Medical History: John Smith

John Smith, a 54-year-old male, presents with a history of hypertension, type 2 diabetes, and hyperlipidemia. He was diagnosed with hypertension 12 years ago and has been on medication since. His current blood pressure medication is Lisinopril, 20 mg daily, which he takes consistently. His hypertension is well-controlled with this regimen, with his most recent reading at 128/82 mmHg.

Mr. Smith was diagnosed with type 2 diabetes 8 years ago. He manages his condition through a combination of diet, exercise, and medication. He is currently prescribed Metformin, 1000 mg twice daily. His most recent HbA1c was 7.2%, indicating that his blood sugar is moderately controlled.

In addition, Mr. Smith has a history of hyperlipidemia, which was diagnosed 10 years ago. He is on Atorvastatin, 40 mg daily, to manage his cholesterol levels. His last lipid panel showed total cholesterol of 180 mg/dL, LDL of 100 mg/dL, and HDL of 45 mg/dL.

Mr. Smith's family history includes cardiovascular disease—his father suffered a myocardial infarction at age 60. John is a former smoker, quitting 5 years ago after a 30-year history of smoking one pack per day. He has no known allergies and does not use alcohol. He exercises three times a week and follows a low-carbohydrate diet.

How well-controlled is John's hypertension based on his latest blood pressure reading?
a) His blood pressure is poorly controlled at 128/82 mmHg.
b) His blood pressure is well-controlled at 128/82 mmHg.

What is the combination of treatments John uses to manage his diabetes?
a) Medication and exercise.
b) Medication, diet, and exercise.

Why might John's diabetes still require attention despite medication?
a) His HbA1c is moderately controlled at 7.2%, which suggests there is room for improvement.
b) His HbA1c is poorly controlled at 7.2%, which suggests his diabetes is getting worse.

How long has John been managing his cholesterol with medication?
a) Since he was diagnosed with hyperlipidemia 8 years ago.
b) Since he was diagnosed with hyperlipidemia 10 years ago.

What is a possible risk factor for cardiovascular disease in John's case?
a) His family history and previous smoking habit.
b) His family history and current alcohol consumption.

John quit smoking 5 years ago. What does this reveal about his previous smoking habit?
a) He had smoked for 30 years but has quit now, so his risk is minimized.
b) He had smoked for 30 years, which still increases his cardiovascular risk despite quitting.

Based on the lipid panel results, which aspect of John's cholesterol levels might still need attention?
a) His total cholesterol and LDL are both within normal limits, but his HDL is lower than ideal.
b) His total cholesterol and HDL are within normal limits, but his LDL is higher than ideal.

How might John's father's medical history influence his current health management?
a) It suggests that John is at risk of cardiovascular disease but is taking no preventive measures.
b) It suggests that John is at risk of cardiovascular disease and is taking steps to manage it.

How does John's exercise routine align with his overall health management?
a) He exercises three times a week, which may help manage his diabetes and cardiovascular risks.
b) He exercises three times a week, but that is insufficient for managing his health risks.

What does the absence of allergies in John's medical history suggest about his treatment plan?
a) He may tolerate a wide range of medications without complications.
b) He has no allergies now, but could develop them as he ages

LIVEWORKSHEETS

LIVEWORKSHEETS