Permix sample

7/2024

Record type Assessed: ☐ Electronic ☐Hard copy ☐Both
Overall Format Appropriate to FM Practice ☐Yes ☐No, DO NOT PROCEED if No

Enter the Date and pt identifier like pt no (1/3/24 AM N0005)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0. Legibility															
i. Allergy / Adverse drug reactions															
ii. Basic Information (As appropriate)															
	Can include Current medication list, Problem list (Current / Past health), Family history of significant illness, Genogram, Social history, occupation, basic parameters like Blood pressure/BMI, Growth chart, immunization status, tobacco and alcohol use as appropriate														
Grade (please circle one)															

Overall performance: Clear, update, precise, consistent and concise	
Grade (please circle one)	
A	Very good to Outstanding, mastery of most components and capability
C	Satisfactory to good in most components
E	Need to overcome some omissions / defects that may have impact on patient care
N	Illegible or Major Wrong information which significantly affect patient management or medical communication

Overall performance on Basic Information: area(s) need attention / improvement	Assessment 1 (#1-5): If applicable, please ✓; higher priority ✓✓, etc.	Assessment 2: (#6-10) If applicable, please ✓; higher priority ✓✓, etc.	Assessment 3 (if done) If applicable, please ✓; higher priority ✓✓
• Information not updated			
• Inaccurate / inconsistent with other part(s) of the record			
• Documentation: unclear			
• Documentation: length not appropriate			
• Others:			

- Consultation notes on 12/7/2024
- M/67
- Fu x HT, IFG, obesity
- CS ~ 1ppd
- Social drinker
- Lives w wife

- - PRB pending Sur 7/2023
- - OA knee Fu Ortho

- 1/2021
- FG 5.2 Hba1c 5.7
- eGFR 81
- TC 4.3 HDL 1.6 LDL 2.3 TG 0.9

- 1/2023
- FG 5.7 Hba1c 6.1
- eGFR 65, uPCR 0.05mg/mg
- TC 5.5 HDL 1.3 LDL 3.2 TG 2.0 + Lipitor

- 8/2023
- FG 5.6 Hba1c 5.9
- eGFR 65, uPCR 0.08mg/mg
- ALT n
- TC 3.6 HDL 1.6 LDL 1.4 TG 1.2
- =======

- Good compliance
- No exertional chest pain
- HBP (arm) recall 12x-13x/8x

- Imp: HT, IFG, hyperlipid

- Mx
- Rept med
- book 16/52

- Dx not update
- PMHx not update
- Lengthy old blood results

SAMPLE
M/67
FU x HT, IFG, hyperlipid, obesity
CS ~ 1ppd
Social drinker
Lives w wife

- Ca colon with OT, FU Sur
- OA knee FU Ortho

8/2023
FG 5.6 Hba1c 5.9
eGFR 65, uPCR 0.08mg/mg
ALT n
TC 3.6 HDL 1.6 LDL 1.4 TG 1.2
=======

Good compliance
No exertional chest pain
HBP (arm) recall 12x-13x/8x

Imp: HT, IFG, hyperlipid

Mx
Rept med
book 16/52

- Consultation on 10/7/2024
- Fu x DM, HT, hyperlipid, gout, fatty liver (USG 5/2018)
- 12/2011 HbsAg –ve; 5/2012 antiHCV –ve
- ECG 10/10/2013 SR, HR 64bpm, no ischaemic change
- EP 10/2020: no retinopathy
- 12/2020
- A1c 6.8 FG 8.1
- eGFR 56 uACR n
- TG 1.5 TC 4.2 HDL 1.4 LDL 2.2
- 6/2021
- A1c 7.4 eGFR 57
- 5/2023
- Hba1c 7.6 FG 9.0
- eGFR 59, uACR n
- TC 4.2 HDL 1.4 LDL 2.2 TG 1.4 ALT 29
- ======

- Dx not update
- Lengthy old blood results (type eGFR 59 static, then no need to refer to old eGFR

SAMPLE
FU x DM, HT, CKD, hyperlipid, gout, fatty liver (USG 5/2018)
12/2011 HbsAg –ve, 5/2012 antiHCV –ve

EP 10/2020 No retinopathy

ECG 10/2013 SR, HR 64 bpm, no ischaemic change

5/2023
Hba1c 7.6 FG 9.0
eGFR 59 static, uACR n
TC 4.2 HDL 1.4 LDL 2.2 TG 1.4
ALT 29
=======

- Consultation notes 30/12/2023
- Fu x DM (11/2016), HT, hyperlipid
- dLFT, USG hepatic lesion Fu Sur
- ADP 2.3, HbsAg –ve
- Private CT 1/2019
- Isodense lesion at segment III of iver, with peripheral enhancement in arterial phase and becomes isdense with adjacent liver parenchyma
- MADD Fu Psy
- Social drinker, herbal tea drinker
- FHx: father, 2 siblings with DM
- 1/2019 step up MF to 1g BD
- 3/2019
- ALT 72 <- 43
- TC 6.2 HDL 1.4 LDL 3.4 TG 3.1
- FBS 8.2 Hba1c 7.0
- Cr 57 eGFR >90
- uACR 0.9
- 3/2018 EP no retinopathy
- 8/2019
- TC 5.6 HDL 1.3 LDL 3.1 TG 2.6 LFT n
- 8/2019 add Zocor 10mg
- Admitted EMW 1/2020 for dizziness
- ECG SR, no ST changes
- Trop I <10.0, CBP, RFT n
- CTB: no haemorrhage, anterior horn hypodensities esp the R side unlikely infarct
- XR C spine: mild degenerative changes
- XR T spine: mild degenerative changes
- CXR clear
- 5/2020
- FBS 8.4 Hba1c 6.4
- TC 4.3 HDL 1.7 LDL 2.1 TG 1.1
- Cr 56 eGFR >90 uACR 1.4
- DMCS no DM neuropathy
- 6/2020 EP: no DMR
- 5/2021
- FBS 11.5 Hba1c 6.6
- TC 4.5 HDL 1.7 LDL 2.1 TG 1.8
- eGFR >90, ALT n, uACR n
- 11/2021 step up Norvasc to 7.5mg
- 4/2022
- EP: bil R1, repeat 1 year
- 5/2022
- Hba1c 6.5 FBS 6.6
- eGFR >90 ALT 25
- TC 4.0 HDL 1.7 LDL 1.3 TG 2.1
- 10/2022 private CTCA
- Calcified plaques scattered along proximal and mid RCA and mid LAD, both < 50% diameter stenosis
- 8/2023 EP: no retinopathy
- 9/2023
- Hba1c 6.3 FBS 5.7
- eGFR 80, uACR 1.1
- ALT n
- TC 3.7 HDL 1.8 LDL 1.5 LDL 0.8
- ========

- Dx not update
- PMHx not update
- Unclear documentation
- Lengthy old Ix results

SAMPLE

Fu x DM (11/2016), HT, hyperlipid, mild CAD

10/2022 private CTCA: calcified plaques scattered along proximal and mid RCA and LAD, causing <50% diameter stenosis cc Med 10/2021 not for aspirin

1/2018 HbsAg -ve

Fatty liver with focal fatty sparing cc Sur 6/2022

Social drinker

- abn ECG (referred by Psy 5/2023) pending Med 1/2024

- MADD FU Psy

- Change bowel habit Fu Sur

8/2023 EP: no retinopathy, recheck 1-2 years

9/2023

Hba1c 6.3 FBS 5.7

eGFR 80, uACR 1.1

ALT n

TC 3.7 HDL 1.8 LDL 1.5 TG 0.8

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iii. Consultation notes															
History															
Physical Examination															
Diagnosis/Working diagnosis/Problem List															
Management															
Investigation Justification (if av)															
Anticipatory care advice as appropriate (if av)															

Grade (please circle one)			
A			
C			
E			
N			

Overall performance: Clear, update, precise, consistent and concise	
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Overall performance on Consultation Notes: area(s) need attention / improvement	Assessment 1 (#1-5): If applicable, please ✓; higher priority ✓✓, etc.	Assessment 2: (#6-10) If applicable, please ✓; higher priority ✓✓, etc.	Assessment 3 (if done) If applicable, please ✓; higher priority ✓✓
• History documented: unclear			
• Physical Findings: unclear			
• Diagnosis/ Working diagnosis/Problem list unclear or inaccurate			
• Management plan: unclear (esp for subsequent followed through)			
• Anticipatory care advice: not appropriate			

Unclear Hx

- Consultation on 12/7/2024
- Unaided, alone
- IVAS
- FU x IVAS x DM, hyperlipid
- Started DM / lipid drug on 31/5/2024
- Lipitor 10mg daily
- MF XR 500mg daily
- Private Hba1c 10.6
- TC 7.6 HDL 1.1 LDL 4.7 TG 4.6
- Asymptomatic of DM/lipid
- 7/24 off MF by private
- Change to diamicron/Lipitor
- Last seen 8/7/2024
- Multiple discomfort after chronic drug use
- Now better after meds change

- **SAMPLE**
- Consultation on 12/7/2024
- Unaided, alone
- FU x DM, hyperlipid (5/2024 TC 7.6)
- 5/2024 private
- Hba1c 10.6* + MF XR 500mg
- TC 7.6* HDL 1.1 LDL 4.7 TG 4.6 + Lipitor 10mg
- ======
- Seen private on 8/7/2024 as multiple discomfort after MF/Lipitor
- Changed to diamicron/Lipitor
- Tolerate well

- Before due FU x DM, HT

- Chest pain x 3/7
- Exertional
- Radiate to left arm
- Better with rest
- Ass with nausea, sweating
- No SOB
- No ankle swelling
- No pain now

- PE
- GC good
- BP 148/78 P90 regular
- HS dual, murmur –ve
- Chest clear

- Imp: costochondritis

- Panadol prn
- FU prn

You suspect a wrong diagnosis. This involves problem solving, so it should be commented in OTHER COMMENT.

The notes documentation is clear, should still have a C

- FU x DM, HT

- 6/2024
- Hba1c 6.5 FBS 6.8
- eGFR >90, uACR n
- TC 4.2 HDL 1.4 LDL 2.3 TG 1.6

- Good compliance
- No exertional chest pain
- No hypogly

- RN, cough x 2/7
- no fever
- No ST
- Mild myalgia
- Self RAT COVID +ve
- No TOCC

- Dry eye request eye drops

- PE
- GC good
- Temp: 36.5'C
- Throat n
- Chest clear

- Imp: DM, HT

- Repeat med
- Symp Rx prn for URI
- Eye drops
- Book FU 16/52

- **SAMPLE**
- FU x DM, HT

- 6/2024
- Hba1c 6.5 FBS 6.8
- eGFR >90, uACR n
- TC 4.2 HDL 1.4 LDL 2.3 TG 1.6

- Good compliance
- No exertional chest pain
- No hypogly

- RN, cough x 2/7
- no fever
- No ST
- Mild myalgia
- Self RAT COVID +ve

- No TOCC

- Dry eye request eye drops

- PE
- GC good
- Temp: 36.5'C
- Throat n
- Chest clear

- Imp: DM, HT
- COVID, dry eye

- Repeat med
- Symp Rx prn for URI
- Eye drops
- Book FU 16/52

Diagnosis unclear

- M/68
- LBP x 1/7
- No injury

- Imp: MSK pain

Hx unclear

- LBP x 3/7
- Gradual onset
- Mechanical
- No rest pain
- No radiation
- No weakness/numbness
- No preceding injury

- PE
- GC good
- Walk unaided, gait n
- Back no tender point
- Back flexion with hands to mid shin
- SLR 90/90

- Imp: lumbar spondylosis?

- Sym Rx
- Refer PT
- FU prn

Should be C, not E

- LBP x 3/7
- Over left side
- gradual onset
- On and off
- Not progressive
- Mechanical
- No rest pain
- No radiation
- No weakness/numbness
- No recent injury
- No rash
- no urinary symptoms
- Not affect ADL
- Tried Panadol with partial effect
- Retired teacher

- PE
- GC good
- Walk unaided, gait n
- Back no tender point
- Back flexion with hands to mid shin
- SLR 90/90
- LL power full

- Imp: lumbar spondylosis?

- NSAID prn (low risk, no Hx of GIB)
- Refer PT
- FU prn if persistent pain

Should be C or A

- Q&A