

Freddie Miller Jr: Patient Information
Patient Record Number:6265

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: Freddie Miller Jr
External ID: 6265
DOB: 1966-03-14
Sex: Male

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 10-16-2016.
Father: Father died of liver cancer disease and chronic obstructive pulmonary disease. .
Mother: Mother is alive and healthy..
Siblings: One brother and one sister is alive and one brother and one sister is died..
Offspring: None..

Social History:

Last Recorded On: 10-16-2016.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza 2015. Tetanus 2015..

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 702377955
Group Number :
Employer Name : Freddie Miller Jr

Immunizations:

Freddie Miller Jr: Chief Complaint
Patient Record Number:6265

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Seen by Sumana Ketha MD
Seen on 16-September-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypertension, schizophrenia, insomnia, coronary artery disease, and osteoarthritis. Patient complains of acid reflux and stomach pain.

History of Present illness:

HPI Status:Finalized

A 50-year-old African-American male in NAD with multiple chronic conditions of the following hypertension, schizophrenia, insomnia, coronary artery disease, and osteoarthritis. Patient states today that his stomach hurts and that his GERD is flaring up. Patient also states that he has had chronic pain in both knees for several years. Patient rates pain at 6/10 today and states he does get relief from OTC pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-16	92	56	150.00	66.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight 150.00 lbs
Appetite No Change
Energy No Change
History No Change
Decline No Change
Chills No Change
Urine No Change
Range Of Motion No Change
Migraines No Change

Physical Exam:

HEENT:

HEENT No Change

CV:

CV No Change

RESP:

RESP No Change

Abdominal No Change

Medication:

Description	Status	Start Date	End Date
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19	

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous provider. 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 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.

GERD start Pantrazole 40mg qd
OA w/chronic pain continue current plan
Insomnia continue current plan
CAD continue current plan
Chronic Pain Syndrome continue current pain medication
Schizophrenia continue current plan

Medication refills as follows:
Pantrazole 40mg qd

Medical Problem:

Description	Status	Start Date	End Date
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-09-16	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-09-16	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-09-16	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-16	
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	2016-08-05	
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	2016-08-05	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-05	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-08-05	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Colostomy placed in 2013. Unknown or N/A	Active		

No longer have twisted intestine.
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: We care daycare

Primary Justification Medical Conditions: Schizophrenia,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Insomnia, CAD

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to chronic pain and mental health issues.

Certification Statement: Skilled nursing needed due to mental health issues, chronic pain, and in the billeted to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-09-16 09:26

Signed By (Physician): 18

Signed on (Physician): 2016-09-23 09:26

Form_status: finalized

Procedure Order:

Patient ID	6265	Order ID	946
Patient Name	Miller Jr, Freddie	Ordered By	Love-Jones, Derrick
Order Date	2016-10-16	Print Date	2016-10-16
Order Status	complete	Encounter Date	2016-10-16
Lab	.HH Agency	Specimen Type>	

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

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