Submitted 9/16/2020

KARA ABAZER

DOB: 8/9/1959 | **AGE**: 61 | **GENDER**: Female

WEIGHT: | **HEIGHT:**

PHYSICIAN: Good Doctor 777-777-8888

LAST PHYSICAL EXAM: Jan 2017 **PHARMACY:** Neighborhood Pharmacy

Whom should we notify in the event of an emergency? Husband

medical alerts

SUSCEPTIBILITY TO INFECTION ALERT

PROSTHETIC JOINT REPLACEMENT REPORTED

Patient's surgeon has recommended antibiotics because of prosthetic joint

DIABETES REPORTED IN HISTORY

HEMOSTASIS ALERT

PATIENT REPORTS USE OF ASPIRIN

DRUG ALLERGY REPORT

ALLERGY TO MEDICATION

PENICILLIN ALLERGY

Reaction to penicillin - hives/rash

MEDICAL ALLERGY REPORT

FOOD ALLERGY REPORTED

Dairy

POSSIBLE INCONSISTENCY BETWEEN MEDICAL HISTORY AND DRUGS THE PATIENT REPORTS PATIENT SELECTED A PSYCHIATRIC MEDICATION BUT DID NOT CHOOSE PSYCHIATRIC OR NEUROLOGIC DISORDER

denied conditions

Bisphosphonate history, Bleeding disorder, Cancer, Cold sores, oral herpes or shingles, Heart - birth defect (congenital heart problems), Hepatitis/liver problems, HIV/AIDS, Kidney/bladder disorder, Lung condition (ex. asthma, emphysema, cystic fibrosis), Osteoporosis, Pregnancy, Psychiatric/behavior issues, Seizure disorder, Sexually transmitted disease, Recent steroid medication history, Stomach/gastrointestinal disorder, Stroke/TIA, Thyroid gland disorder, Tuberculosis,

reported conditions

Currently treated for:Diabetes, Anemia

CARDIOVASCULAR

Blood pressure problems

Hypertension controlled by medication Hypertension diagnosed more than a year ago Typical blood pressure reported at < 140/90

HEMATOLOGY/IMMUNOLOGY

Reports use of Aspirin

Anemia

Unspecified origin

Reports currently anemic
Managed by a physician
Confirmed with a blood test
Date of last blood test -2017

Allergy

Food allergy reported Dairy

MUSCULOSKELETAL

Arthritis

Osteoarthritis

Prosthetic joint replacement

Right Hip

More than two years since joint replacement surgery Patient's surgeon has recommended antibiotics because of prosthetic joint

ENDOCRINE

Diabetes reported

Type 2 Non insulin dependent diabetes
Seldom checks sugar level
Glycated hemoglobin A1c between 6.5% and 7.5%

Does not experience hypoglycemic episodes

Last hypoglycemic episode was more than a year ago Impending hypoglycemia typically reversed with candy or other sugar source Impending hypoglycemia typically reversed with soda or juice

Does not report long periods of poor diabetes control

surgery history

Tonsils, galbladder, Hip

habits

Alcohol use reported

Social use of alcohol

physician insight

Your patient reports a history of diabetes and hypertension.

Hypertension and diabetes co-exist as components of the metabolic syndrome that increase the risk for underlying cardiovascular disease. Even if your patient has no history of heart disease the combination of hypertension and diabetes suggests the patient should be approached as if he or she is a heart patient. Blood pressure goals for diabetic patients are lower than for non-diabetic patients (125/75 vs. 135/85). Typically beta blocker medication are used less frequently in diabetic patients and renin-angiotensin medications are the initial drugs of choice.

drug allergies

Allergy to medication

Hives/rash

current medications

Reports use of Aspirin

Atenolol - Tenormin (atenolol) is a selective beta-1 adrenergic receptor antagonist used in hypertension, angina pectoris, arrhythmia, post MI therapy, mitral valve syndrome and prophylaxis for vascular headache. Common side effects include: insomnia, fatigue, bradycardia, orthostatic hypotension, GI complaints and vertigo. Dental Clinical Concerns: Concurrent use with ampicillin may reduce bioavailability and decreased antihypertensive effects with indomethacin and possibly other NSAIDs. A slowing of the metabolism of lidocaine has also been noted. Ask about other drugs the patient may also be taking for hypertension. Local anesthetics with vasoconstrictors: Good pain control is essential for all patients. In some patients BP may be difficult to regulate. Be sure to use good injection techniques with aspiration and with attention to the amount of vasoconstrictor.

Metformin - Glucophage, Glucophage XR, Fortamet and Riomet (metformin HCL) is an oral hypoglycemic approved as an adjunct to diet and exercise for management of type 2, non-insulin dependent diabetes mellitus in adults. It can also be used with a sulfonylurea oral antidiabetic or insulin. Commonly reported side effects include: diarrhea, nausea, vomiting, abdominal bloating, asthenia and headache. The product contains a box warning concerning a rare, but serious side effect of lactic acidosis. Dental Clinical Concerns: No dental drug interactions are reported. Ask patients about other drugs or treatments they may be receiving for diabetes.

Seroquel - Seroquel or Seroquel XR (quetiapine fumarate) is an antipsychotic drug indicated for use in schizophrenia. Commonly reported side effects include: somnolence, headache, asthenia, GI complaints, dyspepsia, dry mouth, postural hypotension, tachycardia, skin rash and rhinitis. More severe adverse effects occur infrequently, but can include: neuroleptic malignant syndrome, tardive dyskinesia, development of cataracts, seizures and hypothyroidism. Changes in triglycerides, transaminase enzymes and risk of suicide have also been noted. Dental Clinical Concerns: Drug interactions include the possible risk of increased CNS depression when used with other CNS depressants. Use caution when using strong inhibitors of CYP 3A4 enzymes, elevation of quetiapine blood levels have been noted. Strong inhibitors include ketoconazole, itraconazole, ketoconazole, erythromycin and clarithromycin. To avoid postural hypotension, allow the patient to rise slowly from the prone to the sitting position.

Forms signed by: sdfgdf