Ed Mitchell: Patient Information

Patient Record Number:1198

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

Name: Ed Mitchell External ID: 1198 **DOB**: 1937-05-15 Sex: Male S.S.: 439-48-2044 Marital Status: Separated

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5Q1F1OUFhUGRvRDg

Address: 2522 Elsie Faye Heggins St

City: Dallas State: Texas Postal Code: 75215 Country: USA

Emergency Contact: Bobby Reader (Brother)

Emergency Phone: 214-245-2546 Home Phone: 214-438-7464

Street Address: 2522 Elsie Faye Heggins St

Apt/Suite/Other: House

Family History:

Last Recorded On: 01-11-2017.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown.. Offspring: Three children..

Primary Family Med Conditions:

Last Recorded On: 01-11-2017.

Risk Factors: Unknown.

Social History:

Last Recorded On: 01-11-2017.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet.. Developmental History: Normal..

Other History: Pneumonia shot in 2011. Flu shot in 2013. Colonoscopy in 2011...

Tests and Exams:

Last Recorded On: 01-11-2017.

Insurance:

United Health Care (87726)

Priority: Primary **Start Date**: 2015-01-01 Relationship to Insured : Self

Type: N/A

Payer: United Health Care (87726)

Priority : Primary Start Date : 2015-04-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date : 2016-07-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date: 2012-02-08 Relationship to Insured: Self

Type: N/A

Payer : Medicaid Texas (SKTX0)

Priority: Secondary Start Date: 2012-03-01 Relationship to Insured: Self

Type: N/A

Payer : Medicaid Texas (SKTX0)

Copay:

Insured ID Number: H4590020

Group Number:

Employer Name : Ed Mitchell

Copay : Insured ID Number : 8000880108516

Group Number:

Employer Name : Ed Mitchell

Copay:

Insured ID Number: 8000880108516

Group Number :

Employer Name : Ed Mitchell

Copay:

Insured ID Number: 530279783 **Group Number:**

Employer Name : Ed Mitchell

Copay:

Insured ID Number: 530279783

Group Number:

Employer Name : Ed Mitchell

Immunizations:

Ed Mitchell: Chief Complaint Patient Record Number:1198

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> Seen by Sumana Ketha MD Seen on 28-September-2016

Chief Complaint Status: finalized

Followup home visit to prevent further decline of the following chronic medical conditions of diabetic neuropathy, diabetes mellitus type 2, hyperlipidemia, cognitive impairment, peripheral vascular disease, osteoarthritis, Benign prostatic hyperplasia, hyperlipidemia, cataracts and glaucoma. Patient complains of not sleeping.

History of Present illness:

HPI Status:Finalized

A 79-year-old male seen for medical management of diabetic neuropathy, diabetes mellitus type 2, hyperlipidemia, cognitive impairment, peripheral vascular disease, osteoarthritis, benign prostatic hyperplasia, hyperlipidemia, cataracts and glaucoma. Patient is mentally challenged. Patient needs diabetes mellitus follow up and also needs periodic supervision. Patient complains of knee pain bilateral that is chronic. Patient states he does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-09-28	175	81	172.00	71.00	98.20	18.00	~	24.0	0.00

Review of Systems:

Constitutional:

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AND THE RESIDENCE OF THE SECOND

No **Distribution** Residence No **Distribution** Residence of the second se

No Distribution along Of Motion

No Briendockagesncy

No Chicumstilipaetricae

No Coryza

No Obstruction

Physical Exam:

ACCUPATION OF THE PROPERTY OF

EXTEREMITIES:

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Ben planting and the second s

ROM-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Docusate Sodium ,100 MG CAPS, TAKE 1 CAPSULE TWICE DAILY,			
Quantity: 60, Refill Quantity: 3			
Unknown or N/A	Active	2016-12-12	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

TraZODone HCI ,50 MG TABS, TAKE 1 TABLET AT BEDTIME,		
Quantity: 90, Refill Quantity: 3		
Unknown or N/A	Active	2016-12-12
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
TraZODone HCI ,50 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-09-28
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Aspirin ,325 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill		
Quantity: 2 Unknown or N/A	Active	2016-08-17
by Jones, Derrick - MJ3217331	Aduve	2010 00 11
Texas Physician House Calls		
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY,		
Quantity: 90, Refill Quantity: 1		
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-08-17
Texas Physician House Calls		
HydrALAZINE HCI ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity:		
30, Refill Quantity: 2		
Unknown or N/A	Active	2016-08-17
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 90, Refill Quantity: 3		
Unknown or N/A	Active	2016-08-17
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Naproxen ,500 MG TABS, TAKE 1 TABLET TWICE DAILY AS		
NEEDED, Quantity: 60, Refill Quantity: 1	A - 17	2040.00.47
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-08-17
Texas Physician House Calls		
Tamsulosin HCI ,0.4 MG CAPS, TAKE 1 CAPSULE ORAL BEDTIME,		
Quantity: 30, Refill Quantity: 2		
Unknown or N/A	Active	2016-08-17
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Atorvastatin Calcium ,20 MG TABS, TAKE 1 TABLET DAILY AT		
BEDTIME, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-18
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Cetirizine HCI ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY		
DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A	Active	2016-07-18
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Docusate Sodium ,100 MG CAPS, TAKE 1 CAPSULE TWICE DAILY,		
Quantity: 60, Refill Quantity: 0	A making -	2040 07 40
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-07-18
Texas Physician House Calls		
GlipiZIDE ,5 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED,		
Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-18
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
· · · · · · · · · · · · · · · · · · ·		
HydrALAZINE HCI ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-07-18
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD		
PRESSURE, Quantity: 30, Refill Quantity: 0	Active	2016-07-18
Unknown or N/A by Jones, Derrick - MJ3217331	TOUVE	2010-07-10
Texas Physician House Calls		
1		

Omnaris ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A Active 2016-07-18 by Jones, Derrick - MJ3217331 Texas Physician House Calls Tamsulosin HCI, 0.4 MG CAPS, TAKE 1 CAPSULE ORAL BEDTIME, Quantity: 30, Refill Quantity: 0 2016-07-18 Active Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Atorvastatin Calcium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 2 2015-02-26 Unknown or N/A Active by Jones, Derrick - MJ3217331 Texas Physician House Calls Gabapentin, 300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2 Active 2015-02-26 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls GlipiZIDE, 5 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED. Quantity: 90. Refill Quantity: 1 Unknown or N/A Active 2015-02-26 by Jones, Derrick - MJ3217331 Texas Physician House Calls Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Active 2015-02-26 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Tamsulosin HCI, 0.4 MG CAPS, TAKE 1 CAPSULE DAILY EVERY MORNING BEFORE BREAKFAST, Quantity: 30, Refill Quantity: 2 Unknown or N/A Active 2015-02-26 by Jones, Derrick - MJ3217331 Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Medication adherence education was given to the patient and the patient was educated on benefits of low-salt, low-fat, low-cholesterol diet with current medical issues. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Reviewed old records of the patient.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Diabetes mellitus type 2 with neuropathy, continue current plan.
- 3. Hypertension with vascular complications, continue current plan.
- 4. Benign prostatic hyperplasia, continue current plan.
- 5. Peripheral vascular disease, continue current plan.
- 6. Hyperlipidemia, continue current plan.
- 7. Cognitive impairment, continue current plan.
- 8. Cataracts, continue current plan.
- 9. Glaucoma, continue current plan.

Medication refills as follows:

Doc-Q-Lace 100 mg b.i.d.
Naproxen 500 mg b.i.d.
Glipizide 5 mg q.d.
Trazodone 50 mg one tab at bedtime

Medical Problem:

Description	Status	Start Date	End Date	
Other chronic pain				
(ICD10:G89.29 Other chronic pain)	Active	2016-08-16		
Unknown or N/A				

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 Other disorders of peripheral nervous system	Active	2016-08-16
(ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-07-14
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-07-14
Type 2 diabetes mellitus with other diabetic neurological complication (ICD10:E11.49 Type 2 diabetes mellitus with other diabetic neurological complication) Unknown or N/A	Active	2016-06-27
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-27
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-06-27
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Senile cataract, unspecified (ICD10:H25.9 Unspecified age-related cataract) Unknown or N/A	Active	2015-10-01
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Hypertrophy (benign) of prostate without urinary obstruction and other lower (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Mild cognitive impairment, so stated (ICD10:G31.84 Mild cognitive impairment, so stated) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies.	Active		
Unknown or N/A	7101170		

Surgeries:

Description	Status	Start Date	End Date
·			

Cataract sx in 2013 Unknown or N/A	Active
PE and MVC in 1972. Unknown or N/A	Active

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: Calvary Health Care

Primary Justification Medical Conditions: Cataract, Deafness, diabetes, Glaucoma, hyperlipidemia, HTN

Additional Medical Conditions:

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Requested Care/Treatments Required: Home-bound.

Clinical Findings To Justify Home Health: Patient is home bound due mentally challenged and uncontrolled diabetes Certification Statement: Skilled nursing needed to help manage his medication and monitor disease process/diabetes.

Signed by (NP): 302

Signed On (NP): 2016-09-28 05:36 Signed By (Physician): 18

Signed on (Physician): 2016-10-05 05:36

Form_status: finalized

Printed:



Electronically Signed by Darolyn Perkins on 2016-10-05.

Printed on 12-Jan-2017 19:47:13 pm.