



40 Mitchell Ave, Binghamton, NY 13903 Phone:(607) 723-1676

Patient Name: Joyce Gioia Height: **MRN #:** 1314 **Weight:** **Birth Year: Hypertension:** S1

Blood Pressure Averages

Blood Pressure Averages::Weekly

WeekSystolicDiastolicPulseSystolic(n)Diastolic(n)Pulse(n)

Blood Pressure Averages:: Monthly

		Month-Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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Blood Pressure Averages:: Quaterly

Quarter-Year Systolic Diastolic Pulse Systolic(n) Diastol) Pulse(n)
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Blood Pressure Averages:: Yearly

	Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)
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Blood Sugar Averages

Week	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
2022-06- 02	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Month-	Before	2 hours before	Before	2 hours after	Before	2 hours after	Bedtime
Year	breakfast	breakfast	lunch	lunch	dinner	dinner	
06-2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Quarter-	Before	2 hours before	Before	2 hours after	Before	2 hours after	Bedtime
Year	breakfast	breakfast	lunch	lunch	dinner	dinner	
06-2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Year	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
2022	0(0)	0(0)	97(1)	0(0)	0(0)	0(0)	0(0)

Problem List

Code	Name	Code System Name
433144002	Chronic kidney disease stage 3	433144002
440059007	Persistent atrial fibrillation	440059007
389087006	Нурохетіа	389087006

57643001	Peptic reflux disease	57643001
35489007	Depressive disorder	35489007
21897009	Generalized anxiety disorder	21897009
55822004	Hyperlipidemia	55822004
	Long-Term Use Of Aspirin	
83270006	Neoplastic pleural effusion	83270006
59621000	Essential hypertension	59621000
190388001	Type 2 diabetes mellitus with multiple complications	190388001
8722008	Aortic valve disorder	8722008

<u>All Time Spent</u>

Month	Time
1	0
2	0
3	0
4	0
5	0
6	0

<u>Chat</u>

Sender	Receiver	Messege	Date&Time

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