H&P 3

Full name: [redacted]

Sex: Female

Race: African American

Language: English

Religion: Unspecified

Date of Birth & Age: [redacted]

Marital status: single

Date and time: 5/12/2026, 10:38 am

Location: Metropolitan Hospital, Geriatric primary care

Source of history: Self

Reliability: Reliable

Referral source: Self

Chief of complaint: Routine follow up

History of Present Illness:

73-year-old female with past medical history of hypertension, type 2 diabetes, hyperlipidemia, hypothyroidism, obesity, iron deficiency anemia, peripheral neuropathy, and meningioma, schizoaffective disorder and anxiety present to clinic for routine follow up. Patient denies any new complaints or acute concern currently. She does report that she was admitted into Metropolitan hospital from 4/19- 4/20/26 because she had a sudden loss of consciousness in her apartment. Per the patient, EMS arrived at her apartment after her neighbor heard a loud thump. She does not recall losing consciousness or falling but does report being surrounded by EMS while on the floor with some urinary incontinence by the time she was alert. Since discharge, patient denies recurrent loss of consciousness, dizziness, lightheadedness, seizures, headaches, chest pain, palpitations, shortness of breath, chest tightness, fever, nausea, vomiting, or diarrhea. She does report constipation, stating she was previously prescribed Senna but did not take it. She also reports bilateral knee pain with prolonged ambulation that improves with Tylenol, as well as anxiety affecting her sleep. She has been compliant with all her medications except for topiramate which she has not taken for a couple of days prior to the syncopal incident. Since discharge, she has been taking her topiramate as directed. Today, she wants to try taking Ozempic again to her with her weight loss and management of diabetes.

Geriatric assessment:

ADLs: independent in all

IADLs: needs assistance with finances

Visual impairment: wears glasses

Hearing impairment: none

Falls in the past year: yes, one fall/syncopal episode

Assistive devices used: rollator

Gait impairment: yes, bilateral osteoarthritis of the knees

Urinary incontinence: yes, during syncopal incident

Fecal incontinence: none

Osteoporosis: DEXA 2022, T-score of lumbar 2.1, dual femur 0.8

Cognitive impairment: yes, word recall 1/3

Depression: No

Home safety issues: none reported

Health care proxy: Yes

Advance directives: Full code

Past medical history:

- Hypertension
- Type 2 diabetes mellitus
- Hyperlipidemia
- Hypothyroidism
- Obesity
- Iron deficiency anemia
- Peripheral neuropathy
- Meningioma
- Schizoaffective disorder
- Anxiety disorder
- Bilateral knee osteoarthritis
- History of syncope/fall

Past surgical history:

- Upper endoscopy w/ biopsy 5/3/2023
- Colonoscopy w/ biopsy 5/3/2023
- Colonoscopy w/ biopsy 2/10/2023
- Appendectomy, unknown year
- Ovarian cyst removal, 2014

Immunizations:

- Shingrix: 12/20/23, 12/27/22

- Bivalent Pfizer covid: 10/26/22
- Covid 19 Pfizer: 12/22/21, 2/27/21, 2/6/2, 12/9/25, 10/8/24, 10/20/23
- Influenza: 10/11/07, 12/9/25, 10/8/24, 9/30/20, 10/11/19, 10/26/22, 10/20/23, 20/27/21
- Pneumococcal 20: 11/8/24
- Pneumococcal 23: 12/27/22
- RSV: 4/15/24
- Tdap: 6/10/25

Medications:

- Lipitor 40mg PO nightly for HLD
- Azelastine HCL spray 137mcg PRN in morning and noon for nasal congestion, allergies
- Clonazepam 0.5mg PO nightly PRN for anxiety
- Fluticasone propionate nasal spray 50mcg
- Gabapentin 100mg PO for peripheral neuropathy
- Levothyroxine 50mcg PO for hypothyroidism
- Lidocaine 4% patch
- Lisinopril 20mg PO for HTN
- Metformin 850mg PO for type 2 diabetes
- Olanzapine 5mg PO nightly for schizoaffective disorder
- Sennosides 8.6mg PO for constipation
- Sertraline 25 mg PO daily in morning for anxiety
- Topiramate 100mg PO 2 times daily for seizures

Allergies:

- NKA

Family history:

- Father: deceased, cancer
- Mother: deceased, cause of death specifics unknown to patient, history of COPD
- Siblings: none
- Maternal and paternal grandparents: specifics unknown to patient

Social history:

Tobacco use: former smoker

Alcohol use: none currently

Illicit drug use: none

Recent travel: none

Sexual activity: sexually inactive, no known STIs

Review of systems:

General: Denies fever, chills, unexpected weight loss, change in activity, appetite

HEENT: Positive for syncopal event resulting in fall and hospital admission from 4/19-4/20/26. Denies dizziness, headache, vision changes, eye pain, hearing loss, tinnitus, nasal congestion, sore throat

Neck: Denies stiffness, decrease range of motion, localized swelling/lumps

Respiratory: Denies cough, shortness of breath, wheezing, dyspnea on exertion, pleuritic chest pain, orthopnea, paroxysmal nocturnal dyspnea

Cardiovascular: Denies chest pain, palpitations, swelling of low extremities.

GI: Positive constipation. Denies vomiting, diarrhea, hematochezia, melena

Genitourinary: Positive for occasional incontinence. Denies dysuria, hematuria, changes in urine output.

Musculoskeletal: Positive for bilateral knee pain when she ambulates too much. Pain is relieved with Tylenol.

Endocrine: Denies polyuria, polydipsia, polyphagia, goiter

Neurological: Denies change of behavior, seizures, light-headedness, headaches and numbness

Psychiatric: Positive for sleep disturbances due to anxiety. Currently following with therapist for anxiety coping. Denies depression, suicidal/homicidal ideations, auditory/visual hallucinations, delusional thinking

Physical:

- Vital signs
    - Temperature (F): 97.2 F forehead
    - Heart rate: 70
    - Respiration rate: 18
    - Blood pressure: 132/80
    - SpO2%: 99% RA
    - Weight: 120 kg
    - BMI: 41.34

General: AAOx3 to place, person and time, well-appearing elderly female in no acute distress. Well-groomed and appropriately dressed for weather. Does not appear ill-appearing, toxic appearing or diaphoretic.

Skin: Warm to touch and flushed pink. Capillary refill < 2 seconds

HEENT: Head is atraumatic and normocephalic. Tympanic membrane normal bilaterally with light reflex. Nasal passage patent.

Eyes: pupils equal, round and reactive to light. No swelling, erythema, discharge noted.

Mouth: Mucous membranes moist. Oropharynx is clear, no posterior oropharynx erythema or exudates noted.

Neck/throat: negative cervical lymphadenopathy. Normal thyroid swallowing test. Neck is supple.

Chest: symmetrical, no trauma, deformities noted.

Cardiovascular: Normal rhythm. Regular rate. Normal S1/S2. No murmur noted No gallops, friction rubs. No carotid bruits heard.

Pulmonary: Lung sounds clear to auscultation bilaterally. No wheezing, rhonchi, crackles noted. No respiratory distress. No accessory muscle use. Pulmonary effort normal.

Abdominal: Soft, non-distended, non-tender without guarding, rebound, or palpable masses. Normoactive bowel sounds. No CVA tenderness.

Neurological: Patient is alert. No cranial nerve deficit noted. No sensory deficit. No motor weakness. Coordination normal. Gait abnormal with rollator assistance.

Musculoskeletal: Mild knee tenderness bilaterally. No knee crepitus or knee swelling

Psychiatric: appropriate and congruent mood and affect. No signs of agitation, anxiety or depression. Behavior is normal

Assessment

73-year-old female with past medical history of hypertension, type 2 diabetes mellitus, hyperlipidemia, hypothyroidism, obesity, iron deficiency anemia, peripheral neuropathy, meningioma, schizoaffective disorder, and anxiety presents for routine follow up after recent hospitalization for sudden loss of consciousness. Patient reports an unwitnessed episode occurring at home in which she was later found on the floor by EMS after her neighbor heard a loud thump. Patient does not recall the event itself and reports associated urinary incontinence upon regaining consciousness. Since discharge, patient denies recurrent syncope, seizures, dizziness, chest pain, palpitations, shortness of breath, or focal neurological deficits. Current concerns include constipation due to noncompliance with previously prescribed Senna, chronic bilateral knee pain likely secondary to osteoarthritis, anxiety affecting sleep, and obesity with poorly controlled diabetes. Seizure remains a differential diagnosis given the patient's urinary incontinence following the episode and reported noncompliance with Topiramate several days prior to the event. Additionally, given the patient's advanced age, cardiovascular risk factors, gait impairment, peripheral neuropathy, and osteoarthritis, further evaluation of the loss of consciousness is warranted to assess for possible cardiac-related syncope and mechanical fall secondary to gait instability. Besides this, patient appears hemodynamically stable and in no acute distress at today's visit.

Differential diagnoses

1. **Seizure disorder -** Seizure is considered due to the patient's sudden unwitnessed loss of consciousness with associated urinary incontinence and post-event amnesia. Additionally, the patient has a history of meningioma and reports recent noncompliance with Topiramate several days prior to the episode, which may have lowered seizure threshold.
2. **Cardiac-related syncope -** Cardiac syncope remains an important differential given the patient's abrupt loss of consciousness without clear prodromal symptoms. Her advanced age and multiple cardiovascular risk factors including hypertension, type 2 diabetes mellitus, hyperlipidemia, and obesity increase the risk for arrhythmias or other cardiac etiologies that may transiently reduce cerebral perfusion.

3. **Mechanical fall secondary to gait instability -** Mechanical fall secondary to gait instability is also considered given the patient's obesity, bilateral knee osteoarthritis, peripheral neuropathy, and rollator dependence. These chronic conditions significantly increase fall risk and may impair balance, mobility, and proprioception during ambulation. Additionally, peripheral neuropathy may reduce lower extremity sensation while chronic knee pain may contribute to instability, making an accidental fall possible.

Plan

Acute condition management

- Constipation: was previously prescribed senna but patient has not taken it yet. She will try senna now.

Chronic condition management

- Seizure disorder: continue topiramate 100mg twice a day. Follow up with neurology
- Abnormal gait/osteoarthritis of knee bilaterally: patient is currently dependent on rollator. Current rollator needs replacement. Will fax prescription to insurance and patient pharmacy. Continue Tylenol for pain as needed.
- Diabetes/obesity: will start trial of Ozempic 0.25mg weekly
- Anxiety: continue sertraline 25mg daily in the morning. Per patient, she is following up with mental health clinic.

Referrals/Healthcare maintenance/follow-ups

- Referral for neurology
- Return to clinic as scheduled on 6/18/26 for lab workup: lipid panel, A1c, eGFR, CBC, CMP, LFTs, albumin
- Mammogram due on 11/19/2026
- Colorectal screening next due on 5/3/2033
- Retinopathy screening scheduled on 5/18/2026
- Covid vaccine next due on 6/9/2026
- Tdap next due on 6/10/2035