

NOTE DATED: 05/04/99 18:04 AMBULATORY EMERGENCY CARE
VISIT: 05/04/99 18:04 AEC EMERG-CARE

C/C Pt c/o excessive urination, blurred vision and fatigue

HPI This 41 yobm found to be polyuric for the last week, urinating ea. 5-10 min during the day, and x4 btwn 12AM and 6 AM. He also c/o polydypsia for the last 10-15 yrs (one gallon of water/day plus apple-cranberry juices) and of dry mouth. Additional complaints are of blurred vision and fatigue. He has been taking last month an Optibolic (?) - "sugar blocker" to lose weight. Earlier this year, a dietitian told him his blood sugar is 125.

PMH In March this year had a car accident which resulted in back injury. In December of 1998 prior to leaving for Kenya where he was to film terrorist activities, received antibiotics and pills against malaria. Soon after coming there, got sick with sore throat, fever, chills and sweating which lasted 4 days. In 1983 had a spontaneous pneumothorax after running and falling while in military. Was dx with asthma. For this he was prescribed a Theolair. Prednisone which he discontinued because of side effects. Presently is on Vanceril PRN. After the death of his wife started to drink and developed an Adjustment Disorder.

MEDICATIONS Vanceril PRN, Optibolic(?)

ALLERGIES nka

FAMILY HISTORY Grandmother - DM, father - throat cancer, mother - mental disorder

SOCIAL HISTORY Lives with his father after his wife died in a car accident. Works as a policeman (fugitive apprehension), teaches drama to kids, exercises with scuba diving, weight lifting, swimming.

ROS

C/o fatigue

HEENT Has blurred vision, dry mouth, denies headache

COR/RESP Chest pain on deep breathing but not on exertion, no SOB

ABD/UG/EXT unremarkable, denies dysuria, legs numbness/tingling

PHYSICAL EXAM

WOWN 42 yobm in NAD. T 98.4, P 60, R 18, BP 112/67

SKIN excoriations on his back, no other lesions (no lesions on intertriginous areas or his feet)

HEENT Head NCAT, no cervical adenopathy, PERRLA, EOMI, fundi benign

COR RRR, no m.r.g

ABD NTND, BSx4Q

UG unremarkable

RECTAL no stool in rectum, heme neg., no hemorrhoids

EXT no cyanosis, clubbing, edema, Homan sign negative

NEURO AOx3, CN II-XII intact, no focal findings, DTR, motor/sensory intact throughout, toes downgoing

LABS Glucose 411, BUN 16, Creatinine 1.3, Sodium 133, Chloride 94

IMPRESSION/PLAN: R/D undiagnosed DM and correct sugar level

Signed by: /es/ ADAM H. ZYNGER

ahz 05/28/99 19:18