

Cleotis Criddle: Patient Information
Patient Record Number:6154

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: Cleotis Criddle
External ID: 6154
DOB: 1945-03-14
Sex: Male

Address: 2719 E Illinois Ave,Building 1
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Thelma Williar
Emergency Contact: 214-375-9333
Mobile Phone: 214-881-9429
Street Address: 2719 E Illinois Ave,Building 1
Apt/Suite/Other: APT 214

Family History:

Last Recorded On: 07-14-2016.
Father: Father died with unknown disease..
Mother: Mother died of unknown disease..
Siblings: Two brothers died and two sisters are alive..
Offspring: One boy and one girl, both are healthy..

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: Drinks alcohol socially. **Status:** Never
Recreational Drugs: No drugs. **Status:** Never
Developmental History: Education level is 9th grade..
Other History: Influenza 2015. Pneumovax 2014..

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000031255
Group Number :
Employer Name : Cleotis Criddle

Immunizations:

Cleotis Criddle: Chief Complaint
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Seen by Sumana Ketha MD

Seen on 05-July-2016

Chief Complaint Status:finalized

Followup home visit service to prevent further decline of the following chronic medical conditions of visual impairment, neuropathy, hypertension, hyperlipidemia, allergic rhinitis, coronary artery disease, glaucoma, and chronic pain. Patient complains of numbness/tingling on bottom of both feet.

History of Present illness:

HPI Status:Finalized

Patient is a 71 year old male in NAD with multiple chronic conditions of visual impairment, neuropathy, hypertension, hyperlipidemia, allergic rhinitis, coronary artery disease, glaucoma, and chronic pain. Patient states he has a knot on his left arm and it's getting bigger, it is not painful. He denies any other issues, no CP, HA or N/V recently.

Social History: Social history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-05	134	78	189.00	77.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

REDAKSI: ~~081511371113~~ @Elingat:

Non-Dependent No Chest Pain

No Hot Water or Bath

No ~~conflict of interest~~ declared

No Bureaucracy

No Blinded Phrasing

Stalcomantén E Se

No Injury

Physical Exam:

REMARKS:

Chest X-ray-Within Normal Limits .

EXEMPTIES:

ECG Sinus Rhythm. Normal. Normal Axis. Normal QRS. Within Normal Limits.

Definitive Signs of TB - Wt loss, Diarrhoea, Malnutrition, Normal lesions, Gums pink, Bilateral Nasal Turbinates- Abnormal Limits. Visual impairment .

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-06-17	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			
Diovan HCT ,160-25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-06-17	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			

Simvastatin ,20 MG TABS, Take 1 Tablet By Mouth Every Night At Bedtime, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-17
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 90, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-01
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-01
Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-01

Plan Note:

Plan Note Status:Finalized

1. Continue with current treatment and medication adherence.
2. Prognosis is fair.
3. Hypertension, educated the patient to have low-salt, low-fat, and low-cholesterol diet.
4. Coronary artery disease, continue treatment plan.
5. Neuropathy, continue treatment plan.
6. Chronic pain, continue treatment plan.
7. Visual impairment, continue treatment plan.
8. Hyperlipidemia, check lipid profile.
9. Allergic rhinitis, continue treatment plan.
10. Glaucoma, continue treatment plan.
11. Chronic pain, continue continue pain medications.
12. Refills needed are Montelukast.
13. Ordered X-ray of left upper arm.

Medical Problem:

Description	Status	Start Date	End Date
Hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2016-05-25	
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-05-25	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-25	
Other asthma (ICD10:J45.998 Other asthma) Unknown or N/A	Active	2016-05-25	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-25	
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	2016-05-25	
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-25	
Unspecified visual loss (ICD10:H54.7 Unspecified visual loss) Unknown or N/A	Active	2016-05-25	

Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-05-25
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-05-25
Allergic rhinitis, unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-05-25
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-20
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-04-20
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-20
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-20

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-04-20	

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: blindness

Additional Medical Conditions: Chronic Pain, CAD, AR, Neuropathy

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: Skilled nursing need due to multiple complex disease process and patient lack of knowledge of the disease process, medication administration and his visual impairment.

Certification Statement: Patient is home bound due to visual impairment and chronic pain. Patient gets fatigue easily, weakness and poor balance. Patient is at increased risk for falling.

Signed by (NP): 302

Signed On (NP): 2016-07-05 04:10

Signed By (Physician): 18

Signed on (Physician): 2016-07-12 04:10

Form_status: finalized

Printed: NO



Electronically Signed by **Darolyn Perkins** on **2016-07-12**.

Printed on 19-Aug-2016 19:05:07 pm.