Health History: J.L., a Thirty-One Year Old Male

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Health History: T.J., a Thirty-One Year Old Male

October 12, 2014, 14:45

**Biographical Data:** JL is a single 31 year old Caucasian male, born 6/19/1983. He works as a carpenter. He lives in a second-floor apartment in urban Milwaukee, with a roommate. He has lived in Milwaukee his entire life, except for attending college in Iowa. He is self-reporting. He appears reliable, and does not appear guarded, flat, or withdrawn.

**Subjective Data:**

**Chief concern (CC):** “A check-up.”

**Present Health Status:** JL feels he is in generally good health. He denies major changes in his health since his last appointment, but reports that he quit smoking five weeks ago, going “cold turkey.” He tried four times in the past, using nicotine patches. Each of these quits lasted less than two weeks. This time four coworkers are quitting at the same time. His history is estimated at 15 pack-years; he smoked filtered “light” cigarettes. He denies shortness of breath and cough, but does occasionally note peripheral cyanosis; he has a known history of Raynaud’s disease. He denies current or past smoking of other substances.

He is a carpenter for a small company, and works mostly on home remodeling. His work is stressful. He is very busy, but in the past he has worried about not having enough work. His work requires a moderate level of physical activity. He reports inconsistent adherence to ergonomics. He wears eye, ear, and mask protection as needed on the job. He rides his bike for approximately 30 minutes four times per week. He does stretching a few times per week. He reports satisfaction with his physical fitness.

He reports daily sun exposure of one to nine hours, all-year-round; he wears sunscreen during summer months when he plans to be outdoors for greater than half of the workday. He reports cumulative summer tanning, with rare sunburn; he estimates sunburns approximately every 2-3 years as an adult. As a child, he got a sunburn at least once every summer. He denies ever having had a blistering sunburn, but occasionally has peeling.

Sleep is from six to eight hours per night. He often falls asleep with the lights on. He denies difficulty falling asleep or staying asleep. He reports sleeping deeply, and rarely remembers dreams.

He socializes with his co-workers; sees friends a few times per week. He reports close relations with family. Sexual preference female, five historical partners, with safer sex practices used. A four-year romantic relationship ended nine months ago. He has since joined a dating website and has dates a few times per month.

Medications: He denies taking any prescription medications, vitamins, or herbal supplements regularly. He does not wear glasses or contact lenses.

Allergies: Cats and dogs, with sneezing, and itchy, watery eyes and sneezing. He denies current food or past seasonal allergies. No asthma. No known drug allergies.

* Health maintenance**:**
	+ Declines influenza vaccine. Pneumococcal vaccine, Tdap, MMR, hepatitis B, varicella, tetanus, and other immunizations up-to-date. Has not had tuberculin testing.
	+ Denies past stool testing, colonoscopy, cholesterol testing, or diabetes screening. Not indicated at this time.
	+ Testicular self-examination once per month. Declines professional testicular and prostate exam at this time.
	+ Reports monthly breast self-exam. Declines professional breast exam today.
	+ Uses sunscreen daily.
	+ Reports wearing seat belt at all times while in motor vehicle.
	+ Reports helmet use while bicycle riding.
	+ In-home smoke detectors, radon and carbon monoxide detectors present and functional, tested every six months.
	+ No firearms in the home.
	+ No pets.
	+ Denies complimentary or alternative health practices.
	+ Denies regular exercise.
	+ Denies illicit drugs.
	+ Dental cleaning approximately ten months ago.
* He reports often increasing food intake to meet physical demands of his job. He feels his diet to be “ok.”
* He generally eats two to four servings of vegetables per day. Green smoothies once per month, never consumes green juices. Raw green salads 2-4 times per week, with mixed lettuce and spinach blend. Cooked leafy greens once per week. Cruciferous vegetables twice per week, approximately half raw. Nightshades daily, in hot sauces and tomato dishes, raw bell peppers, and potatoes. Fermented vegetables and sea vegetables less than once per month. All washed, most are peeled. All eaten without regard to species pesticide load.
* One serving fruit per day, 75% organic without regard to species pesticide load.
* Fish every two weeks to once per week; the majority is cold-water fatty fish. Canned fish weekly to semi-weekly. Approximately half of this is wild-caught.
* One to four servings poultry per week, organic and antibiotic free, but not necessarily cage-free or pastured. Half labelled “vegetarian-fed.”
* One to three servings of organic ruminant meat per week. Approximately 25% of this is fully grass-fed, none grass-finished only. Half is ground beef, approximately 25% is varied long-cooked cuts.
* Two servings organic pork biweekly or weekly, well-cooked. One serving per week is bacon or sausage.
* Two to three servings lunchmeat weekly, usually ham and turkey.
* Five whole chicken eggs per week, organic and omega-3 enhanced but not pastured. Never consumes organ meats. Denies tofu or other unfermented soy products. Legumes biweekly. Jarred peanut butter three times per week, “natural” variety – peanuts and salt only.
* Tree nut and seed consumption approximately twice weekly, mixed raw and commercially roasted and salted.
* Never consumes gelatin or bone broth.
* Moderately aged cheeses 2-5 times per week. Does not eat yogurt.
* Clarified butter four times per week, approximately one tablespoon each. Approximately one tablespoon locally made butter per week; no margarine.
* Butter, coconut oil, and bacon fat are used for cooking. Cold extra-virgin olive oil consumed 2-4 times per week in salad dressings. One avocado per week.
* A majority of grain products are whole wheat; whole-grain bread and crackers once to twice per week. No heirloom grain varieties. Ancient grains approximately once per month. Brown rice once per week.
* Food is approximately one-quarter organic.
* Canned food approximately three times per week, mainly tomatoes, beans, and fish.
* Reports packaged salty snack food approximately twice per week, usually plain potato ships and tortilla chips.
* Three to four meals per week are eaten away from home, usually in Latin or Asian restaurants. Commercially fried food, usually potatoes once per month. No fast food.
* Drinks four to six cups per day of coffee with half-and-half. As much as half is consumed in the late afternoon and evening. No other milk consumption; coconut milk is often used as a substitute in creamy soups, No tea. Six to ten cups water daily, up to two gallons while working outside on hot days, with a pinch of sea salt added. No soda. He occasionally drinks bottled fruit juices, labelled 100% fruit juice.
* Drinks two to five beers per day, and one to three servings of dark liquor, neat, per week.
* Denies “sweet tooth.” Eats homemade desserts approximately twice per week, usually baked goods made with white flour and sugar. Denies major food cravings.

**Past history:**

* Medical: He was diagnosed with Raynaud’s syndrome at age 15.

Reports multiple sports injuries as a child, playing soccer. Left ulnar fracture at age 7. He has had many sports-related sprains and bruises.

Reports chicken pox at age four. Denies history of measles, mumps, rubella, whooping cough, rheumatic fever, and scarlet fever. Denies diabetes, hypertension, hepatitis, HIV.

Travelled to Mexico ten years ago, made effort not to drink untreated water or eat raw vegetables, but had moderate diarrhea for four days. Resolved spontaneously.

He had two cavities in primary teeth, found and filled at age 5.

* Surgical: Appendectomy at age twelve. No complications or residual effects.
* Obstetric/Gynecologic: N/A
* Psychiatric: Denies.

**Personal Social History:**

TJ has a bachelors degree in History.

No military service.

Raised Lutheran, does not attend church. Beliefs have changed from church teachings, but faith and belief in a higher power is important to him. Hobbies include woodworking and fishing.

TJ describes his personality as “simple” and says “I guess I just don’t have a lot of problems.”

**Social and Family/genomic history:**

* Youngest of three children. Oldest sibling, male, has had no major medical or surgical events. Older sister had a tonsillectomy, also had chicken pox at the same time as JL.
* Paternal grandfather died of stroke. Paternal grandmother died of pneumonia
* Maternal grandfather is alive, has lung cancer with current chemotherapy and radiation, history of atrial fibrillation with one successful cardioversion. Maternal grandmother died of brain cancer at age 82.
* Both parents are alive without major medical or surgical issues. Mother has moderate osteoarthritis of the hands; she can no longer do needlework, but it otherwise does not significantly impair functioning. She had a VTE after JL’s birth, which resolved without complication, and she no longer is recommended to take anticoagulants. No hypertension, heart disease, or diabetes.
* Denies familial hypercholesterolemia, hemochromatosis, autoimmune disease, and psychiatric illness.
* No children.

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Stroke (88) Pneumonia (86) A&W (87) Brain CA (82)

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A&W (61) Father, A&W(59) A&W(53) MVA (61) Mother, A&W (59)

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A&W (36) A&W (33) →A&W (31) ←

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Legend:

■ Deceased male (age at death)

□ Living male (age)

● Deceased female (age at death)

○ Living female (age)

A&W – Alive and Well

CA – Cancer

→← -- patient

**Review of systems (ROS):**

* General: Denies weakness, fever, recent weight change, chills or night sweats. Reports showering daily. He does not take baths.
* Integumentary: Denies wounds, lesions, ulcerations, and skin disease. Denies growths, and masses, lumps, depressions, ecchymosis, pruritus. Reports skin dryness in winter, which is occasionally itchy. Denies rashes, changes in skin pigmentation, skin markings, hair, or nails. Denies fingernail ridges or peeling; nails occasionally break due to on-the-job trauma. Scrubs hands and nails daily with a stiff brush. He has one professional tattoo, on his right posterior lower leg, with black and red ink; it is twelve years old. Does not use hair or skin dyes, chemicals, or nail polish. Reports foot odor due to sweating while wearing work boots.
* Head: Denies headaches, trauma, vertigo, and syncope. He reports a moderately receding hairline.
* Eyes: Denies visual changes such as decreased acuity, blurring, blind spots, and diplopia. Denies eye pain, redness, swelling, watery discharge, glaucoma and cataracts. He does not wear glasses or contacts. Last vision test was one year ago.
* Ears: Denies auditory changes or loss, hearing aid use, earaches, infections, discharge, tinnitus, and vertigo. Consistently wears earplugs at work. Cleans ears with a towel or cloth only; no q-tips.
* Nose and sinuses: Denies congestion, epistaxis, and rhinorrhea. Denies other nasal discharge, frequent or unusual colds, sinus pain, or nasal obstruction.
* Mouth and Throat: Denies oral injury or lesions, toothaches, bleeding gums, frequent sore throat, or dysphagia. Denies hoarseness and vocal changes
* Neck: Denies lymphadenopathy, thyroidomegaly, goiter, enlarged or tender nodes, lumps, pain, or neck stiffness.
* Breasts and axilla: Denies lumps, discharge, or pain. Visual self-examination only performed. No axillary lumps, tenderness, selling, or rashes.
* Respiratory: Denies shortness of breath, noisy breathing, dyspnea, wheezing, cough, sputum, hemoptysis, pleurisy, tripod breathing, and snoring. Has never had a chest x-ray. Denies current or past asthma, bronchitis, emphysema, pneumonia, or tuberculosis.
* Cardiovascular: Denies current or past chest pain, hypertension, coronary artery disease, infarction, palpitations, murmurs, orthopnea, nocturnal dyspnea, rheumatic fever, edema, or cyanosis. No past cardiovascular testing. Denies hypercholesterolemia.
* Gastrointestinal: Denies current or past dysphagia, heartburn, indigestion, nausea, vomiting, abdominal pain, food intolerance, or pyrosis. Reports strong appetite, occasional noisy but odorless flatulence. Occasionally loud eructation; in his teens and early 20s, he had excessively loud eructation, for which he never sought medical care. Nausea only in relation to past acute illnesses, such as flu. Denies jaundice, liver, gallbladder, or pancreatic disease. Denies irritability, dizziness, headaches, and abdominal pain, and other symptoms when he has not eaten for an extended period. Denies constipation or diarrhea. One to two moderately sized, medium to dark brown, formed, soft bowel movements per day. Denies pain with defecation, rectal bleeding, black or tarry stools, or hemorrhoids.
* Peripheral Vascular: Denies cramping, claudication, varicosities, thrombi or emboli, or edema or other swelling. He reports being diagnosed with Raynaud’s at age 15; extremities continue to turn white or blue in cold weather.
* Urinary: Reports voiding about 6 times per day. Denies changes in urinary frequency or appearance, incontinence, urgency, hesitancy, dribbling, polyuria, oliguria, nocturia, hematuria, infections, burning or pain. Denies kidney and flank pain, ureteral colic, and suprapubic pain. Denies using methods to avoid urinary tract infection.
* Genital: Denies penile discharge, sores, lesions, scrotal swelling or discoloration, testicular pain or masses, undescended testes, or inguinal or femoral hernias.
* Sexual: Sexual preference is female. Denies concern with libido, function, or satisfaction. Denies HIV or STI history or risk.
* Musculoskeletal: Denies arthralgias, arthritis, gout, noisy joints, back pain, or deformities. Denies limitations of movement throughout his high level of physical activity. Denies chronic muscle pain and stiffness.
* Psychiatric: Denies recent memory changes and suicidal ideation or homicidal ideation. Denies history of dysphoria or depression. Reports moderate job stress.
* Neurologic: Denies changes in mood, memory, attention, speech, orientation, insight, or judgment. Denies headaches, dizziness, vertigo, fainting, blackouts, weakness, paralysis, numbness, tingling, loss of sensation, tremors, tics, or other involuntary movements, seizures or strokes.
* Hematologic: Denies bleeding except from occasional work-related traumas. Denies bleeding of mucus membranes. Denies anemia, or past transfusions. Rare ecchymoses and epistaxis.
* Endocrine: Reports good heat and cold tolerance, and believes he sweats appropriately during his work. Denies past thyroid dysfunction or diabetes. Denies fatigue, polyuria, excessive thirst or hunger, and change in hand or foot size. Denies change in skin pigmentation. Mild roughening of skin, which he attributes to year-round outdoor work.

**Recommendations for Health Maintenance:**

* Smoking cessation maintenance
	+ Hotline number available to JL. (1-800-QUIT-NOW) (Centers for Disease Control and Prevention 2014). Educated that hotline can assist with maintenance.
* Alcohol:
	+ No more than two drinks per day (Centers for Disease Control and Prevention (2014a).
	+ Cognitive-behavioral therapy, if difficulty limiting alcohol intake.
* Considering no history of high blood pressure, check-ups every two years (Medline Plus 2014a).
* Visual examination every two years (Medline Plus 2014b).
* Cholesterol screening every 5 years, considering absence of hypercholesterolemia (Medline Plus 2014a).
* Yearly dental exam (Medline Plus 2014a).
* Yearly influenza vaccine (Medline Plus 2014a).
* Sleep hygiene
	+ Quit caffeine four to six hours before bedtime. Limit overall intake to six cups per day.
	+ Quit alcohol three hours before bedtime.
	+ Dark environment (Harvard Medical School Division of Sleep Medicine 2007).
* Continue monthly testicular self-examinations (Medline Plus 2014b).
* Stress management – implement one or more relaxation techniques. Brief instructions and literature provided on relaxation exercises (American Heart Association (2014).
* Dry skin
	+ TJ may apply an over-the-counter moisturizer before and after exposure to the elements, and after bathing.
	+ A humidifier in winter may help.
	+ Suggest fragrance-free soap, laundry detergent, and fabric softeners (Harvard Health Publication 2011).
* Foot odor
	+ Daily washing and airing of feet.
	+ Wear leather shoes.
	+ Alternate shoes daily.
	+ Check feet frequently for fungal or bacterial infection (American Academy of Podiatric Practice Management 2008).
* Continue diet and physical activity. Encourage exploration of strength training.
* Increase use of recommended ergonomics.
* Use sunscreen daily, with goal of avoiding sunburns.

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