

GP Information

Gerald PRACTITIONER

GP AT HAND
139 LILLIE ROAD
FULHAM
LONDON
GREATER LONDON
England
SW6 7SX

Dept: Cardiology - General

Dept Tel: No information on file.

Dept Email:

Clinician: Consultant APOLLO, Doctor

Date of appointment: 31 August 2023

Date printed: 4 September 2023

Name: Stanley AMBULATORY

Seen by: Consultant APOLLO,
Doctor

Referring clinician:

Address: Begin Address
Placeholder - DO NOT
MODIFY
[Recipient name]
[Address line]
[Town/City]
[County]
[Country]
[Postcode] [District]
End Address Placeholder
- DO NOT MODIFY

Date of Birth: 10/11/1947

NHS No: 622-13-3916

Hospital No: 202443

Patient Tel No: 06082 135806

Dear Gerald PRACTITIONER
Gerald PRACTITIONER

GP Requested Actions

No action required

There are no Patient Advice on file for this visit.

Diagnoses

The encounter diagnosis was Chronic ischaemic heart disease.

It was a pleasure seeing Stanley AMBULATORY in clinic today. Included below is a summary of my notes, which has been shared with Stanley AMBULATORY.

Notes

Reason for Attendance

Patient presents with

- Routine Follow Up

Specialty Problems

Cardiology Problems**Essential hypertension****Ischaemic dilated cardiomyopathy due to coronary artery disease****Persistent atrial fibrillation****Hypertrophic cardiomyopathy****Current Outpatient Medication**

Medication	Instructions
• AMLodipine	5 mg, Oral, Daily
• apixaban	2.5 mg, Oral, 2 times daily
• atorvastatin	80 mg, Oral, Nightly
• calcium carbonate 1.25 g + colecalciferol 200 unit (Calcichew D3) chewable tablet	1 tablet, Oral, 2 times daily
• furosemide	40 mg, Oral, Daily
• lansoprazole	30 mg, Oral, Daily, Do not crush or chew.
• LEVothyroxine	75 micrograms, Oral, Daily
• metformin	500 mg, Oral, 2 times daily with meals

It was a pleasure to review Mr Stanley AMBULATORY in clinic today accompanied by his daughter and granddaughter.

He continues under routine follow up in the ICC clinic for probable HCM (previously under Dr Ismail). From the cardiovascular perspective, he is stable and without any intrusive symptoms on a daily basis. His mobility is significantly impaired, and he uses a wheelchair for mobilising indoors (he does not go out much). He does not report significant SOB, palpitations, syncope or chest pain. He reports occasional peripheral oedema in her legs, for which her GP has started furosemide.

In term of family history, I understand that his son died suddenly aged 36. He has one daughter, Susan, who apparently is under Dr Ismail as well.

Vital signs:

	04/09/23 06:24
BP:	146/79
Pulse:	70
SpO2:	98%

Physical Exam**Neck:**

Vascular: No JVD.

Musculoskeletal:

Right lower leg: **1+ Pitting Oedema** present.

Left lower leg: **1+ Pitting Oedema** present.

Results

ECG: AF at 70 bpm, borderline axis deviation, normal QRS duartion and voltages, TWI in V4-6, VE seen in isolation

Echocardiogram: stable LV hypertrophy (18-19 mm), no significant intracardiac gradient - very reassuring

No address on file

No address on file

Action Plan

No change

Review again in virtual clinic with repeat surveillance echocardiogram

Diagnoses and all orders for this visit:

1. Chronic ischaemic heart disease (Primary)

- ECG 12 lead; Future
- ECG 12 lead
- Adult congenital transthoracic echo (TTE)

GP Actions

No action required

Yours Sincerely,

Consultant APOLLO, Doctor

4/9/2023 06:34

Cc'd: Stanley AMBULATORY Stanley AMBULATORY