_,

Thank you for seeing \_\_\_\_\_, a 61 Yr female patient. \_\_\_\_\_ complains of a spot just above her right knee. It has been there for a few years, but she notices that it has been getting larger and becoming raised over the last year.

On exam, she looks well. There is a 5x6mm slightly raised, slightly irregular violaceous lesion just above her right knee.

Summary of medical history is,

**Problem History:** ESSENTIAL HYPERTENSION

**Active Medications:** VENTOLIN HFA 100 MCG INHALER [1.0 Spray(s) Four times daily As Needed X 7 Day(s)] , Betahistine HCL 16 mg Oral Tablet [1.0 Tablet(s) Three times daily As Needed X 10 Day(s)] , Furosemide 40 mg Oral Tablet [1.0 Tablet(s) Once daily X 90 Day(s)] , APO-PANTOPRAZOLE DR 40 MG TAB [1.0 Tablet(s) Once daily X 90 Day(s)] , ESTALIS 140/50 MCG/DAY PATCH [1.0 Patch(es) Twice/Week X 8 Week(s)] , Minocycline HCL 50 mg Oral Capsule [1.0 Capsule(s) Once daily X 30 Day(s)] , METROCREAM 0.75% CREAM [1.0 Application(s) Two times daily X 30 Day(s)]

**Known Allergies:** Sulfa(Sulfonamide Antibiotics) - Sulfa (Sulfonamide Antibiotics) (Mild Drug Allergy)

I appreciate your seeing her for further evaluation of this skin lesion.

Sincerely,

**Electronically Reviewed to Expedite Delivery**

**Patient:**  
**Birthdate:**  
**Home Phone:**  
**Title:**

**MHSC # / PHIN:**  
**Gender:**  
**Cell Phone:**

**Provider:**

**Appointment Date: 2015-Aug-13**

**Referred By:**

S: Follow up bp. Enjoying summer. Finished work end of May. Started babysitting early July - 4/7 9-2.

Sleep problems. Latency okay, then up from 2-4. Finds that she feels hot and cold - day and night. Started 1-2 mos ago. Has also had a yeast infection for a month also. Is on estalis 1/2 patch. Feels clammy also.

O: looks well bp 136/86

A: bp adequate. Menopausal symptoms up.

P: disc - will add black cohosh - had success with in past. If no help after a few weeks, go up to full patch. Rtc 3 mos.

<b>Patient</b>		<b>Home Phone</b>		<b>Work Phone</b>	
<b>Health #</b>		<b>MHSC #</b>		<b>Sex</b>	F
<b>Age</b>	61 years	<b>Address</b>	-----ve	<b>Patient ID</b>	-
<b>DOB</b>	1954		-----ve		

Reported By: GDML                      Ordered By:  
 Collection Date: 2015-Jun-01 8:51 AM  
 Received Date: 2015-Jun-01 3:40 PM  
 Reported Date: 2015-Jun-01 7:34 PM  
 GDML Ref #:

**HAEMATOLOGY**

	Flags	Results	Reference Range	Units	
WBC Count	N	6.6	4.5 - 11	x 10 <sup>9</sup> /L	#
Hematocrit	N	0.466	0.35 - 0.47	L/L	#
Vitamin B12	N	532	< 148.0 deficiency 148.0 - 220.0 insufficiency > 220.0 sufficiency	pmol/L	

# Normal Adjusted for Age and/or Gender

**ELECTROLYTES**

Sodium (serum)	N	143.4	136 - 146	mmol/L	#
Potassium (serum)	N	4.9	3.7 - 5.4	mmol/L	#

# Normal Adjusted for Age and/or Gender

**CHEMISTRY**

BUN (serum)	N	6.1	2.5 - 8.1	mmol/L	#
<b>Creatinine (serum)</b>					
Creatinine (serum)	N	84	50 - 100	umol/L	#
eGFR		>60 ml/min/1.73 m sq		umol/L	

# Normal Adjusted for Age and/or Gender

**GLUCOSE**

Glucose Fasting	N	5.4	3.6 - 6	mmol/L	#
Glycated Hemoglobin/A1c		5.8	6.0 - 6.4 pre-diabetic > 6.49 diabetic < 6.0 non diabetic	%	#

# Normal Adjusted for Age and/or Gender

**LIPIDS**

Cholesterol Fasting	A	5.73	< 5.2	mmol/L	#
Triglycerides	N	1.96	< 2.3	mmol/L	#
HDL	A	1	> 1.3	mmol/L	#
<b>LDL Cholesterol</b>					
Cholesterol LDL Calc	A	3.84	< 3.0	mmol/L	#
Cholesterol/HDL Ratio	A	5.7	< 3.5		

# Normal Adjusted for Age and/or Gender

**ENDOCRINOLOGY**

TSH (Third Generation)	N	2.75	0.35 - 5	mIU/L	#
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# Normal Adjusted for Age and/or Gender



UNIVERSITY LABORATORY SERVICES

pg. MB. R2V 3P4  
S. Naidoo

RE:

SME/

100-1170 McPhillips St. : 261-1430	2785 Pembina Hwy. : 222-4635	208 Regent Ave PH: 222-4635	3360 Roblin Blvd. PH: 632-0052	Oakbank, MB	1210 Rothesay & Kingsford PH: 339-7442
45 Taylor Ave. : 474-2222	200 Goulet St PH: 237-5490	310 - 1020 Lorimer PH: 414-9296	343 Tache Ave. PH: 925-9542	2nd Floor - 355 Ellice Ave. PH: 943-2577	

DOB: /54  
MHSC:  
PHIN: -----

REPORT OF CYTOLOGY EXAMINATION

SPECIMEN: Smear - Cervix

RECEIVED: 2015 /05/21  
COLLECTED: NOT STATED  
LMP: 2005

REPORT:

Satisfactory specimen with the absence of transformation zone cells  
Negative for intraepithelial lesion or malignancy  
Bacteria present

Pap smear routine

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<b>Patient</b>		<b>Home Phone</b>	<b>Work Phone</b>	
<b>Health #</b>	3	<b>MHSC #</b>	<b>Sex</b>	F
<b>Age</b>	61 years			<b>Patient ID</b>
<b>DOB</b>	1954			

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Ordered By:  
Collection Date: 2015-May-20    Reviewed: 2015-May-20 by  
Updated On: 2015-May-20 4:20 PM

	Flags	Results	Ref Range
<b>Physical History</b>			
BP - Systolic		132	
BP - Diastolic		80	

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Ordered By:  
Collection Date: 2015-May-20    Reviewed: 2015-May-20 by  
Updated On: 2015-May-20 4:20 PM

	Flags	Results	Ref Range
<b>Physical History</b>			
Weight		152	lb
Height		5' 3"	in
BMI		26.9	

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**Patient:**

**MHSC # / PHIN:**

**Birthdate:**

**Gender:**

**Home Phone:**

**Cell Phone:**

**Title:** cpx postmen

**Provider:**

**Appointment Date:** 2015-May-20

**Referred By:** None

61 yo. New concerns yes. Gets scabs in nose - sore and itchy at times. Can bleed at times. Since April. ?allergy related. Taking otc antihistamines. Has d/c nose spray for now.

Ros: Ne headaches occ sinus Rs nonsmoker nil Etoh occ Cv nil angina no Gi App good Ex mod Wt up 10 lb BMs reg Gu nil PMB no MS nil

Soc: Retired - has been working intermittently - finishes next week. Starts babysitting youngest grson 4/7 starting July 1. 1 yo. Other son still at home - ongoing stress with ex gf in Dauphin.

Medication changes: no

O/ looks well H+N normal Rs clear Cv HS normal murmur no Breasts normal BSE reg MBSP yes Abd soft nontender masses no Ext normal PV cervix normal uterus a/v normal adn nonpalp

A/ well - bp stable. Seasonal allergies.

P/ pap done. Bloodwk. Rtc 3 mos re bp.



Head office  
5-25 Sherbrook Street  
Winnipeg, MB R3C 2B1  
Tel/Tel: (204) 788-8000  
Fax/Télé: (204) 788-1594

Bureau principal  
25, rue Sherbrook, unité 5  
Winnipeg (Manitoba) R3C 2B1  
Toll Free/Sans frais: 1-800-903-9290

www.BreastCheckmb.ca

May 20, 2015

Dear Dr. \_\_\_\_\_

BreastCheck provides screening mammography to asymptomatic women over 50 years of age every two years, or in some cases, every year.

\_\_\_\_\_ gave your name as her physician when she recently had a mammogram at BreastCheck. We are pleased to report that **no significant abnormalities** were detected on the mammogram. The screening results were also sent to your patient.

As mammograms do not detect all breast cancers, we encourage women to know how their breasts normally look and feel, and to contact their health care provider if they notice any changes between check-ups.

We will contact your patient in **two years** to arrange her next screening appointment.\* If you have any questions, please contact either of us at 204-788-8000 or 1-800-903-9290.

Sincerely,

Murray Wilson, MD, FRCPC  
Medical Director

Kristin Bergen, BSc. (Hons)  
Program Manager

*\*Once your patient has reached 75 years of age, she will not be recalled to our program. Therefore, we suggest that you discuss the need for further screening mammography with your patient. If deemed appropriate, she can book her appointment by calling BreastCheck.*



**Patient:**  
**Birthdate:**  
**Home Phone:**  
**Title:**

**MHSC # / PHIN:**  
**Gender:**  
**Cell Phone:**

**Provider:**  
**Referred By:**

**Appointment Date: 2015-Feb-23**

S: Follow up bp. Was sick at Christmas. Went to walk in - given Biaxin - got bad h/a with so stopped. Now still has congestion and PND. Hasn't been using nasonex.

Had mesh put on bladder 7-8 yrs ago. Now noticing some leakage again with sneeze. Quite mild now.

Called back to work - second replacement has quit. Working 3/7. Is going to Arizona for 2 wks soon. Will stop in May - won't work over the summer.

O: no distress bp 132/84

A: stable bp. Chronic sinus cong. Stress incont.

P: disc - restart nasonex - bid first week, then od. Will observe re bladder for now - doesn't wish rereferral to gyne yet. Rtc 3 mos cpx.



## Winnipeg Clinic

425 St. Mary Ave  
Winnipeg, MB  
Canada  
R3C 0N2

Tel: (204) 5  
Web Site: [www.winnipegclinic.com](http://www.winnipegclinic.com)

December 12, 2014

**Patient:**  
**PHN:**  
**MHSC:**  
**Birthdate:**  
**Phone:**  
**Address:**

}

Dear Dr.

### **Date of Visit: December 3, 2014**

returned to the GI Clinic on December 3, 2014 for follow-up. As you will recall, I performed a gastroscopy on her on September 30, 2014. Her gastroscopy was normal and biopsies from the antrum and body were both normal. She also went for an abdominal ultrasound back on August 19, 2014 that showed fatty infiltration of the liver. No evidence of cholelithiasis. reports improvement in her epigastric pain after she tried Dexilant for two weeks. She has no recurrence of her pain since June. She denies any weight loss.

At this point, no further investigations are planned. If she gets the pain again she will call the office for follow-up.

Thanks for involving us in the care of this patient. If you have any questions or concerns, please do not hesitate to contact my office at your convenience.

AB/sh

Sincerely,

**e Delivery**

**Patient:**  
**Birthdate:**  
**Home Phone:**  
**Title:**

**MHSC # / PHIN:**  
**Gender:**  
**Cell Phone:**

**Provider:**  
**Referred By:**

**Appointment Date:** 2014-Dec-12

S: Follow up bp. Now fully retired since Nov 1 - enjoying so far. Getting ready for Christmas.

Saw GI for follow up - all okay - had biopsy at gastro. Told fatty liver.

Some stress with son's ex gf - restricted access to his son. Other son has 5 mo old son - doing well.

O: looks well bp 134/82

A: stable.

P: Encouraged exercise. Rtc 3 mos.



## Winnipeg Clinic

425 St. Mary Ave  
Winnipeg, MB  
Canada  
R3C 0N2

Tel: (204) 9  
Web Site: [www.winnipegclinic.com](http://www.winnipegclinic.com)

13-Jun-2014

Winnipeg Clinic

**Patient:**  
**PHN:**  
**MHSC:**  
**Birthdate:**  
**Phone:**  
**Address:**

Dear Dr. :

Date of Visit:  
10 June 2014

Thank you for your kind referral of this pleasant 60 year old lady who was seen in the GI Clinic today for assessment regarding GERD and epigastric pain.

### HISTORY:

is a 60 year old lady who has been bothered with acid reflux symptoms for about five years. About one and a half years ago, she was started on Pantoloc as she was having worsening of her heartburn and pain that radiates to the back. She takes it once a day. That controlled most of her symptoms. About two months ago, she had an attack of epigastric pain that she described as crampy pain in the epigastric area. She was worried that this pain was coming from her heart and she went to the Emergency Department at Seven Oaks General Hospital. She was seen there and blood work revealed no evidence of cardiac ischemia. She was seen by Dr. and he gave her a pink lady, which helped with the pain. He thought that the pain was because of worsening of her GERD. The Pantoloc dose was increased to twice a day. She has had no epigastric pain since that time. She also has a metallic taste in her mouth and finds that her tongue is coated. These symptoms have not improved with increasing the dose of Pantoloc. She denies any heartburn, even when she was on Pantoloc once a day. She denies any nausea, vomiting, dysphagia, odynophagia, hematemesis, melena or weight loss. She moves her bowels once a day and she denies any change in her bowel habit.

**PAST MEDICAL HISTORY:**  
Hypertension.

**MEDICATIONS:**  
She is on Pantoloc and furosemide.

**ALLERGIES:**  
She has allergies to sulfa; it induces hives.

**SOCIAL HISTORY:**  
She lives in Winnipeg and she works as an . She is a nonsmoker. She drinks alcohol socially.

**FAMILY HISTORY:**

No family history of colon cancer or GI malignancy.

On examination, her weight was 63.3 kg. Her height was 160 cm. Abdominal examination showed a soft abdomen, no tenderness, no palpable masses and no hepatosplenomegaly.

**ASSESSMENT:**

a 60 year old lady with a longstanding history of GERD that seems to be controlled on PPIs. She had an episode of epigastric pain about two months ago and I wonder if this pain is secondary to gallbladder stones. I am not sure what the cause of the metallic taste in her mouth but it is often a side effect of medications. It is not a common presentation of acid reflux. The episode of epigastric pain might be secondary to gall stones.

**PLANS:**

1) I gave her a sample of Dexilant to try for the next two weeks to see if that improves her symptoms. If that does not help, I would suggest switching her furosemide to a different antihypertensive medication, at least for two weeks to see if that makes a difference.

1) I will arrange for an abdominal ultrasound to rule out gallbladder stones.

3) Given her age, I will also arrange a gastroscopy. The benefits and risks of gastroscopy, including the risks of perforation, bleeding, infection and sedation risks were all explained to the patient and she gave consent to proceed.

Thanks for involving me in the care of this patient. If you have any questions or concerns, please do not hesitate to contact my office at your convenience. /kp

Sincerely,

**Delivery**

**Patient:**

**Birthdate:**

**Home Phone:**

**Title:** ... cpx postmen

**Provider:**

**Referred By:** None

**MHSC # / PHIN:**

**Gender:**

**Cell Phone:**

**Appointment Date:** 2014-Jun-04

60 yo. New concerns no. Has been feeling better.

Ros: Ne headaches occ Rs nonsmoker nil Etoh occ Cv nil angina no Gi App good Ex mod Wt down BMs reg Gu nil PMB no MS nil

Soc: Now retired, working p/t. Husb retired. Son at home now has f/t job - mgmt with landscaper. Working on access re his kids. Dtr in law re other son expecting a baby soon.

Medication changes: no

O/ looks well H+N normal Rs clear Cv HS normal murmur no Breasts normal BSE reg MBSP yes Abd soft nontender masses no Ext normal PV deferred normal pap 2012

A/ well - bp stable.

P/ bloodwk. Rtc 3 mos.

**Patient:**  
**Birthdate:**  
**Home Phone:**  
**Title:**

**Provider:**  
**Referred By:**

S: Follow up re rosacea and abd pain. Saw had response to metrocream and minocin - minocin gave her gi upset, so stopped.

Stomach has been feeling better.

Son now back home - looking for job. Pt retiring - supposed to finish this week. Will go p/t after that - her days her hours. Will do 3/7 until Oct.

O: looks well - face cleared. Bp 142/86

A: settling.

P: has cpx next week - follow up then. Bloodwk.

**MHSC # / PHIN:**

**Gender:**

**Cell Phone:**

**Appointment Date: 2014-May-26**

- given protopic - very expensive. Had had stopped. Pt restarted last week -