

Theodore Jones JR: Patient Information
Patient Record Number:6010

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-housecalls.com

Name: Theodore Jones JR
External ID: 6010
DOB: 1948-02-22
Sex: Male
Marital Status: Single
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCMjFJUG9LR0JRdG8

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 214-228-9120
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 01-15-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-15-2017.
Tobacco: Current every day smoker Smokes one packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drugs. **Status:** Never
Nutrition History: Regular.
Developmental History: Well..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2013-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2017-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 459746385M
Group Number :
Employer Name : Theodore Jones JR
Copay :
Insured ID Number : 500000046395
Group Number :
Employer Name : Theodore Jones JR
Copay :
Insured ID Number : 528300467
Group Number :
Employer Name : Theodore Jonesjr

Immunizations:

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Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of chronic medical conditions hypertension, rheumatoid arthritis, chronic pain, debility, asthma and cellulitis. Patient complains of back pain, knee pain and sinus pain.

HPI Status:Finalized
A 68-year-old African American male with multiple chronic conditions of hypertension, rheumatoid arthritis, chronic pain, asthma, and debility in no acute distress. Patient complains of pain in back and knees with relief from current pain medication. Patient also complains of sinus pain for 2 weeks with no relief. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea vomiting at this time.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-18	130	57	155.00	70.00	97.60	16.00	~	22.2	0.00

[illegible]

HEENT:
 Eyes: Pink, Moist, Normal Vision, Normal Limits .
EARS:
 Ears: Pink, Moist, Normal Vision, Normal Limits .
NOSE:
 Nose: Pink, Moist, Normal Vision, Normal Limits .
THROAT:
 Throat: Pink, Moist, Normal Vision, Normal Limits .
CV:
 CV: Pink, Moist, Normal Vision, Normal Limits .
RESP:
 Resp: Pink, Moist, Normal Vision, Normal Limits .
 Respirator Effort Unlabored-Within Normal Limits .

Description	Status	Start Date	End Date
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Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-22

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or a systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Sinusitis start Augmentin 1000/62.5 mg 2 tabs bid x7 days.
2. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
3. Asthma, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Lumbago with chronic pain, continue current plan.
6. Hypertension with vascular complications, continue current plan.
7. Debility, continue to monitor.
8. History of cellulitis, continue to monitor.

Medication refills as follows:

Norco 10/32 g t.i.d.
Lisinopril 20 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Acute sinusitis, unspecified (ICD10:J01.90 Acute sinusitis, unspecified) Unknown or N/A	Active	2016-11-18	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-09-09	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-08-12	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-08-12	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-08-12	
Cellulitis, unspecified (ICD10:L03.90 Cellulitis, unspecified) Unknown or N/A	Active	2016-08-12	

Acute nasopharyngitis [common cold] (ICD10:J00 Acute nasopharyngitis [common cold]) Unknown or N/A	Active	2016-07-15
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-15
Other malaise (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2016-07-15
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-10
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-10
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-10
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-02-12
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-02-12
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-20
Unspecified asthma with status asthmaticus (ICD10:J45.902 Unspecified asthma with status asthmaticus) Unknown or N/A	Active	2015-11-20
Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-11-20
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-20
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active	2015-10-06
Rheumatoid arthritis (ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Active	2015-10-06
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active	2015-10-06
Debility, unspecified (ICD9:799.3 Debility, unspecified) Unknown or N/A	Active	2015-10-06

Allergies:

Description	Status	Start Date	End Date
Naproxen Unknown or N/A	Active	2015-09-25	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: YES

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: We care daycare

Primary Justification Medical Conditions: Asthma,hyperlipidemia,HTN

Additional Medical Conditions: Debility, Cellulitis

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to debility and inability to self medicate currently.

Certification Statement: SN needed due to debility and inability to self medicate currently.

Signed by (NP): 16

Signed On (NP): 2016-11-18 01:57

Signed By (Physician): 18

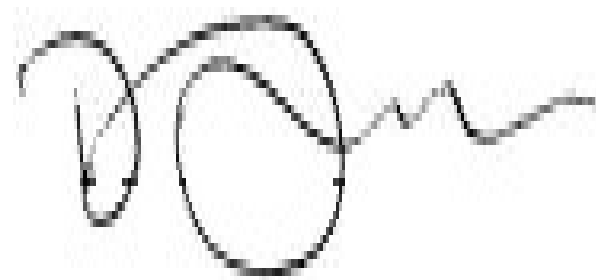
Signed on (Physician): 2016-11-25 01:57

Form_status: finalized

Procedure Order:

Patient ID	6010	Order ID	1197
Patient Name	Jones JR, Theodore	Ordered By	Love-Jones, Derrick
Order Date	2017-01-16	Print Date	2017-01-16
Order Status	complete	Encounter Date	2017-01-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-11-25**.

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