



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

Patient Name: Susan McLainMRN #: 5448Birth Year:Height:Weight:Hypertension:

Blood Pressure Averages

Blood Pressure Averages::Weekly

Week Systolic Diastolic Pulse Systolic(n) Diastolic(n) Pulse(n)

Blood Pressure Averages:: Monthly

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

Quarter-Year	Systolic	Diastolic	Pulse	Systolic(n)	Diastolic(n)	Pulse(n)

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

Quarter- Year	Before breakfast	2 hours before breakfast	Before lunch	2 hours after lunch	Before dinner	2 hours after dinner	Bedtime
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
267434003	Mixed hyperlipidemia	267434003
710815001	Long-term current use of insulin	710815001
710814002	Long-term current use of drug therapy	710814002

443694000	Type II diabetes mellitus uncontrolled	443694000
373621006	Chronic pain syndrome	373621006
77881008	Osteochondropathy	77881008
110483000	Tobacco user	110483000
1201005	Benign essential hypertension	1201005
390951007	Impaired fasting glycaemia	390951007

All Time Spent

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

Chat

Sender	Receiver	Messege	Date&Time

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