CC: F/U HTN

Vital:

160/96 BP; HR 72, RR 16, WT 216, HT 5'10"

65 yo Caucasian retired male schoolteacher presents for 6 mo follow up of HTN. Patient maintains home BP log when he can remember, although he did not bring this into the visit today. He recalls that his BPs run in the 130's systolic and 80's diastolic. Todays BP s 160/96, which is higher than home readings. He has had no orthostatic sc's, no chest pain, dyspnea, orthopnea, edema, headaches, dizziness, visual problems, joint pain, muscle aches, or depressive sx's. He doesn't feel that he has undue stress in his life and feels generally happy with his relationships and retirement. He has a relatively poor diet with frequent fast foods and has not been able to lose weight as desired, not attention to salt restriction. He has been an ex-smoker for 30y, occasional ETOH use. No personal hx or sx of CVA or TIA, diabetes or peripheral vascular disease, but he has had an angioplasty 10y ago for CAD, and states he feels "pretty good" overall. CAD appears to be stable, has a follow up appointment with cardiologist on 07/02/2014. He does have some increased urinary frequency with the HCTZ but understands that this is normal.

Medications:

HCTZ 25mg 1qd (on for 1 Year)
Atenolol 25mg 1 qd (added 6 mo ago to attempt to improve BP control)
Lipitor 10mg qd (for CAD)
ASA 81mg qd

O: Moderately overweight with central obesity, waist circumference today is 42inches.
HEENT: Fundi shows moderate asvd changes, no hems or exudates, discs sharp, carotid pulses full and equal, no bruits, no JVD
Chest: clear to auscultation. No rales, normal breath sounds
Heart: RR, PMI in normal location and no heave or evidence of cardiomegaly, normal heart sounds, no murmur or gallop
ABD: no bruits over abdominal vessels, no aortic widening, no hepatosplenomegaly
Extremities: good / equal peripheral pulses, radial, post tibial and dorsalis ped all palp., no trphic skin changes
Cognitive Function and affect: normal, Mini Mental status, normal

Assessment:
Hypertension not adequately controlled on present medications.
Coronary Artery Disease S/P angioplasty
Dyslipidemia
Obestiy

Plan:

Labs: CMP, Lipid, Renal Panel to be drawn today

Discussed the importance of BP control and compliance with medication. F/U in 1 week for BP recheck. He will bring home BP logs to next visit along with home BP monitor for comparison. At that time we will discuss lab results and determine if additional workup for other etiologies of HTN is needed, as well as, consider adding Rx if control remains inadequate.

Coronary Artery Disease is followed by cardiologist, documentation from cardiologist identifies most recent EKG was normal and he is to follow up in 6 months.

Dyslipidemia and Obesity: Discussed the need for healthy lifestyle changes including diet and exercise. Referral to dietician for weight loss and heart healthy diet. Care team member will follow up by phone after referral.