GP consultation note

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Patient ID	P001	**Document ID**	P001-D02
Date	2026-08-31	**Type**	GP consultation note
Author	Gp	**Recipient**	-

Date: 31 August 2026

Practice: Riverside Family Practice

Clinician: Dr Sarah Chen

Reason for contact

Chest tightness.

History

Mr Peter Lawson, 62 years, contacted the practice requesting urgent assessment of intermittent central chest tightness present for two days. He reports the tightness comes and goes, is worse on exertion and eases with rest. No syncope or loss of consciousness reported. He reports no other concerns and is managing independently at home.

Background: hypertension, type 2 diabetes and hyperlipidaemia, previously stable. No known drug allergies. At his routine chronic disease review on 18 August 2026, BP was 148/88 mmHg and he reported no chest pain.

Current medications (unchanged): atorvastatin 40 mg nightly, metformin 1000 mg twice daily, ramipril 5 mg once daily.

Examination

Blood pressure 168/96 mmHg.

Clinic ECG performed - no definite acute change.

Assessment

Chest tightness in a patient with cardiovascular risk factors. A potential cardiac cause cannot be excluded in general practice and requires same-day emergency department assessment.

Plan

- Same-day referral to Logan Hospital Emergency Department for assessment and exclusion of an acute cardiac cause.
- Advised to attend Logan Hospital ED today.
- Advised to call emergency services if the pain becomes severe.
- Current medications unchanged; no medication changes made at this consultation.
- Follow-up: same-day ED assessment for chest pain - outstanding, patient responsible, Logan Hospital.

Safety-netting

If pain becomes severe, or if symptoms worsen or new symptoms develop, call emergency services immediately rather than waiting or attending the practice.