

Frank Russo-Chamberlain -39 years old male

Reason for encounter: shortness of breath

Visual: mildly uncomfortable appearing, occasional shivers. Using accessory muscles.

Auditory: conversational dyspnea

Skin: warm, dry

1. How can I help? - SOB last couple of weeks
2. Any other concerns? =feel puny and winded—have an annoying cough
3. Most distressing symptoms- breathlessness, getting more winded doing the smallest things, climbing a single flight of stairs feels like climbing a mountain. Out of breath from the bedroom to the kitchen
4. How it makes you feel—concerned. Pretty fit otherwise, not seen a healthcare provider in 5 years—worried that it is more than a cold
5. SOB started 2 weeks ago and is getting worse
6. SOB gets worse when the least bit active. Tried an albuterol inhaler but not helping. Not bad when resting and not active.
7. Initially productive cough with clear or white sputum but now it is nonproductive cough
8. Fever of 101.8 two days ago
9. No chest pain, no wheezing, no sick contact, no recent travelling
10. Has night sweats
11. No dizziness
12. Unintentional weight loss of 5 lbs
13. Smokes- half a pack a day x 20 years—no electronic cigars
14. Drinks couple wine a week (two glasses)
15. No recreational drug use
16. Ride bike or walk places if the weather is good. Spends decent amount of time chatting with people online
17. PMH- HIV (8 years ago)- non-compliant with HAART medication
18. No surgeries
19. No hospitalization
20. No known allergies
21. No current medication. Stopped taking antiviral HIV medication abruptly 5 years ago.
22. Mother (67 years old)- high cholesterol at age 55, arthritis at age 60
Father (66 years old)- high blood pressure at age 49

Maternal grandparents- one of them had diabetes
Parents divorced

History questions

1. **Reason for encounter:** progressive shortness of breath for the past two weeks
2. **History of present illness:** FR is a 39-year-old male with a history of untreated HIV who presents with progressive exertional shortness of breath for 2 weeks. Symptoms worsen with minimal activity, such as walking from the bedroom to the kitchen or climbing one flight of stairs and improve with rest. He reports associated fatigue, a nonproductive cough, which was initially productive of clear and white sputum, fever of 101.8 F two days ago, night sweats, and unintentional 5 lbs weight loss. He denies chest pain, wheezing, dizziness, recent travel, or sick contacts. He tried albuterol but it provided no relief. He has not received routine medical care in 5 years and discontinued antiretroviral therapy 5 years ago.

Review of systems

1. **General-** reports fatigue, fever 101.8 F 2 days ago, night sweats, and unintentional weight loss of 5 lbs in last two weeks. Denies dizziness or syncope.
2. **HEENT/ Neck-** denies sore throat, nasal congestion, rhinorrhea or neck pain.
3. **Cardiovascular-** denies chest pain, palpitation, paroxysmal nocturnal dyspnea, orthopnea, lower extremity edema
4. **Respiratory-** progressive shortness of breath with exertion and cough, initially productive cough, now nonproductive. Denies wheezing, hemoptysis, or shortness of breath at rest
5. **Gastrointestinal-** denies nausea, vomiting, diarrhea, abdominal pain, or changes in bowel habits
6. **GU-** Not assessed
7. **Musculoskeletal-** denies joint pain, muscle aches, or weakness
8. **Neurologic-** denies headaches, dizziness, syncope or numbness
9. **Integumentary/breast-** not assessed
10. **Psychiatric-** reports concern about symptoms. Denies anxiety, depression or mood changes
11. **Endocrine-** recent weight loss. Denies heat or cold intolerance.
12. **Hematologic/lymphatic-** not assessed