

Andy Thomas: Patient Information
Patient Record Number:5940

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

Name: Andy Thomas

External ID: 5940

DOB: 1927-06-25

Sex: Male

S.S.: 493-34-3794

User Defined: call in btw 10-2

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfm9yQWxjbE9ITDE5U1NhWmZRcGRyRXZCbUdyLWJOdDBybDlwRD RHdUdNblk

Address: 2655 Exeter Ave

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Guardian's Name: Helen Clewis(Daughter)

Emergency Contact: 214-732-3545

Home Phone: 214-732-3545

Street Address: 2655 Exeter Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 12-08-2016.

Father: Denies..

Mother: Denies..

Siblings: Denies..

Offspring: Patient has 2 children..

Social History:

Last Recorded On: 12-08-2016.

Tobacco: No smoking. **Status:** Never

Alcohol: No alcohol use. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Educational level is 6th grade..

Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 12-08-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 06/23/2016 at HealthCor Lab, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 06/23/2016 at HealthCor Lab, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Normal Done on 06/23/2016 at HealthCor Lab, Ordered by Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 03/04/2016 at HealthCor Lab, Ordered by Dr. Ketha.

Prostate Exam N/A Surgery done 18 years ago.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1992-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-09-26
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 439343794A
Group Number :
Employer Name : Andy Thomas
Copay :
Insured ID Number : 439343794A
Group Number :
Employer Name : Andy Thomas
Copay :
Insured ID Number : 524232116
Group Number :
Employer Name : Andy Thomas

Immunizations:

Andy Thomas: Chief Complaint
Patient Record Number:5940

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Seen by Derrick Love-Jones
Seen on 27-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of gastroesophageal reflux disease, allergic rhinitis, hypertension, hyperlipidemia, diabetes-2, benign prostatic hyperplasia, insomnia, neuropathy and debility. Patient complains of pain in his feet.

History of Present illness:

HPI Status:Finalized

An 89-year-old male in NAD with multiple chronic conditions of hypertension, diabetes-2, hyperlipidemia, neuropathy, insomnia, benign prostatic hyperplasia, debility, and gastroesophageal reflux. Patient states that his feet hurt and has been tingling for several days. Patient also has been experiencing memory problems. Patient rates his pain at 6/10 at this time. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-27	125	63	135.00	67.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Revisiting the Mahatma:

Da Bu Xue Tong Xue Shen Tong Ni Gong Chest Pain

No ~~Immediate~~ Online Bath

No **ES**

Model 1: Full Range

No Change in White Urine

No Change in Appetite

No Use of Diagrams

Physical Exam:

REMARKS:

[illegible]

BATHING:

NEED TO CONTACT US? WE'VE GOT YOU COVERED.

CV:

Reference Values for Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

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. No labs needed at this time. 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. Neuropathy, continue current plan.
2. Insomnia, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.

4. Hypertension with vascular complications, continue current plan.
5. Gastroesophageal reflux disease, continue current plan.
6. Benign prostatic hyperplasia, continue current plan.
7. Allergic rhinitis, continue current plan.
8. Debility, continue to monitor.

No refills needed in this visit.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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 and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Obstructive chronic bronchitis without exacerbation (ICD10:J44.9 Chronic obstructive pulmonary disease, 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	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Cataract Unknown or N/A	Active	2015-07-29	
Hearing aids Unknown or N/A	Active	2015-07-29	
Prostate surgery 18 years ago Unknown or N/A	Active		
Prostate surgery 18 years ago 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Bonyl Healthcare Services, Inc.

Primary Justification Medical Conditions: Hyperplasia,diabetes,hyperlipidemia,HTN

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 debility and inability to self medicate correctly.

Certification Statement: Patient is home-bound due to debility to ambulate more than a few minutes or few feet without falling due to poor balance and extreme fatigue/weakness.

Signed by (NP): 16

Signed On (NP): 2016-09-27 04:19

Signed By (Physician): 18

Signed on (Physician): 2016-10-04 04:19

Form_status: finalized

Procedure Order:

Patient ID	5940	Order ID	1023
Patient Name	Thomas, Andy	Ordered By	Love-Jones, Derrick
Order Date	2016-12-09	Print Date	2016-12-09
Order Status	complete	Encounter Date	2016-12-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-09		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-04**.

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