

Date of visit: April 19th , 2023

Full name: E.A

Address: unknown

Date of Birth: 08/31/1971

Location: NYC Health + Hospitals/Metropolitan, Bariatric clinic (outpatient)

Source of information: Self

Reliability: Reliable

Source of Referral: Self

Mode of Transport: Car

**S:**

HPI: E.A is a 51-year-old male with no PMHx presents in the clinic for his 4 week follow up post-laparoscopic sleeve gastrectomy 03/23/23, no complications. He is tolerating solid foods, including protein shakes, chicken, fruit, and sugar free pudding, daily without issues. Denies chest pain, calf pain, abdominal pain, fever, nausea, diarrhea, acid reflux, or vomiting. Patient is passing gas. His exercise consists of walking an hour and a half everyday, without shortness of breath. He takes his multivitamins twice a day, vitamin D, vitamin B complex, and omeprazole. No reported adverse effects. Preoperative weight 143 kg with BMI of 52.48. His current weight is 132 kg with a BMI of 48.30, he lost 11 pounds.

BMI and weight readings from last 3 encounters:

Date	Weight	BMI (Kg/m2)
04/19/2023	132 kg (292 lb)	48.30
04/04/2023	134 kg (295 lb)	48.79
03/15/23	143 kg (315 lb)	52.48

PMHx: Obesity grade III, anxiety

PSHx: laparoscopic sleeve gastrectomy (2023)

Medications: Omeprazole 40mg tablet, Vitamin B, Vitamin D, Multivitamins, Fluoxetine 20mg capsules

Allergies: Penicillin (hives)

FHx: non-contributory

SHx: denies illicit drug use, alcohol use, or smoking tobacco.

ROS: Denies fever, chills, nausea, vomiting, diarrhea, urinary urgency or frequency, abnormal bowel movements.

**O:**

Vitals: T: 97 degree F (36.1 C) | P: 87 bpm, regular | RR: 18 breaths/min, unlabored | BP 128/67 mm Hg | SpO2: 97% room air | Weight 132 kg (292 lb) | BMI: 48.30 kg/m<sup>2</sup> | Height: 5'7 (170.2 cm)

Physical exam:

- General: obese female appears well developed. Alert, awake, and oriented x 3. In no acute distress.
- CV: RRR.
- Pulmonology: Breathing comfortably in room air, with no accessory muscle use. Chest expansion symmetrical without wheezing, rhonchi, rales, stridor.
- HEENT: Normocephalic and atraumatic. PERRLA and EOM intact.
- Abdomen: soft, non tender and non distended. Incision sites (5 total) healing well and are intact, with no signs of drainage or swelling.

Surgical pathology: Stomach - within normal limits

**A:** 51 year-old-male with no PMHx presents for his 4 week follow up status post laparoscopic sleeve gastrectomy on 03/23/23. He is progressing well with no signs of complications.

**P:**

- Patient instructed to discontinue Omeprazole
- Continue multivitamins and supplements lifelong
- Patient was encouraged to avoid carbohydrate rich foods and to focus on hydration and a protein based diet. Exercise regimen was discussed with the patient (5-8K steps/day)
- Labs to be taken at his 3 month follow up: CBC, BMP, Ferritin, and Hemoglobin A1C
- Return to clinic in 3 months