

Kevin Marshall: Patient Information
Patient Record Number:3846

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: Kevin Marshall
External ID: 3846
DOB: 1969-05-20
Sex: Male
S.S.: 466-33-9369
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0AwTMa8jPNAVUIGeTVhbDIObEU>

Address: 2525 Players Court Apt 1408 Bldg 14
City: Dallas
State: Texas
Postal Code: 75287
Country: USA
Emergency Contact: Albert Marshall
Home Phone: 972-684-0536
Mobile Phone: 469-892-6253
Street Address: 2525 Players Court
Apt/Suite/Other: 1408 Bldg 14

Past Medical History:

Last Recorded On: 12-17-2016.
Risk Factors: Insomnia,Lumbago,Neuropathy.
Additional Medical History: Abnormal gait and bilateral knee amputation..

Family History:

Last Recorded On: 12-17-2016.
Mother: Mother has history of breast cancer..
Offspring: Patient has 3 children..
Other Family Relative: Aunt has history of breast cancer..

Primary Family Med Conditions:

Last Recorded On: 12-17-2016.
Chronic Conditions: Hypertension.
Chronic Body System Category: Diseases of the circulatory system .

Social History:

Last Recorded On: 12-17-2016.
Tobacco: Former smoker The patient is a former smoker, currently does not smoke **Status:** Quit
Alcohol: No alcohol abuse. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Low salt, low fat, and low cholesterol diet..
Developmental History: Educational level is 12th grade..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 12-17-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2008-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 466339369A
Group Number :
Employer Name : Kevin Marshall

Immunizations:

Kevin Marshall: Chief Complaint
Patient Record Number:3846

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Seen by Derrick Love-Jones
Seen on 07-November-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, lumbago, heart disease, heart failure, anxiety, depression, insomnia, diabetes mellitus type 2, left below knee amputation, neuropathy, difficulty walking, and intellectual disabilities. Patient complains of pain in his knee and hands.

History of Present illness:

HPI Status:Finalized

A 47-year-old African American male in NAD with multiple chronic conditions including osteoarthritis, lumbago, heart disease, heart failure, anxiety, depression, insomnia, diabetes mellitus type 2, left below knee amputation, neuropathy, difficulty walking, and intellectual disabilities. Patient complains of pain in his knee and hands. Patient does have a long history of below knee amputation. Patient now has a wheelchair and states this may be why his hands hurt. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-11-07 | 129 | 82 | 250.00 | 64.00 | 97.60 | 16.00 | ~ | 42.9 | 0.00 |

Review of Systems:

Constitutional:

Weight Loss:

No Weight Loss

No Change in Appetite

No Change in Energy

No Change in Urine

No Change in Sleep

No Change in Range of Motion

No Change in Antidepressants

No Change in Diet

No Change in Dentures

Physical Exam:

EXAMINATION:

Supine, Left Arm, Right Arm, Left Leg, Right Leg, Neck, Chest, Abdomen, Pelvis, Genitals, Skin, Bilateral Nasal Turbinates-Within Normal Limits .

NEURO:

Supine, Left Arm, Right Arm, Left Leg, Right Leg, Neck, Chest, Abdomen, Pelvis, Genitals, Skin, Bilateral Nasal Turbinates-Within Normal Limits .

ENT:

Supine, Left Arm, Right Arm, Left Leg, Right Leg, Neck, Chest, Abdomen, Pelvis, Genitals, Skin, Bilateral Nasal Turbinates-Within Normal Limits .

CV:

Supine, Left Arm, Right Arm, Left Leg, Right Leg, Neck, Chest, Abdomen, Pelvis, Genitals, Skin, Bilateral Nasal Turbinates-Within Normal Limits .

RESP:

Supine, Left Arm, Right Arm, Left Leg, Right Leg, Neck, Chest, Abdomen, Pelvis, Genitals, Skin, Bilateral Nasal Turbinates-Within Normal Limits .

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

Medication:

| Description | Status | Start Date | End Date |
|-------------|--------|------------|----------|
|-------------|--------|------------|----------|

| | | |
|---|--------|------------|
| AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-08-18 |
| Lyrica ,50 MG CAPS, Take 1 capsule twice daily Stop Gabapentin, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-07-18 |
| Lyrica ,50 MG CAPS, Take 1 capsule twice daily Stop Gabapentin, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-06-20 |
| AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-06-17 |
| AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-05-16 |
| ALPRAZolam ,1 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2015-05-18 |
| AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2015-05-18 |
| 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 | 2015-05-18 |
| Methocarbamol ,500 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2015-05-18 |
| AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-02-19 |
| Methocarbamol ,500 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA | Active | 2015-02-19 |

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this visit. 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. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Anxiety, continue current plan.

3. Neuropathy, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Lumbago, continue current plan.
8. Depression, continue current plan.
9. Insomnia, continue current plan.
10. Coronary artery disease, continue current plan.
11. Intellectual disabilities, continue to monitor.

Medication refills are as follows:

Norco 10/325 mg t.i.d
 Xanax 1 mg q.d.
 Amlodipine 5 mg q.d.
 Lyrica 50 mg q.d.

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Other pulmonary embolism and infarction (ICD9:415.19 Other pulmonary embolism and infarction) Unknown or N/A | Active | 2015-10-01 | |
| Septic pulmonary embolism with acute cor pulmonale (ICD10:I26.01 Septic pulmonary embolism with acute cor pulmonale) Unknown or N/A | Active | 2015-10-01 | |
| Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Primary osteoarthritis, unspecified shoulder (ICD10:M19.019 Primary osteoarthritis, unspecified shoulder) Unknown or N/A | Active | 2015-10-01 | |
| Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A | Active | 2015-10-01 | |
| Unspecified hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A | Active | 2015-10-01 | |
| Arthropathy, unspecified, other specified sites (ICD10:M12.9 Arthropathy, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 | |
| Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A | Active | 2015-10-01 | |
| Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A | Active | 2015-10-01 | |
| Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 | |
| Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2015-10-01 | |

| | | |
|---|--------|------------|
| Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A | Active | 2015-10-01 |
| 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 |
| Unspecified intellectual disabilities (ICD10:F79 Unspecified intellectual disabilities) Unknown or N/A | Active | 2015-10-01 |
| Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) 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 |
| Unspecified idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A | Active | 2015-10-01 |
| Amputated at knee (ICD10:Z89.529 Acquired absence of unspecified knee) Unknown or N/A | Active | 2015-10-01 |
| Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A | Active | 2015-10-01 |
| Body Mass Index 40.0-44.9, adult (ICD10:Z68.41 Body mass index (BMI) 40.0-44.9, adult) Unknown or N/A | Active | 2015-10-01 |
| Pain in joint, site unspecified (ICD10:M25.50 Pain in unspecified joint) Unknown or N/A | Active | 2015-10-01 |
| Unspecified cerebrovascular disease (ICD10:I67.9 Cerebrovascular disease, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Other chronic postoperative pain (ICD10:G89.28 Other chronic postprocedural pain) Unknown or N/A | Active | 2015-10-01 |
| Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A | Active | 2015-10-01 |
| Other specified forms of chronic ischemic heart disease (ICD10:I25.89 Other forms of chronic ischemic heart disease) Unknown or N/A | Active | 2015-10-01 |
| Osteoarthritis involving, or with mention of more than one site, but not specified as generalized, multiple sites (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A | Active | 2015-10-01 |
| Polyneuropathy in collagen vascular disease (ICD10:G63 Polyneuropathy in diseases classified elsewhere) Unknown or N/A | Active | 2015-10-01 |
| Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A | Active | 2015-10-01 |
| Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A | Active | 2015-10-01 |

Allergies:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| No known drug allergies Unknown or N/A | Active | | |

Surgeries:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Right above the knee amputation Unknown or N/A | Active | | |
| chest surgery 2005 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: Gentle Care Home Health, LLC.

Primary Justification Medical Conditions: Depression,diabetes,Heart_Failure

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to left below knee amputation and inability to self medicate currently.

Certification Statement: Patient is home bound due to osteoarthritis and left below knee amputation. Patient has unsteady, painful ambulation with extremely poor balance. Requires supportive device of wheelchair and special transportation when leaving home.

Signed by (NP): 16

Signed On (NP): 2016-11-07 01:28

Signed By (Physician): 18

Signed on (Physician): 2016-11-14 01:28

Form_status: finalized

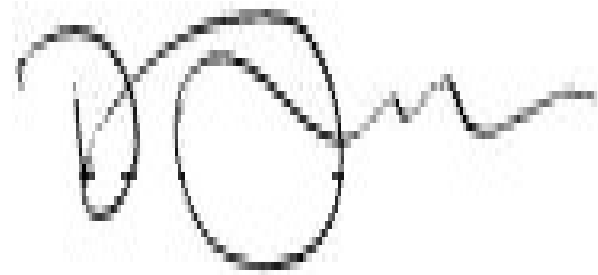
DME:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| crutches Unknown or N/A | Active | 2015-04-07 | |
| Patient is amputated at knee I have ordered him a Standard Wheelchair at Ace Medical Supply. (ICD9:V49.75 Below knee amputation status) Unknown or N/A | Active | | |
| Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication ordered prosthetic left leg from Reliant Prosthetics (ICD9:897.2 Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication) Unknown or N/A | Active | | |

Procedure Order:

| | | | |
|--------------|-----------------|----------------|---------------------|
| Patient ID | 3846 | Order ID | 1127 |
| Patient Name | Marshall, Kevin | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-12-17 | Print Date | 2016-12-17 |
| Order Status | complete | Encounter Date | 2016-12-17 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-12-17 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |



Electronically Signed by **Derrick Love-Jones** on **2016-11-14**.

Printed on 17-Dec-2016 21:54:45 pm.