

Patient Name: AANAL RAKESH SHAH

Age/Gender: 22 Year(s)/Female

Dob: 29/09/1996

Date: 01/08/2018

Chief Complaints

After which it doubles with each decade” (Ruben, 608). Colon cancer is usually initially clinically silent and most commonly presents as hemoccult positive stools.

Assessment Notes

Vital signs: Ht 5’10” Wt 160lbs HR 72 RR 16 BP 126/78 Temp Not measured

History of Present Illness

The patient lives with her husband in an apartment in Durham.

Precipitating Event

It is a long established fact that a reader will be distracted by the readable content of a page when looking at its layout.

History

Several small, nonpalpable purpura on each upper arm. Two medium brown plaques on back with irregular borders – one is 1x1 cm and located at the midline.

Permanent History

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Mental Status Examinations

Mental status – She is alert and oriented x 3, except that she thinks the year is 2008. Therapeutic plan: Continue Prozac 20mg po qd for now. Consider switching to a different anti-depressant. Discuss counseling and therapy options.

Lab Report

01/08/2018 04:00 PM - BP:150, Heart:180,

01/08/2018 03:00 PM - BP:180, Heart:150,

Allergies

Food Allergy Recorded by Parth Vaishnav

Vitals

T:150 P:160 RR:170 BP:180 SpO2:190

Body Composition

T:170 **P:**80 **RR:**27.681660899654 **BP:**1591.5

T:170 **P:**80 **RR:**27.681660899654 **BP:**1591.5

Diagnosis

Fever - Primary

Headache - Primary

R_x

1. Injection Insulin 150ml 5 day(s)

1-0-1 (After Food)

Once in the afternoon, after lunch

0-1-0

2. Capule Asprin 150ml 5 day(s)

Daily in noon (After Food)

Daily in noon

1-0-1

3. Tablet Nasal sprays 1.5 mg 5 day(s)

Daily One Tablet

Daily One Tablet

1-0-1

Investigation

In some cases, however, a single precipitating factor of TTP can found to be present.

Advice

This patient does not have any signs or symptoms of pneumococcal infection.

Followup Date

09/08/2018

Followup Advice

Bring Report

Doctor Name : Parth Vaishnav
GMC Reg No : G20260