

Wilkie Walker: Patient Information
Patient Record Number:6213

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: Wilkie D Walker
External ID: 6213
DOB: 1925-06-10
Sex: Male
S.S.: 453-30-2820
User Defined: (214)586-3588 Call daughter Bernadette

Address: 7835 Military Pkwy
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Mobile Phone: 214-809-0417
Street Address: 7835 Military Pkwy
Apt/Suite/Other: APT#217

Family History:

Last Recorded On: 10-06-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-06-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..

Insurance:

Aetna (60054)

Priority : Primary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Aetna (60054)

Copay :
Insured ID Number : MEBHD42J
Group Number :
Employer Name : Wilkie Walker

Immunizations:

Wilkie Walker: Chief Complaint
Patient Record Number:6213

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Seen by Sumana Ketha MD
Seen on 30-August-2016

Chief Complaint Status:finalized

Follow up on visit to prevent further decline of the following chronic medical conditions of hypertension, osteoarthritis, benign prostatic hyperplasia, insomnia, urinary incontinence, cataracts, and chronic pain syndrome. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

Patient is an 91-year-old African-American male in NAD with multiple chronic conditions of the following hypertension, osteoarthritis, benign prostatic hyperplasia, insomnia, urinary incontinence, cataracts, and chronic pain syndrome. Patient states that he has chronic knee and joint pain for many years. Patient rates current pain at 6/10 today. Patient also states that he had does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently. Reviewed labs. Reviewed medications.

Past Medical History:Past medical history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-30	173	79	999.99	67.00	97.80	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight: 999.99 lbs
No Change In Weight
No Change In Appetite
No Change In Sleep
No Change In Energy
No Change In Night
No Change In Rate Of Motion
No Constipation

Physical Exam:

ENT:

ENT - Within Normal Limits .

HEENT:

HEENT - Within Normal Limits .

CV:

CV - Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

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 was kind of 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. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. 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. Hypertension with vascular complications, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Peripheral vascular disease, continue current plan.
6. Coronary artery disease, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Neuropathy, continue current plan.

Medication refills as follows:

Lisinopril 20 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-30	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-08-30	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-08-30	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-28	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-28	
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	2016-07-28	
Cortical age-related cataract, unspecified eye (ICD10:H25.019 Cortical age-related cataract, unspecified eye) Unknown or N/A	Active	2016-07-28	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-28	

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: Proximal HHC INC

Primary Justification Medical Conditions: Mobility_Impairments,Hyperplasia,hyperlipidemia,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Urinary Incontinence

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mobility issues, chronic pain, and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly, and the uncontrolled pain.

Signed by (NP): 16

Signed On (NP): 2016-08-30 04:12

Signed By (Physician): 18
Signed on (Physician): 2016-09-06 04:12
Form_status: finalized

Procedure Order:

Patient ID	6213	Order ID	908
Patient Name	Walker, Wilkie D	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-06		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-09-06**.

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