

**Mike Bowens: Patient Information**  
Patient Record Number:5980

**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:** Mike Bowens

**External ID:** 5980

**DOB:** 1969-03-01

**Sex:** Male

**S.S.:** 464-35-1972

**User Defined:** 469-427-7165

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfnlUV0VWMIVINWZfT3ZINGZTcmIBRXpGa2NKUzBzRIFleVpfMmZDLVk5OGs](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfnlUV0VWMIVINWZfT3ZINGZTcmIBRXpGa2NKUzBzRIFleVpfMmZDLVk5OGs)

**Address:** 3035 E Ledbetter Dr, Dallas

**City:** Dallas

**State:** Texas

**Postal Code:** 75216

**Country:** USA

**Home Phone:** 469-955-4712

**Work Phone:** (682) 812-4846

**Mobile Phone:** 469-427-7165

**Street Address:** 3035 E Ledbetter Dr, Dallas

**Apt/Suite/Other:** 1310

## Family History:

**Last Recorded On:** 01-07-2017.

**Father:** Unknown .

**Mother:** Unknown..

**Siblings:** Unknown..

**Spouse:** Unknown..

## Social History:

**Last Recorded On:** 01-07-2017.

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

**Alcohol:** No alcohol **Status:** Never

**Recreational Drugs:** No drugs **Status:** Never

**Nutrition History:** Regular..

**Developmental History:** Well..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2010-08-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Secondary

**Start Date :** 2015-09-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Copay :**

**Insured ID Number :** 464351972A

**Group Number :**

**Employer Name :** Mike Bowens

**Copay :**

**Insured ID Number :** 217600309

**Group Number :**

**Employer Name :** Mike Bowens

**Immunizations:**

**Mike Bowens: Chief Complaint**  
Patient Record Number:5980

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**Seen by** Derrick Love-Jones  
**Seen on** 09-November-2016

**Chief Complaint Status:**finalized

Followup home visit for management of chronic obstructive pulmonary disease/asthma, hypertension, anxiety, chronic pain, depression, visual impairment, bipolar, and insomnia. Patient complain of lower back pain and a chronic cough.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 47-year-old African-American male with multiple chronic conditions of asthma, hypertension, anxiety, chronic pain, and insomnia. Patient states he continue to have lower back pain. Patient rates pain at 7/10. Patient also complained of a chronic cough that has persisted for 1-2 weeks with no relief. Patient is a smoker and educated on smoking cessation program. Patient denies any chest pain, headache, or nausea or vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-09	139	88	215.00	65.00	97.40	16.00	~	35.8	0.00

**Review of Systems:**

**Constitutional:**

**Weight:** Stable  
**Appetite:** Stable  
**Energy:** Stable  
**Stress:** Stable  
**Weight loss:** No  
**Fevers:** No  
**Night sweats:** No  
**Chills:** No  
**Headache:** No  
**Blurred vision:** No  
**Constipation:** No

**Physical Exam:**

**HEENT:**

Oral cavity: Within Normal Limits .  
Nasal Turbinates-Within Normal Limits .

**ENT:**

Thyroid: Within Normal Limits .

**NEURO:**

Spine: Within Normal Limits .

**BACK:**

Physical: Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs CTAB-Within Normal Limits .

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

**Medication:**

Description	Status	Start Date	End Date
Guafenesin-DM ,100-10 MG/5ML SYRP, TAKE 5 ML EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 450, Refill Quantity: 0	Active	2016-11-15	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-07
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-21
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
QUetiapine Fumarate ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
Xanax ,1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
Acetaminophen-Codeine #4 ,300-60 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
Xanax ,1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-24
Acetaminophen-Codeine #4 ,300-60 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-24
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-24
Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 60, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-18
Metoprolol Tartrate ,25 MG TABS, Take one tab every day, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-18
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-18
Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 60, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-12
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-12

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medication, no new medications noted this visit. Medication adherence was given to the patient 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 courage to exercise daily. No new labs need it this quarter. The patient verbalize 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. Chronic Bronchitis, start Robitussin DM and monitor.
2. Bipolar, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Lumbago with chronic pain, continue current pain medications.
5. Chronic pain syndrome, continue current plan.
6. Chronic obstructive pulmonary disease/asthma, continue current plan.
7. Anxiety, continue current plan.
8. Depression, continue to monitor.
9. Insomnia, continue current plan.
10. Visual impairment, continue to monitor.

### Medication refills as follows:

Tylenol 3 t.i.d.

Alprazolam 1 mg t.i.d.

Robutussin DM 5 ml q.6.h.

## Medical Problem:

Description	Status	Start Date	End Date
Unspecified chronic bronchitis ( ICD10:J42 Unspecified chronic bronchitis) Unknown or N/A	Active	2016-11-09	
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	2016-10-06	
End stage renal disease ( ICD10:N18.6 End stage renal disease) Unknown or N/A	Active	2016-10-06	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-06-20	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-11	
Unspecified visual loss ( ICD10:H54.7 Unspecified visual loss) Unknown or N/A	Active	2016-05-11	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-11-12	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-12	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-11-12	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified ( ICD10:F31.9 Bipolar disorder, unspecified) 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
Chronic airway obstruction, not elsewhere classified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Backache, unspecified ( ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-01
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01

## Allergies:

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

## Face to Face HH Plan:

**Patient Home Bound or Can't Drive:** NO

**Is Home Health Care Needed:** NO

**Does Patient have reliable other Primary Care Physician:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:**

**Primary Justification Medical Conditions:**

**Additional Medical Conditions:**

**Nursing Required:** NO

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** No skilled nursing needed

**Certification Statement:**

**Signed by (NP):** 16

**Signed On (NP):** 2016-11-09 03:14

**Signed By (Physician):** 18

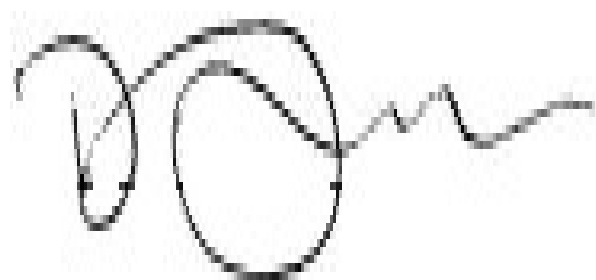
**Signed on (Physician):** 2016-11-16 03:14

**Form\_status:** finalized

## Procedure Order:

Patient ID	5980	Order ID	1145
Patient Name	Bowens, Mike	Ordered By	Love-Jones, Derrick
Order Date	2017-01-07	Print Date	2017-01-07
Order Status	complete	Encounter Date	2017-01-07
Lab	.HH Agency	Specimen Type>	

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



Electronically Signed by **Derrick Love-Jones** on **2016-11-16**.

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