Transferred Medical Records Package

Patient: Sarin Singh (preferred name: Ramesh) | Date of birth: April 2, 1965

IMPORTANT

This package contains fictional patient information created for Aeon training. It must not be used for clinical care.

Secure Records Transfer

FROM	TO
Harbourview Family Practice Dr. Maya Thompson 100 Training Way, Vancouver, BC V5K 0A1	Aeon Health Training Clinic Attn: Dr. Cat Hillier Vancouver, BC
PHONE 604-555-0188	**FAX** 604-555-0199
DATE SENT July 20, 2026	**NUMBER OF PAGES** 8 pages including this cover
REASON FOR TRANSFER Patient requested transfer of primary care records following clinic closure.	**DELIVERY METHOD** Secure electronic transfer

Transfer Note

Dear Dr. Hillier,

Please find the available primary care records for Sarin Singh, who prefers to be called Ramesh. The package includes a clinical summary, current medications and prescription renewals, recent laboratory results, an eye examination report, preventive care history, and the most recent progress note.

There are no known medication allergies, controlled-substance prescriptions, or outstanding specialist referrals documented at transfer. Diabetes monitoring is due in August 2026. Please reconcile the medication list and update the new chart after review.

Sincerely,
Maya Thompson, MD
Harbourview Family Practice

Package contents

Clinical summary | Medication profile and prescriptions | Two laboratory reports | Diabetic eye examination | Immunization and screening history | Most recent progress note

Clinical Summary

Prepared for transfer of care - July 20, 2026

Patient Information

FULL NAME Sarin Singh	**PREFERRED NAME** Ramesh
DATE OF BIRTH April 2, 1965	**SEX AT BIRTH** Male
PERSONAL HEALTH NUMBER 101010101	**PRIMARY PHONE** 236-555-0114
ADDRESS 5 Main Street, Vancouver, BC V8M 3J7	**NEXT OF KIN** Mary Singh (sister) - 604-555-0111

Active Medical Conditions

Condition	Onset	Current status / notes
Type 2 diabetes mellitus	2018	A1C 7.2% in May 2026; no documented complications
Essential hypertension	2015	Generally controlled on ramipril
Dyslipidemia	2017	Managed with rosuvastatin
Benign prostatic hyperplasia with LUTS	2024	Stable on tamsulosin
Right knee osteoarthritis	2018	Intermittent activity-related pain

Allergies and Adverse Reactions

No known drug allergies

No medication, food, or environmental allergies were documented in the transferred chart.

Relevant Histories

History type	Details
Past medical history	Conditions listed above; no documented stroke, MI, heart failure, or CKD
Past surgical history	Appendectomy (1985); right knee arthroscopy (2018)
Family history	Father: MI at 62. Mother: type 2 diabetes. No known first-degree colorectal cancer
Social history	Never smoked. Alcohol: 1-2 drinks/week. Walks regularly. Lives independently

Outstanding follow-up

Repeat A1C is due in August 2026. Continue annual urine ACR, foot examination, and diabetic retinal screening.

Medication Profile and Prescription Copies

Medication list last reconciled July 10, 2026

Current Medications

Medication	Directions	Indication
Metformin ER	1000 mg by mouth twice daily with meals	Type 2 diabetes
Ramipril	10 mg by mouth once daily	Hypertension / renal protection
Rosuvastatin	20 mg by mouth at bedtime	Dyslipidemia
Tamsulosin	0.4 mg by mouth once daily after the same meal	BPH symptoms
Pantoprazole	40 mg by mouth once daily as needed	GERD
Acetaminophen	500-1000 mg by mouth every 8 hours as needed	Knee pain

Medication reconciliation note

No controlled substances, insulin, anticoagulants, or antiplatelet medications are listed. Confirm actual use and adherence at the first visit.

Recent Prescription Renewals

Medication	Directions	Qty	Refills	Date
Metformin ER 500 mg	Take 2 tablets by mouth twice daily with meals.	360	1	Jul 10, 2026
Ramipril 10 mg	Take 1 capsule by mouth once daily.	90	1	Jul 10, 2026
Rosuvastatin 20 mg	Take 1 tablet by mouth at bedtime.	90	1	Jul 10, 2026
Tamsulosin 0.4 mg	Take 1 capsule by mouth once daily after the same meal.	90	1	Jul 10, 2026

Laboratory Report

Collected May 15, 2026 | Fasting specimen | Pacific Training Laboratories

Diabetes and Chemistry

Test	Result	Reference range	Interpretation
Fasting glucose	8.6 mmol/L	3.6-6.0 mmol/L	High
Hemoglobin A1C	7.2%	<7.0% individualized target	Slightly above target
Sodium	140 mmol/L	135-145 mmol/L	Normal
Potassium	4.3 mmol/L	3.5-5.0 mmol/L	Normal
Creatinine	83 umol/L	60-110 umol/L	Normal
eGFR	88 mL/min/1.73m2	>=60	Normal
ALT	31 U/L	<50 U/L	Normal
AST	24 U/L	<40 U/L	Normal
Albumin	43 g/L	35-50 g/L	Normal

Complete Blood Count

Test	Result	Reference range	Interpretation
Hemoglobin	147 g/L	135-175 g/L	Normal
Hematocrit	0.44 L/L	0.40-0.50 L/L	Normal
WBC	6.8 x10^9/L	4.0-11.0 x10^9/L	Normal
Platelets	244 x10^9/L	150-400 x10^9/L	Normal
MCV	89 fL	80-100 fL	Normal

Laboratory comment

A1C is slightly above the documented individualized target. Renal and liver function are stable. Repeat A1C in approximately 3 months.

Laboratory and Screening Results

Results current to May 2026

Lipid Profile

Test	Result	Reference / target	Interpretation
Total cholesterol	3.9 mmol/L	<5.2 mmol/L	Within range
LDL-C	2.1 mmol/L	<2.0 mmol/L for high-risk patients	Borderline above target
HDL-C	1.1 mmol/L	>=1.0 mmol/L	Within range
Triglycerides	1.6 mmol/L	<1.7 mmol/L	Within range
Non-HDL-C	2.8 mmol/L	<2.6 mmol/L for high-risk patients	Borderline above target

Renal and Prostate Monitoring

Test	Result	Reference	Interpretation
Urine albumin/creatinine ratio	1.7 mg/mmol	<3.0 mg/mmol	Normal
PSA	1.5 ug/L	Age-adjusted interpretation	No significant change

Colorectal Cancer Screening

Test	Result	Date	Recommendation
FIT	Negative	June 1, 2025	Repeat in 2 years if still eligible and no symptoms

Clinical note

These are historical results from the previous clinic. Confirm which results should be entered as Measurements, Screenings, or Files in the new chart.

Diabetic Eye Examination Report

Westview Optometry | Examination date: November 20, 2025

Referral Information

PATIENT Sarin Singh (Ramesh)	**REFERRING CLINIC** Harbourview Family Practice
REASON FOR EXAM Annual diabetic retinal assessment	**DIABETES DURATION** Approximately 7 years

Findings

Area	Finding
Visual acuity	20/25 right eye; 20/25 left eye with correction
Intraocular pressure	Within normal limits bilaterally
Retina	No diabetic retinopathy or macular edema identified
Lens	Mild age-related nuclear change; not visually significant
Optic nerve	Healthy appearance; no concerning cupping

Impression and Recommendation

Impression: No diabetic retinopathy. Mild refractive change only.

Recommendation: Continue diabetes and blood pressure management. Repeat dilated retinal examination in 12 months or sooner for visual changes.

Electronically reported by: **Jordan Lee, OD**
Westview Optometry
604-555-0162

Transfer status

No ophthalmology referral was outstanding at the time of transfer.

Immunization and Preventive Care History

Summary current to July 2026

Immunizations

Immunization	Date administered	Notes
Influenza	October 16, 2025	No documented reaction
COVID-19 booster	October 16, 2025	No documented reaction
Tdap	March 8, 2021	Next routine booster due 2031 unless otherwise indicated
Shingrix dose 1	June 10, 2022	Series completed
Shingrix dose 2	August 19, 2022	Series completed

Screening and Chronic Disease Monitoring

Item	Last completed	Next due	Notes
A1C	May 15, 2026	August 2026	Repeat every 3-6 months based on control
Urine ACR	May 15, 2026	May 2027	Annual diabetes monitoring
Diabetic eye examination	November 20, 2025	November 2026	No retinopathy
Diabetic foot examination	January 12, 2026	January 2027	Normal sensation and pulses
FIT	June 1, 2025	June 2027	Negative
PSA discussion / testing	May 15, 2026	As clinically indicated	PSA 1.5 ug/L

Reconciliation reminder

Verify dates against provincial records and patient recall before treating this transfer summary as complete.

Most Recent Primary Care Progress Note

Harbourview Family Practice | July 10, 2026

Visit: Chronic Disease Follow-up and Record Transfer

Subjective

Ramesh attended for follow-up of type 2 diabetes, hypertension, and dyslipidemia before transferring care. He reports taking medications consistently. Home blood pressure readings are generally in the 125-135/75-85 mmHg range. No chest pain, dyspnea, dizziness, hypoglycemia, polyuria, or polydipsia. Intermittent right knee discomfort occurs after longer walks but does not limit usual activities. Urinary symptoms are improved with tamsulosin.

Objective

Well appearing and in no acute distress. Blood pressure 132/80 mmHg. Weight 82.4 kg. Cardiovascular and respiratory examinations unremarkable. Feet warm with intact skin, normal pulses, and preserved monofilament sensation.

Assessment

#	Assessment
1	Type 2 diabetes mellitus - A1C slightly above target; no documented microvascular complications
2	Hypertension - controlled
3	Dyslipidemia - LDL near but slightly above documented target
4	BPH - symptoms improved
5	Right knee osteoarthritis - stable

Plan

Continue current medication regimen. Reinforce balanced carbohydrate intake, regular physical activity, and foot care. Repeat A1C in August 2026. Continue annual urine ACR and retinal screening. Use acetaminophen as needed for knee discomfort. Patient requested transfer of records because the clinic is closing. Medication renewals provided to allow time to establish care with the new clinic.

Transfer Checklist

Item	Status / recommendation
Medication list reconciled at previous clinic	Yes
Allergies documented	No known drug allergies
Outstanding referrals	None documented
Next important monitoring	A1C due August 2026
Recommended first-visit action	Review transferred package and reconcile the new Aeon chart

Electronically signed by Maya Thompson, MD on July 10, 2026.
Fictional signature statement for training purposes.