SOAP Note One

Student Name: Mary McClain

Population (Geri/Adult/WH/Peds): Adult

Clinical Location and Preceptor: Mainstreet Family Care. Sallyanna Silveria, CRNP.

Date of Patient Encounter: 03/14/21 Patient Identifier (Initials/number): C.B.

Patient age/DOB: 4/23/73. 48 yrs old. Ethnicity and Gender: African American, male.

I. Chief Complaint: "My gout has possibly flared."

II. History of Present Illness:

C.B. is a 48-year-old African American male presents to the clinic today with complaints of bilateral extremity pain, especially the left extremity. Pt reports pain in both legs, especially in the left ankle joint. Rates pain an 8/10 while walking or standing and a 5/10 while sitting. Pt states the pain was intense while awaking in the middle of the night last night and has not been relieved with prescribed gout medications or NSAID use. Denies eating aggravating foods to make the condition worse. Pt states the joint pain is constant and lingering since noticing the attack. Pt reports taking NSAIDs for pain, but pain was not alleviated with use. Pt denies the use of a heating pad or ice pack to relieve pain. Pt reports pain and swelling in left ankle joint. Pt denies pain and swelling of right ankle joint. Pt reports redness on the left big toe. Pt denies joint pain in the knees of either extremity. Pt denies any pain or swelling in the joints of the elbows, wrists, or fingers. Pt denies chills or fever.

III. Past Medical History:

1. Childhood illnesses & developmental milestones
   a. Occasional viral colds
   b. Chickenpox at unknown age – no residual effects
2. Chronic Illnesses
   a. Hypertension, diagnosed 5-6 years ago. Currently controlled on antihypertensive medication.
   b. Hyperuricemia/Gout diagnosed 8 years ago and is currently controlled by diet and medication.
   c. Diabetes Type II diagnosed 9 years ago and is currently controlled by diet and medication.
3. Prior Illnesses and Injuries (accidents and hospitalizations)
   a. Pt has seasonal allergies yearly. No complaints this visit.
   b. Hospitalized a year ago for joint fusion of the left ankle. States he still has complications related from chronic hyperuricemia of the left ankle.
4. Past Surgical History
   a. Pt states no past history of any surgeries.

IV. Current Health Status:

1. Health Status (including potential current stress)
   a. Pt believes he is in poor health due to chronic illnesses, obesity, and diabetes. Pt states he is compliant with medications and therapies to improve or prevent worsening of health status. Pt believes he is under a moderate amount of stress from current health condition and church obligations.
2. Allergies: No known drug allergies. No known environment allergies.
3. Medications: this includes over the counter and complimentary medications/treatments
   a. Allopurinol (Aloprim) 300 mg daily for gout prescribed by his PCP. Has been on this medication for 8 years and it usually works well at controlling uric acid levels.

    b. Glucophage (Metformin) 850 mg BID for Type II diabetes prescribed by his PCP. Has been on this medication for 9 years and it works well with diet modifications to control blood glucose levels.
    c. Spironolactone (Aldactone) 100 mg daily for high blood pressure and fluid retention prescribed by PCP. Has been on this medication for around 5 years and it works well to control hypertension and edema.
    d. Glipizide (Glucotrol) 5 mg daily once in the morning before breakfast for Type II diabetes prescribed by his PCP. Has been on this medication for 9 years and it works well with diet modification and other medications to control blood glucose levels.
    e. Thalitone (Chlorthalidone) 100 mg once daily for hypertension prescribed by PCP. Has been on this medication for 5-6 years. Works well at controlling hypertension and shedding excess water and salt.
    f. Indocin (Indomethacin) 25 mg BID to relieve pain, swelling, and joint stiffness caused by gout. Prescribed by PCP about 7 years ago. Works well most days to control pain associated with gout.
4. Tobacco Use: Pt denies the use of cigarettes, e-cigarettes, dip, cigars, and vaping. Pt denies any secondhand smoke.
5. Alcohol Use: Pt denies use of alcohol.
6. Illegal/Recreational Drug Use: Denies use of illegal or recreational drug use.
7. Environmental hazards
    a. Denies daily use of sunscreen but does state that he wears a wide brim hat while outdoors or looks for shade.
    b. Does not use phone while driving.
    c. Pt states he has a few rugs in the home but is secured by rubber rug pads.
    d. Pt denies stairs in the home.
    e. Pt reports a ramp instead of stairs leading to garage of home.
    f. Pt does use a cane and has a history of falling in the home. Lives with wife to help look after him.
8. Safety measures: Pt does wear seatbelt while driving. Does not use phone while driving. Pt has working smoke and carbon monoxide alarms in the home. Pt uses a cane to assist in walking.
9. Exercise & leisure: Does not exercise outside of walking to driveway to collect mail every 2-3 days. Pt also walks a fairly good amount at church on Sundays to preach long sermons. Enjoys studying the bible and watching the western channel for leisure.
10. Sleep: Reports 6-7 hours of sleep nightly. Usually goes to bed around 8:00 pm. Does not take medications for sleep, and any trouble falling or staying asleep. Occasionally takes naps in lazy boy chair while watching tv in the afternoons.
11. Diet: 1 cup of black coffee in the morning with breakfast, which is usually 2 scrambled eggs and 2 pieces of wheat toast. Lunch he normally eats a ham or turkey sandwich along with chips and a Diet Cola. For dinner last night he had baked chicken, mashed potatoes, and green beans. He reports about 4-5 glasses of water a day along with 1-2 diet soft drinks a day. Pt is restricted on consuming foods that are high in sugar, carbohydrates, and fats due to diabetes diagnosis. Pt avoids foods that aggravate gout, such as beer and grain liquors, red meat, organ meats, and seafood.
12. Immunizations-
    a. All childhood immunizations up-to-date. Pt received DPT, polio, MMR, and HPV during childhood. Pt reports receiving both doses of MMR vaccine as a child and the last dose being around age 5. Unsure of last tetanus booster.
    b. Had influenza vaccine this past January. Reports getting the vaccine yearly.
    c. Denies Hepatitis B vaccine.
    d. Has had first Covid-19 shot last week. Reports to return to clinic for next shot.
13. Preventive Screening tests-
    a. Blood pressure and routine tests, such as cholesterol screening as scheduled by PCP.
    b. Pt reports annual or as needed lab work by PCP to check uric acid levels and kidney function.
    c. Glucose levels checked and monitored by PCP as well as self-glucose monitoring at home.
    d. Colon cancer screening annually. Last exam was in September of 2020 findings were normal.
    e. Regular vision and hearing screenings that are normal.

f. Regular dentist exams twice a year for preventive cleaning. Has a history of dental filling and crown placement.

V. **Family History- should go back at least 3 generations (patient, parents, and grandparents):**

1. Maternal grandmother, deceased at age 70. Pt unknown of hx, died from unknown cause.
2. Maternal grandfather, deceased at age 89, died of heart failure.
3. Paternal grandmother, died at age 65, hx of diabetes, CVD, died of Ischemic stroke.
4. Paternal grandfather, died at age 70, hx of CVD, died of an MI.
5. Mother, alive at age 70, hx of anxiety and depression, and breast cancer.
6. Father, alive at age 68, hx of HTN, and diabetes.
7. Brother, age 30, hx of HTN.
8. Patient, age 48, hx of HTN, diabetes, and gout.

Health Risk Assessment: Pt is at risk for diabetes, which he already has, due to a family history of diabetes in both his father and paternal grandmother. He is also at risk for HTN, which he already has, due to a strong family history of HTN in both his brother and father. Pt is also at risk for CVD due to his paternal grandfather and paternal grandmother having a history of CVD. Pt is also at risk for heart related complications, such as a MI and heart failure due to paternal grandmother and maternal grandmothers past medical history. Pt is also at risk for a stroke due to paternal grandmother's cause of death being an ischemic stroke. Possible risk of mental health issues due to mother's past history of anxiety and depression.

VI. **Social History:**

1. Education- High school diploma. Police academy training at age 25.
2. Occupation- Currently disabled and a preacher at Eastwood Baptist Church, has been preaching at this church for 5 years. Pt was a police officer for 23 years prior to disability.
3. Military service- denies
4. Marital status- Only married once and has been married for 20 years.
5. Children/dependents- Has no children or dependents.
6. Type of housing & who the patient lives with- Pt lives with his wife in a two-bedroom one bath single story home. Has been living in home with wife for 20 years in the same home.
7. Financial resources/insurance- Has BlueCross Blue Shield of Alabama family plan. Pt's wife is a Registered Nurse for 25 years and pt is covered through her plan. Pt is able to attend doctors' appointments and routine exams through this plan. Pt is also able to afford and pay for medications through insurance and adequate income.
8. Religion/beliefs- Southern Baptist, attends church regularly. Preaches every Wednesday and Sunday night. No religious preferences related to healthcare.
9. Social involvement- Pt is a member of the church and enjoys hosting church gatherings with friends and family.
10. Travel- Pt denies any recent travel since the beginning of COVID.
11. Erickson's Stage of Development:
    Generativity vs Stagnation- Pt expresses generativity by his strong connection with the church and his passion to preach. Pt believes he is doing what he is born to do and enjoys teaching the bible. He is doing meaningful work and teaching the youth positive ways to act and behave. Pt is not in stagnation because he believes he is leaving his mark in a positive way.

VII. **Review of Systems:** (Include <u>at least 12</u> systems)

General/Constitutional: Denies weight change, weakness, fatigue, <u>fever</u>, night sweats, anorexia, malaise
Head: Denies headache, denies head injury
Eyes: Denies vision changes, eye pain, eye or eyelid redness, excessive tearing, use of glasses-contacts, diplopia, floaters, loss of any visual fields. No history of glaucoma or cataracts.
Ears: Denies hearing loss, change in hearing, tinnitus, pain in ears, or drainage from ears.
Nose and Sinuses: Denies nasal stuffiness, nosebleeds, sinus pain, sinus congestion, nasal discharge, nasal pain, change in ability to smell, sneezing, post-nasal drip

Mouth and throat: Denies pain while swallowing, mouth soreness, dryness, ulcers, sore tongue, bleeding gums, pyorrhea, or hoarseness. Does have dental caries and a crown on one tooth. No abscesses, extractions, extractions, caps, or dentures.
Neck: Denies swollen lymph nodes or glands, denies lumps, goiter pain. Denies issues with neck mobility/ROM.
Thorax:
Breasts: Denies lumps, pain, nipple discharge. Reports nipple tenderness.
Pulmonary: Denies acute or chronic cough, dyspnea, wheezing, or hemoptysis.
Cardiovascular: Denies chest pain or palpitations. Denies complaints or history of orthopnea, murmurs, arrythmia's, dyspnea on exertion, paroxysmal nocturnal dyspnea, peripheral edema, or claudication. Pt states unsure of last EKG. Pt states had lab drawn last month for routine visit with PCP. Reports lower extremity edema.
Gastrointestinal: Denies dysphagia, odynophagia, nausea, vomiting, diarrhea, or abdominal pain. Denies any changes in bowel movement or change in bowel pattern
Urinary: Denies hematuria or dysuria. Denies suprapubic pain and CVA tenderness. Denies history of frequent UTI's. Denies any penile discharge, lesions, irritation, or pain. Denies any history of STD's/STI's.
Integumentary: Denies rash, sores, lesions. Denies changes in hair or nails.
Musculoskeletal: Reports joint pain (arthralgia) in left ankle. Denies arthralgia of the right ankle. Denies joint stiffness in upper and lower extremities. Denies joint pain in upper extremities. Denies back pain. Reports gout. Reports joint swelling in left ankle. Denies joint swelling of right ankle. Report joint swelling of left big toe. Denies joint swelling of right big toe. Denies limitations in ROM. Denies trauma. Denies arthritis.
Neurologic: Denies dizziness, fainting, headache, or loss of feeling. Denies weakness. Denies gait disturbances or coordination problems. Denies syncope, seizures, or numbness.
Allergic/Immunologic: Denies rhinorrhea or immunocompromise.
Psychiatric: Denies anxiety, irritability, depression, insomnia, phobias, tension, suicidal or homicidal ideations
Endocrine: Denies thyroid trouble, heat or cold intolerance, excessive sweating or flushing, excessive thirst or hunger, or urination. Pt reports hx of Diabetes Type II.
Hematologic/Lymphatic: Denies anemia, easy bruising or bleeding, swollen lymph nodes in neck.
Allergic/Immunologic: Denies itchy watery eyes, hives, rhinorrhea, immunocompromise, frequent infections.

VIII. **Physical Examination**: (Include at least 10 systems)

General appearance: Appears well and non-toxic. Appears to be in stated age. Pt is obese for height and weight.
Vital signs:
Height: 5'10"
Weight: 297 lbs (134.72 kg)
BMI: 42.614 (obese)
Blood pressure: Right arm: 124/83 Left arm: 126/78
Pulse: 94 bpm
Respirations: 18 breaths/min
O2 Saturation: 95%
Temp: 97.2 (taken orally)

1. **Skin**:
No rash or lesions noted. Skin feels dry with no moisture. Left ankle joint warm to touch. No warmth on right ankle joint. No warmth on left or right arm joints. No diaphoresis. Turgor subtle. No pallor edema or cyanosis. Left ankle redness. No redness on right ankle. Redness on left big toe. No redness on right big toe. No redness of the upper extremity joints.
2. **HEENT**:
Normocephalic with no deformities. Scalp is normal with equal hair distribution. No ptosis or swelling of the lids. Sclerae is white and conjunctiva is pink. Cornea is dome-shaped, translucent, and smooth. Iris is flat and brown. No edema, lesions, drainage, or discoloration. Pupils are equal, round, and react to light and accommodation. Light reflex is both direct and consensual. Visual acuity within normal limits. Fundoscopic exam grossly unremarkable upon examination. The red reflex is present

and equal with no abnormal coloring. The retinal background is uniform color with no signs of hemorrhage or discoloration. The optic disk is round, pink, with sharp edges. The vessels are visible, red, and non-tortuous. Macula and fovea visible with no deformities. Normal pinna bilaterally. Normal external canals bilaterally. Otoscope exam grossly unremarkable upon examination. The ear canal is clear with some hair and yellow cerumen. The tympanic membrane is grey, translucent, in a neutral position, and reflects a cone of light. Nose is midline, with no edema, redness, discharge, or lesions. Nares are patent with no discharge, or congestion. The nasal septum is intact and midline. Nasal mucosa is pink, moist, and intact. Turbinates are pink and not enlarged. No lesions or growths on the nose. The frontal and maxillary sinuses are non-palpable and non-tender. The lips are pink and symmetric with no cracking or lesions. The oral mucosa is pink, moist, and intact. No inflammation of the gingiva. No missing teeth. Dental caries present. No abnormal breath odor. The tongue is midline, pink, moist, with no scaling or lesions. Full symmetric movement of tongue. No buccal or palate nodules or lesions noted. There are no tonsils. The posterior pharynx is clear with no exudates. Uvula is midline and moves with phonation.

3. **Neck:**

Supple, trachea midline with no stridor, normal cervical ROM, no masses or swelling. Thyroid is nonpalpable and nontender. No jugular venous distention seen on examination. No carotid bruits heard on auscultation.

Nodes:

Submandibular, submental, tonsillar, pre- and post-auricular, occipital, anterior and posterior cervical triangles, supraclavicular nodes non-tender and non-palpable. Axillary, epitrochlear, and inguinal nodes non-tender and non-palpable.

4. **Respiratory and Thorax/Breast:**

Chest:
Inspection-symmetrical chest expansion, no deformities, AP ratio 1:2
Palpation-tactile fremitus present and equal bilaterally
Percussion-resonance noted without any hyperresonance or dullness
Auscultation-lungs clear to auscultation. No crackles, wheezes, rhonchi, or rubs.

5. **Cardiovascular & Peripheral Pulses:**

Inspection: no outward pulsations, no JVD, visible PMI
Palpation: No lifts, heaves, or thrills
PMI- point of maximal impulse 5th intercostal space, midclavicular line (non-displaced)
Auscultation: Regular rate and rhythm. Heart sounds heard within normal limits. S1 louder than S2 as expected. No murmurs, gallops, rubs, or clicks.
Pulses: Carotid, brachial, femoral, popliteal, posterior tibial, and pedal pulses 2+ bilaterally.

6. **Abdomen:**

Inspection: rounded and symmetrical. Uniform and color and pigmentation. No scars or striae present. No respiratory retractions. No masses or nodules. No abnormal venous patterns.
Auscultation: bowel sounds normoactive in all quadrants, no bruits
Percussion: Tympany over stomach and epigastric area. Dullness over liver
Palpation: No tenderness to light or deep palpation noted in abdomen. Liver and spleen palpated with no abnormalities or masses. No hernia's present, no aortic pulsations seen.

7. **Genitourinary:**

No CVA tenderness, no suprapubic tenderness. Genital exam deferred.

8. **Musculoskeletal:**

Back/spine: Full ROM, normal curvature. Normal posture. No tenderness noted.
Extremities: Upper and lower extremities symmetrical. Upper extremities warm and dry within normal limits. Lower extremities without moisture. Lower extremities warm to touch, left ankle joint inflamed and warm. Right ankle joint non-inflamed or warm to touch. No cyanosis or clubbing. No edema of upper extremities. Non-pitting edema on lower bilateral extremities.
Joints: Full ROM of joints. Swelling of left ankle joint. No swelling of right ankle joint. No swelling, warmth, erythema of bilateral knee joints. Warmth and erythema of left ankle joint. No warmth or erythema of right ankle joint. Swelling, warmth, or erythema of upper extremity joints absent. Muscle strength a grade 5 on upper extremities and can move the joint it crosses through a full range of motion, against gravity, and against a full resistance. Bilateral knee joints grade 5.

Bilateral ankle joints grade 4 the muscle can move the joint it crosses through a full range of motion against moderate resistance.

9. Neurologic:

Awake and alert, normal mentation.

10. Psychiatric:

Appropriate mood and affect, normal attention and conversation. His appearance is calm, cooperative, and appropriate.

11. Hematologic/Immunologic:

No visible bleeding or bruising.

IX. **Diagnostic Testing**: (with rationale and results if available)

1. Blood test- to measure the levels of uric acid in the blood. Test pending sent to lab. Results will be called to patient in 2-3 days.
2. X-ray imaging- to rule out other causes of joint inflammation. Test not done but could help differentiate a fracture from signs and symptoms of gout.
3. Ultrasound- this test uses sound waves to detect urate crystals in joints or in tophi. This test was not done on this pt but could be an option to detect crystals in the joints.
4. Joint fluid test- use a needle to aspirate fluid from the affected joint. Urate crystals may be visible when the fluid is examined under a microscope. This test was not done but could be done in a different setting or for more extreme cases of gout.

X. **Differential Diagnosis with ICD-10 codes:**

Gout – M10.9

- Definition: form of arthritis caused by excess uric acid in the bloodstream.
- Supporting Data: Patient's hx of this diagnosis. Physical exam findings of bilateral ankle redness, warmth, and swelling of the joint. Physical exam finding of redness and swelling of left big toe. Pt complaint of bilateral extremity pain and swelling, especially in the ankle joints. Pt complaint of redness in the left big toe.
- Refuting Data: none

Rheumatoid arthritis – M06.9

- Definition: a chronic progressive disease causing inflammation in the joints and resulting in painful deformity and immobility, especially in the fingers, wrists, feet, and ankles.
- Supporting Data: Physical exam of swelling and redness in the ankle joints. Physical exam of swelling and redness of left toe. Pt complaint of pain and swelling in ankle joints.
- Refuting Data: Pain is not associated with stiffness of the joint. Pain is intense rather than mild to moderate. Joints of the hands or wrists are not affected in pt complaint or physical exam.

Osteoarthritis – M19.9

- Definition: degeneration of joint cartilage and the underlying bone, causes pain and stiffness, especially in the hip, knee, and thumb joints.
- Supporting Data: Pt complaint of joint pain in the ankle joints and left big toe.
- Refuting Data: Pt denies stiffness of the joints. Hip, knee, and thumb joints are unaffected in this pt. Left big toe is affected. Attack of symptoms happened abruptly in the middle of the night, rather than progressively.

Septic Arthritis – M00.9

- Definition: infection of the joint (synovial) fluid and joint tissues.
- Supporting Data: Pain in ankle joints. Physical examination of swollen, red, and warm ankle joints and left big toe.
- Refuting Data: Pt reports no fever and chills. Physical exam of an oral temperature wnl. Physical exam of skin that is nondiaphoretic and skin is warm and dry.

Pseudogout – M11.262

- Definition: inflammation of the joints that is caused by deposits of calcium pyrophosphate crystals, resulting in arthritis, most commonly of the knees, wrists, shoulders, hips, and ankles. Usually affects only one or a few joints at a time.
- Supporting Data: Pt complaint of swelling in the ankle joints. Physical exam findings of inflammation in the ankle joints and left big toe.

- Refuting Data: Previous blood work supports the presence of urate crystals rather than calcium phosphate crystals. Current blood work pending to detect levels of uric acid in the blood, when results are available this type of crystal could turn this data into refuting data.
-

XI. **Definitive Diagnosis with ICD-10 code**:

Gout – M10.9

- Definition: form of arthritis caused by excess uric acid in the bloodstream.
- Supporting Data: Patient's hx of this diagnosis. Physical exam findings of bilateral ankle redness, warmth, and swelling of the joint. Physical exam finding of redness and swelling of left big toe. Pt complaint of bilateral extremity pain and swelling, especially in the ankle joints. Pt complaint of redness in the left big toe.
- Refuting Data: none

XII. **Chronic Health Problems with ICD code:**

- **Hypertension – I10**
- **Gout – M10.9**
- **Diabetes – E11**

XIII. **Plan:** (acute and chronic illnesses)

Definite diagnosis: **Gout – M10.9**

- Plan:
    - Medications: Ketorlac 15 mg injection to the left Dorsogluteal. Colchine 0.6 mg PO TID X 4 days. Medrol (Pak) 4 mg PO X 6 days. Continue taking Allopurinol (Aloprim) 300 mg daily for gout prescribed by PCP.
    - Non-pharmacologic treatment: Ice affected area 15 minutes 3-4 times a day.
    - Education: Take all medication as directed. If you develop any allergic symptoms, please stop the medication immediately and depending on severity, call your PCP or go to the ER. Hold prescribed Indocin until tomorrow since the Toradol shot was given in the clinic. Colchine can be taken with or without food and works best when taken at the first sign of the attack. Hold steroid pal and only take if needed. Monitor blood sugar it will increase if steroids are taken. Go to ER for worsening of symptoms or contact PCP. Gent plenty of rest. Drink plenty of fluids.
    - Follow-up information: Follow up with PCP in next 3-5 days, sooner if you are not getting better or are feeling worse.

Chronic diagnosis: **Hypertension – I10**

- Plan:
    - Medications: Continue taking Spironolactone (Aldactone) 100 mg daily and Thalitone (Chlorthalidone) 100 mg once daily prescribed by PCP.
    - Non-pharmacologic treatment: Dash diet. Maintain a heart healthy diet, low in sodium. Get plenty of exercise, at least 30 mins 3-5 times per week. Reduce alcohol consumption. Consume foods high in vegetables, fruits, and whole grains. Pt can participate in diet and exercise modifications in order to lose weight.
    - Education: Monitor your blood pressure regularly. Conform to diet and lifestyle modifications to control blood pressure.
    - Follow-up information: Follow up with PCP as scheduled.

Chronic diagnosis: **Diabetes – E11**

- Plan:
    - Medications: Continue taking Glucophage (Metformin) 850 mg BID and Glipizide (Glucotrol) 5 mg daily prescribed by PCP.
        - Metformin (Generic) – Anti-diabetic medication
          MOA: decreases hepatic glucose production and intestinal glucose absorption; increases insulin sensitivity (Epocrates)
          Indication: used for Type II diabetes (Epocrates)
          Name brands: Glucophage, Riomet, Glumetza, and Fortamet (Epocrates)

Usual dose: 850-1000 mg PO BID (Epocrates)
Cost (500 mg tablets, 30-day supply): (from www.goodrx.com)
1. Publix – Free
2. Walmart - $4
3. CVS - $4

- Non-pharmacologic treatment: Eat a healthy diet. Lose weight. Exercise at least 30 mins 3-5 times per week. Monitor blood glucose levels. Get plenty of rest.
- Education: Take medication as prescribed. Monitor blood glucose levels consistently. Conform to restrictions in diet and try to exercise at least 30 mins 3-5 times per week.
- Follow-up information: Follow up with PCP as scheduled.

Health promotion:

- Plan:
  - Continue to take prescribed medications
  - Continue to monitor blood pressure and glucose levels
  - Increase exercise to at least 30 mins 3-5 times per day
  - Continue to adhere to diet restrictions and modifications
  - With diet and exercise, work on losing weight in a healthy way in order to improve current and post medical problems
  - Follow up with PCP as scheduled or at least yearly to monitor blood work and overall health
  - Continue to attend regular dental exams at least yearly
  - Continue to receive regular vision and hearing screening
  - Begin using sunscreen when outdoors and keep wearing wide brim hat to protect skin from the sun. Also wear protective clothing
  - Consider in investing in a life alert system such as wearing a necklace, due to history of falling in the home
  - To improve pt's concept of overall poor health status, try to dedicate to a healthy diet in order to lose weight to improve chronic diagnosis of hypertension and diabetes
  - Pt educated to make a follow up appointment tomorrow with PCP to follow up on gout attack