

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Patient Information**Name:** JOHN D HALAMKA, M.D.**Address:****Patient ID:** 598-0478001**Birth Date:** 05/23/1962**Gender:** Male**Contact By:****Soc Sec No:****Resp Prov:** Steven R. Flier MD**Referred by:****Email:** jhalamka@caregroup.harvard.edu**Home LOC:** Personal Physicians HealthCare**Fax:****Status:** Active**Marital Status:** Married**Race:** White**Language:****MRN:** PPHC PCB**Emp. Status:****Sens Chart:** No**External ID:** 598**Problems**

Hx of AV NODAL REENTRY TACHYCARDIA (ICD-427.89)

Hx of LYME DISEASE (STAGE I) (ICD-088.81)

Hx of LOW HDL (ICD-272.9)

Hx of CORNEAL ABRASIONS (ICD-918.1)

* Note: VEGAN

Medications

CENTRUM SILVER TAB (MULTIPLE VITAMINS-MINERALS) 1 PO QD

Directives**Allergies**

AMOXICILLIN

Services Due

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05/01/2002 - Office Visit: COMPREHENSIVE**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

39 Year Old man presents for initial history and physical examination, review of preventive health, and ongoing disease management.

History of the Present Illness: he has always enjoyed excellent health, without active problems. He has had no hospitalizations, operations or medications. Currently, with a stressful work life and decreased exercise program a he is at the upper end of his weight range.

Current Medications: none

Allergies: No Known Drug Allergies

Immunization Status: full immunizations completed related to travel and ER work. He has received hepatitis B including confirmed titers.

Review of Systems

General: Denies fevers, chills, sweats, anorexia, fatigue, malaise, weight loss.

Eyes: Denies blurring, diplopia, irritation, discharge, vision loss, eye pain, photophobia.

Ears/Nose/Throat: Denies earache, ear discharge, tinnitus, decreased hearing, nasal congestion, nosebleeds, sore throat, hoarseness, dysphagia.

Cardiovascular: Denies chest pains, syncope, dyspnea on exertion, orthopnea, PND, peripheral edema. He has had episodes of palpitation, heart rate approximately 160, overturning after caffeine intake and running up several flights of stairs.

Respiratory: Denies cough, dyspnea, excessive sputum, hemoptysis, wheezing.

Gastrointestinal: Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice.

Genitourinary: Denies dysuria, hematuria, discharge, urinary frequency, urinary hesitancy, nocturia, incontinence, decreased libido.

Musculoskeletal: Denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis.

Skin: Denies rash, itching, dryness, suspicious lesions.

Endocrine: Denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, weight change.

Heme/Lymphatic: Denies abnormal bruising, bleeding, enlarged lymph nodes.

Allergic/Immunologic: Denies urticaria, hay fever.

Past, Family, and Social History

Past History: Has enjoyed excellent health. No active medical problems.

Family History: Grandparents all survived into their 90's. Mother with celiac disease, father with MS. No family hx of colorectal or prostate cancer, diabetes, hypertension.

Social History: Married, 2 children. Family's diet tends towards Asian cuisine.

Risk Factors

Tobacco use: never

Passive smoke exposure: no

Alcohol use: no

Caffeine use (drinks/day): <1

Exercise (times/week): 0

Sun exposure: rarely

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Physical Exam:**Vital Signs****Height:** 72.5 inches**Weight:** 214 pounds**Blood Pressure #1:** 160/90 mm Hg, right arm, seated**Blood Pressure #2:** 150/92 mm Hg, right arm, seated**Blood Pressure #3:** 130/90 mm Hg, right arm, seated**Calculations****Body Mass Index:** 28.73

Appears well nourished, in no distress, and appears of stated age. Skin: no rashes, eruptions or lesions of significance. HEENT: TM's clear. Eyes: sclerae clear, conjunctivae full. PERRLA, fundi normal. EOM full without lid lag. Sinuses without tenderness. Nasal mucosa normal. Pharynx clear. Neck: supple. No cervical masses. Carotid pulses normal, without bruits. No jugular venous distention. No cervical, axillary, epitrochlear or inguinal lymphadenopathy. Thyroid without tenderness, enlargement or masses. Normal male breasts. Chest: clear to percussion and auscultation. Cardiovascular: apex impulse normal; regular rate and rhythm, S1 and S2 normal; no murmur. No rub. No S3 or S4 gallop. Peripheral pulses (radial, brachial, femoral, pedal) full, without bruits. Abdomen: normal bowel sounds; abdomen soft, depressable and nontender, without hepatomegaly or splenomegaly; no abnormalities in aortic pulse; no masses. Inguinal regions without hernias or masses. Femoral regions without hernias or masses. Back: normal alignment; no vertebral tenderness; normal mobility; no CVA tenderness. Genital: normal male genitalia, testicular exam: no masses, or tenderness. Rectal: no external abnormalities; no masses or tenderness. Stool soft, brown and heme negative. Prostate normal for age, without nodules, asymmetry, masses or tenderness. Extremities: no cyanosis, clubbing, edema. Feet: no ischemic changes, infection or skin breakdown. Musculoskeletal: no joint swelling or synovitis. Neurologic: normal mental status; normal reflexes; normal strength; normal sensation; normal gait and balance.

Assessment and Plan: possible symptoms of paroxysmal supraventricular tachycardia. Question of labile versus white coat hypertension. Will obtain king of hearts monitoring, he will monitor his blood pressure regularly at home and work and report the results. Baseline lab studies obtained. Further follow-up after review of lab data.

Signed by Steven R. Flier MD on 05/01/2002 at 3:21 PM

05/01/2002 - Clinical Lists Update: LAB REPORT

Provider: Steven R. Flier MD

Location of Care: Personal Physicians HealthCare

Clinical Lists Changes**Observations:**

Added new observation of CO2: 27 mmol/L (05/01/2002 16:21)

Added new observation of CHLORIDE: 105 mmol/L (05/01/2002 16:21)

Added new observation of POTASSIUM: 4.8 mmol/L (05/01/2002 16:21)

Added new observation of SODIUM: 141 mmol/L (05/01/2002 16:21)

Added new observation of SGPT (ALT): 37 U/L (05/01/2002 16:21)

Added new observation of SGOT (AST): 23 U/L (05/01/2002 16:21)

Added new observation of HOMOCYSTEINE: 7.8 umol/L (05/01/2002 16:21)

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Added new observation of CHOLESTEROL: 156 mg/dL (05/01/2002 16:21)
Added new observation of CREATININE: 1.2 mg/dL (05/01/2002 16:21)
Added new observation of BUN: 17 mg/dL (05/01/2002 16:21)
Added new observation of BG RANDOM: 91 mg/dL (05/01/2002 16:21)
Added new observation of CALCIUM: 9.9 mg/dL (05/01/2002 16:21)
Added new observation of MCV: 87 fL (05/01/2002 16:21)
Added new observation of HCT: 43 % (05/01/2002 16:21)
Added new observation of HGB: 14.5 g/dL (05/01/2002 16:21)
Added new observation of WBC: 5.7 10³/mm³ (05/01/2002 16:21)

Signed by Steven R. Flier MD on 05/03/2002 at 4:42 PM

05/05/2002 - Clinical Lists Update: LAB REPORT
Provider: Steven R. Flier MD
Location of Care: Personal Physicians HealthCare

Clinical Lists Changes

Observations:

Added new observation of HDL: 32 mg/dL (05/01/2002 12:10)

Signed by Steven R. Flier MD on 05/05/2002 at 12:10 PM

05/05/2002 - Letter: Letter - speech recognition
Provider: Steven R. Flier MD
Location of Care: Personal Physicians HealthCare

May 5, 2002

John D. Halamka, M.D.

Dear John,

It was a pleasure to see you at the time of your recent office visit. I am writing with the results

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of your laboratory studies.

Your weight was 214 pounds, and your blood pressure was 160/90. Your total cholesterol is 156, with HDL (good cholesterol) 32. Although your total cholesterol is outstanding, your HDL is low. This is a clear-cut sign that you need to increase your program of exercise. I would like to repeat your lipids in several months, after you have had an opportunity to more fully develop the exercise program about which we spoke.

Your glucose is normal at 91. Your homocysteine level is excellent at 7.8. Your blood sugar is normal at 91. The complete blood count with differential, calcium, BUN and creatinine, liver profile and urinalysis are all normal. Your electrocardiogram shows no abnormalities.

I will be watching for the King of Hearts results. I look forward to discussing them with you soon. With best regards,

Sincerely,

Steven R. Flier, M.D.

SRF/wt

Signed by Steven R. Flier MD on 05/05/2002 at 12:17 PM

07/16/2002 - Phone Note: Lyme disease

Provider: Steven R. Flier MD

Location of Care: Personal Physicians HealthCare

Phone Note

Caller: patient

Multiple, target lesions on periphery. He has been in a Lyme disease endemic area. He is in a rural VT location at present, unable to come in to be seen. He is, however, accompanied by a dermatologist and an infectious disease specialist, both of whom are convinced that this represents early Lyme disease. Will therefore treated with three weeks of amoxicillin.

ph 802-868-3338

Prescriptions:

AMOXICILLIN CAP 500MG (AMOXICILLIN) 1 PO TID 07/16/2002 #63 x 0

Entered by: Lisa Harrington

Authorized and Signed by: Steven R. Flier MD

Method used: Telephoned to ...

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Signed by Steven R. Flier MD on 07/16/2002 at 6:04 PM

07/24/2002 - Phone Note: Lyme**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

All Lyme sx's and annular rashes resolved after 72 hrs of AMoxicillin, but after 1 week, rash developed.

Will D/C amoxicillin, treat with Doxycycline for 2 weeks; prednisone for rash.

Prescriptions:

PREDNISONE TAB 10MG (PREDNISONE) 4 on day 1, continue at 4 QD until stable, then decrease by 1 each day 07/24/2002 #30 x 2

Entered, Authorized and Signed by: Steven R. Flier MD

Method used: Telephoned to ...

DOXYCYCLINE HYCLATE TABS 100 MG (DOXYCYCLINE HYCLATE) 1 PO BID 07/24/2002 #28 x 1

Entered, Authorized and Signed by: Steven R. Flier MD

Method used: Telephoned to ...

Signed by Steven R. Flier MD on 07/24/2002 at 2:34 PM

08/20/2002 - Internal Other: HPHC referral**Provider: Jane Ansin****Location of Care: Personal Physicians HealthCare****Patient Name: John Halamka****Type of Insurance: Harvard Pilgrim Harvard (Care Group Preferred) HPCG02815-00****Specialist Name/Specialty: Dr. Frank Berson****Location: BIDMC****Reason: Corneal Ulcer****Date of Visit: August 20, 2002 (expires February 19th, 2003)****Number of Visits: 3**

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M.D. Approval: Steven Flier, M.D.**Referral #:** A38230BI**Signed by Jane Ansin on 08/20/2002 at 9:22 AM**

Called referral to Dr. Berson and spoke to Binky

Appended by Jane Ansin on 08/20/2002 at 9:31 AM

06/20/2003 - Office Visit: Comprehensive
Provider: Steven R. Flier MD
Location of Care: Personal Physicians HealthCare

41 Year Old man presents for periodic history and physical examination, review of preventive health, and ongoing disease management.

History of the Present Illness: palpitations resolved last year after discontinuation of caffeine. Weight down and activity level up, with less occupational stress. He has not checked his blood pressure during this year.

Problem List:

Current Problems:

PRE-HYPERTENSION

Hx of PALPITATIONS

Hx of LYME DISEASE (STAGE I) - erythema chronicum migrans developed last summer, treated initially with amoxicillin then doxycycline. No subsequent problems and no systemic complaints.

LOW HDL - he remains on a healthy diet and active activity regimen.

Current Medications: none**Allergies:** AMOXICILLIN.**REVIEW OF SYSTEMS****GENERAL**

Denies fever, chills, sweats, anorexia, fatigue/weakness, malaise, weight loss, and sleep disorder.

EYES

Denies blurring, diplopia, irritation, discharge, vision loss, eye pain, and photophobia.

Others: Now wears glasses and place of contacts due to corneal abrasions last year

ENT

Denies earache, ear discharge, tinnitus, decreased hearing, nasal congestion, nosebleeds, sore

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throat, and hoarseness.

CARDIOVASCULAR

Denies chest pains, palpitations, syncope, dyspnea on exertion, orthopnea, PND, and peripheral edema.

RESPIRATORY

Denies cough, dyspnea at rest, excessive sputum, hemoptysis, wheezing, and pleurisy.

GASTROINTESTINAL

Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice, gas/bloating, indigestion/heartburn, dysphagia, and odynophagia.

GENITOURINARY

Denies dysuria, hematuria, discharge, urinary frequency, urinary hesitancy, nocturia, incontinence, genital sores, decreased libido, and erectile dysfunction.

MUSCULOSKELETAL

Denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis, sciatica, restless legs, leg pain at night, and leg pain with exertion.

DERMATOLOGY

Denies rash, itching, dryness, and suspicious lesions.

ENDOCRINE

Denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, and unexpected weight change.

HEMATOLOGY

Denies abnormal bruising, bleeding, and enlarged lymph nodes.

ALLERGY/IMMUNOLOGY

Denies urticaria, allergic rash, hay fever, seasonal/perennial rhinitis, and sinusitis.

Past Medical History:

Reviewed and no changes required:

Has enjoyed excellent health. No active medical problems.

Family History:

Reviewed and no changes required:

Grandparents all survived into their 90's. Mother with celiac disease, father with MS. No family hx of colorectal or prostate cancer, diabetes, hypertension.

Social History:

Reviewed and no changes required:

Married, 2 children. Family's diet tends towards Asian cuisine.

RISK FACTORS:

Tobacco use: never

Exercise: yes

Type: walking, kayaking

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Physical Exam:**Vital Signs****Height:** 73 inches**Weight:** 209 pounds**Blood Pressure #1:** 130/82 mm Hg, right arm**Blood Pressure #2:** 134/80 mm Hg, left arm**Blood Pressure #3:** 145, right leg**Calculations****Body Mass Index:** 27.67

Ankle Brachial Index (ABI): 1.12 on 06/20/2003

General Medical Physical Exam:**General Appearance:**

Well developed, well nourished, in no acute distress

Head:

Inspection: normocephalic without obvious abnormalities

Palpation: no abnormal lesions palpable

Eyes:

External: conjunctiva and lids normal

Pupils: equal, round, and reactive to light and accommodation

Fundus: discs sharp and flat; no a/v nicking, hemorrhages, or exudates

Ears, Nose, Throat:

External: no significant lesions or deformities noted

Otoscopic: canals clear; tympanic membranes intact with normal light reflex

Hearing: grossly intact

Nasal: mucosa, septum, and turbinates normal

Dental: good dentition

Pharynx: tongue normal; posterior pharynx without erythema or exudate

Neck:

Neck: supple; no masses; trachea midline

Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory:

Resp. effort: no intercostal retractions or use of accessory muscles

Percussion: no dullness

Palpation: normal fremitus

Auscultation: no rales, rhonchi, or wheezes

Chest Wall:

Chest wall: no masses or gynecomastia

Axilla: no axillary adenopathy

Cardiovascular:

Palpation: no thrill or displacement of PMI

Auscultation: normal S1 and S2; no murmur, rub, or gallop

Carotid artery: pulses 2+ and symmetric; no bruits

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Abd. aorta: no enlargement or bruits
Femoral artery: pulses 2+ and symmetric; no bruits
Pedal pulses: pulses 2+ and symmetric
Peripheral circ: no cyanosis, clubbing, or edema

Gastrointestinal:

Abdomen: soft and non-tender with normal bowel sounds; no masses
Liver/spleen: normal to percussion; no enlargement or nodularity
Hernia: no hernias
Rectal: no masses or tenderness
Stool: hemoccult neg.

Genitourinary:

Prostate: no enlargement or nodularity

Lymphatic:

Neck: no cervical adenopathy
Axilla: no axillary adenopathy
Inguinal: no inguinal adenopathy
Other: no other adenopathy

Skin:

Inspection: scattered benign dermal nevi

Neurological:

Reflexes: 2+ and symmetric with no pathological reflexes

Assessment & Plan:**Colorectal Screening:****Colonoscopy Comments:**

Initial colonoscopy at age 50 advised unless signs or symptoms develop

PSA Screening:

Reviewed PSA screening recommendations: PSA ordered

Medical Problems Added:

- 1) Dx of Pre-hypertension (ICD-401.1)
- 2) Hx of Palpitations (ICD-785.1)
- 3) Hx of Lyme Disease (STAGE I) (ICD-088.81)
- 4) Dx of Low Hdl (ICD-272.9)
- 5) Hx of Corneal Abrasions (ICD-918.1)

Additional Plan/Instructions:

- 1) Periodic blood pressure measurements throughout the year advised.

Further follow-up after review of lab data.

Signed by Steven R. Flier MD on 06/20/2003 at 9:22 AM

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06/20/2003 - Lab Report: HEMATOLOGY, DIFFERENTIAL (ABSOLUTE COUNT), CARDIAC RISK PROF ...**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

Patient: JOHN HALAMKA

Note: All result statuses are Final unless otherwise noted.

Tests: (1) HEMATOLOGY (GRP2)

TOTAL WBC	4.4	1000/UL	3.8-10.8
RBC	4.66	MIL/UL	4.20-5.80
HEMOGLOBIN	14.2	G/DL	13.2-17.1
HEMATOCRIT	41	%	39-50
MCV	88	FL	80-100
MCH	30	PG	27-33
MCHC	35	G/DL	32-36
BANDS	0	%	0-5
NEUTROPHILS	[L] 47	%	48-75
LYMPHOCYTES	[H] 43	%	17-40
MONOCYTES	8	%	0-14
EOSINOPHILS	2	%	0-5
BASOPHILS	0	%	0-3
ATYPICAL LYMPHS	0	%	0-5
OTHER CELLS	<Did Not Report> (X)		
RBC MORPHOLOGY	<Did Not Report> (X)		
PLATELET COUNT	266	THOU/UL	140-400
RED CELL DISTRIBUTION WIDTH	12.0	%	11.0-15.0
MEAN PLATELET VOLUME	8.4	FL	7.5-11.5

Tests: (2) DIFFERENTIAL (ABSOLUTE COUNT) (GRP4)

ABSOLUTE BAND COUNT	0	/UL	0-500
ABSOLUTE NEUTROPHIL COUNT	2068	/UL	1500-7800
ABSOLUTE LYMPHOCYTE COUNT	1892	/UL	850-3900
ABSOLUTE MONOCYTE COUNT	352	/UL	200-950
! ABSOLUTE EOSINOPHIL COUNT	88	/UL	50-550
ABSOLUTE BASOPHIL COUNT	0	/UL	0-200
! ABSOLUTE ATYPICAL LYMPHOCYTES	0	/UL	0-200

Tests: (3) CARDIAC RISK PROFILE (GRP176)

CHOLESTEROL	177	MG/DL	100-199
TRIGLYCERIDES	117	MG/DL	30-149
HDL-CHOLESTEROL	[L] 39	MG/DL	40-77
LDL-CHOLESTEROL	115	MG/DL	62-130
RISK CATEGORY: LDL-CHOLESTEROL GOAL			
CHD AND CHD RISK EQUIVALENTS:	<100		
MULTIPLE (2+) FACTORS:	<130		
ZERO TO ONE RISK FACTOR:	<160		
CHOLESTEROL/HDL RISK FACTOR	4.54		
RELATIVE RISK	0.9	TIMES AVERAGE	
		1.0 IS AVERAGE RISK FOR CHD	

Tests: (4) LYME (IGG/IGM) ANTIBODIES (GRP198)

LYME (IGG/IGM) ANTIBODIES	[A] 1.5		
	NEGATIVE	<0.9	
	EQUIVOCAL	0.9 - 1.0	

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POSITIVE 1.1 OR >
INDICATES ANTIBODY
LYME EIA SCREEN IS REFLEXED
TO WESTERN BLOT IF POSITIVE.

Tests: (5) LYME (IGM) ANTIBODIES BY WESTERN BLOT (GRP199)

! 23 KDA	POSITIVE	
! 39 KDA	NEGATIVE	
! 41 KDA	NEGATIVE	
! INTERPRETATION	SEE TEXT	NEGATIVE

NEGATIVE. A WESTERN BLOT IGM RESULT IS POSITIVE ONLY IF TWO (2) OR THREE OF THE BANDS ARE DETECTED.

Tests: (6) LYME (IGG) ANTIBODIES BY WESTERN BLOT (GRP200)

! 18 KDA	POSITIVE	
! 23 KDA	POSITIVE	
! 28 KDA	NEGATIVE	
! 30 KDA	NEGATIVE	
! 39 KDA	POSITIVE	
! 41 KDA	POSITIVE	
! 45 KDA	POSITIVE	
! 58 KDA	POSITIVE	
! 66 KDA	NEGATIVE	
! 93 KDA	NEGATIVE	
! INTERPRETATION	[A] POSITIVE	NEGATIVE

Tests: (7) LYME ANTIBODIES BY WESTERN BLOT - FINAL INTERPRETATION (GRP201)

! FINAL INTERPRETATION [A] "Result Follows..."
CONSISTENT WITH LATE LYME DISEASE.

Tests: (8) CHEMISTRY (GRP208)

CALCIUM	10.3 MG/DL	8.5-10.4
BUN	17 MG/DL	7-25
CREATININE	1.2 MG/DL	0.5-1.4
BUN/CREATININE RATIO	14	6-25
GLUCOSE	78 MG/DL	65-109
URIC ACID	7.5 MG/DL	2.7-8.2
TOTAL PROTEIN	7.2 G/DL	6.0-8.3
ALBUMIN	4.6 G/DL	3.5-4.9
GLOBULIN	2.6 G/DL	2.2-4.2
ALBUMIN/GLOBULIN RATIO	1.8	0.8-2.0
BILIRUBIN, TOTAL	0.3 MG/DL	0.2-1.5
ALKALINE PHOSPHATASE	56 U/L	20-125
SGOT	15 U/L	2-50
SGPT	25 U/L	2-60
SODIUM	143 MMOL/L	135-146
POTASSIUM	4.4 MMOL/L	3.5-5.3
CHLORIDE	107 MMOL/L	98-110
CO2	27 MMOL/L	21-33

Tests: (9) PSA (ABBOTT) (28571E)

PSA (ABBOTT)	0.6 NG/ML	0-4.0
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Tests: (10) LIPOPROTEIN (A) (108357P)

LIPOPROTEIN (A)	<7 MG/DL	<=30
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PLEASE NOTE: AFRICAN AMERICANS TEND TO HAVE HIGHER
LP(A) CONCENTRATIONS AS COMPARED TO CAUCASIANS.

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ONE UNPUBLISHED STUDY INVOLVING 21 HEALTHY,
SYMPTOMLESS AFRICAN AMERICANS, RESULTED IN A MEAN
OF 40 MG/DL WITH AN UPPER LIMIT OF 66 MG/DL.

Tests: (11) CARDIO CRP (10124F)

CARDIO CRP 0.8 MG/L 0.0-3.0

THE CARDIO CRP RESULT REPRESENTS A LOW CARDIOVASCULAR RISK ACCORDING TO
AHA/CDC GUIDELINES

Tests: (12) REPORT COMMENTS: (COMRES)

! REPORT COMMENTS: DRAWN BY ACCT

Note: An exclamation mark (!) indicates a result that was not dispersed into
the flowsheet.

Document Creation Date: 06/27/2003 10:45 AM

(1) Order result status: Final

Collection or observation date-time: 06/20/2003 08:45:00

Requested date-time:

Receipt date-time: 06/20/2003 21:07:00

Reported date-time: 06/27/2003 08:10:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Producer ID: QCA L (LAB)

Filler Order Number: 34320540

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

(2) Order result status: Final

Collection or observation date-time: 06/20/2003 08:45:00

Requested date-time:

Receipt date-time: 06/20/2003 21:07:00

Reported date-time: 06/27/2003 08:10:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Producer ID: QCA L (LAB)

Filler Order Number: 34320540

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

(3) Order result status: Final

Collection or observation date-time: 06/20/2003 08:45:00

Requested date-time:

Receipt date-time: 06/20/2003 21:07:00

Reported date-time: 06/27/2003 08:10:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Producer ID: QCA L (LAB)

Filler Order Number: 34320540

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

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(4) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: QCA L (LAB)
Filler Order Number: 34320540
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139

(5) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: QCA L (LAB)
Filler Order Number: 34320540
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139

(6) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: QCA L (LAB)
Filler Order Number: 34320540
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139

(7) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: QCA L (LAB)
Filler Order Number: 34320540
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139

(8) Order result status: Final

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: QCA L (LAB)
Filler Order Number: 34320540
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139

(9) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: QCA L (LAB)
Filler Order Number: 34320540
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139

(10) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: (LAB)
Filler Order Number: 34320540
Lab site:

(11) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Producer ID: QCA L (LAB)
Filler Order Number: 34320540
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139

(12) Order result status: Final
Collection or observation date-time: 06/20/2003 08:45:00
Requested date-time:
Receipt date-time: 06/20/2003 21:07:00
Reported date-time: 06/27/2003 08:10:00

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Referring Physician:
 Ordering Physician: STEVEN FLIER
 Specimen Source:
 Producer ID: (LAB)
 Filler Order Number: 34320540
 Lab site:

 The following lab values were dispersed to the flowsheet
 with no units conversion:

TOTAL WBC, 4.4 1000/UL, (F) expected units: 10*3/mm3
 RBC, 4.66 MIL/UL, (F) expected units: 10*6/mm3
 MCHC, 35 G/DL, (F) expected units: %
 PLATELET COUNT, 266 THOU/UL, (F) expected units: 10*3/mm3
 ABSOLUTE BAND COUNT, 0 /UL, (F) expected units: 10*3/mm3
 ABSOLUTE NEUTROPHIL COUNT, 2068 /UL, (F) expected units: 10*3/mm3
 ABSOLUTE LYMPHOCYTE COUNT, 1892 /UL, (F) expected units: 10*3/mm3
 ABSOLUTE MONOCYTE COUNT, 352 /UL, (F) expected units: 10*3/mm3
 ABSOLUTE BASOPHIL COUNT, 0 /UL, (F) expected units: 10*3/mm3

 The following non-numeric lab results were dispersed to
 the flowsheet even though numeric results were expected:

LIPOPROTEIN (A), <7

Signed by Steven R. Flier MD on 06/27/2003 at 11:10 AM

06/20/2003 - Lab Report: ROUTINE URINALYSIS, REPORT COMMENTS:

Provider: Steven R. Flier MD

Location of Care: Personal Physicians HealthCare

Patient: JOHN HALAMKA

Note: All result statuses are Final unless otherwise noted.

Tests: (1) ROUTINE URINALYSIS (42812A)

COLOR	YELLOW	YELLOW
APPEARANCE	[A] TURBID	CLEAR
SPECIFIC GRAVITY	1.026	1.001-1.035
PH	5.5	5.0-8.0
ALBUMIN	NEG	NEG
GLUCOSE	NEG	NEG
KETONES	NEG	NEG
BILIRUBIN	NEG	NEG
OCCULT BLOOD	NEG	NEG
LEUKOCYTES	NEG	NEG
NITRITE	NEG	NEG
WBC	0-1	0-4
RBC	0	0-2
EPITHELIAL CELLS	0-3	0-5

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

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BACTERIA		NEG	0
MUCUS	[A]	2+	TRACE
HYALINE CASTS		<Did Not Report> (X)	
YEAST		<Did Not Report> (X)	
AMORPHOUS CRYSTALS		4+	
GRANULAR CASTS		<Did Not Report> (X)	
OTHER	[A]	"Result Follows..."	
1+ CALCIUM OXALATE CRYSTALS			
! OTHER		<Did Not Report> (X)	

Tests: (2) REPORT COMMENTS: (COMRES)

! REPORT COMMENTS: DRAWN BY ACCOUNT

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 06/23/2003 9:00 AM

(1) Order result status: Final

Collection or observation date-time: 06/20/2003 08:45:00

Requested date-time:

Receipt date-time: 06/21/2003 03:08:00

Reported date-time: 06/23/2003 07:55:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Producer ID: QCA L (LAB)

Filler Order Number: 34324759

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

(2) Order result status: Final

Collection or observation date-time: 06/20/2003 08:45:00

Requested date-time:

Receipt date-time: 06/21/2003 03:08:00

Reported date-time: 06/23/2003 07:55:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Producer ID: (LAB)

Filler Order Number: 34324759

Lab site:

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

WBC, 0-1

Signed by Steven R. Flier MD on 06/23/2003 at 9:07 AM**06/20/2003 - EKG Report: Brentwood ECG Observations**

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Provider: Steven R. Flier MD**Location of Care: Personal Physicians HealthCare**

Patient: John Halamka

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Brentwood ECG Observations (598-0478001_ECG_20030620085036)

Heart Rate	65 BPM
PR Interval	156 ms
QT Interval	388 ms
QTc Interval	398 ms
QRS Duration	104 ms
P Axis	34 deg
EKG QRS axis	8 deg
T Axis	28 deg
Interpretation	"Result Follows..."
Sinus Rhythm	

P:QRS - 1:1, Normal P axis, H Rate 65

WITHIN NORMAL LIMITS

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 06/20/2003 8:50 AM

(1) Order result status: Final

Collection or observation date-time: 06/20/2003 08:50:36

Requested date-time:

Receipt date-time: 06/20/2003 08:50:36

Reported date-time: 06/20/2003 08:50:36

Referring Physician:

Ordering Physician:

Specimen Source:

Producer ID: (BRENTWOOD OBS)

Filler Order Number: 598-0478001_ECG_20030620085036 Brentwood

Lab site:

Signed by Steven R. Flier MD on 06/20/2003 at 8:56 AM**06/20/2003 - EKG Report: (P) Brentwood ECG Report File****Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****This document contains external references**

Brentwood ECG Report File

To review the ECG interpretation, click on the paper clip icon to the right.

To review the ECG observation data either review the patient's flowsheet or the accompanying Logician document entitled EKG Rpt: Brentwood ECG Observations

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

External Attachment:

Type: Image

Comment: Scanned Image

Signed by Steven R. Flier MD on 06/20/2003 at 8:56 AM

06/20/2003 - Office Visit: Immunization/TD**Provider: Lisa Accettullo****Location of Care: Personal Physicians HealthCare**

Risks and benefits of immunization reviewed with the patient.
Immunization history reviewed.

Clinical Lists Changes**Observations:**

Added new observation of TD BOOSTER: .5 ML LEFT DELTOID MDH TD-97 (06/20/2003 9:39)

Signed by Lisa Harrington on 06/20/2003 at 9:39 AM

06/28/2003 - Letter: annual letter SRF**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

June 28, 2003

John D. Halamka, M.D.

Dear John,

It was a pleasure to see you recently for a comprehensive examination. I am writing to review your findings, and summarize our recommendations.

Your weight was 209 pounds, which at your height of 73 inches calculates to a Body Mass Index (BMI) of 27.67. (The normal range for BMI is 19-26). Your blood pressure was normal at

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

130/82, although current director and they should not consider this blood pressure higher than ideal. Continued effort at both weight reduction and increased exercise would be appropriate. The Ankle Brachial Index (ABI), the ratio of leg to arm systolic pressure is normal at 1.12.

Your total cholesterol is 177. The HDL (good cholesterol) is 39. Normal HDL is 40-60, and levels above 60 are optimal. The best approach to low HDL is weight reduction and increased exercise. Your LDL (bad cholesterol) is 115. The target goal for your LDL is under 130, and levels under 100 are optimal. The triglycerides are 117, with ideal levels under 150. Your lipoprotein (a) is excellent at < 7. Your C-Reactive Protein (CRP) is in the lowest cardiac risk category at 0.6.

Your PSA is normal at 0.6. We measured Lyme disease antibodies, in view of last summer's episode of erythema chronicum migrans. The screening antibody levels were positive at 1.5. Because of this, we went on to perform IgM and IgG Western blot analyses which indicated positive IgG with negative IgM, confirmatory of prior or late infection. IgG antibodies do remain positive long after initial infection, so these are not indicative of disease activity.

The remainder of your laboratory studies are all normal. These include a complete blood count, liver enzymes, kidney functions (BUN and creatinine), electrolytes (sodium, potassium, chloride, and carbon dioxide), uric acid, calcium and serum glucose.

I have enclosed copies of your electrocardiogram and the laboratory reports, for your records. I would like you to periodically check your blood pressure, either on your own, or here in this office, throughout the year. If you have any questions, or I can be of any assistance, please do not hesitate to call. Until then, my best regards.

Sincerely,

Steven R. Flier MD

Signed by Steven R. Flier MD on 06/28/2003 at 3:59 PM

03/23/2004 - External Correspondence: E-Mail Correspondence (copied)

Provider: Steven R. Flier MD

Location of Care: Personal Physicians HealthCare

From: jhalamka@caregroup.harvard.edu [mailto:jhalamka@caregroup.harvard.edu]

Sent: Tuesday, March 23, 2004 4:52 PM

To: Steven Flier

Subject: Followup

Steve -

I hope all is well.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

As part of my CareGroup Life Insurance policy, I had the usual brief physical today by the life insurance reps.

Since I last saw you, I've lost 40 pounds, gone from a 40 inch waist to a 32 inch waist, and my vital signs today were

BP 119/78 Pulse 58

My Body Mass Index is 22.8 (6 foot 1 inch, 173 pounds) and my total body fat has gone from 25% to 15%.

Over the last year, I've walked 1000 miles, kayaked 800 miles and climbed 20 of the highest peaks in New England in both Winter and Summer. My diet is largely vegetarian and very high in fiber.

When I next see you for a physical, I'll be half the man I was...

Here's a current picture from my climb of Mt. Lafayette last weekend.

Clinical Lists Changes

Observations:

Added new observation of BP DIASTOLIC: 78 mm Hg (03/23/2004 16:51)

Added new observation of BP SYSTOLIC: 119 mm Hg (03/23/2004 16:51)

Added new observation of BMI: 22.8 (03/23/2004 16:51)

Added new observation of WEIGHT: 173 lb (03/23/2004 16:51)

External Attachment:

Type: Image

Comment: Scanned Image

Filed automatically (without signature) on 03/23/2004 at 4:56 PM

Signed by Steven R. Flier MD on 03/23/2004 at 4:58 PM

09/03/2004 - External Other: Bone Density Report

Provider: Steven R. Flier MD

Location of Care: Personal Physicians HealthCare

This document contains external references

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Bone Density Report*Imported By: Jane Ansin 09/07/2004 16:26:01*

External Attachment:

Type: Image
 Comment: External Document

Signed by Steven R. Flier MD on 09/07/2004 at 4:39 PM**09/03/2004 - Lab Report: Hematology, Differential (absolute count), Lipid Panel, Comp ...****Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

Patient: JOHN HALAMKA

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Hematology (GRP2)

Total WBC	5.0 1000/uL	3.8-10.8	*1
RBC	4.54 mil/uL	4.20-5.80	*2
Hemoglobin	13.9 g/dL	13.2-17.1	*3
Hematocrit	40 %	39-50	*4
MCV	89 fL	80-100	*5
MCH	31 pg	27-33	*6
MCHC	34 g/dL	32-36	*7
Bands	0 %	0-5	*8
Neutrophils	[L] 47 %	48-75	*9
Lymphocytes	[H] 42 %	17-40	*10
Monocytes	7 %	0-14	*11
Eosinophils	2 %	0-5	*12
Basophils	2 %	0-3	*13
Atypical Lymphs	0 %	0-5	*14
Other Cells	<Did Not Report>		*15
RBC Morphology	<Did Not Report>		*16
Platelet Count	294 thou/uL	140-400	*17
Red Cell Distribution Width	12.0 %	11.0-15.0	*18
Mean Platelet Volume	8.1 fL	7.5-11.5	*19

Tests: (2) Differential (absolute count) (GRP4)

Absolute Band Count	0 /uL	0-500	*20
Absolute Neutrophil Count	2350 /uL	1500-7800	*21
Absolute Lymphocyte Count	2100 /uL	850-3900	*22
Absolute Monocyte Count	350 /uL	200-950	*23

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

! Absolute Eosinophil Count	100 /uL	50-550	*24
Absolute Basophil Count	100 /uL	0-200	*25
! Absolute Atypical Lymphocytes	0 /uL	0-200	*26
Tests: (3) Lipid Panel (GRP182)			
Cholesterol	127 mg/dL	100-199	*27
Triglycerides	78 mg/dL	30-149	*28
HDL-Cholesterol	42 mg/dL	40-77	*29
LDL-Cholesterol	69 mg/dL	62-130	*30
Risk Category: LDL-Cholesterol Goal			
CHD and CHD Risk equivalents: <100			
Multiple (2+) factors: <130			
Zero to one risk factor: <160			
Cholesterol/HDL Risk Factor	3.02		*31
Relative Risk	0.3 times average		*32
1.0 is average risk for CHD			
Tests: (4) Comprehensive Metabolic Panel (GRP215)			
Calcium	9.9 mg/dL	8.5-10.4	*33
BUN	16 mg/dL	7-25	*34
Creatinine	1.0 mg/dL	0.5-1.4	*35
BUN/Creatinine Ratio	16	6-25	*36
Total Protein	6.8 g/dL	6.0-8.3	*37
Albumin	4.4 g/dL	3.5-4.9	*38
Globulin	2.4 g/dL	2.2-4.2	*39
Albumin/Globulin Ratio	1.8	0.8-2.0	*40
Bilirubin, Total	0.6 mg/dL	0.2-1.5	*41
Glucose	88 mg/dL	65-99	*42
Alkaline Phosphatase	60 U/L	20-125	*43
SGOT	15 U/L	2-50	*44
SGPT	17 U/L	2-60	*45
Sodium	140 mmol/L	135-146	*46
Potassium	4.5 mmol/L	3.5-5.3	*47
Chloride	103 mmol/L	98-110	*48
CO2	25 mmol/L	21-33	*49
Tests: (5) PSA COMMENT 9/20/2003 (GRP221)			
PSA	0.6 ng/mL	0-4.0	*50
PSA performed by Bayer Centaur equimolar assay.			
Tests: (6) Chemistry (GRP222)			
Uric Acid	7.0 mg/dL	2.7-8.2	*51
Tests: (7) Thyroid (GRP223)			
TSH	1.8 uIU/mL	0.3-5.5	*52
Tests: (8) Routine Urinalysis (34F)			
Color	YELLOW	Yellow	*53
Appearance	CLEAR	Clear	*54
Specific Gravity	1.014	1.001-1.035	*55
pH	7.5	5.0-8.0	*56
Protein	NEG	NEG	*57

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

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Glucose	NEG	NEG	*58
Ketones	NEG	NEG	*59
Bilirubin	NEG	NEG	*60
Occult Blood	NEG	NEG	*61
Leukocyte Esterase	NEG	NEG	*62
Nitrite	NEG	NEG	*63
WBC	0	0-4/hpf	*64
RBC	0	0-2/hpf	*65
! Squamous Epithelial Cells	0	0-5/hpf	*66
! Transitional Epithelial Cells	0	0-5/hpf	*67
! Renal Epithelial Cells	0	0-3/hpf	*68
Bacteria	None Seen	NONE SEEN	*69
Hyaline Casts	<Did Not Report>		*70
Yeast	<Did Not Report>		*71
Granular Casts	<Did Not Report>		*72
Other	<Did Not Report>		*73
! Other	<Did Not Report>		*74
! Other Casts	<Did Not Report>		*75
! Calcium Oxalate Crystals	<Did Not Report>		*76
! Triple Phosphate Crystals	<Did Not Report>		*77
! Uric Acid Crystals	<Did Not Report>		*78
! Other Crystals	<Did Not Report>		*79
Tests: (9) Cardio CRP (10124F)			
Cardio CRP	0.6 mg/L	0.0-3.0	*80
The Cardio CRP result represents a Low cardiovascular risk according to AHA/CDC guidelines			

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 09/07/2004 3:41 PM

(1) Order result status: Final
Collection or observation date-time: 09/03/2004 10:20:00
Requested date-time:
Receipt date-time: 09/04/2004 08:17:00
Reported date-time: 09/07/2004 12:35:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Source: LAB
Filler Order Number: 38593257
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139
Producer ID *1:QCA L
Producer ID *2:QCA L
Producer ID *3:QCA L
Producer ID *4:QCA L
Producer ID *5:QCA L
Producer ID *6:QCA L
Producer ID *7:QCA L

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

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Producer ID *8:QCA L
Producer ID *9:QCA L
Producer ID *10:QCA L
Producer ID *11:QCA L
Producer ID *12:QCA L
Producer ID *13:QCA L
Producer ID *14:QCA L
Producer ID *15:QCA L
Producer ID *16:QCA L
Producer ID *17:QCA L
Producer ID *18:QCA L
Producer ID *19:QCA L

(2) Order result status: Final
Collection or observation date-time: 09/03/2004 10:20:00
Requested date-time:
Receipt date-time: 09/04/2004 08:17:00
Reported date-time: 09/07/2004 12:35:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Source: LAB
Filler Order Number: 38593257
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139
Producer ID *20:QCA L
Producer ID *21:QCA L
Producer ID *22:QCA L
Producer ID *23:QCA L
Producer ID *24:QCA L
Producer ID *25:QCA L
Producer ID *26:QCA L

(3) Order result status: Final
Collection or observation date-time: 09/03/2004 10:20:00
Requested date-time:
Receipt date-time: 09/04/2004 08:17:00
Reported date-time: 09/07/2004 12:35:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Source: LAB
Filler Order Number: 38593257
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139
Producer ID *27:QCA L
Producer ID *28:QCA L
Producer ID *29:QCA L
Producer ID *30:QCA L
Producer ID *31:QCA L
Producer ID *32:QCA L

(4) Order result status: Final
Collection or observation date-time: 09/03/2004 10:20:00
Requested date-time:
Receipt date-time: 09/04/2004 08:17:00

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Reported date-time: 09/07/2004 12:35:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Source: LAB

Filler Order Number: 38593257

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

Producer ID *33:QCA L

Producer ID *34:QCA L

Producer ID *35:QCA L

Producer ID *36:QCA L

Producer ID *37:QCA L

Producer ID *38:QCA L

Producer ID *39:QCA L

Producer ID *40:QCA L

Producer ID *41:QCA L

Producer ID *42:QCA L

Producer ID *43:QCA L

Producer ID *44:QCA L

Producer ID *45:QCA L

Producer ID *46:QCA L

Producer ID *47:QCA L

Producer ID *48:QCA L

Producer ID *49:QCA L

(5) Order result status: Final

Collection or observation date-time: 09/03/2004 10:20:00

Requested date-time:

Receipt date-time: 09/04/2004 08:17:00

Reported date-time: 09/07/2004 12:35:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Source: LAB

Filler Order Number: 38593257

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

Producer ID *50:QCA L

(6) Order result status: Final

Collection or observation date-time: 09/03/2004 10:20:00

Requested date-time:

Receipt date-time: 09/04/2004 08:17:00

Reported date-time: 09/07/2004 12:35:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Source: LAB

Filler Order Number: 38593257

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

Producer ID *51:QCA L

(7) Order result status: Final

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Collection or observation date-time: 09/03/2004 10:20:00

Requested date-time:

Receipt date-time: 09/04/2004 08:17:00

Reported date-time: 09/07/2004 12:35:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Source: LAB

Filler Order Number: 38593257

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

Producer ID *52:QCA L

(8) Order result status: Final

Collection or observation date-time: 09/03/2004 10:20:00

Requested date-time:

Receipt date-time: 09/04/2004 08:17:00

Reported date-time: 09/07/2004 12:35:00

Referring Physician:

Ordering Physician: STEVEN FLIER

Specimen Source:

Source: LAB

Filler Order Number: 38593257

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave.

Cambridge MA 02139

Producer ID *53:QCA L

Producer ID *54:QCA L

Producer ID *55:QCA L

Producer ID *56:QCA L

Producer ID *57:QCA L

Producer ID *58:QCA L

Producer ID *59:QCA L

Producer ID *60:QCA L

Producer ID *61:QCA L

Producer ID *62:QCA L

Producer ID *63:QCA L

Producer ID *64:QCA L

Producer ID *65:QCA L

Producer ID *66:QCA L

Producer ID *67:QCA L

Producer ID *68:QCA L

Producer ID *69:QCA L

Producer ID *70:QCA L

Producer ID *71:QCA L

Producer ID *72:QCA L

Producer ID *73:QCA L

Producer ID *74:QCA L

Producer ID *75:QCA L

Producer ID *76:QCA L

Producer ID *77:QCA L

Producer ID *78:QCA L

Producer ID *79:QCA L

(9) Order result status: Final

Collection or observation date-time: 09/03/2004 10:20:00

Requested date-time:

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Receipt date-time: 09/04/2004 08:17:00
Reported date-time: 09/07/2004 12:35:00
Referring Physician:
Ordering Physician: STEVEN FLIER
Specimen Source:
Source: LAB
Filler Order Number: 38593257
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave.
Cambridge MA 02139
Producer ID *80:QCA L

The following lab values were dispersed to the flowsheet
with no units conversion:

Total WBC, 5.0 1000/UL, (F) expected units: 10*3/mm3
RBC, 4.54 MIL/UL, (F) expected units: 10*6/mm3
MCHC, 34 G/DL, (F) expected units: %
Platelet Count, 294 THOU/UL, (F) expected units: 10*3/mm3
Absolute Band Count, 0 /UL, (F) expected units: 10*3/mm3
Absolute Neutrophil Count, 2350 /UL, (F) expected units: 10*3/mm3
Absolute Lymphocyte Count, 2100 /UL, (F) expected units: 10*3/mm3
Absolute Monocyte Count, 350 /UL, (F) expected units: 10*3/mm3
Absolute Basophil Count, 100 /UL, (F) expected units: 10*3/mm3
WBC, 0, (F) expected units: cells/hpf

Signed by Steven R. Flier MD on 09/07/2004 at 4:03 PM

09/03/2004 - Office Visit: Comprehensive
Provider: Steven R. Flier MD
Location of Care: Personal Physicians HealthCare

History of Present Illness:

Visit Type: Comprehensive Annual Examination

General History:

He has been feeling quite well, with a significant change in diet, exercise and weight since last year. He has lost nearly 40 pounds. This weight loss came on as he gradually increased his regular exercise level, without significant change in diet. His diet has been a combination of granola with soy milk in the morning, rice and tofu for lunch, salad soup and sushi at dinnertime. He is hiking extensively, and has begun technical climbing at high altitude as well.

Active Problems:

PRE-HYPERTENSION (ICD-401.1)
Hx of PALPITATIONS (ICD-785.1)
Hx of LYME DISEASE (STAGE I) (ICD-088.81)
LOW HDL (ICD-272.9)

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Hx of CORNEAL ABRASIONS (ICD-918.1)

Medications: none

Allergies: AMOXICILLIN.

Past Medical History:

Reviewed and no changes required:

Has enjoyed excellent health. No active medical problems.

Family History:

Reviewed and no changes required:

Grandparents all survived into their 90's. Mother with celiac disease, father with MS. No family hx of colorectal or prostate cancer, diabetes, hypertension.

Social History:

Married, 2 children.

He is currently the Chief information Officer at Harvard Medical School, CareGroup, that has recently taken over the Countway Library of Medicine.

REVIEW OF SYSTEMS

GENERAL

Denies fever, chills, sweats, anorexia, fatigue/weakness, malaise, weight loss, and sleep disorder.

EYES

Denies blurring, diplopia, irritation, discharge, vision loss, eye pain, and photophobia.

ENT

Denies earache, ear discharge, tinnitus, decreased hearing, nasal congestion, nosebleeds, sore throat, and hoarseness.

CARDIOVASCULAR

Denies chest pains, palpitations, syncope, dyspnea on exertion, orthopnea, PND, and peripheral edema.

RESPIRATORY

Denies cough, dyspnea at rest, excessive sputum, hemoptysis, wheezing, and pleurisy.

GASTROINTESTINAL

Denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, jaundice, gas/bloating, indigestion/heartburn, dysphagia, and odynophagia.

GENITOURINARY

Denies dysuria, hematuria, discharge, urinary frequency, urinary hesitancy, nocturia, incontinence, genital sores, decreased libido, and erectile dysfunction.

MUSCULOSKELETAL

Denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, arthritis, sciatica, restless legs, leg pain at night, and leg pain with exertion.

DERMATOLOGY

Denies rash, itching, dryness, and suspicious lesions.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

NEUROLOGY

Denies paralysis, paresthesias, seizures, tremors, vertigo, transient blindness, frequent falls, frequent headaches, and difficulty walking.

PSYCHIATRIC

Denies depression, anxiety, memory loss, suicidal ideation, hallucinations, paranoia, phobia, and confusion.

ENDOCRINE

Denies cold intolerance, heat intolerance, polydipsia, polyphagia, polyuria, and unusual weight change.

HEMATOLOGY

Denies abnormal bruising, bleeding, and enlarged lymph nodes.

ALLERGY/IMMUNOLOGY

Denies urticaria, allergic rash, hay fever, and recurrent infections.

RISK FACTORS:

Tobacco use: never

Passive smoke exposure: no

HIV high-risk behavior: no

Caffeine use: 0 drinks per day

Alcohol use: no

Exercise: yes

Times per week: 6

Type: walking, kayaking

Seatbelt use: 100 %

Sun Exposure: rarely

VITAL SIGNS:

Patient Profile: 42 Year Old Male

Height: 73 inches

Weight: 173 pounds

BMI: 22.91

BP sitting: 116 / 70

Pulse rate: 62

Pulse rhythm: regular

Body Fat (by DEXA): 19.5%

Ankle Brachial Index (ABI): 1.22

General Medical Physical Exam:**General Appearance:**

Well developed, well nourished, in no acute distress

Head:

Inspection: normocephalic without obvious abnormalities

Palpation: no abnormal lesions palpable

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Eyes:

External: conjunctiva and lids normal
Pupils: equal, round, and reactive to light and accommodation
Fundus: discs sharp and flat; no a/v nicking, hemorrhages, or exudates

Ears, Nose, Throat:

External: no significant lesions or deformities noted
Otoscopic: canals clear; tympanic membranes intact with normal light reflex
Hearing: grossly intact
Nasal: mucosa, septum, and turbinates normal
Dental: good dentition
Pharynx: tongue normal; posterior pharynx without erythema or exudate

Neck:

Neck: supple; no masses; trachea midline
Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory:

Resp. effort: no intercostal retractions or use of accessory muscles
Percussion: no dullness
Palpation: normal fremitus
Auscultation: no rales, rhonchi, or wheezes

Chest Wall:

Chest wall: no masses or gynecomastia
Axilla: no axillary adenopathy

Cardiovascular:

Palpation: no thrill or displacement of PMI
Auscultation: normal S1 and S2; no murmur, rub, or gallop
Carotid artery: pulses 2+ and symmetric; no bruits
Abd. aorta: no enlargement or bruits
Femoral artery: pulses 2+ and symmetric; no bruits
Pedal pulses: pulses 2+ and symmetric
Peripheral circ: no cyanosis, clubbing, or edema

Gastrointestinal:

Abdomen: soft and non-tender with normal bowel sounds; no masses
Liver/spleen: normal to percussion; no enlargement or nodularity
Hernia: no hernias
Rectal: no masses or tenderness
Stool: hemoccult neg.

Genitourinary:

Scrotum: no lesions, cysts, edema, or rash
Penis: no lesions or discharge
Prostate: no enlargement or nodularity

Musculoskeletal:

Gait/station: normal gait; no ataxia
Digits/nails: no cyanosis, clubbing, or petechiae
Head/neck: normal alignment and mobility
Trunk: normal alignment and mobility; no deformity
RUE: normal range of motion and strength

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

RLE: normal range of motion and strength
LUE: normal range of motion and strength
LLE: normal range of motion and strength

Lymphatic:

Neck: no cervical adenopathy
Axilla: no axillary adenopathy
Inguinal: no inguinal adenopathy
Other: no other adenopathy

Skin:

Inspection: scattered benign dermal nevi
Palpation: no subcutaneous nodules or induration

Neurological:

Cranial N: II - XII grossly intact
Reflexes: 2+ and symmetric with no pathological reflexes
Sensory: intact to touch

Psychiatric:

Mood/affect: no appearance of anxiety, depression, or agitation

Assessment & Plan:

Problem: Hx of PALPITATIONS (ICD-785.1)

Assessment: No current palpitations.

Problem: LOW HDL (ICD-272.9)

Assessment: Will reassess with his current weight, diet, exercise program. NCEP III guidelines discussed.

Problem: Hx of LYME DISEASE (STAGE I) (ICD-088.81)

Assessment: Asymptomatic

Problem: TRAVEL

Assessment: His itinerary and travel to East Asia reviewed. Immunized today with hepatitis A, Pneumovax. Rx for Vivotif given. No malaria medications needed. "Travel kit" prescriptions provided.

Cardiovascular Risk Assessment/Plan:

The patient's hypertensive risk group is category B: At least one risk factor (excluding diabetes) with no target organ damage. His calculated 10 year of coronary heart disease is 6 %. Today's blood pressure is 116/70.

Colorectal Screening:**Current Recommendations:**

Hemoccult: NEG X 1 today

PSA Screening:

PSA: 0.6 (06/27/2003)

Reviewed PSA screening recommendations: PSA ordered

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Immunization & Chemoprophylaxis:

Hepatitis A vaccine #1: 1 CC RIGHT DELTOID SMKL VHA841A4 (09/03/2004)

Tetanus vaccine: .5 ML LEFT DELTOID MDH TD-97 (06/20/2003)

Pneumovax: .5 ML LEFT DELTOID MERCK 0460P (09/03/2004)

Bone Density (DEXA Scan) Results:

Date of Exam: 09/03/2004

Results: Normal

T-score Hip: 0.1

T-Score L1-4: 0.3

Orders:

ESTABLISHED PATIENT OFFICE VISIT HIGH COMPLEXITY [CPT-99215]

Electrocardiogram (ECG) [CPT-93000]

Immunization admin (#1) [CPT-90471]

PNEUMOVAX VACCINE [CPT-90732]

Immunization admin (each add'l) [CPT-90472]

Hepatitis A vaccine, adult [CPT-90632]

Signed by Steven R. Flier MD on 09/03/2004 at 5:02 PM

09/03/2004 - EKG Report: (P) Brentwood ECG Report File**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****This document contains external references**

Brentwood ECG Report File

To review the ECG interpretation, click on the paper clip icon to the right.

To review the ECG observation data either review the patient's flowsheet or the accompanying Logician document entitled EKG Rpt: Brentwood ECG Observations

External Attachment:

Type: Image

Comment: Scanned Image

Signed by Steven R. Flier MD on 09/03/2004 at 11:33 AM

09/03/2004 - EKG Report: Brentwood ECG Observations**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

Patient: JOHN HALAMKA

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Brentwood ECG Observations (598-0478001_ECG_20040903111506)

Heart Rate	51 BPM (C)
PR Interval	174 ms (C)
QT Interval	418 ms (C)
QTc Interval	403 ms (C)
QRS Duration	98 ms (C)
P Axis	30 deg (C)
EKG QRS axis	38 deg (C)
T Axis	36 deg (C)
Interpretation	"Result Follows..." (C)

Sinus Bradycardia

P:QRS - 1:1, Normal P axis, H Rate 51

Inferolateral repolarization variant

Compared to 6/03 axis less horizontal

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 09/03/2004 11:31 AM

(1) Order result status: Corrected

Collection or observation date-time: 09/03/2004 11:15:06

Requested date-time:

Receipt date-time: 09/03/2004 11:15:06

Reported date-time: 09/03/2004 11:15:06

Referring Physician:

Ordering Physician: Steven Flier MD (sflier)

Specimen Source:

Producer ID: (BRENTWOOD OBS)

Filler Order Number: 598-0478001_ECG_20040903111506 Brentwood

Lab site:

The following results differed from their previous value:

Interpretation Old Value: Sinus Bradycardia

P:QRS - 1:1, Normal P axis, H Rate 51

-Inferolateral ST-elevation -possible
repolarization variant -consider injury .

PROBABLY NORMAL

New Value: Sinus Bradycardia

P:QRS - 1:1, Normal P axis, H Rate 51

Inferolateral repolarization variant

Compared to 6/03 axis less horizontal

Signed by Steven R. Flier MD on 09/03/2004 at 11:33 AM

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

09/03/2004 - Letter: Travel kit**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

September 3, 2004

JOHN D HALAMKA, M.D.

Dear John,

At your request I put together a "travel kit" of medications that might be of help while traveling out of the country. A list of medications, their purposes and cautions follows. Depending on the duration and the itinerary, you might not feel that all of these are necessary.

Allergy medications: While traveling allergic reactions to foods, environmental allergens or skin exposures are common. **Allegra** 180 mg once a day is safe and helpful for mild allergic problems. **Clobetasol**, a potent topical steroid can help with skin allergies, rashes, and insect bites. **Medrol Dosepak** is a potent steroid which is useful to have on hand but should **only be taken after telephone consultation with me.**

Antibiotics: **Tequin** is a very effective broad spectrum antibiotic which is useful for severe traveler's diarrhea (diarrhea *plus* fever or bloody diarrhea). It can also be helpful for urinary tract infections, severe upper respiratory infections, and skin infections. For traveler's diarrhea, take one tablet daily for 3 days. For urinary tract Infections the dose is one tablet daily for 3 days. For bacterial bronchitis the dose is one tablet daily for 5 days and for pneumonia the dose is one tablet daily for 7 days. For skin infections the dose is one tablet daily for 7-10 days.

Your travel kit should also include over-the-counter Imodium (for mild traveler's diarrhea), Advil (for injury and inflammation) and a good insect repellent.

Sincere best wishes for a safe and pleasant trip.

Steven R. Flier MD

Signed by Steven R. Flier MD on 09/03/2004 at 11:39 AM

09/03/2004 - Clinical Lists Update: Vivotif Rx**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Clinical Lists Changes

Observations:

Added new observation of TYPHOID ORAL: Prescribed (09/03/2004 15:50)

Signed by Steven R. Flier MD on 09/01/2005 at 3:50 PM

09/07/2004 - Letter: annual letter SRF

Provider: Steven R. Flier MD

Location of Care: Personal Physicians HealthCare

September 7, 2004

JOHN D HALAMKA, M.D.

Dear John,

It was a pleasure to see you again for your comprehensive examination. I am writing to review your findings, and summarize our recommendations.

Your weight was 173 pounds, which at your height of 73 inches calculates to a Body Mass Index (BMI) of 22.91. (The normal range for BMI is 19-26). This is dramatically improved compared to last year. Your percent body fat, as measured by DEXA scan, was 19.5%. Your blood pressure was healthy at 116/70. The Ankle Brachial Index (ABI), the ratio of leg to arm systolic pressure was excellent at 1.22.

Your total cholesterol is dramatically lower at 127. The HDL (good cholesterol) is now normal at 42. Your LDL (bad cholesterol) is 69. The goal for LDL even under the most rigorous guidelines is less than 70, which you have achieved without medication. Congratulations! The triglycerides are 78, with ideal levels under 150. Your C-Reactive Protein (CRP) is 0.6 mg/L. This level is associated with the lowest statistical risk of coronary artery disease.

Your PSA, a screening test for prostate cancer, is normal at 0.6. Your thyroid studies are normal, with TSH 1.8.

The remainder of your laboratory studies are all normal. These include your complete blood count (which tests for anemia and infection), liver enzymes, kidney functions (BUN and creatinine), electrolytes (sodium, potassium, chloride, and carbon dioxide), uric acid, calcium and serum glucose (which tests for diabetes). Your urinalysis is normal.

Once again, I am remarkably impressed with your physical and biochemical improvements. Keep up the good work. If you have any questions, or I can be of any assistance, please do not hesitate to call. Until then, my best regards.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Sincerely,

Steven R. Flier MD

Signed by Steven R. Flier MD on 09/07/2004 at 7:43 PM

03/01/2005 - Office Visit: Immunization / Injection/Hep A #2**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**Risks and benefits of immunization reviewed with the patient.
Immunization administration history reviewed.**Clinical Lists Changes****Problems:**

Added new problem of Minor Diagnosis of VACCINE AGAINST VIRAL HEPATITIS (ICD-V05.3)

Orders:

Added new Service order of Hepatitis A vaccine, adult (CPT-90632) - Signed

Added new Service order of Immunization admin (#1) (CPT-90471) - Signed

Observations:

Added new observation of HEPAVAX #2: 1 CC LEFT DELTOID SMKL AHAVA031BB (03/01/2005 11:17)

Signed by Steven R. Flier MD on 03/01/2005 at 11:44 AM

09/12/2005 - Diagnostic Report Other: body fat**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****This document contains external references****body fat***Imported By: Jane Ansin 09/13/2005 14:53:48*

External Attachment:

Type: Image

Comment: External Document

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Signed by Steven R. Flier MD on 09/13/2005 at 4:41 PM

09/12/2005 - Office Visit: Comprehensive**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****Visit Type:** Comprehensive Annual Examination**History of Present Illness:**

Continuing in his incredibly active work and recreational lifestyle, many jobs, climbing mountains and feeling extremely well.

He has had occasional lightheaded episodes which occur only after consuming a very large meal on a very hot day followed by intensive exercise. The symptoms resolve with few moments of rest. Never are they associated with chest pain or palpitation.

Current Problems:

Hx of PALPITATIONS (ICD-785.1)

Hx of LYME DISEASE (STAGE I) (ICD-088.81)

LOW HDL (ICD-272.9)

Hx of CORNEAL ABRASIONS (ICD-918.1)

Allergies: AMOXICILLIN**Current Meds:**

CENTRUM SILVER TAB (MULTIPLE VITAMINS-MINERALS) 1 PO QD

Lipid Panel: reviewed last results

Chol: 127 (09/07/2004 12:35:00 PM)

HDL: 42 (09/07/2004 12:35:00 PM)

LDL: 69 (09/07/2004 12:35:00 PM)

TG: 78 (09/07/2004 12:35:00 PM)

CRP: 0.6 mg/L (09/07/2004 12:35:00 PM)

Homocysteine: 7.8 (05/01/2002 4:21:32 PM)

Past Medical History:

PMH reviewed. No changes required:

Has enjoyed excellent health. No active medical problems.

Family History:

Reviewed and no changes required:

Grandparents all survived into their 90's. Mother with celiac disease, father with MS. No family hx of colorectal or prostate cancer, diabetes, hypertension.

Social History:

Married, 2 children.

He is currently the Chief information Officer at Harvard Medical School, CareGroup, that has recently

JOHN D HALAMKA, M.D. 2

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

taken over the Countway Library of Medicine. His wife is an artist and professor at Rhode Island School of Design.

Risk Factors:

Tobacco use: never

Passive smoke exposure: no

HIV high-risk behavior: no

Caffeine use: 0 drinks per day

Alcohol use: no

Exercise: yes

Times per week: 6

Type: walking, kayaking, hiking, mountain climbing (technical)

Seatbelt use: 100 %

Sun Exposure: rarely

VITAL SIGNS:

Patient Profile: 43 Year Old Male

Height: 73 inches

Weight: 169 pounds

BMI: 22.38

BP sitting: 126 / 82 (right arm)

Pulse rhythm: regular

19.6% 09/12/2005

General Medical Physical Exam:**General Appearance:**

Well developed, well nourished, in no acute distress

Head:

Inspection: normocephalic without obvious abnormalities

Palpation: no abnormal lesions palpable

Eyes:

External: conjunctiva and lids normal

Pupils: equal, round, and reactive to light and accommodation

Fundus: discs sharp and flat; no a/v nicking, hemorrhages, or exudates

Ears, Nose, Throat:

External: no significant lesions or deformities noted

Otoscopic: canals clear; tympanic membranes intact with normal light reflex

Hearing: grossly intact

Nasal: mucosa, septum, and turbinates normal

Dental: good dentition

Pharynx: tongue normal; posterior pharynx without erythema or exudate

Neck:

Neck: supple; no masses; trachea midline

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Thyroid: no nodules, masses, tenderness, or enlargement

Respiratory:

Resp. effort: no intercostal retractions or use of accessory muscles
Percussion: no dullness
Palpation: normal fremitus
Auscultation: no rales, rhonchi, or wheezes

Chest Wall:

Chest wall: no masses or gynecomastia
Axilla: no axillary adenopathy

Cardiovascular:

Palpation: no thrill or displacement of PMI
Auscultation: normal S1 and S2; no murmur, rub, or gallop
Carotid artery: pulses 2+ and symmetric; no bruits
Abd. aorta: no enlargement or bruits
Femoral artery: pulses 2+ and symmetric; no bruits
Pedal pulses: pulses 2+ and symmetric
Peripheral circ: no cyanosis, clubbing, or edema

Gastrointestinal:

Abdomen: soft and non-tender with normal bowel sounds; no masses
Liver/spleen: normal to percussion; no enlargement or nodularity
Hernia: no hernias
Rectal: no masses or tenderness
Stool: hemoccult neg.

Genitourinary:

Scrotum: no lesions, cysts, edema, or rash
Penis: no lesions or discharge
Prostate: no enlargement or nodularity

Musculoskeletal:

Gait/station: normal gait; no ataxia
Digits/nails: no cyanosis, clubbing, or petechiae
Head/neck: normal alignment and mobility
Trunk: normal alignment and mobility; no deformity
RUE: normal range of motion and strength
RLE: normal range of motion and strength
LUE: normal range of motion and strength
LLE: normal range of motion and strength

Lymphatic:

Neck: no cervical adenopathy
Axilla: no axillary adenopathy
Inguinal: no inguinal adenopathy
Other: no other adenopathy

Skin:

Inspection: scattered benign dermal nevi
Palpation: no subcutaneous nodules or induration

Neurological:

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Cranial N: II - XII grossly intact
Reflexes: 2+ and symmetric with no pathological reflexes
Sensory: intact to touch

Psychiatric:

Mood/affect: no appearance of anxiety, depression, or agitation

Impression & Recommendations:**Problem # 1:** Hx of PALPITATIONS (ICD-785.1)

Asymptomatic

Orders:

ESTABLISHED PATIENT OFFICE VISIT HIGH COMPLEXITY (CPT-99215)

Electrocardiogram (ECG) (CPT-93000)

Problem # 2: Hx of LYME DISEASE (STAGE I) (ICD-088.81)

No signs of complication or recurrence

Problem # 3: LOW HDL (ICD-272.9)

Will recheck lipids

Orders:

ESTABLISHED PATIENT OFFICE VISIT HIGH COMPLEXITY (CPT-99215)

Colorectal Screening:**Current Recommendations:**

Hemoccult: NEG X 1 today

Colonoscopy Comments:

Baseline at 50 advised

Next Colonoscopy Due:

05/23/2012

PSA Screening:

PSA: 0.6 (09/07/2004)

Reviewed PSA screening recommendations: PSA ordered

Immunization & Chemoprophylaxis:

Hepatitis A vaccine #1: 1 CC RIGHT DELTOID SMKL VHA841A4 (09/03/2004)

Hepatitis A vaccine #2: 1 CC LEFT DELTOID SMKL AHAVA031BB (03/01/2005)

Tetanus vaccine: .5 ML LEFT DELTOID MDH TD-97 (06/20/2003)

Pneumovax: .5 ML LEFT DELTOID MERCK 0460P (09/03/2004)

Signed by Steven R. Flier MD on 09/12/2005 at 6:03 PM

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

09/12/2005 - EKG Report: Brentwood ECG Observations**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

Patient: JOHN HALAMKA

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Brentwood ECG Observations (598-0478001_ECG_20050912134449)

Heart Rate	55 BPM
PR Interval	180 ms
QT Interval	412 ms
QTc Interval	404 ms
QRS Duration	90 ms
P Axis	44 deg
EKG QRS axis	27 deg
T Axis	29 deg
Interpretation	"Result Below..."

RESULT: Sinus Bradycardia

P:QRS - 1:1, Normal P axis, H Rate 55

WITHIN NORMAL LIMITS

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 09/12/2005 1:43 PM

(1) Order result status: Final

Collection or observation date-time: 09/12/2005 13:44:49

Requested date-time:

Receipt date-time: 09/12/2005 13:44:49

Reported date-time: 09/12/2005 13:44:49

Referring Physician:

Ordering Physician: M.D. Steven R. Flier

Specimen Source:

Source: BRENTWOOD OBS

Filler Order Number: 598-0478001_ECG_20050912134449 Brentwood

Lab site:

Signed by Steven R. Flier MD on 09/12/2005 at 3:41 PM**09/12/2005 - EKG Report: (P) Brentwood ECG Report File****Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****This document contains external references**

Brentwood ECG Report File

To review the ECG interpretation, click on the paper clip icon to the right.

To review the ECG observation data either review the patient's flowsheet or the accompanying Logician document entitled EKG Rpt: Brentwood ECG Observations

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

External Attachment:

Type: Image
 Comment: Scanned Image

Signed by Steven R. Flier MD on 09/12/2005 at 3:41 PM**09/12/2005 - Lab Report: Hematology, Differential (absolute count), Cardiac Risk Pane ...****Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

Patient: JOHN HALAMKA

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Hematology (GRP2)

Total WBC	4.2	1000/uL	3.8-10.8	*1
RBC	4.83	mil/uL	4.20-5.80	*2
Hemoglobin	14.6	g/dL	13.2-17.1	*3
Hematocrit	43	%	39-50	*4
MCV	89	fL	80-100	*5
MCH	30	pg	27-33	*6
MCHC	34	g/dL	32-36	*7
Bands	0	%	0-5	*8
Neutrophils	[L] 47	%	48-75	*9
Lymphocytes	[H] 45	%	17-40	*10
Monocytes	6	%	0-14	*11
Eosinophils	1	%	0-5	*12
Basophils	1	%	0-3	*13
Atypical Lymphs	0	%	0-5	*14
Other Cells	<Did Not Report>			*15
RBC Morphology	<Did Not Report>			*16
Platelet Count	256	thou/uL	140-400	*17
Red Cell Distribution Width	12.3	%	11.0-15.0	*18
Mean Platelet Volume	8.6	fL	7.5-11.5	*19

Tests: (2) Differential (absolute count) (GRP3)

Absolute Band Count	0	/uL	0-500	*20
Absolute Neutrophil Count	1974	/uL	1500-7800	*21
Absolute Lymphocyte Count	1890	/uL	850-3900	*22
Absolute Monocyte Count	252	/uL	200-950	*23
! Absolute Eosinophil Count	[L] 42	/uL	50-550	*24
Absolute Basophil Count	42	/uL	0-200	*25
! Absolute Atypical Lymphocytes	0	/uL	0-200	*26

Tests: (3) Cardiac Risk Panel (GRP187)

Cholesterol	137	mg/dL	100-199	*27
Triglycerides	59	mg/dL	30-149	*28

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

HDL-Cholesterol	43 mg/dL	40-77	*29
LDL-Cholesterol	82 mg/dL	62-130	*30
Risk Category: LDL-Cholesterol Goal			
CHD and CHD Risk equivalents: <100			
Multiple (2+) factors: <130			
Zero to one risk factor: <160			
Cholesterol/HDL Risk Factor			
	3.19		*31
Relative Risk	0.4 times average		*32
		1.0 is average risk for CHD	
Homocysteine (Cardio)			
	9.8 umol/L	0-11.3	*33
Tests: (4) Comprehensive Metabolic Panel (GRP221)			
Calcium	10.2 mg/dL	8.5-10.4	*34
BUN	13 mg/dL	7-25	*35
Creatinine	0.9 mg/dL	0.5-1.4	*36
BUN/Creatinine Ratio	14	6-25	*37
Total Protein	7.2 g/dL	6.0-8.3	*38
Albumin	4.5 g/dL	3.5-4.9	*39
Globulin	2.7 g/dL	2.2-4.2	*40
Albumin/Globulin Ratio			
	1.7	0.8-2.0	*41
Bilirubin, Total	0.7 mg/dL	0.2-1.5	*42
Glucose	79 mg/dL	65-99	*43
Alkaline Phosphatase	58 U/L	20-125	*44
AST	17 U/L	2-50	*45
ALT	15 U/L	2-60	*46
Sodium	140 mmol/L	135-146	*47
Potassium	4.7 mmol/L	3.5-5.3	*48
Chloride	102 mmol/L	98-110	*49
CO2	28 mmol/L	21-33	*50
Tests: (5) (GRP229)			
PSA	0.5 ng/mL	0-4.0	*51
	PSA performed by Bayer Centaur equimolar assay.		
Tests: (6) Chemistry (GRP230)			
Uric Acid	6.7 mg/dL	2.7-8.2	*52
Tests: (7) Routine Urinalysis (42812A)			
Color	Yellow	Yellow	*53
Appearance	Clear	Clear	*54
Specific Gravity	1.015	1.001-1.035	*55
pH	7.5	5.0-8.0	*56
Protein	NEG	NEG	*57
Glucose (Urine)	NEG	NEG	*58
Ketones	NEG	NEG	*59
Bilirubin	NEG	NEG	*60
Occult Blood	NEG	NEG	*61
Leukocyte Esterase	NEG	NEG	*62
Nitrite	NEG	NEG	*63
WBC	0	0-4/hpf	*64
RBC	0	0-2/hpf	*65
! Squamous Epithelial Cells			
	0	0-5/hpf	*66
! Transitional Epithelial Cells			

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

! Renal Epithelial Cells	0	0-5/hpf	*67
Bacteria	None Seen	NONE SEEN	*69
Hyaline Casts	<Did Not Report>		*70
Yeast	<Did Not Report>		*71
Granular Casts	<Did Not Report>		*72
Other	<Did Not Report>		*73
! Other	<Did Not Report>		*74
! Other Casts	<Did Not Report>		*75
! Calcium Oxalate Crystals	<Did Not Report>		*76
! Triple Phosphate Crystals	<Did Not Report>		*77
! Uric Acid Crystals	<Did Not Report>		*78
! Other Crystals	<Did Not Report>		*79
Tests: (8) Cardio CRP (10124F)			
Cardio CRP	0.6 mg/L	0.0-3.0	*80
The Cardio CRP result represents a Low cardiovascular risk according to AHA/CDC guidelines			

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 09/13/2005 4:03 PM

(1) Order result status: Final
Collection or observation date-time: 09/12/2005 13:59:00
Requested date-time:
Receipt date-time: 09/12/2005 22:47:00
Reported date-time: 09/13/2005 12:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 42388086
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *1:QCA L
Producer ID *2:QCA L
Producer ID *3:QCA L
Producer ID *4:QCA L
Producer ID *5:QCA L
Producer ID *6:QCA L
Producer ID *7:QCA L
Producer ID *8:QCA L
Producer ID *9:QCA L
Producer ID *10:QCA L
Producer ID *11:QCA L
Producer ID *12:QCA L
Producer ID *13:QCA L
Producer ID *14:QCA L
Producer ID *15:QCA L
Producer ID *16:QCA L
Producer ID *17:QCA L
Producer ID *18:QCA L

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Producer ID *19:QCA L

(2) Order result status: Final
Collection or observation date-time: 09/12/2005 13:59:00
Requested date-time:
Receipt date-time: 09/12/2005 22:47:00
Reported date-time: 09/13/2005 12:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 42388086
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *20:QCA L
Producer ID *21:QCA L
Producer ID *22:QCA L
Producer ID *23:QCA L
Producer ID *24:QCA L
Producer ID *25:QCA L
Producer ID *26:QCA L

(3) Order result status: Final
Collection or observation date-time: 09/12/2005 13:59:00
Requested date-time:
Receipt date-time: 09/12/2005 22:47:00
Reported date-time: 09/13/2005 12:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 42388086
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *27:QCA L
Producer ID *28:QCA L
Producer ID *29:QCA L
Producer ID *30:QCA L
Producer ID *31:QCA L
Producer ID *32:QCA L
Producer ID *33:QCA L

(4) Order result status: Final
Collection or observation date-time: 09/12/2005 13:59:00
Requested date-time:
Receipt date-time: 09/12/2005 22:47:00
Reported date-time: 09/13/2005 12:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 42388086
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *34:QCA L

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Producer ID *35:QCA L
Producer ID *36:QCA L
Producer ID *37:QCA L
Producer ID *38:QCA L
Producer ID *39:QCA L
Producer ID *40:QCA L
Producer ID *41:QCA L
Producer ID *42:QCA L
Producer ID *43:QCA L
Producer ID *44:QCA L
Producer ID *45:QCA L
Producer ID *46:QCA L
Producer ID *47:QCA L
Producer ID *48:QCA L
Producer ID *49:QCA L
Producer ID *50:QCA L

(5) Order result status: Final

Collection or observation date-time: 09/12/2005 13:59:00

Requested date-time:

Receipt date-time: 09/12/2005 22:47:00

Reported date-time: 09/13/2005 12:31:00

Referring Physician:

Ordering Physician: STEVEN FLIER (189499)

Specimen Source:

Source: LAB

Filler Order Number: 42388086

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave

Cambridge MA 02139

Producer ID *51:QCA L

(6) Order result status: Final

Collection or observation date-time: 09/12/2005 13:59:00

Requested date-time:

Receipt date-time: 09/12/2005 22:47:00

Reported date-time: 09/13/2005 12:31:00

Referring Physician:

Ordering Physician: STEVEN FLIER (189499)

Specimen Source:

Source: LAB

Filler Order Number: 42388086

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave

Cambridge MA 02139

Producer ID *52:QCA L

(7) Order result status: Final

Collection or observation date-time: 09/12/2005 13:59:00

Requested date-time:

Receipt date-time: 09/12/2005 22:47:00

Reported date-time: 09/13/2005 12:31:00

Referring Physician:

Ordering Physician: STEVEN FLIER (189499)

Specimen Source:

Source: LAB

Filler Order Number: 42388086

Lab site: QCA, Quest Diagnostics

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

415 Massachusetts Ave

Cambridge MA 02139

Producer ID *53:QCA L
Producer ID *54:QCA L
Producer ID *55:QCA L
Producer ID *56:QCA L
Producer ID *57:QCA L
Producer ID *58:QCA L
Producer ID *59:QCA L
Producer ID *60:QCA L
Producer ID *61:QCA L
Producer ID *62:QCA L
Producer ID *63:QCA L
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Producer ID *69:QCA L
Producer ID *70:QCA L
Producer ID *71:QCA L
Producer ID *72:QCA L
Producer ID *73:QCA L
Producer ID *74:QCA L
Producer ID *75:QCA L
Producer ID *76:QCA L
Producer ID *77:QCA L
Producer ID *78:QCA L
Producer ID *79:QCA L

(8) Order result status: Final

Collection or observation date-time: 09/12/2005 13:59:00

Requested date-time:

Receipt date-time: 09/12/2005 22:47:00

Reported date-time: 09/13/2005 12:31:00

Referring Physician:

Ordering Physician: STEVEN FLIER (189499)

Specimen Source:

Source: LAB

Filler Order Number: 42388086

Lab site: QCA, Quest Diagnostics

415 Massachusetts Ave

Cambridge MA 02139

Producer ID *80:QCA L

The following lab values were dispersed to the flowsheet
with no units conversion:

Total WBC, 4.2 1000/UL, (F) expected units: 10*3/mm3

RBC, 4.83 MIL/UL, (F) expected units: 10*6/mm3

MCHC, 34 G/DL, (F) expected units: %

Platelet Count, 256 THOU/UL, (F) expected units: 10*3/mm3

Absolute Band Count, 0 /UL, (F) expected units: 10*3/mm3

Absolute Neutrophil Count, 1974 /UL, (F) expected units: 10*3/mm3

Absolute Lymphocyte Count, 1890 /UL, (F) expected units: 10*3/mm3

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Absolute Monocyte Count, 252 /UL, (F) expected units: 10*3/mm3
Absolute Basophil Count, 42 /UL, (F) expected units: 10*3/mm3
WBC, 0, (F) expected units: cells/hpf

Signed by Steven R. Flier MD on 09/13/2005 at 4:42 PM**09/13/2005 - Letter: annual letter SRF 2****Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

September 13, 2005

JOHN D HALAMKA, M.D.

Dear John,

It was a pleasure to see you recently for a comprehensive examination. I am writing to review your findings, and summarize our recommendations.

Your vital signs and clinical measurements on 09/12/2005 were as follows:

Blood Pressure:	126/82	Weight:	169 pounds
Height:	73 inches	Body Mass Index (BMI):	22.38
Body Fat (by DEXA):	19.6%		

Your total cholesterol is 137. The HDL (good cholesterol) is normal, though still on the low end, at 43. Normal HDL is 40-60, and higher levels are best. Your LDL (bad cholesterol) is excellent at 82. Levels under 100 are ideal. The triglycerides are 59. Ideal levels are under 150. Your homocysteine level is 9.8. Your level indicates that your intake and metabolism of B-vitamins (folic acid, B-6 and B-12) are normal. Your C-Reactive Protein (CRP) is 0.6 mg/L. This level is associated with the lowest risk of coronary heart disease.

Your PSA, a screening test for prostate cancer, is normal at 0.5. This level has remained normal and stable over the past few measurements.

The remainder of your laboratory studies are all normal. These include your complete blood count, AST and ALT, BUN and creatinine, electrolytes, uric acid, calcium and glucose. Your urinalysis is normal.

Keep healthy on your trip to Japan. As we discussed Tamiflu might come in handy for the prevention or treatment of avian influenza. If you have any questions, or I can be of any assistance, please do not hesitate to call. Until then, my best regards.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Home:

Ins: HARVARD PILGRIM HEALTH PLAN

Sincerely,

Steven R. Flier MD

Signed by Steven R. Flier MD on 09/13/2005 at 5:20 PM

09/13/2005 - External Other: Email: Lab results
Provider: Steven R. Flier MD
Location of Care: Personal Physicians HealthCare

Email: Lab results

--- Copied from Secure Email ---

To: jhalamka@caregroup.harvard.edu

Attachments: Halamka_ECG.pdf; Halamka_letter.pdf; Halamka_labs.pdf;

Halamka_graph.pdf

John- I am attaching a summary letter, your ECG, historical lipid graph and lab report. Let me know that you have received it by return e-mail please, and let me know your comments on our technology.

Steven

Filed Automatically at 9/13/2005 5:25:18 PM

Signed by Steven R. Flier MD on 09/14/2005 at 9:26 AM

09/29/2006 - Letter: flu letter 2006
Provider: Jane Ansin
Location of Care: Personal Physicians HealthCare

September 29, 2006

JOHN D HALAMKA, M.D.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Dear John,

Flu vaccine time has arrived, and our supply of flu vaccine is here.

Each fall we implement our programs to prevent and treat the expected annual outbreaks of influenza. In recent years we faced vaccine shortages or recalls, and other major challenges. This year there is expected to be no shortage of flu vaccine. We have our supply, and we are now providing vaccinations. Any patient wishing to have a flu vaccine can arrange it at their convenience. We offer it to all, but stress the need for individuals at highest risk for complications of the flu to be immunized. Those at highest risk include individuals 65 years of age or older, and those with chronic diseases such as asthma, diabetes, heart disease or cancer. Flu vaccines prevent deaths (each year over 36,000 people die in the U.S. due to influenza), and they prevent severe illness (over 200,000 people are hospitalized annually due to influenza). By receiving a flu vaccine, you not only protect yourself, but you protect those around you. As always, people with prior allergic reactions to flu vaccine, or with allergy to eggs should not receive the vaccine.

Immunization *is just one element* of our healthcare strategy. Reducing the spread of flu by hand washing and respiratory hygiene remain important efforts.

This vaccine is for the expected annual flu strains. It does not cover avian flu, also called bird flu or H5N1 flu. There is no available immunization against this type of flu, but to date there has been no appearance of these strains in North America, nor has there been significant person-to-person spread elsewhere in the world. We will continue to monitor all available information and recommendations closely, and will inform you of any other recommended prevention or treatment strategies.

Despite an uncertain world, we are working to do everything in our control to protect your health and wellbeing. Please do not hesitate to call us with questions.

Sincerely,

Personal Physicians HealthCare

Signed by Jane Ansin on 09/29/2006 at 12:14 PM

**10/19/2006 - Office Visit: Comprehensive
Provider: Steven R. Flier MD
Location of Care: Personal Physicians HealthCare**

Visit Type: Comprehensive Annual Examination

History of Present Illness:

Currently feeling well, without complaints. He is now a vegan. Continuing in an avid exercise program.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Current Problems:

Hx of PALPITATIONS (ICD-785.1)
Hx of LYME DISEASE (STAGE I) (ICD-088.81)
LOW HDL (ICD-272.9)
Hx of CORNEAL ABRASIONS (ICD-918.1)
* Note: VEGAN

Current Meds:

CENTRUM SILVER TAB (MULTIPLE VITAMINS-MINERALS) 1 PO QD

Allergies: AMOXICILLIN

Past Medical History:

Reviewed history from 05/01/2002 and no changes required:
Has enjoyed excellent health. No active medical problems.

Past Surgical History:

None

Social History:

Married, 13 year-old daughter. He is currently the Chief information Officer at Harvard Medical School, CareGroup. His wife is an artist and professor at Rhode Island School of Design. He enjoys hiking, mountaineering, mushroom foraging.

Risk Factors:

Tobacco use: never
Passive smoke exposure: no
HIV high-risk behavior: no
Caffeine use: 0 drinks per day
Alcohol use: no
Exercise: yes
 Times per week: 6
 Type: walking, kayaking, hiking, mountain climbing (technical)
Seatbelt use: 100 %
Sun Exposure: rarely

Vital Signs:

Patient Profile: 44 Year Old Male
Height: 73 inches
Weight: 174.8 pounds
BMI: 23.15
Pulse rate: 51 / minute
Pulse rhythm: regular
Resp: 13 per minute
BP sitting: 128 / 81 (right arm)

Physical Exam**General:**

Well developed, well nourished, in no acute distress

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Head:

no significant lesions or deformities noted

Eyes:

PERRL/EOM intact, conjunctiva and sclera clear, discs sharp and flat with normal vessels, no hemorrhages or exudates, no nystagmus.

Ears:

TM's intact and clear with normal canals with grossly normal hearing.

Nose:

mucosa, septum, and turbinates normal

Mouth:

no deformity or lesions with good dentition. Pharynx benign without erythema or exudate.

Neck:

trachea midline; no masses; thyroid normal, without enlargement, nodules or tenderness; no abnormal cervical nodes; carotid pulses normal without bruits.

Chest Wall:

no deformities or breast masses noted.

Breasts:

no masses or gynecomastia noted.

Lungs:

normal air movement; clear to percussion and auscultation

Heart:

apex impulse normal, without PMI displacement, heaves or thrills; normal S1, S2 without murmurs, rubs, gallops, or clicks.

Abdomen:

soft, non-tender and non-distended, with normal bowel sounds; no hepatosplenomegaly or masses; no ventral or umbilical hernias noted.

Rectal:

normal external exam. DRE without masses, strictures or tenderness. Normal tone.

Genitalia:

normal male, testes descended bilaterally without masses, no hernias, no varicoceles noted.

Prostate:

normal size prostate without nodules or asymmetry

Msk:

back without CVA tenderness; no deformity or scoliosis noted of thoracic or lumbar spine. Joint examination normal without changes of degenerative joint disease or arthritis.

Pulses:

pulses normal in all 4 extremities.

Extremities:

no clubbing, cyanosis, edema. Calves benign, with no cord or Homan's sign. No significant varicosities.

Neurologic:

no focal deficits, cranial nerves II-XII grossly intact with normal sensation, reflexes, coordination, muscle strength and tone.

Skin:

scattered benign dermal nevi, without other lesions, rashes or eruptions

Cervical Nodes:

no cervical adenopathy

Axillary Nodes:

no axillary adenopathy

Inguinal Nodes:

no inguinal adenopathy

Psych:

alert and cooperative; normal mood and affect; normal attention span and concentration.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Impression & Recommendations:**Problem # 1:** * Note: VEGAN

Will check vitamin B12, homocysteine and a methylmalonic acid levels. Will also check vitamin D levels.
Regular vitamin supplements advised.

Problem # 2: Preventive Health Care (ICD-V70.0)

Flu vaccine. Routine laboratory studies.

Other Orders:

FLU VACCINE (CPT-90658)

Immunization admin #1 (CPT-90471)

ESTABLISHED PATIENT OFFICE VISIT MODERATE COMPLEXITY (CPT-99214)

Electrocardiogram (ECG) (CPT-93000)

Influenza Vaccine

Vaccine Type: Fluvax

Site: left deltoid

Mfr: Chiron

Dose: 0.5 ml

Route: IM

Given by: Lisa Accettullo

Exp. Date: 06/30/2007

Lot #: 69427

VIS given: 6/30/06 version given October 19, 2006.

Flu Vaccine Consent Questions

Do you have a history of severe allergic reactions to this vaccine? no

Any prior history of allergic reactions to egg and/or gelatin? no

Vaccine information given and explained to patient? yes

Preventive Care Screening**Hemocult:**

Date: 10/19/2006

Results: negative

Testicular Self Exam Ed:

Date: 10/19/2006

Results: yes

Last Flu Shot:

Date: 10/19/2006

Results: Fluvax

Femoral Neck T-score:

Date: 09/03/2004

Results: 0.2

Signed by Steven R. Flier MD on 10/19/2006 at 5:21 PM

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

10/19/2006 - EKG Report: Brentwood ECG Observations**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

Patient: JOHN HALAMKA

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Brentwood ECG Observations (598-0478001_ECG_20061019154333)

Heart Rate	51 BPM
PR Interval	180 ms
QT Interval	424 ms
QTc Interval	409 ms
QRS Duration	90 ms
P Axis	30 deg
EKG QRS axis	11 deg
T Axis	20 deg
Interpretation	"Result Below..."

RESULT: Sinus Bradycardia

P:QRS - 1:1, Normal P axis, H Rate 51

WITHIN NORMAL LIMITS

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 10/19/2006 3:48 PM

(1) Order result status: Final

Collection or observation date-time: 10/19/2006 15:43:33

Requested date-time:

Receipt date-time: 10/19/2006 15:43:33

Reported date-time: 10/19/2006 15:43:33

Referring Physician:

Ordering Physician: M.D. Steven R. Flier

Specimen Source:

Source: BRENTWOOD OBS

Filler Order Number: 598-0478001_ECG_20061019154333 Brentwood

Lab site:

Signed by Steven R. Flier MD on 10/19/2006 at 4:01 PM**10/19/2006 - EKG Report: (P) Brentwood ECG Report File****Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****This document contains external references**

Brentwood ECG Report File

To review the ECG interpretation, click on the paper clip icon to the right.

To review the ECG observation data either review the patient's flowsheet or the accompanying Logician document entitled EKG Rpt: Brentwood ECG

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Observations

External Attachment:

Type: Image
 Comment: Scanned Image

Signed by Steven R. Flier MD on 10/19/2006 at 4:01 PM

10/19/2006 - Lab Report: Hematology, Cardiac Risk Panel, Comprehensive Metabolic Pane ...**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

Patient: JOHN HALAMKA

Note: All result statuses are Final unless otherwise noted.

Tests: (1) Hematology (GRP2)

Total WBC	5.1 1000/uL	3.8-10.8	*1
RBC	4.75 mil/uL	4.20-5.80	*2
Hemoglobin	13.8 g/dL	13.2-17.1	*3
Hematocrit	42 %	39-50	*4
MCV	88 fL	80-100	*5
MCH	29 pg	27-33	*6
MCHC	33 g/dL	32-36	*7
Platelet Count	286 thou/uL	140-400	*8
Red Cell Distribution Width	12.1 %	11.0-15.0	*9
Mean Platelet Volume	8.2 fL	7.5-11.5	*10

Tests: (2) Cardiac Risk Panel (GRP186)

Cholesterol	143 mg/dL	100-199	*11
Triglycerides	80 mg/dL	30-149	*12
HDL-Cholesterol	47 mg/dL	40-77	*13
LDL-Cholesterol	80 mg/dL	62-130	*14

Risk Category: LDL-Cholesterol Goal

CHD and CHD Risk equivalents: <100

Multiple (2+) factors: <130

Zero to one risk factor: <160

Cholesterol/HDL Risk Factor

	3.04		*15
--	------	--	-----

Relative Risk	0.3 times average		*16
---------------	-------------------	--	-----

1.0 is average risk for CHD

Homocysteine (Cardio)

	9.6 umol/L	0-11.3	*17
--	------------	--------	-----

Tests: (3) Comprehensive Metabolic Panel (GRP221)

Calcium	10.1 mg/dL	8.5-10.4	*18
BUN	9 mg/dL	7-25	*19
Creatinine	0.9 mg/dL	0.5-1.4	*20
BUN/Creatinine Ratio	10	6-25	*21
Total Protein	6.9 g/dL	6.0-8.3	*22
Albumin	4.4 g/dL	3.5-4.9	*23
Globulin	2.5 g/dL	2.2-4.2	*24

Albumin/Globulin Ratio

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

	1.8	0.8-2.0	*25
Bilirubin, Total	0.4 mg/dL	0.2-1.5	*26
Glucose	88 mg/dL	65-99	*27
Alkaline Phosphatase	53 U/L	20-125	*28
AST	16 U/L	3-50	*29
ALT	14 U/L	3-60	*30
Sodium	141 mmol/L	135-146	*31
Potassium	4.6 mmol/L	3.5-5.3	*32
Chloride	104 mmol/L	98-110	*33
CO2	26 mmol/L	21-33	*34
Tests: (4) (GRP229)			
PSA	0.7 ng/mL	0-4.0	*35
	PSA performed by Bayer Centaur equimolar assay.		
Tests: (5) Chemistry (GRP230)			
Uric Acid	6.1 mg/dL	2.7-8.2	*36
Tests: (6) Routine Urinalysis (34F)			
Color	Yellow	Yellow	*37
Appearance [A]	Cloudy	Clear	*38
Specific Gravity	1.014	1.001-1.035	*39
pH	7.5	5.0-8.0	*40
Protein	NEG	NEG	*41
Glucose (Urine)	NEG	NEG	*42
Ketones	NEG	NEG	*43
Bilirubin	NEG	NEG	*44
Occult Blood	NEG	NEG	*45
Leukocyte Esterase	NEG	NEG	*46
Nitrite	NEG	NEG	*47
WBC	0	0-4/hpf	*48
RBC	0	0-3/hpf	*49
! Squamous Epithelial Cells	0	0-5/hpf	*50
! Transitional Epithelial Cells	0	0-5/hpf	*51
! Renal Epithelial Cells	0	0-3/hpf	*52
Bacteria	None Seen	NONE SEEN	*53
Hyaline Casts	<Did Not Report>		*54
Yeast	<Did Not Report>		*55
Granular Casts	<Did Not Report>		*56
Other	<Did Not Report>		*57
! Other	<Did Not Report>		*58
! Other Casts	<Did Not Report>		*59
! Calcium Oxalate Crystals	<Did Not Report>		*60
! Triple Phosphate Crystals	<Did Not Report>		*61
! Uric Acid Crystals	<Did Not Report>		*62
! Other Crystals	<Did Not Report>		*63
Tests: (7) Vitamin B12 (21709W)			
Vitamin B12	282 pg/mL	200-1100	*64
Tests: (8) Methylmalonic Acid (Serum or Plasma) (26294P)			
! Methylmalonic Acid	125 nmol/L	88-243	*65

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Tests: (9) Vitamin D, 25-Hydroxy, LC/MS/MS (17306X)

! Vitamin D, 25-OH, Total	27 ng/mL	20-100	*66
! Vitamin D, 25-OH, D3	18 ng/mL		*67
! Vitamin D, 25-OH, D2	9 ng/mL		*68

Vitamin D, 25-OH, D3: Endogenous form of Vitamin D present in the body.

Vitamin D, 25-OH, D2: Used for therapeutic purposes in Vitamin D deficient states.

This test was performed using the LC/MS/MS methodology.

25-OHD3 indicates both endogenous production and supplementation.
25-OHD2 is an indicator of exogenous sources such as diet or supplementation.
Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL suggesting Vitamin D deficiency while levels between 20 ng/mL and 30 ng/mL suggesting insufficiency. In both situations there is need for intense to moderate supplementation. In patients using D2 (ergocalciferol) supplementation, levels of 4 ng/mL of 25-OHD2 or greater suggest compliance.

Tests: (10) REPORT COMMENTS: (COMRES)

! REPORT COMMENTS: "Result Below..."
RESULT: Methylmalonic Acid (Serum or Plasma) added 10/19/2006

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 10/25/2006 8:52 AM

(1) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *1:QCA L
Producer ID *2:QCA L
Producer ID *3:QCA L

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Producer ID *4:QCA L
Producer ID *5:QCA L
Producer ID *6:QCA L
Producer ID *7:QCA L
Producer ID *8:QCA L
Producer ID *9:QCA L
Producer ID *10:QCA L

(2) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139

Producer ID *11:QCA L
Producer ID *12:QCA L
Producer ID *13:QCA L
Producer ID *14:QCA L
Producer ID *15:QCA L
Producer ID *16:QCA L
Producer ID *17:QCA L

(3) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139

Producer ID *18:QCA L
Producer ID *19:QCA L
Producer ID *20:QCA L
Producer ID *21:QCA L
Producer ID *22:QCA L
Producer ID *23:QCA L
Producer ID *24:QCA L
Producer ID *25:QCA L
Producer ID *26:QCA L
Producer ID *27:QCA L
Producer ID *28:QCA L
Producer ID *29:QCA L
Producer ID *30:QCA L
Producer ID *31:QCA L
Producer ID *32:QCA L
Producer ID *33:QCA L

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Producer ID *34:QCA L

(4) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *35:QCA L

(5) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *36:QCA L

(6) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139

Producer ID *37:QCA L

Producer ID *38:QCA L

Producer ID *39:QCA L

Producer ID *40:QCA L

Producer ID *41:QCA L

Producer ID *42:QCA L

Producer ID *43:QCA L

Producer ID *44:QCA L

Producer ID *45:QCA L

Producer ID *46:QCA L

Producer ID *47:QCA L

Producer ID *48:QCA L

Producer ID *49:QCA L

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Producer ID *50:QCA L
Producer ID *51:QCA L
Producer ID *52:QCA L
Producer ID *53:QCA L
Producer ID *54:QCA L
Producer ID *55:QCA L
Producer ID *56:QCA L
Producer ID *57:QCA L
Producer ID *58:QCA L
Producer ID *59:QCA L
Producer ID *60:QCA L
Producer ID *61:QCA L
Producer ID *62:QCA L
Producer ID *63:QCA L

(7) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: QCA, Quest Diagnostics
415 Massachusetts Ave
Cambridge MA 02139
Producer ID *64:QCA L

(8) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: AMD, Quest Diagnostics Nichols Institute
14225 Newbrook Drive P.O. Box 10841
Chantilly VA 20153-0841
Producer ID *65:AMD L

(9) Order result status: Final
Collection or observation date-time: 10/19/2006 16:42:00
Requested date-time:
Receipt date-time: 10/19/2006 23:11:00
Reported date-time: 10/24/2006 21:31:00
Referring Physician:
Ordering Physician: STEVEN FLIER (189499)
Specimen Source:
Source: LAB
Filler Order Number: 46665074
Lab site: AMD, Quest Diagnostics Nichols Institute
14225 Newbrook Drive P.O. Box 10841
Chantilly VA 20153-0841

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Producer ID *66:AMD L

Producer ID *67:AMD L

Producer ID *68:AMD L

(10) Order result status: Final

Collection or observation date-time: 10/19/2006 16:42:00

Requested date-time:

Receipt date-time: 10/19/2006 23:11:00

Reported date-time: 10/24/2006 21:31:00

Referring Physician:

Ordering Physician: STEVEN FLIER (189499)

Specimen Source:

Source: LAB

Filler Order Number: 46665074

Lab site:

The following lab values were dispersed to the flowsheet with no units conversion:

Total WBC, 5.1 1000/UL, (F) expected units: 10*3/mm3

RBC, 4.75 MIL/UL, (F) expected units: 10*6/mm3

MCHC, 33 G/DL, (F) expected units: %

Platelet Count, 286 THOU/UL, (F) expected units: 10*3/mm3

WBC, 0, (F) expected units: cells/hpf

Signed by Steven R. Flier MD on 10/25/2006 at 10:02 AM

10/26/2006 - Letter: annual letter SRF 2**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare**

October 26, 2006

JOHN D HALAMKA, M.D.

Dear John,

It was a pleasure to see you recently for a comprehensive examination.

Your vital signs and clinical measurements on 10/19/2006 were as follows:

Blood Pressure: 128/81 Weight: 174.8 pounds Body Mass Index (BMI): 23.15

Your total cholesterol is 143. The HDL cholesterol is 47. Your LDL cholesterol is 80. The triglycerides are 80. These levels are all ideal.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Your PSA, a screening test for prostate cancer, is normal at 0.7.

Because you follow a vegan diet, we checked a number of vitamins and vitamin related parameters. Her B12 level is normal at 282 (normal 200-1100). The methylmalonic acid level, a reflection of tissue B12 levels, is normal at 125 (normal 88-243). The homocysteine level, like a methylmalonic acid a reflection of B12 and folate tissue levels, is normal at 9.6. Thus, you are getting sufficient amounts of B12. Vegan diets are deficient in B12, so keep up with vitamin supplementation. Your vitamin D levels are at the lower end of normal. The 25-hydroxy vitamin D is 27, composed of 25-hydroxy vitamin D3 18 and 25-hydroxy vitamin D2 9. D3 (cholecalciferol) is generated in the skin from sun exposure, and D2 (ergocalciferol) is primarily found as a supplement. The ideal level for total 25-hydroxy vitamin D is about 35. Since you do not consume any fortified dairy products, and since your regular multivitamin only has about 400 units of vitamin D, I would suggest taking an additional 800 units daily. If you look carefully you can find both cholecalciferol and ergocalciferol supplements; if you can find it I would prefer that you take the cholecalciferol.

The remainder of your laboratory studies are all normal. These include your complete blood count, liver functions (liver enzymes, bilirubin and serum proteins), kidney functions (BUN and creatinine), electrolytes (sodium, potassium, chloride, and carbon dioxide), uric acid, calcium and serum glucose. Your urinalysis is normal.

If you have any questions, or I can be of any assistance, please do not hesitate to call. Until then, my best regards.

Sincerely,

Steven R. Flier MD

Signed by Steven R. Flier MD on 10/26/2006 at 3:11 PM

08/31/2007 - Consultation Report: Dr. Peter Zimetbaum
Provider: Steven R. Flier MD
Location of Care: Personal Physicians HealthCare
This document contains external references

Dr. Peter Zimetbaum

Imported By: Barbara Kelly 09/18/2007 13:08:55

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

External Attachment:

Type: Image
Comment: External Document

Signed by Steven R. Flier MD on 09/18/2007 at 1:18 PM

09/11/2007 - Diagnostic Report Other: Exercise Tolerance Test Report**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****This document contains external references****Exercise Tolerance Test Report***Imported By: Barbara Kelly 09/24/2007 12:19:18*

External Attachment:

Type: Image
Comment: External Document

Signed by Steven R. Flier MD on 09/24/2007 at 12:19 PM

09/11/2007 - Clinical Lists Update: ETT**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****ETT****Procedure date:** 09/11/2007**Findings:**

This 45 y/o man was referred to the lab for evaluation of exercise induced palpitations. The patient exercised for 15 minutes of a Bruce protocol and was stopped for fatigue (~15 METS). Excellent functional capacity. The patient was asymptomatic throughout. The rhythm was sinus with rare isolated APBS and VPBS. A sinus pause was noted in mid recovery. No significant ST segment changes at a high workload. Appropriate, conditioned hemodynamic response to physiologic stress.

Comments:

No objective evidence of myocardial ischemia by EKG. No anginal symptoms. Trivial atrioventricular ectopic activity at a high workload.

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Signed by Steven R. Flier MD on 10/22/2007 at 5:02 PM

10/22/2007 - Office Visit: Comprehensive Annual Examination**Provider: Steven R. Flier MD****Location of Care: Personal Physicians HealthCare****Visit Type:** Comprehensive Annual Examination**History of Present Illness:**

Currently feeling well, without active complaints. Cardiology evaluation including stress testing as resulted in a diagnosis of probable AV nodal reentry tachycardia, caused by exercise in the heat.

Current Problems:

Hx of AV NODAL REENTRY TACHYCARDIA (ICD-427.89)

Hx of LYME DISEASE (STAGE I) (ICD-088.81)

Hx of LOW HDL (ICD-272.9)

Hx of CORNEAL ABRASIONS (ICD-918.1)

* Note: VEGAN

Current Meds:

CENTRUM SILVER TAB (MULTIPLE VITAMINS-MINERALS) 1 PO QD

Allergies: AMOXICILLIN**Past Medical History:**

Reviewed history from 05/01/2002 and no changes required:

Has enjoyed excellent health. No active medical problems.

Past Surgical History:

Reviewed history from 10/19/2006 and no changes required:

None

Family History:

Reviewed history from 05/01/2002 and no changes required:

Grandparents all survived into their 90's. Mother with possible celiac disease, father with MS. No family hx of early coronary disease, colorectal or prostate cancer, diabetes, hypertension.

Social History:

Married, 14 year-old daughter at Wellesley high school. He is currently the Chief information Officer at Harvard Medical School, CareGroup. His wife is an artist and professor at MFA. He enjoys hiking, mountaineering, mushroom foraging.

Risk Factors:

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Tobacco use: never

Passive smoke exposure: no

Drug use: no

HIV high-risk behavior: no

Caffeine use: 0 drinks per day

Alcohol use: no

Exercise: yes

Times per week: 6

Type: walking, kayaking, hiking, mountain climbing (technical)

Seatbelt use: 100 %

Sun Exposure: rarely

Family History Risk Factors:

Family History of MI in females < 65 years old: no

Family History of MI in males < 55 years old: no

Review of Systems

General

Denies fever, chills, sweats, anorexia, fatigue, weakness, malaise, unexplained weight change, and sleep disorder.

Eyes

Denies double vision, blurred vision, eye irritation, vision loss one or both eyes, eye pain, halos, discharge, and light sensitivity.

ENT

Denies ringing in the ears, ear discharge, earache, decreased hearing, nasal congestion, nosebleeds, difficulty swallowing, hoarseness, and sore throat.

CV

See HPI

Complains of palpitations.

Denies chest pain or discomfort, difficulty breathing, fainting, lightheadedness, exercise intolerance, edema, PND, and claudication.

Resp

Denies cough, shortness of breath, wheezing, sputum, and excessive snoring.

GI

Denies loss of appetite, indigestion, nausea, vomiting, constipation, diarrhea, change in bowel habits, hematochezia, melena, abdominal pain, gas, and bloating.

GU

Denies dysuria, hematuria, discharge, urinary frequency, urinary hesitancy, nocturia, incontinence, genital sores, decreased libido, and erectile dysfunction.

MS

Denies joint pain, joint swelling, arthritis, gout, back pain, stiffness, muscle weakness, and muscle cramps.

Derm

Denies suspicious lesions, rash, itch, dryness, changes in nails, and skin cancer.

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45 Year Old Male DOB:05/23/1962

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Neuro

Denies headache, dizziness, vertigo, poor balance, numbness, falling, tingling, visual disturbance, seizures, tremors, and memory loss.

Psych

Denies anxiety and depression.

Endo

Denies cold intolerance, heat intolerance, excessive thirst, excessive urination, and unexplained weight change.

Heme

Denies enlarged lymph nodes, bleeding tendency, and abnormal bruising.

Allergy

Denies hives, food allergies, seasonal allergies, rhinitis, and sinusitis.

Vital Signs:

Patient Profile: 45 Year Old Male
Height: 73 inches
Weight: 172.4 pounds
BMI: 22.83
Pulse rate: 53 / minute
Pulse rhythm: regular
Resp: 14 per minute
BP sitting: 116 / 72 (right arm)
Cuff size: regular

Physical Exam**General:**

Well developed, well nourished, in no acute distress

Head:

no significant lesions or deformities noted

Eyes:

PERRL/EOM intact, conjunctiva and sclera clear, discs sharp and flat with normal vessels, no hemorrhages or exudates, no nystagmus.

Ears:

TM's intact and clear with normal canals with grossly normal hearing.

Nose:

mucosa, septum, and turbinates normal

Mouth:

no deformity or lesions with good dentition. Pharynx benign without erythema or exudate.

Neck:

trachea midline; no masses; thyroid normal, without enlargement, nodules or tenderness; no abnormal cervical nodes; carotid pulses normal without bruits.

Chest Wall:

no deformities or breast masses noted.

Breasts:

no masses or gynecomastia noted.

Lungs:

normal air movement; clear to percussion and auscultation

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45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Heart:

apex impulse normal, without PMI displacement, heaves or thrills; normal S1, S2 without murmurs, rubs, gallops, or clicks.

Abdomen:

soft, non-tender and non-distended, with normal bowel sounds; no hepatosplenomegaly or masses; no ventral or umbilical hernias noted.

Rectal:

normal external exam. DRE without masses, strictures or tenderness. Normal tone.

Genitalia:

normal male, testes descended bilaterally without masses, no hernias, no varicoceles noted.

Prostate:

normal size prostate without nodules or asymmetry

Msk:

back without CVA tenderness; no deformity or scoliosis noted of thoracic or lumbar spine. Joint examination normal without changes of degenerative joint disease or arthritis.

Pulses:

pulses normal in all 4 extremities.

Extremities:

no clubbing, cyanosis, edema. Calves benign, with no cord or Homan's sign. No significant varicosities.

Neurologic:

no focal deficits, cranial nerves II-XII grossly intact with normal sensation, reflexes, coordination, muscle strength and tone.

Skin:

scattered benign dermal nevi, without other lesions, rashes or eruptions

Cervical Nodes:

no cervical adenopathy

Axillary Nodes:

no axillary adenopathy

Inguinal Nodes:

no inguinal adenopathy

Psych:

alert and cooperative; normal mood and affect; normal attention span and concentration.

Preventive Care Screening

Bone Density:

Date: 10/22/2007

Next Due: 09/2009

Results: normal

Impression & Recommendations:

Problem # 1: Hx of AV NODAL REENTRY TACHYCARDIA (ICD-427.89)

Will continue to coordinate care with Dr. Peter Zimetbaum. Avoidance of conditions likely to cause AVNRT advised.

Orders:

ESTABLISHED PATIENT OFFICE VISIT MODERATE COMPLEXITY (CPT-99214)

Problem # 2: Hx of LOW HDL (ICD-272.9)

Will check lipids.

Orders:

ESTABLISHED PATIENT OFFICE VISIT MODERATE COMPLEXITY (CPT-99214)

JOHN D HALAMKA, M.D.

45 Year Old Male DOB:05/23/1962

Ins: HARVARD PILGRIM HEALTH PLAN

Problem # 3: Preventive Health Care (ICD-V70.0)
Annual labs, vitamin D and B12 levels since he is a vegan.

Signed by Steven R. Flier MD on 10/22/2007 at 4:59 PM

JOHN D HALAMKA, M.D.
 45 Year Old Male DOB: 05/23/1962 598-0478001 Insurance: HARVARD (1100)

Enterprise/Flier

Date	10/22/2007	10/24/2006	10/19/2006	09/13/2005	09/12/2005	09/07/2004	09/03/2004
HEIGHT (in)							
WEIGHT (lb)	172.4		174.8		169		173
BMI	22.83		23.15		22.38		22.91
BP SYSTOLIC (mm Hg)	116		128		126		116
BP DIASTOLIC (mm Hg)	72		81		82		70
TEMPERATURE (deg F)							
PULSE RATE (/min)	53		51				62
PULSE RHYTHM	regular		regular		regular		regular
RESP RATE (/min)	14		13				
O2SAT(OXIM) (%)							
O2 SAT REST (%)							
O2 SAT EXER (%)							
ABO/RH							
HEMOCCULT			negative				hemoccul
MAMMOGRAM							
COLONOSCOPY							
UGI ENDOSCOPI							
CHOLESTEROL (mg/dL)		143		137		127	
TRIGLYCERIDE (mg/dL)		80		59		78	
HDL (mg/dL)		47		43		42	
LDL (mg/dL)		80		82		69	
LDL DIR (mg/dL)							
HOMOCYSTEINE (umol/L)		9.6		9.8			
CRP HI SENS				0.6 mg/L		0.6 mg/L	
BG RANDOM (mg/dL)		88		79		88	
PSA (ng/mL)		0.7		0.5		0.6	
WBC (10*3/mm3)		5.1 1000		4.2 1000		5.0 1000	
HGB (g/dL)		13.8		14.6		13.9	
HCT (%)		42		43		40	
MCV (fL)		88		89		89	
PLATELETS (10*3/mm3)		286 THOU		256 THOU		294 THOU	
BUN (mg/dL)		9		13		16	
CREATININE (mg/dL)		0.9		0.9		1.0	
SODIUM (mmol/L)							
POTASSIUM (mmol/L)		4.6		4.7		4.5	
CALCIUM (mg/dL)		10.1		10.2		9.9	
URIC ACID (mg/dL)		6.1		6.7		7.0	
SGOT (AST) (U/L)		16		17		15	

Abnormal conditions are flagged with one of the following characters in the first column:

» - Panic High > - High • - Abnormal : -Very Abnormal < - Low ! - Panic Low * -Other

JOHN D HALAMKA, M.D.
 45 Year Old Male DOB: 05/23/1962 598-0478001 Insurance: HARVARD (1100)

Enterprise/Flier	Date	10/22/2007	10/24/2006	10/19/2006	09/13/2005	09/12/2005	09/07/2004	09/03/2004
SGPT (ALT) (U/L)			14		15		17	
ALK PHOS (U/L)			53		58		60	
GGT (U/L)								
BILI TOTAL (mg/dL)			0.4		0.7		0.6	
TSH (uIU/mL)							1.8	
HGBA1C (%)								
VIT D 25-OH (ng/mL)				27				
CXR RESULTS								
EKG INTERP				Sinus		Sinus		Sinus
STRESS EKG								
PAP SMEAR								
SIGMOID								
FLU VAX				Fluvax				
TD BOOSTER								
PNEUMOVAX								.5 ML LE
TB-PPD								
AUA TOT SCOR								
ANKLBRACHIND								1.22
AB INDEX RT								1.22
AB INDEX LT								
BONE DENSITY (std dev)								Normal
B DENS L HIP (SDs)								0.1
BDLTFEMNKTSC								0.2
BD L1-L4 T								0.3
BODY FAT % (%)						19.6		19.5
BP SYS HOME (mmHg)								
BP DIA HOME (mmHg)								
MMSE SCORE								
EGFR (mL/min/1.73m2)								

Abnormal conditions are flagged with one of the following characters in the first column:

» - Panic High > - High • - Abnormal : -Very Abnormal < - Low ! - Panic Low * -Other

JOHN D HALAMKA, M.D.
 45 Year Old Male DOB: 05/23/1962 598-0478001 Insurance: HARVARD (1100)

Enterprise/Flier

Date	03/23/2004	06/27/2003	06/25/2003	06/24/2003	06/20/2003	05/01/2002	
HEIGHT (in)					73	72.5	
WEIGHT (lb)	173				209	214	
BMI	22.8				27.67	28.73	
BP SYSTOLIC (mm Hg)	119				130	160	
BP DIASTOLIC (mm Hg)	78				82	90	
TEMPERATURE (deg F)							
PULSE RATE (/min)							
PULSE RHYTHM							
RESP RATE (/min)							
O2SAT(OXIM) (%)							
O2 SAT REST (%)							
O2 SAT EXER (%)							
ABO/RH							
HEMOCCULT					negative	negative	
MAMMOGRAM							
COLONOSCOPY							
UGI ENDOSCOPI							
CHOLESTEROL (mg/dL)		177	177	177		156	
TRIGLYCERIDE (mg/dL)		117	117	117			
HDL (mg/dL)		< 39	< 39	< 39		32	
LDL (mg/dL)		115	115	115			
LDL DIR (mg/dL)							
HOMOCYSTEINE (umol/L)						7.8	
CRP HI SENS							
BG RANDOM (mg/dL)		78	78	78		91	
PSA (ng/mL)		0.6	0.6	0.6			
WBC (10*3/mm3)		4.4 1000	4.4 1000	4.4 1000		5.7	
HGB (g/dL)		14.2	14.2	14.2		14.5	
HCT (%)		41	41	41		43	
MCV (fL)		88	88	88		87	
PLATELETS (10*3/mm3)		266 THOU	266 THOU	266 THOU			
BUN (mg/dL)		17	17	17		17	
CREATININE (mg/dL)		1.2	1.2	1.2		1.2	
SODIUM (mmol/L)						141	
POTASSIUM (mmol/L)		4.4	4.4	4.4		4.8	
CALCIUM (mg/dL)		10.3	10.3	10.3		9.9	
URIC ACID (mg/dL)		7.5	7.5	7.5			
SGOT (AST) (U/L)		15	15	15		23	

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JOHN D HALAMKA, M.D.
 45 Year Old Male DOB: 05/23/1962 598-0478001 Insurance: HARVARD (1100)

Enterprise/Flier	Date	03/23/2004	06/27/2003	06/25/2003	06/24/2003	06/20/2003	05/01/2002
SGPT (ALT) (U/L)			25	25	25		37
ALK PHOS (U/L)			56	56	56		
GGT (U/L)							
BILI TOTAL (mg/dL)			0.3	0.3	0.3		
TSH (uIU/mL)							
HGBA1C (%)							
VIT D 25-OH (ng/mL)							
CXR RESULTS							
EKG INTERP						Sinus	
STRESS EKG							
PAP SMEAR							
SIGMOID							
FLU VAX							
TD BOOSTER						.5 ML LE	
PNEUMOVAX							
TB-PPD							
AUA TOT SCOR							
ANKLBRACHIND						1.12	
AB INDEX RT							
AB INDEX LT							
BONE DENSITY (std dev)							
B DENS L HIP (SDs)							
BDLTFEMNKTSC							
BD L1-L4 T							
BODY FAT % (%)							
BP SYS HOME (mmHg)							
BP DIA HOME (mmHg)							
MMSE SCORE							
EGFR (mL/min/1.73m2)							

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BOSTON, MASS, 02215

EXERCISE TOLERANCE TEST REPORT

PROCEDURE DATE 09/11/07

NAME
HALAMKA, JOHN D.

AGE
45

SEX
M

LOG #
04797H

BIH UNIT #
1538269

REPORT TO : DR. PETER J. ZIMETBAUM/STEVEN R. FLIER/PETER J. ZIMETBAUM
TEST REASON : ARRHYTHMIA, PALPS
MEDICATIONS : NONE.

RESTING DATA

EKG : 1ST DEGREE AV DELAY, NSSTWS
HEART RATE : 71
BLOOD PRESSURE : 144/86

PROTOCOL BRUCE - TREADMILL / ETT

STAGE	TIME (MIN)	SPEED (MPH)	ELEVATION (%)	HEART RATE	BLOOD PRESSURE	RPP
1	0-3	1.7	10	117	178/86	20826
2	3-6	2.5	12	133	184/80	24472
3	6-9	3.4	14	158	194/82	30652
4	9-12	4.2	16	189	218/80	41202
5	12-15	5.0	18	189	218/80	41202

AGE PREDICTED MAXIMUM HEART RATE : 175 % MAXIMUM HEART RATE ACHIEVED : 108
TEST TERMINATED DUE TO FATIGUE TOTAL EXERCISE TIME: 15 MINUTES

RHYTHM : SINUS WITH RARE ISOLATED VPBS AND APBS

MAXIMUM RATE PRESSURE PRODUCT: 41202

SYMPTOMS : NONE

ST DEPRESSION : NONE

INTERPRETATION: This 45 y/o man was referred to the lab for evaluation of exercise induced palpitations. The patient exercised for 15 minutes of a Bruce protocol and was stopped for fatigue (~15 METS). Excellent functional capacity. The patient was asymptomatic throughout. The rhythm was sinus with rare isolated APBS and VPBS. A sinus pause was noted in mid recovery. No significant ST segment changes at a high workload. Appropriate, conditioned hemodynamic response to physiologic stress.

IMPRESSION: No objective evidence of myocardial ischemia by EKG. No anginal symptoms. Trivial atrioventricular ectopic activity at a high workload.

DR. T. HAUSER
ATTENDING

DR. P. FIERMONTE
CLINICAL PHYSIOLOGIST

HALAMKA, JOHN D. 1538269



**Beth Israel Deaconess
Medical Center**



A teaching hospital of
Harvard Medical School

*Associate Professor of Medicine
Director, Clinical Cardiology
August 30, 2007
Director, Cardiac Care Unit
Clinical Electrophysiologist*

Peter J. Zimetbaum, M.D.
Cardiovascular Division
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Steven Flier, M.D.
1244 Boylston Street, Suite 306
Chestnut Hill, MA 02467

RE: John Halamka (MR#: 1538269)

Dear Steve:

I had the pleasure of seeing your patient, John Halamka, M.D., in electrophysiologic consultation for the evaluation and management of palpitations at your request. As you are well aware, he is a 45-year-old physician with a history notable for palpitations beginning approximately nine years ago. He describes the first occurrence in 1998, developing after a quick ascent of multiple flights of stairs often following a meal. He had an evaluation consisting of a Holter, which was normal at that time. Beginning in 2002, he became a vegan and lost 50 pounds associated with the development of vigorous exercise and mountain climbing. Since that time, almost on a yearly basis, every August or late July, in association with a steep climb, he has again developed palpitations. He describes vigorous exercise, climbing up the side of a mountain, a large meal, followed by resumption of rapid hiking, and the onset of rapid palpitations, approximately 140, perhaps to 150 beats a minute. He describes his pulse as becoming extremely thready and his climbing partner who is a physician describing his look as extremely pale and diaphoretic. He stops exercise and his arrhythmia terminates abruptly with normalization in the quality of his pulse and his general wellness. He has never had such episodes in association with climbs in cold weather and feels well in every other respect.

He has never had syncope or presyncope. He denies fevers, chills, weight loss or weight gain other than that associated with intent. The remainder of comprehensive review of systems is completely negative in detail.

He is employed as a chief information officer at Beth Israel Deaconess Medical Center. He is married. He has a healthy child.

Both his parents are living and in excellent health as he describes longevity into the 90s through four generations of his family with no cardiovascular abnormalities.

He does not smoke. He drinks small amounts of alcohol. He exercises 5 to 10 hours per week.

He takes a multivitamin.

August 31, 2007

He gets a rash to penicillin.

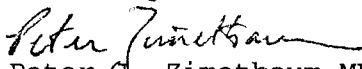
On examination, he is a tall, fit-appearing gentleman in no distress. The jugular veins are nondistended. Carotids are full without bruits. Skin shows no apparent rashes. Thyroid is palpable but without nodules. The chest is clear to auscultation and percussion. On cardiovascular exam, the PMI is nondisplaced. S1 and S2 are normal. There are no murmurs, gallops, or rubs. The extremities show no clubbing, cyanosis, or edema.

Electrocardiogram is sinus rhythm with normal PR, QRS, and QT interval. There are no Q waves or ST-T wave changes.

It was a pleasure to see John Halamka, M.D. today in electrophysiologic consultation. He describes the onset of tachycardia associated with diaphoresis and symptoms of near-syncope that occur after a meal and in association with exercise. They have often occurred with change in position as well. I believe the most likely differential diagnosis includes AV nodal reentrant tachycardia or right ventricular outflow tract tachycardia. Other forms of idiopathic VT such as idiopathic LV septal VT or a bypass tract-mediated tachycardia also of course remain possibilities. I think his history is somewhat less consistent with atrial fibrillation although I cannot fully exclude this. The most important measure to identify this rhythm is to correlate it with symptoms. To that end, he will undergo a stress test following a large meal and wearing a lot of clothes with the hope of generating the same scenario that initiates his arrhythmia at other times. Should this be unsuccessful, we have discussed empiric management with a beta-blocker, a diagnostic electrophysiology study, or simply having him wear a post-event loop recorder next time he climbs. His preference would be a noninvasive approach with a loop recorder. I will be in touch with you following the stress test should it be abnormal; otherwise, we will arrange to get a loop recorder for his next few climbs.

I thank you for the opportunity to participate in the care of this gentleman along with you and please feel free to contact me should questions arise.

Sincerely,


Peter J. Zimetbaum MD

Name: JOHN HALAMKA
ID: 598-0478001
Sex: Male
BP:
Weight: 169.0 lbs
Height: 73 inches
Age: 44 Years
Comments:

Personal Physicians HealthCare
Req. Physician: Steven R. Flier, M.D.
Technician: la
History:
Medication:
Date of Report: 10/19/06 15:43:33
Reviewed By: Steven R. Flier, M.D.
Review Date: 10/19/06 15:43:44

Rate: 51 BPM
PR: 180 msec
QT/QTc: 424/409 msec
QRSD: 90 msec
P Axis: 30
QRS Axis: 11
T Axis: 20

Interpretation:
Sinus Bradycardia
P:QRS - 1:1, Normal P axis, H Rate 51
WITHIN NORMAL LIMITS

