

Sample Practice

Physician, M.D., R.P.V.I.
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Sometown, AM 1234

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Sample Patient
DOB

The relevant components to this patient's history and physical are as follows:

Date of visit: xx/xx/xx

Chief complaint:

Pain and swelling in right leg.

History of Present Illness:

54 year old female presents today complaining of pain and swelling in the right and left legs. She has noticed more varicose veins developing over the last several months. She complains also of a stabbing, stinging pain with heaviness and swelling. She states that she has had this pain intermittently for over 2 years and has used compression hose intermittently during this time with no significant relief from pain. She has also been taking OTC NSAID's for more than 12 weeks with no improvement in her pain. She further reported a localization of the pain for 4 months in the area near her visible varicose veins with the symptoms extending to the thigh. The symptoms are of a severity that they interfere with activities of daily living. The patient reports being unable to complete her household chores without significant pain, frequently having to stop and rest, and also reports that she has not been able to follow her regular exercise program due to the discomfort she experiences while walking.

Past Medical History:

Patient's past medical history on the patient intake sheet was reviewed and the following issues were noted: She has been diagnosed with elevated lipids, and takes medication for high blood pressure.

Past Surgical History:

2010 Hysterectomy

Family History:

Patient's family history on the patient intake sheet was reviewed. There is a history of breast cancer in her mother, and varicose veins in her Grandmother.

Social History:

Patient denies smoking; has 1 glass of wine per week.

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Medications:

Benazepril, multi vitamin

Allergies:

NKDA

Review of Systems:

General: positive history of night sweats, negative for fever, chills, weight loss or weight gain.

Head and Neck: negative for dizziness, hoarseness, or sore throat

Pulmonary: negative for chronic cough, sputum production, pleuritic chest pain, shortness of breath or wheezing

Cardiovascular: negative for chest pains, palpitations, paroxysmal nocturnal dyspnea, orthopnea, or dyspnea on mild exertion

Gastrointestinal: denies abdominal pain, hepatitis, pancreatitis or changes in bowel habits

Neurological: no dizziness, tinnitus, syncope, or tremor

Physical Examination:

Vital Signs: afebrile, normotensive, respiratory rate 18 with pulse 76

General appearance: well-developed well-nourished in no acute distress, 5'1", 142lbs, BMI 26.8.

Chest- clear to auscultation

Heart- regular rate and rhythm, no murmurs or gallops appreciated

Abdomen- soft, nontender, no organomegaly or masses noted

Neurological- alert and oriented, mood appears normal and affect seems appropriate.

Extremities- lower extremity pulses are equal bilaterally from femoral arteries to the dorsalis pedis artery. Multiple varicosities are noted in the right calf extending into the ankle on both the medial and lateral aspect, and on the left calf on both the medial and lateral aspect. Significant swelling is noted on both the right and left ankles. There is some edema noted around the right ankle and right calf.

IMPRESSION:

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CEAP C3, VCSS 7. Symptoms and physical findings consistent with venous insufficiency. Recommend Bilateral Lower Extremity Duplex to confirm initial impression of venous insufficiency contributing to worsening symptoms in the legs.

RESULTS:

Insufficiency of the Bilateral greater saphenous veins with resultant varicose veins, leg pain, leg swelling and vein inflammation.

RECOMMENDATION:

1. Conservative therapy to include 20-30 mmhg compression stockings and exercise with frequent leg elevation for the next 3 months. Endovenous XXX ablation (EVLT) of the of the bilateral greater saphenous veins as an outpatient at Sample Practice under local anesthesia if conservative measures fail.

Patient is to return for a follow-up in 6 weeks.

35 minutes were spent face to face with the patient and an additional 15 minutes were spent in review and documentation in the patient's chart.

Total time – 50 minutes.

Signed:
Physician M.D.