History of Present Illness: A 50 year old (African American or White) woman who is seeing a primary care physician for the first time. She recently moved to the area and is seeking care from a new physician. She has no complaints today. She has been taking her previously prescribed medications regularly.

Past Medical History: The patient's medical history includes hypertension (of 10 years duration) and obesity. (For diabetes scenario: The patient also had diabetes mellitus of 5 years duration. She has no history of microvascular or macrovascular disease).

Social History: She is married, has 3 children, and works as an administrative assistant. She is a non-smoker. She is insured with an indemnity (fee for service) health insurance plan, which does not restrict her receipt of a referral to a specialist if needed.

Review of Systems: She wears eye glasses, sees an ophthalmologist annually, and has had normal ophthalmologic examinations. Her remaining review of systems is negative, including no neurologic or vascular symptoms.

Medications: Diuretic and acetaminophen (For diabetes scenario: the patient's medication included angiotensin 2 receptor blocker and oral hypoglycemic agent)

Physical Examination: Blood pressure, 125/80 mm Hg, weight 154 pounds, height 5'2''. The remainder of her examination (including eye, cardiovascular, and neurologic exams performed by the primary care physician) is unremarkable.

Laboratory Examination:

Laboratory Studies	**4 months ago**	**1 week ago**
Complete blood count	Normal	Normal
Electrolytes and liver function tests	Normal	Normal
BUN [mg/dL]	18	19
Serum creatinine [mg/dL][2]		
White	1.8	2.0
African American	2.1	2.3
Proteinuria (gross dipstick)	1+	1+
Hemoglobin A1c (for diabetes scenario)	6.3%	6.8%