

1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

Declan T. Ferreira-Marsh

DOB

03/28/1980

AGE / SEX

46 yrs / Male

MRN / PATIENT ID

PM-5520317

DATE OF SERVICE

08/13/2026

PROVIDER

Ingrid S. Bakhtiari, MD

CREDENTIALS

MD, MPH, ABPM

PRIMARY CARE PROVIDER

L. Osei, PA-C — Riverside Family Practice

VISIT TYPE

Annual Preventive Visit with occupational health risk assessment

CARE SETTING

Occupational health clinic, municipal fire service contract

REFERRAL SOURCE

Mandatory NFPA 1582 periodic medical evaluation,
self-presenting for the preventive component

INTERPRETER USED

No

CC CHIEF COMPLAINT

2 PRIMARY REASON FOR VISIT

"I want to know where I actually stand. My father had his first heart attack at 52 and I am 46. I also want to be honest that I have started smoking again at the station, and I know the department's cancer numbers."

S SUBJECTIVE

3 HEALTH GOALS, RISK FACTORS & PREVENTIVE HISTORY

3a GOALS & CURRENT STATUS

Reason for evaluation

Annual preventive medicine assessment combined with a periodic occupational medical evaluation for a career structural firefighter. Purpose is quantified cardiovascular risk assessment, cancer screening determination given occupational exposure, tobacco relapse intervention, metabolic risk review, and immunization and exposure-protection review.

Patient health goals

Stated in his own priority order: (1) not to have a myocardial infarction before 52, the age of his father's first event; (2) to stop smoking again, having previously quit for four years; (3) to lose the 24 lb gained since promotion to a desk-heavy captain role; (4) to sleep more than five consecutive hours. He is specific, motivated and has succeeded at cessation before — a materially favourable prognostic feature.

Current health status

No cardiovascular symptoms. Reports reduced exercise tolerance over 18 months — he now finds the stair-climb component of the annual fitness test harder, though he passed it in March. Energy low. Sleep poor. No chest pain, dyspnea at rest, orthopnea or palpitations. No claudication. No syncope.

3b RISK FACTOR HISTORY

Chronic disease risk factors

Prediabetes identified in 2024 with an HbA1c of 5.9%, never re-tested until today. Hypertension diagnosed 2023, treated. Dyslipidemia untreated. Obesity, BMI 31.2, with predominantly central distribution. Sedentary occupational shift since promotion. Tobacco relapse. Suspected obstructive sleep apnea, never tested. Metabolic syndrome criteria met on today's assessment. No known CKD, no liver disease.

Cardiovascular risk history

Blood pressure diagnosed 2023, currently on lisinopril 10 mg with home readings in the 130s systolic. Lipids last checked 2024 — LDL 154 mg/dL, untreated, no statin offered at the time. No diabetes. Smoking as below. **Family history is the dominant driver — father with myocardial infarction at 52 and coronary bypass at 58; paternal uncle with sudden cardiac death at 49.** Exercise tolerance declining. No prior cardiac testing of any kind — no EKG on file before today, no stress test, no imaging.

Cancer screening history

Colorectal screening — never performed, now 46 and eligible since 45; no family history. Skin — never formally examined despite significant occupational and recreational sun exposure and a childhood history of blistering sunburns. Prostate — no prior discussion. Lung — does not meet USPSTF pack-year criteria at 12 pack-years, but occupational exposure is a distinct consideration. No hereditary cancer syndrome features. **Occupational cancer risk is the specific concern he raises** — two colleagues in his station diagnosed in the past three years.

Immunization history

Tdap 2018 — due. Hepatitis B complete series 2004 with documented immunity, appropriate for occupational blood-borne exposure risk. Influenza annually, last 10/2025. COVID-19 booster 09/2025. MMR and varicella immune. No pneumococcal, not yet indicated at 46 without qualifying condition. No hepatitis A — indicated for first responders under some protocols and offered today.

Infectious disease risk

Occupational blood-borne pathogen exposure risk as a first responder. Two needlestick-adjacent exposures in his career, both with documented post-exposure evaluation and negative follow-up serology. HIV last tested 2021, negative. Hepatitis C never tested — indicated as a one-time adult screening and on occupational grounds. TB screening annually per department policy, last 02/2026 negative. No travel exposures. Not immunocompromised.

3c LIFESTYLE, OCCUPATIONAL & SOCIAL HISTORY

Nutrition

Station-based eating with communal meals cooked on shift — typically high in red and processed meat, fried components and refined starch. Two to three energy drinks per 24-hour shift. Minimal vegetable intake, estimated one serving daily. Breakfast frequently skipped, then a large late-evening meal. Water intake reasonable at 2 L. No supplements. No food insecurity. Readiness for change high, and he identifies the shared station meal as the single hardest thing to modify because it is social as much as nutritional.

Physical activity

Formerly 4–5 sessions weekly of mixed resistance and conditioning. Since promotion 18 months ago, down to one inconsistent session weekly. Sedentary time now approximately 9 hours per shift. No structured resistance training. No

flexibility or balance work. No injury limitations beyond a manageable chronic lumbar strain. Fitness goal is to pass the stair-climb comfortably rather than marginally.

Weight and metabolic health

Weight 214 lb, up 24 lb over 18 months, coinciding exactly with the role change. Waist circumference 42 inches. Prior weight management attempts limited to informal calorie reduction. Metabolic labs as below. No prior obesity pharmacotherapy. Target discussed as 7–10% loss over 6 months rather than a fixed weight.

Sleep

24-hour shifts with a 48-hour recovery pattern. On shift, sleep is broken into 1–3 hour blocks with an average of 4 hours. On days off, 6–7 hours but with poor timing consistency. Loud snoring reported by his wife with two witnessed apneas. Daytime sleepiness with one near-miss driving episode 4 months ago, which he reports for the first time today. No formal sleep study. Sleep hygiene poor with high evening caffeine and screen use.

Mental health and stress

High occupational stress with recurrent critical-incident exposure. Two fatalities attended in the past 6 months, one involving a child. Reports intrusive recollection of the second incident approximately weekly, avoidance of the route past that address, and disturbed sleep on the nights after shifts. Has not accessed the peer support program or the employee assistance program. No depression symptoms. Denies suicidal ideation. Uses alcohol as a wind-down mechanism, as below. Coping otherwise through his family and a woodworking hobby he has largely abandoned since promotion.

Substance use

Tobacco — relapsed 14 months ago after a 4-year quit; currently 10–12 cigarettes daily, all on shift, cumulative 12 pack-years. Trigger identified as the return to station social smoking after promotion. Highly motivated to quit again, and the previous quit was achieved with varenicline. Vaping never used. Alcohol 14–18 standard drinks weekly, concentrated on post-shift evenings, AUDIT-C 6. No cannabis, stimulants, opioids or sedatives.

Occupational and environmental health

Career structural firefighter, 22 years, now captain. Cumulative exposure to products of combustion including polycyclic aromatic hydrocarbons, benzene, formaldehyde and asbestos in older housing stock. Reports SCBA compliance during active fire but **inconsistent use during overhaul**, the phase with substantial residual exposure — a well-recognised gap. Turnout gear decontamination performed at the station but showering within one hour of a fire is inconsistent. Historical PFAS exposure through legacy gear and AFFF foam. Noise exposure from sirens and equipment with variable hearing protection use. Heat stress exposure. Diesel exhaust exposure in the apparatus bay, with the extraction system reported as intermittently faulty — a station-level finding, not an individual one.

Safety and injury prevention

Seatbelt use consistent. Helmet used on the motorcycle he rides recreationally. No falls. **Firearms — two, stored in a locked safe, ammunition stored separately; storage practice reviewed and appropriate.** Sun protection poor with no routine sunscreen despite outdoor exposure. Water safety not applicable. IPV screening negative. Driving safety flagged by the near-miss episode above.

Sexual and reproductive health

Married 17 years, monogamous. No sexual health concerns. Vasectomy 2019. No STI risk. No fertility concerns.

Family history

Father — myocardial infarction at 52, coronary artery bypass at 58, alive at 74 with type 2 diabetes. Paternal uncle — sudden cardiac death at 49. Paternal grandfather — myocardial infarction at 61. Mother — hypertension, breast cancer at 68 (post-menopausal, no known hereditary syndrome). Sister — healthy at 43. No colorectal, prostate or pancreatic cancer. No known familial hypercholesterolemia diagnosis, though the family pattern warrants consideration.

Social determinants of health

Stable housing, owns his home. Dual income, no financial strain. Reliable transport. High health literacy. Strong social support through family and the fire service. No discrimination or access barriers. The principal access barrier is shift scheduling, which he notes has caused him to defer routine appointments for years — a pattern that explains several of today's screening gaps.

Pertinent negatives

Denies chest pain, exertional angina, dyspnea at rest, orthopnea, paroxysmal nocturnal dyspnea, syncope, palpitations, claudication, focal neurologic deficit, unexplained weight loss, hemoptysis, GI bleeding, rectal bleeding, change in bowel habit, testicular mass, changing skin lesion, and suicidal ideation. No PTSD criteria met on structured screening despite subthreshold symptoms.

ROS PREVENTIVE MEDICINE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Weight change, fatigue, fever, night sweats, appetite, exercise intolerance	Positive — 24 lb gain, fatigue, declining exercise tolerance. No fever or night sweats.
Chest pain, palpitations, dyspnea, edema, dizziness, syncope	Negative for all. Specifically no exertional angina.
Cough, wheezing, sleep apnea symptoms, tobacco-related symptoms	Positive — morning smoker’s cough, snoring with witnessed apneas, daytime sleepiness.
Abdominal pain, reflux, bowel changes, blood in stool, liver symptoms	Positive — reflux 2–3x weekly, alcohol- and late-meal related. No bleeding, no bowel change.
Urinary, sexual health, reproductive concerns	Negative. Vasectomy 2019, no urinary symptoms.
Joint pain, back pain, injury risk, mobility limitation, fall risk	Positive — chronic lumbar strain 2/10, occupational lifting risk. No mobility limitation.
Headache, weakness, numbness, memory concern, neurologic symptoms	Negative for all.
Depression, anxiety, stress, sleep disturbance, substance use, safety	Positive — occupational stress, subthreshold post-traumatic symptoms, insomnia, AUDIT-C 6, tobacco relapse.
Skin lesions, sun exposure, wounds, changing moles	Positive — significant sun exposure, childhood blistering burns, one lesion of concern found on exam today.

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE 98.3 °F	BLOOD PRESSURE 138/86 mmHg (repeat 136/84)
HEART RATE 74 bpm	RESPIRATORY RATE 14 /min
OXYGEN SATURATION 98% RA	HEIGHT 6 ft 0 in
WEIGHT	BMI

214 lb (190 lb, 02/2025)

31.2

WAIST CIRCUMFERENCE

42 in — above the 40 in threshold

PAIN SCORE

2/10 — chronic lumbar

General appearance

Well-appearing, muscular build with central adiposity. No distress. Good hygiene. Fully mobile. Engaged and forthcoming throughout, including on topics he had not previously disclosed to any clinician.

HEENT

Conjunctiva pink. Sclera anicteric. Pupils equal and reactive, extraocular movements full. No arcus. Hearing grossly intact to conversation; audiometry below. Oral mucosa healthy, dentition good, no leukoplakia or suspicious oral lesion despite tobacco use. Pharynx clear. Mallampati class III with a thick neck — relevant to the sleep apnea assessment.

Neck

Circumference 17.5 inches. No lymphadenopathy. Thyroid normal, no nodule. **No carotid bruits.** Full range of motion.

Cardiovascular

Regular rate and rhythm. Normal S1 and S2, no murmur, rub or gallop. Peripheral pulses 2+ and symmetric including dorsalis pedis and posterior tibial. Capillary refill under 2 seconds. No edema. No xanthelasma, no tendon xanthomata.

Pulmonary

Normal effort. Clear to auscultation bilaterally with good air entry throughout. No wheeze, no crackles. Expiratory phase normal. No accessory muscle use.

Abdomen

Soft, non-tender. Central adiposity with a waist of 42 inches. Bowel sounds normal. No hepatomegaly on palpation despite the metabolic profile. No mass, hernia or bruit. No surgical scars.

Musculoskeletal

Full range of motion throughout. Mild lumbar paraspinal tightness without spasm or radicular signs. Strength 5/5 globally. Normal gait. Single-leg balance intact. Grip strength 54 kg right, 52 kg left — preserved.

Skin

Extensive actinic change over the forearms, posterior neck and scalp. Multiple solar lentigines. **A 7 mm pigmented lesion on the left upper back with asymmetry, an irregular border and two colours; the patient was unaware of it and cannot say how long it has been present.** Several benign-appearing seborrheic keratoses. No acanthosis nigricans. No xanthomas. No burn scarring or occupational dermatitis.

Neurologic

Alert and fully oriented. Cranial nerves intact. Strength 5/5. Sensation intact to light touch and vibration including the feet. Reflexes 2+ symmetric. Coordination and gait normal. No tremor. No cognitive concern.

Psychiatric

Mood euthymic, affect full and appropriate. Speech normal. Thought process linear. Insight notably good — he raised the tobacco relapse, the driving near-miss and the critical-incident symptoms unprompted. Judgment intact. No suicidal ideation, no hopelessness.

HR HEALTH RISK ASSESSMENT

6 PREVENTIVE RISK PROFILE & MODIFIABLE FACTORS

CARDIOVASCULAR RISK

METABOLIC RISK

High — ASCVD 10-year 14.2%, but with a strong premature family history and a coronary calcium score of 96 placing him well above the estimate

CANCER SCREENING RISK

Colorectal screening 1 year overdue. Skin — suspicious lesion found today. Occupational carcinogen exposure across 22 years

OCCUPATIONAL / ENVIRONMENTAL RISK

High and modifiable — overhaul-phase SCBA gap, inconsistent post-fire showering, faulty bay extraction, variable hearing protection

SLEEP AND STRESS

High — STOP-Bang 6, untested OSA, a driving near-miss, subthreshold post-traumatic symptoms

INJURY AND SAFETY RISK

Occupational lifting and heat stress; motorcycle use; firearms appropriately stored; driving risk from sleepiness

SOCIAL DETERMINANTS

No material barriers; shift scheduling is the sole and correctable access barrier

READINESS FOR CHANGE

High — action stage for tobacco with a prior successful quit; contemplation for alcohol; preparation for activity

Metabolic syndrome met — 4 of 5 criteria (waist, triglycerides, HDL, blood pressure). HbA1c 6.1% — prediabetes progressing

INFECTIOUS DISEASE RISK

Occupational blood-borne exposure; hepatitis C never screened

NUTRITION & PHYSICAL ACTIVITY

Both markedly deteriorated since promotion; the station meal is the key lever

SUBSTANCE USE RISK

Tobacco relapse at 10–12 daily; AUDIT-C 6 with post-shift clustering

FAMILY HISTORY / GENETIC RISK

Premature CAD in two first- and second-degree male relatives — father at 52, uncle sudden death at 49

PC

PREVENTIVE CARE / HEALTH MAINTENANCE

7 NEEDS & COMPLETED ITEMS

BLOOD PRESSURE SCREENING

136/84 on treatment — above the <130/80 target given his risk profile

LIPID SCREENING

Completed today — LDL 168 mg/dL, untreated

COLORECTAL CANCER SCREENING

Overdue since 45 — colonoscopy ordered today

LUNG CANCER SCREENING

Does not meet USPSTF criteria at 12 pack-years; occupational surveillance chest imaging discussed and deferred

DEPRESSION & ANXIETY SCREENING

PHQ-9 4, GAD-7 5 — negative; PC-PTSD-5 2/5, subthreshold

DIABETES SCREENING

HbA1c 6.1% — prediabetes, up from 5.9% in 2024

ASCVD RISK ASSESSMENT

14.2% by pooled cohort equations; reclassified upward by CAC 96

SKIN CANCER SCREENING

Performed today — suspicious lesion identified, urgent dermatology referral

PROSTATE SCREENING

Shared decision-making discussion held; PSA deferred to 50 by patient preference, documented

TOBACCO, ALCOHOL & SUBSTANCE USE

Tobacco positive — intervention delivered. AUDIT-C 6 — brief intervention delivered

INFECTIOUS DISEASE SCREENING

Hepatitis C ordered today; HIV re-offered and accepted; TB current

DENTAL, VISION & HEARING

Dental current; vision current; audiometry today shows early 4 kHz notch bilaterally

ADVANCE CARE PLANNING

Not indicated at 46; healthcare proxy noted informally as his wife

LIFESTYLE COUNSELING PROVIDED

Tobacco cessation, nutrition, physical activity, alcohol, sleep, sun protection, occupational exposure hygiene — 31 minutes total

IMMUNIZATIONS

Tdap and hepatitis A administered today; influenza in October

SLEEP APNEA SCREENING

STOP-Bang 6 — home sleep test ordered

ST SCREENING / ASSESSMENT TOOLS

8 SCORES, INTERPRETATION & COMPARISON

ASCVD 10-YEAR RISK (POOLED COHORT)

14.2% — intermediate. Note: the equation does not capture his family history.

LIFETIME ASCVD RISK

50% — high

GAD-7

5 — mild, situational

AUDIT-C

6 — positive for hazardous drinking in men

STOP-BANG

6 / 8 — high risk for obstructive sleep apnea

METABOLIC SYNDROME CRITERIA

4 of 5 met — waist 42 in, triglycerides 198, HDL 36, blood pressure treated

READINESS-TO-CHANGE (TOBACCO)

Action stage; prior 4-year quit with varenicline — strong positive predictor

INTERPRETATION

The pooled cohort equation understates this man's risk. A CAC of 96 at 46 with premature family CAD, metabolic syndrome, an untreated LDL of 168 and an active tobacco relapse together define a materially higher-risk profile than the 14.2% figure alone conveys, and the plan is built to the calcium score rather than to the percentage.

CORONARY ARTERY CALCIUM SCORE

96 Agatston, 78th percentile for age and sex — risk-enhancing, reclassifies him to a statin indication irrespective of the percentage

PHQ-2 / PHQ-9

0 / 4 — negative

PC-PTSD-5

2 / 5 — subthreshold but clinically meaningful; re-intrusion and avoidance items positive

FAGERSTRÖM TEST FOR NICOTINE DEPENDENCE

4 — moderate dependence

EPWORTH SLEEPINESS SCALE

13 — excessive daytime sleepiness, consistent with the driving near-miss

FINDRISC (DIABETES RISK)

17 — high, approximately 1 in 3 ten-year risk

SOCIAL DETERMINANTS SCREENING

Negative in all domains except appointment access due to shift pattern

9 REVIEWED OR ORDERED

Routine preventive labs (drawn today, resulted same day)

CBC normal. CMP — creatinine 0.98, eGFR >90, sodium 140, potassium 4.2. **ALT 64 and AST 48 — mildly elevated**, with GGT 88. Fasting glucose 108 mg/dL. **HbA1c 6.1%** (2024: 5.9%). TSH 1.8. Vitamin D 22 ng/mL — insufficient. Urinalysis normal, urine albumin-creatinine 8 mg/g.

Cardiometabolic testing

Lipid panel — total cholesterol 248, LDL 168 mg/dL, HDL 36, triglycerides 198, non-HDL 212. Lipoprotein(a) 42 nmol/L — normal, checked given the family history. **Coronary artery calcium CT performed today: Agatston score 96, 78th percentile**, with calcification in the LAD and left circumflex. EKG — normal sinus rhythm at 74, no ischemic change, no LVH, normal intervals; this is his first EKG on record. FIB-4 1.02 — low risk for advanced fibrosis despite the transaminase elevation.

Cancer screening results

No prior colorectal screening — colonoscopy ordered today with a scheduled date of 09/10/2026. Skin lesion as described — urgent dermatology referral placed, dermoscopy and likely excisional biopsy anticipated. Prostate — PSA deferred by informed patient choice after shared decision-making, documented. No lung screening indication by pack-year criteria.

Infectious disease testing

Hepatitis C antibody ordered — one-time adult screening plus occupational indication. HIV fourth-generation antigen-antibody ordered and accepted. Hepatitis B surface antibody confirmed reactive from 2004 records, immune. TB IGRA 02/2026 negative per department record.

Bone and fall risk testing

Not indicated at 46 with no fragility fracture or risk factors. Vitamin D insufficiency noted and treated.

Occupational / environmental testing

Audiometry today: bilateral notch at 4 kHz with a 25 dB threshold shift from his 2019 baseline — early noise-induced hearing loss. Spirometry: FEV₁ 92% predicted, FVC 95%, ratio 0.79 — normal, no obstruction despite 12 pack-years and occupational exposure. Chest radiograph as part of the periodic evaluation — clear, no pleural plaques or interstitial change. PFAS serum testing discussed; no clinically actionable threshold exists and it was deferred with the rationale documented.

Prior records reviewed

Primary care records 2019–2026 including the 2024 lipid and HbA1c results, department annual fitness evaluations 2019–2026, 2019 audiometry baseline, the 2004 hepatitis B immunization and serology record, and both post-exposure evaluation records.

10 PREVENTIVE MEDICINE CLINICAL INTERPRETATION

- **High cardiovascular risk with subclinical atherosclerosis, quantified today (Z13.6, E78.5, I10, R79.89).** A calcium score of 96 at age 46 — the 78th percentile — converts an equation-derived "intermediate" risk into a definite, imaging-confirmed disease finding. Combined with an untreated LDL of 168, metabolic syndrome, active smoking, and premature coronary disease in two male relatives, this man has established atherosclerosis and needs treatment intensity matched to that, not to the 14.2% figure.

- **Tobacco use disorder, relapsed after a four-year abstinence (F17.210).** Ten to twelve cigarettes daily, Fagerström 4, entirely station-situational. He is in the action stage with a documented prior success using varenicline. This is the single highest-yield modifiable factor on the entire assessment.
- **Metabolic syndrome with progressing prediabetes (E88.81, R73.03).** Four of five criteria met, HbA1c moved from 5.9% to 6.1% over two years, waist 42 inches, FINDRISC 17. Trajectory is toward type 2 diabetes within a few years without intervention.
- **Suspected obstructive sleep apnea with a driving near-miss (G47.33 provisional, Z72.89).** STOP-Bang 6, Epworth 13, witnessed apneas, and a near-miss he had not previously reported. This carries occupational fitness-for-duty implications and is a genuine public safety matter, not only a personal health one.
- **Suspicious pigmented lesion, left upper back (D48.5).** Seven millimetres with asymmetry, irregular border and colour variegation, in a man with heavy actinic damage and childhood blistering sunburns. Requires urgent dermatologic evaluation and biopsy. He was unaware of it — a direct argument for the skin examination that a purely questionnaire-based preventive visit would have missed.
- **Colorectal cancer screening one year overdue (Z12.11)** — average risk, first screening now due.
- **Early noise-induced hearing loss (H83.3X3).** A 25 dB shift at 4 kHz bilaterally against his 2019 baseline. Occupationally attributable, entirely preventable from here, and irreversible in what has already been lost.
- **Occupational carcinogen exposure with modifiable protection gaps (Z57.31, Z77.098).** Twenty-two years of combustion product exposure. The actionable finding is not the exposure itself but the three specific gaps — SCBA not worn during overhaul, inconsistent showering within an hour of a fire, and a faulty apparatus bay extraction system. Each is correctable at the individual or station level.
- **Hazardous alcohol use (F10.10)** — AUDIT-C 6, 14–18 drinks weekly clustered post-shift, with a plausible contribution to the transaminase elevation, the triglycerides, the blood pressure and the sleep fragmentation.
- **Subthreshold post-traumatic stress symptoms (F43.9).** PC-PTSD-5 of 2 with re-intrusion and avoidance after two recent fatality incidents, one involving a child. Not meeting diagnostic criteria, but present, untreated, and entwined with his sleep, drinking and smoking. Early intervention here is preventive medicine in the truest sense.
- **Mild transaminase elevation with vitamin D insufficiency** — the liver enzymes are most plausibly metabolic dysfunction-associated steatotic liver disease plus alcohol; FIB-4 is reassuring at 1.02, so the response is risk-factor modification with re-testing rather than imaging.
- **Overall:** a 46-year-old with imaging-proven subclinical coronary disease, five stacked modifiable risk factors, two urgent screening actions, and unusually high readiness to change. The prognosis with intervention is genuinely favourable; without it, his father's timeline is a reasonable projection of his own.

P

PLAN

11 PREVENTIVE MEDICINE MANAGEMENT BY RISK DOMAIN

- **Urgent actions first — skin lesion:** urgent dermatology referral placed today with the clinic securing an appointment within 10 days rather than leaving the booking to the patient. Photograph taken and attached to the referral. He was shown the lesion with a mirror and taught the ABCDE criteria for self-surveillance.
- **Cardiovascular risk reduction:** start atorvastatin 40 mg nightly — a high-intensity statin is indicated by the calcium score irrespective of the risk percentage. LDL target below 70 mg/dL. Add low-dose aspirin 81 mg daily, justified here by the imaging-confirmed calcification, low bleeding risk and age, with the trade-off explained. Increase lisinopril to 20 mg for a target below 130/80. Repeat lipids and liver enzymes in 8 weeks. Consider ezetimibe if the LDL target is not met.
- **Tobacco cessation — the highest-yield intervention:** varenicline started, 0.5 mg daily for 3 days, 0.5 mg twice daily for 4 days, then 1 mg twice daily for 12 weeks, with a quit date set for 08/20/2026. Nicotine patches offered as an adjunct for the first fortnight. Quitline enrolment completed in the room. The station trigger addressed

directly — an agreed plan to leave the smoking area rather than to rely on willpower within it. Follow-up at 2, 4 and 12 weeks; his prior varenicline success makes this a strong prospect.

- **Metabolic and diabetes prevention:** referral to the Diabetes Prevention Program with a 7% weight loss target over 6 months. Repeat HbA1c at 6 months. Metformin deferred pending the lifestyle response, with the threshold for starting it made explicit — an HbA1c of 6.3% or above at 6 months. Nutrition plan built around the station meal rather than against it: he will take on the shift cooking rota one day in three and introduce a vegetable-forward menu; energy drinks eliminated with a substitution plan.
- **Physical activity:** restart at three sessions weekly — two resistance and one conditioning — scheduled on recovery days, not shift days, because shift-day plans have failed before. Progressive stair-climb training targeted directly at the fitness test. 150 minutes of moderate activity weekly as the medium-term goal.
- **Sleep apnea:** home sleep apnea test ordered with a target completion within 2 weeks. **He was counselled today not to drive when sleepy and to nap before the post-shift drive home** — the near-miss makes this immediate. Sleep medicine referral placed pending the result. Fitness-for-duty implications discussed frankly; testing and treatment protect his career rather than threaten it, and the reporting obligations were explained.
- **Alcohol:** brief intervention delivered using the AUDIT-C result. Target reduced to no more than 7 drinks weekly with two alcohol-free days after every shift. Link between his drinking, sleep fragmentation, transaminases and blood pressure explained. Re-screen at 3 months; refer to behavioural health if unchanged.
- **Occupational exposure — individual:** SCBA use during overhaul reinforced as non-negotiable, with the specific carcinogen rationale explained rather than asserted. Shower within one hour of every fire. On-scene gross decontamination of gear. Hearing protection at every apparatus and siren exposure — custom-moulded plugs ordered today. Annual audiometry to continue with the 2026 result as the new comparator.
- **Occupational exposure — station level:** with the patient's consent, a non-identifying report on the faulty apparatus bay diesel extraction system will be sent to the department safety officer. This is a station-wide exposure affecting every member of his crew and cannot be corrected by individual behaviour.
- **Cancer screening:** colonoscopy booked for 09/10/2026 with a shift-compatible morning slot. Annual clinical skin examination established going forward given his exposure and today's finding. Prostate screening decision documented as deferred to 50 by informed choice, to be revisited. Lung screening not indicated now; to be reassessed if he does not sustain cessation.
- **Immunizations:** Tdap and hepatitis A administered today. Influenza scheduled for October. Hepatitis B immunity confirmed, no booster required.
- **Mental health:** referral to the fire service peer support program and to a trauma-informed therapist experienced with first responders — both offered and both accepted, which he noted he would not have done unprompted. Framed as preventive and skills-based rather than as treatment for a disorder. Re-screen with PC-PTSD-5 at 3 months. Woodworking hobby discussed as a concrete re-engagement goal.
- **Sun protection:** daily broad-spectrum SPF 50 to the face, neck and forearms; UPF sleeves for outdoor work; annual skin examination. Given his actinic damage this is secondary as much as primary prevention.
- **Other:** vitamin D 2000 IU daily with a repeat level at 3 months. Reflux managed by reducing alcohol and late meals rather than by starting acid suppression. Firearm storage confirmed as appropriate, no action needed.
- **Education:** a one-page written risk summary given, showing his calcium score, LDL, HbA1c and waist against their targets, with the projected effect of each intervention. He asked for this format specifically, and it is more likely to be acted on than a generic handout.

F

FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up

Telephone review at 2 weeks for varenicline tolerance and the quit date. Clinic review at 4 weeks for smoking status, blood

pressure after the lisinopril increase, and the sleep study result. Laboratory review at 8 weeks — lipids, liver enzymes and creatinine after starting atorvastatin. Three-month review for AUDIT-C and PC-PTSD-5 re-screening, weight and activity progress, and vitamin D. Six-month review for HbA1c, weight against the 7% target, and a decision on metformin. Dermatology within 10 days, colonoscopy 09/10/2026, sleep study within 2 weeks, Diabetes Prevention Program within 4 weeks. Annual preventive visit in 12 months with repeat audiometry and skin examination. No repeat calcium score — it does not change management once positive. Urgent contact for chest pain, exertional breathlessness, any change in the skin lesion before the dermatology appointment, or rectal bleeding.

TOTAL TIME SPENT

68 minutes

PREVENTIVE COUNSELING TIME

19 minutes

LIFESTYLE COUNSELING TIME

12 minutes — nutrition, activity, sleep

RISK ASSESSMENT TIME

14 minutes — CAC and ASCVD interpretation, shared decision-making

CARE COORDINATION TIME

11 minutes

RECORDS REVIEW TIME

8 minutes

ADVANCE CARE PLANNING TIME

Not applicable at this age

PREVENTIVE VISIT CODE

99396 — periodic comprehensive preventive medicine, established patient, age 40–64

E/M LEVEL, SEPARATELY APPLICABLE

99214-25 — significant, separately identifiable evaluation and management for the suspicious skin lesion, tobacco use disorder and the abnormal calcium score

SCREENING CODE(S)

96160 health risk assessment · 96127 × 3 (PHQ-9, GAD-7, PC-PTSD-5) · G0442 alcohol misuse screening · G0443 alcohol brief counseling

TOBACCO CESSATION COUNSELING

99407 — intensive, greater than 10 minutes

IMMUNIZATION ADMINISTRATION

90715 Tdap · 90632 hepatitis A · 90471, 90472 administration

OCCUPATIONAL TESTING CODE(S)

92552 pure tone audiometry · 94010 spirometry with graph and interpretation

BASIS FOR BILLING

Comprehensive preventive medicine service, with a separately identifiable problem-focused E/M for three newly identified conditions; occupational testing and counseling separately reported

PRIMARY PREVENTIVE / SCREENING ICD-10

Z00.00 — Encounter for general adult medical examination without abnormal findings, with Z13.6 encounter for screening for cardiovascular disorders

RISK FACTOR / CONDITION ICD-10

E78.5 hyperlipidemia · I10 essential hypertension · E88.81 metabolic syndrome · R73.03 prediabetes · E66.9 obesity · F17.210 nicotine dependence, cigarettes · F10.10 alcohol abuse, uncomplicated · G47.33 obstructive sleep apnea (provisional) · D48.5 neoplasm of uncertain behavior of skin · H83.3X3 noise effects on inner ear, bilateral · Z12.11 screening for colon malignancy · Z57.31 occupational exposure to environmental tobacco smoke and combustion products · Z77.098 contact with other hazardous substances · R74.01 elevation of hepatic transaminase · E55.9 vitamin D deficiency · Z23 encounter for immunization

SO**PROVIDER SIGN-OFF****PROVIDER NAME****Ingrid S. Bakhtiari****CREDENTIALS****MD, MPH, ABPM****SPECIALTY****Preventive / Occupational
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