



MEDICAL CHRONOLOGY

All extracts are documented in chronological order from oldest to most current.	
Client Demographics	
Client Name/Insured Name	John Doe
Social Security Number	XXX-XX-XXXX
Date of Birth	February 30, 1954
Current Age	64 years
Gender	Male
Insurance Carrier	New American Insurance Company Inc. 1250/50 Hilton Boulevard, AZ 51203
Range of medical records from mm/yyyy to mm/yyyy	06/2014 to 05/2018
Page Count of Medical Records Submitted	685 pages
General History:	
Past Medical History	Atrial fibrillation, arrhythmia, acute myocardial infarction, mitral regurgitation, chronic coronary artery disease, sick sinus syndrome, aneurysm – thoracic aorta, pneumonia, hypercholesterolemia, hypertension, benign prostatic hyperplasia, bilateral cataracts, near and far sightedness, ESBL bacterial infection, multinodular goiter, polymyalgia, reactive arthritis of multiple sites, rectus sheath hematoma-left, shoulder pain, allergic rhinitis. Surgeries – Cataract extract ion, colon surgery, hernia repair, right leg hematoma evacuation, sinus surgery, pacemaker insertion.
Social History – Smoking details.	Nonsmoker
Alcohol details	03/19/2018 - 6 oz per week, occasional wine.
Marital status, children, ages	Married. 3 daughters and 2 Sons
Family History	Father – heart attack, heart disease Mother – Kidney failure.
Most Current Medications	Proventil Nebulizer Solution, Uroxatral, Calcium-Vitamin D 500-125, Nexium, Proscar, Folvite, Imodium, Methotrexate, Toprol-XL, Multivitamin-iron-folic acid, Crestor, Viagra, Coumadin, Incruse Ellipta,
Fitness & Frailty Factors:	
Disease burden (# of ratable illnesses)	3
Polypharmacy	Yes
Chronic Pain	Yes
Employed/Retired	Retired

Current employment	Not Applicable
Travels	No
Memory Loss or Cognitive Decline	No
Regular Exercise/Sedentary life style	Exercises regularly by walking
Requires assistance with ADLs	No
If yes provide details.	N/A
Requires aid with ambulation and transfer	No
Living Independently	Yes
Family history	No known family history
Marital Status	Married for 25 years
Children	5 adult children
Psychological illnesses	No
Socially isolated	No
Recent loss of caretaker or spouse	No
Non-compliance with medical care	No
Driving	Yes
Needs caretaker	No
Vital Signs	
06/13/2017 – 5'10"/160/22.96	06/13/2017 – BP 122/64.
09/28/2017 – 5'10"/180/25.83	09/28/2017 – BP 110/75.
12/12/2017 – 5'10"/172/24.68	12/12/2017 – BP 128/60.
09/28/2017 – 5'10"/165/23.67	09/28/2017 – BP 110/75.
Details of any sudden changes in health status:	
• Severe Medical Conditions	
• Condition 1 / Diagnosis: Pneumonia/Lung Disorder	
<p>05/19/2015 – Darren Sutton, M.D., Grace Radiology Center, X-ray chest PA and lateral for old cough. Comparison 11/12/2011 – Left-sided dual lead pacemaker. Left lower lobe infiltrate. Bones are osteopenic but intact. Pneumonia also pertinent.</p> <p>05/26/2015 – Darren Sutton, M.D., Grace Radiology Center, X-ray chest – Improved left lower lobe pneumonia, possible small persistent effusion.</p> <p>03/15/2016 – Oliver Twist, M.D., Tower Bell Hospital, Cough, fever and chills, nebulization with albuterol/ipratropium</p> <p>06/06/2016 – Nancy Darwin, Urgicare Center, ED, Worsening cough with wheezing and shortness of breath on exertion, post eye surgery.</p> <p>06/16/2016 – Darren Sutton, M.D., Grace Radiology Center, X-ray chest PA and lateral for chronic cough, no acute process seen.</p> <p>07/14/2016 – Oliver Twist, M.D., Tower Bell Hospital, Improved cough after discontinuation of ACIE and starting PPI.</p> <p>09/12/2016 – Oliver Twist, M.D., Tower Bell Hospital, Noted blood with coughing. Hemoptysis likely from coughing and being on coumadin.</p> <p>09/30/2016 – Edward Darcy, M.D., Edinburg Hospital, Pulmonary function test – FEV1/FVC% is normal. FeNO value is low. Normal lung volumes. Moderate reduction of diffusing capacity. Study is consistent with normal PFT. Decreased diffusion.</p>	

10/13/2016 – Darren Sutton, M.D., Grace Radiology Center, CT chest without IV contrast. Comparison 06/29/2016 – Improved pneumonitis in the axillary segment of the right upper lobe and in the lower lobes bilaterally with additional findings as outline above. This imaging study has been named according to a standard nomenclature which is used in this institution's computer systems.

03/16/2017 – Nancy Darwin, Urgicare Center, ED, PFT – probable obstructive dysfunction based on shape of flow volume loop, despite normal flow rates and lung volumes. Moderate diffusion impairment. Compared to the prior study there is no significant change.

04/06/2017 – Darren Sutton, M.D., Grace Radiology Center, CT chest without IV contrast. Multiple mediastinal lymph nodes. The nodes are slightly larger along the aortopulmonary window. This is of uncertain clinical significance. The lung parenchyma is actually stable when compared with 10/2016. When compared to more remote studies dating back to 2015 the aeration particularly of the left lower lobe is improved. Stable right adrenal lesion consistent with an adrenal adenoma.

11/12/2017 – Darren Sutton, M.D., Grace Radiology Center, CT chest with IV contrast – Stable middle lobe lung nodule. Stable appearing cavity in the left upper lobe. Bibasilar bronchiectasic changes. Stable mediastinal lymph nodes.

01/03/2108 – Edward Darcy, M.D., Edinburg Hospital, Cough. SOB on exertion, acute URI.

06/29/2018 – – Darren Sutton, M.D., Grace Radiology Center, CT chest without IV contrast for chronic cough – Areas of centrilobular and tree-in-bud nodularity in the right upper lobe. Findings are suggestive of endobronchial infection including MA seen. Bronchial wall thickening with associated bronchiectasis and endobronchial material in the left lower lobe and less pronounced in the right lower lobe. This may also be related to endobronchial infection. Follow up to ensure clearance or stability of these findings and to exclude an underlying mass is recommended. Fusiform aneurysm of the ascending thoracic aorta, stable when compared to June 3, 2015.

• **Condition 2 / Diagnosis: Chronic Atrial Fibrillation**

06/17/2014 – Rojas Hondus, M.D., Urgicare ED, Accelerated AV junctional rhythm with aberrant ventricular conduction or accelerated idioventricular rhythm. No atrial activity detected. Inferolateral infarct. Probable septal infarct. QS I nll III aVF R<0.15 mV in V6, probable septal infarct. Very marked intraventricular conduction delay. Slight high lateral repolarization disturbance consider ischemia. Large negative T in I. Inferior ST elevation consider infarct of acute occurrence.

05/19/2015 – Tonya Kowalski, M.D., Cardiologist, EKG, atrial fibrillation, rate 65, TWI II, III, aVF, V3-v6. Supratherapeutic INR pertinent to this visit. PT 52.3 and INR 5.0

05/27/2015 – Jeffery Peterson, M.D., Marion Laboratory, PT 10.7, INR 1.0

09/14/2015 – Ben Adkin, Pacers Inc., Pacemaker interrogation – Device function stable no changes made.

07/15/2015 – Martin King, M.D. Crescent Radiology, X-ray chest PA and lateral, for pneumonia – There has been interval clearance of the previously noted left basal infiltrate since the previous study. Mild parenchymal scarring at the lung bases is stable. A dual-lead pacemaker and mild cardiomegaly are again seen. No new intrathoracic abnormality is demonstrated.

03/21/2016 – Tonya Kowalski, M.D., Cardiologist, Chronic atrial fibrillation.

06/07/2016 – Tonya Kowalski, M.D., Cardiologist, ECG revealed atrial fibrillation with normal mean ventricular response. Premature ventricular complexes or aberrantly conducted complexes. LV age corrected Sokolow index (SV1+RV5 or V6)= 4.5 mV, age corrected R in left precordial leads= 3.7 mV. Very marked mid and left precordial repolarization disturbance secondary to LVH. Very large negative T in V4 V5 very large

negative T in V3 V6. Marked inferior polarization disturbance secondary to LVH. Large negative T in aVF with negative T in II and III.

03/21/2016 – **Jeffery Peterson, M.D., Marion Laboratory**, PT 18.9 (10.0-12.3), INR 2 (0.9-1.2).

04/22/2016 – **Tonya Kowalski, M.D., Cardiologist**, Atrial fibrillation, primary.

06/07/2016 – **Jeffery Peterson, M.D., Marion Laboratory**, PT 16.8, INR 1.80, WBC 7.4, RBC 4.16, hemoglobin 12.7, hematocrit 38.1, RDW 16.2, Segs 75.5, Lymphocytes 13.6.

06/30/2016 – **Jeffery Peterson, M.D., Marion Laboratory**, PT 24.5, INR 2.6.

07/20/2016 – **Jeffery Peterson, M.D., Marion Laboratory**, PT 18.4, INR 1.9, fusiform aneurysm of the ascending thoracic aorta 4.7 cm in 2016.

06/06/2017 – **Ben Adkin, Pacers Inc.**, Pacemaker interrogation stable device. Setting changed to VVI. LRL decreased to 50 bpm.

04/29/2017 – **Jeffery Peterson, M.D., Marion Laboratory**, PT 29.6, INR 2.86

05/08/2017 – **Ben Adkin, Pacers Inc.**, Pacemaker interrogation stable device and no changes made.

05/18/2017 – **Tonya Kowalski, M.D., Cardiologist**, Echo 2D complete with Doppler – Concentric LVH with normal left ventricular systolic function. Severely dilated left atrium. Mild MR. thickened aortic valve with mild restriction and moderate aortic insufficiency. Moderate to severe TR with pacemaker catheter seen across the tricuspid valve. EF 61%-65%. RVSP42 mmHg.

12/19/2017 – **Ben Adkin, Pacers Inc.**, Pacemaker interrogation stable device and setting changed to VVI 50 last time now only 20% pacing and battery decreased one month over 6 months.

03/14/2018 – **Martin King, M.D. Crescent Radiology**, CT head without IV contrast for seizure, Cerebral volume loss with chronic microvascular ischemic changes. I concur for intracranial pathology persists an MRI is recommended. PT 18.7, INR 1.86

04/19/2018 – **Jeffery Peterson, M.D., Marion Laboratory**, INR 2.3

05/17/2018 – **Jeffery Peterson, M.D., Marion Laboratory**, INR 2.6

Condition 3 / Diagnosis: Blood Disorder. Recurrent Hematomas

05/19/2015 – **Alan Dupont, M.D., ETL Radiology**, X-ray abdomen AP and decubitus or Erect view, for worsening abdominal pain, and ecchymosis on abdomen – Moderate stool throughout the colon with distention of the hepatic flexure, no infiltrate or effusion. CT abdomen with IV contrast – Large left sided rectus sheath hematoma with evidence of active bleeding underlying tumor not excluded. Left lower lobe consolidation which may reflect atelectasis or pneumonia. Patient admitted for further care. BP was 207/85 on admission. Hb dropped requiring 2 units of pRBC then stabilized. WBC 8.2, RBC 4.31, hemoglobin 13.0, hematocrit 39.0, RDW 16.1, Segs 76.3

05/27/2015 – **Alan Dupont, M.D., ETL Radiology**, CT scan of the abdomen revealed 11x8 cm rectus sheath hematoma. Unclear which he would develop spontaneously another hematoma. Admitted. WBC 7.3, RBC 3.46, hemoglobin 10.4, hematocrit 32.5, RDW 18.3.

06/03/2015 – **Alan Dupont, M.D., ETL Radiology**, Returned with development of an abdominal mass following sudden onset of abdominal wall pain. BP 180/85. CT chest and abdomen revealed left rectus sheath hematoma 10.8x8x29, slight increase in size compared to prior. There are areas of high attenuation within the hematoma, suggesting more recent bleeding, though there is no evidence of active extravasation. Stable right adrenal nodule. Indeterminate lesion in the left kidney. Further characterization with pre-and post-contrast CT or MRI is recommended. Peri bronchial thickening and left lower lobe consolidation. Clinical correlation to exclude pneumonia is recommended.

Ectasia/aneurysmal dilation of ascending aorta. EKG showed aFib, paced. Labs – Creatinine 1.6, albumin 3.3, h/H 10.4/32.5, MCV 93, RDW 18, platelets 388, INR 1.0.

12/04/2015 – Alan Dupont, M.D., ETL Radiology, CT abdomen and pelvis with and without contrast. The eccentric lesion arising off the mid to lower pole posterior aspect left kidney likely represents a hyperdense cyst. Intermittent follow up with ultrasound may be useful. The anterior abdominal rectus muscle hematoma on the left is resolved. There is a stable right adrenal mass which likely represents an adenoma.

04/12/2016 – Isabel Jacobs, ORL Laboratories, WBC 4.8, RBC 4.31, hemoglobin 13.2, hematocrit 30.0, RDW 16.1, ESR 11

04/22/2016 – Frank Pinto, M.D., St George ED, Bump on left arm, tender when pressed hard, 3x4 cm, non-mobile. Hematoma encapsulated in the muscle.

07/11/2016 – Isabel Jacobs, ORL Laboratories, WBC 5.4 (3.8-10.6), RBC 4.50 (4.63-10.6) hemoglobin 13.3 (13.7 to 18.0), hematocrit 41.1 (41.0-54.0), RCDW SD 52.8 (35.1-46.3), RDW 16.3 (11.3-14.5), Iron 48 (50-175), TIBC 247 (250-450), Ferritin 2720 (26-388). Folate 115 (3.1-17.5). The assay shows negative for C28cY and H63D mutation in the HFE gene reducing the likelihood of hereditary hemochromatosis but does not rule out other mutation within the same gene.

07/14/2016 – Frank Pinto, M.D., St George ED, Hematoma 6x4 cm, tender, in left leg, non-pulsating, likely a small hematoma from a venous tear. Hx of calf hematoma requiring fasciotomy, due to INR<11.

07/20/2016 – Alan Dupont, M.D., ETL Radiology, Hit left shin on car. Ultrasound Duplex lower extremity venous, left. There is no ultrasound evidence of left lower extremity DVT. A hematoma of the distal medial left calf is noted. X-ray leg 2 view – soft tissue swelling medially. No acute bony process.

07/22/2016 – Frank Pinto, M.D., St George ED, Left leg cellulitis and hematoma.

07/25/2016 – Frank Pinto, M.D., St George ED, Left lower extremity pain with edema and erythema, resolving hematoma – placed antiembolic stocking. There is no sense of liquefaction in the hematoma.

09/12/2016 – Frank Pinto, M.D., St George ED, Hematoma resolving

04/19/2017 – Alan Dupont, M.D., ETL Radiology, PET CT skull to thigh area. No suspicious uptake seen on PET study.

06/13/2017 – Isabel Jacobs, ORL Laboratories, WBC 7.6, RBC 4.5, hemoglobin 13.6, hematocrit 41.8, RDW 16.6, Neutrophils 83.6, Iron 41, TIBC 332, Ferritin 327

09/28/2017 – Frank Pinto, M.D., St George ED Superficial hematoma palpable under skin.

01/12/2018 – Isabel Jacobs, ORL Laboratories, WBC 6.8, RBC 4.2, hemoglobin 12.6, hematocrit 38.1, RDW 15.1, ESR 8

03/14/2018 – Isabel Jacobs, ORL Laboratories, WBC 7.6, RBC 4.5, hemoglobin 13.6, hematocrit 41.8, RDW 16.6, Neutrophils 83.6

03/20/2018 – Isabel Jacobs, ORL Laboratories, WBC 5.3, RBC 4.3, hemoglobin 13.0, hematocrit 39.2, RDW 16.1, Absolute lymphocytes 0.6

04/26/2018 – Isabel Jacobs, ORL Laboratories, WBC 5.1, RBC 4.3, hemoglobin 12.9, hematocrit 39.5, RDW 16.8

Other Non-Critical Conditions

Condition # 1 Hyperlipidemia

03/21/2016 – Isabel Jacobs, ORL Laboratories, Cholesterol 128 (50-200), HDL 37 (40-90), LDL 67 (20-130), Triglycerides 120 (30-200)

06/13/2017 – Isabel Jacobs, ORL Laboratories, Cholesterol 126, HDL 42, LDL 70, Triglycerides 72

Condition # 2 Arthritis multiple sites

03/15/2016 – Barry Holt, M.D., Our Lady Health Center, Scoliosis. Synovitis of the wrists

06/29/2016 – X-ray shoulder, right 2 views, for dislocation, degenerative changes of the right shoulder. No fracture or dislocation seen.

07/08/2016 – Barry Holt, M.D., Our Lady Health Center, Trip to Martha's Vineyard, had right wrist swelling with erythema noted in the bone spur. Pain on flexion.

06/13/2017 – Barry Holt, M.D., Our Lady Health Center, Arthritis of left shoulder region, likely osteoarthritis. Referral to PT

12/08/2017 – Barry Holt, M.D., Our Lady Health Center, Cervical and bilateral R>L shoulder pain. Change in functional status since onset – Lives in a 2-level condo 12 steps to 2nd floor. Grade 3 tenderness to palpation in bilateral upper traps, scalenes, suboccipital, levator scaphoid, and splenius cap muscles. Pain rating is 2-3/10. Neck Disability Index – Pain intensity 2, Personal care 2, Lifting 5, Reading 2, headache 1, work 1, driving 2, sleeping 1, recreation 3. Score 38%. Upper extremity functional scale – Total score 47/80 with the most affected being overhead activities, grooming hair, driving, fine finger movements, etc. Difficulty with holding his head upright and turning his head. PT 2x per week, for 12 weeks.

03/09/2018 – Paddy Mann, Renew Physical Therapy Center, PT discharge – Total sessions 13, Neck Disability Index Score 8%, Upper extremity functional scale – Total score 61/80 with the most affected being overhead activities, grooming hair, driving, fine finger movements, sleeping etc. There is good progress and no longer has neck pain limiting functional mobility. All long-term goals are met. Current pain rating 1-2/10. Best 1/10 worst 6-7/10.

Condition # 3 Cataract

06/07/2017 – Ronald Master, M.D., Insight Eye Clinic, Sclerotic cataracts both eyes.

06/13/2017 – Ronald Master, M.D., Insight Eye Clinic, Bilateral cataract extraction with lens insertion – Phacoemulsification with posterior chamber intraocular lens, left eye (first left then right).

07/18/2017 – Ronald Master, M.D., Insight Eye Clinic, Phacoemulsification with posterior chamber intraocular lens, toric implant, right eye.

Condition # 4 Basal Cell Carcinoma

01/29/2015 – Sally Connors, M.D., Shine Skin Clinic, Inferior lateral right cheek biopsy, basal cell carcinoma.

02/02/2015 – Sally Connors, M.D., Shine Skin Clinic, Inferior lateral right cheek biopsy, basal cell carcinoma.

01/28/2016 – Sally Connors, M.D., Shine Skin Clinic, Right parietal scalp above anterior right ear biopsy revealed – BCC and adjacent seborrheic keratosis. Note: BCC extends to the base and a peripheral margin. The seborrheic keratosis extends to the opposite peripheral margin. Anterior left frontal scalp- biopsy revealed BCC, the neoplasm extends to the base.

Condition # 5 Sleep Disorder

10/06/2016 – Adolf Smyth, M.D., Breathe Pulmonology Clinic, Nocturnal polysomnography, for snoring, day-time sleepiness and observed apneas. Concluded moderate obstructive sleep apnea associated with no significant oxygen desaturation. Positional dependency was observed based a sample of non-supine sleep. Severe periodic limb movement disorder was not associated with clinically significant number of arousals.

Condition # 6 Hypertension

Adolf Smyth, M.D., Breathe Pulmonology Clinic, 05/19/2015 – BP 207/85 at admission. 06/13/2017 – BP 122/64. 09/28/2017 – BP 110/75. 12/12/2017 – BP 128/60. 09/28/2017 – BP 110/75. 01/03/2018 – BP 122/70. 03/20/2018 – BP 118/80

Missing Records

What Records are Needed	Hospital/ Medical Provider	Date/Time Period	Why we need the records?	Is Record Missing Confirmatory or Probable?	Hint/Clue Records missing
Sleep Disorder workup/ sleep study	Unknown	05/24/YYYY	To know the condition of the patient	Confirmatory	No mention of remission or resolution of the condition.
X-rays	Unknown	00/00/YYYY-00/00/YYYY	To know the status of Scoliosis	Confirmatory	PDF REF: 267-270
Adenoma work up	Unknown	00/00/YYYY	To know disease progression	Confirmatory	No records to show investigative workup
Thoracic aneurysm work up	Unknown	00/00/YYYY	To know disease progression	Confirmatory	No records showing work