

**Charles Reynolds: Patient Information**  
Patient Record Number:5709

**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:** Charles Reynolds

**External ID:** 5709

**DOB:** 1978-08-24

**Sex:** Male

**Marital Status:** Single

**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5TWJYZEV1WWRuUWs>

**Address:** 3200 South Lancaster Road

**City:** Dallas

**State:** Texas

**Postal Code:** 75216

**Country:** USA

**Mobile Phone:** 214-800-9828

**Street Address:** 3200 South Lancaster Road

## Past Medical History:

**Last Recorded On:** 10-27-2016.

**Risk Factors:** Lumbago.

## Family History:

**Last Recorded On:** 10-27-2016.

**Father:** Father died with Lou Gehrig's disease (ALS).

**Mother:** Mother is alive and healthy..

**Siblings:** Brother died with AAA. Two sisters, one with knee and back pain and other is healthy..

**Offspring:** No children..

**Other Family Relative:** Grandfather has history of cancer..

## Primary Family Med Conditions:

**Last Recorded On:** 10-27-2016.

**Risk Factors:** Arthritis.

## Social History:

**Last Recorded On:** 10-27-2016.

**Tobacco:** Current every day smoker Smokes 2 packs per day **Status:** Current

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

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

**Nutrition History:** Diabetic diet..

**Developmental History:** Educational level is college grade..

## Tests and Exams:

**Last Recorded On:** 10-27-2016.

**Insurance:**

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2012-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2012-11-12  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2014-07-22  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 466754137A  
**Group Number :**  
**Employer Name :** Charles Reynolds  
**Copay :**  
**Insured ID Number :** 466754137A  
**Group Number :**  
**Employer Name :** Charles Reynolds  
**Copay :**  
**Insured ID Number :** 605319490  
**Group Number :**  
**Employer Name :** Charles Reynolds

**Immunizations:**

**Charles Reynolds: Chief Complaint**  
Patient Record Number:5709

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**Seen by** Derrick Love-Jones  
**Seen on** 16-September-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of depression, hypertension, lumbago, anxiety, hyperlipidemia, diabetes, schizophrenia, chronic pain, morbid obesity. Patient complains of not sleeping well and elevated anxiety.

**History of Present illness:**

**HPI Status:**Finalized

A 38-year-old Caucasian male in NAD with multiple chronic conditions of insomnia, hypertension, diabetes, anxiety, and lumbago, hyperlipidemia, morbid obesity, chronic pain, smoker, depression and schizophrenia. Patient's current complaint today is he is not sleeping well at night and his anxiety is elevated. Patient also states that he has pain in lower back and rates his current pain at 6/10, which is relieved with current pain medications. Patient denies any other issues upon examination except insomnia. Patient denies any CP, HA, or N/V recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-16	132	73	387.00	75.00	98.20	18.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Penyakit yang ditularkan melalui air:**

**Yes** ☒ **No** ☐ **Does Not Know** ☐ **Yes** ☒ **No** ☐ **Does Not Know** ☐

**Not REPRODUCED BY E&S**

**Modeling the Centers Of**

No ~~Change~~ Change ( )

**No Spillage Till Afternoon**

### No Effect of Nitrogen on Plants

No Fluorine Content

No ObsOfDentures

### Physical Exam:

**REMARKS:**

**Significant Findings: All parameters (Mean, Std. Dev., Min., Max., Range, Skewness, Kurtosis, Jarque-Bera, Shapiro-Wilk, Kolmogorov-Smirnov, Anderson-Darling, Ljung-Box, ACF, PACF, Q-Q Plot, Histogram, Normal Q-Q Plot, Residuals vs. Fitted Values, Residuals vs. Standardized Residuals, Residuals vs. Time, Residuals vs. Leverage, Cook's Distance, DFFITS, DFBETAS, DFBETAS2, DFBETAS3, DFBETAS4, DFBETAS5, DFBETAS6, DFBETAS7, DFBETAS8, DFBETAS9, DFBETAS10, DFBETAS11, DFBETAS12, DFBETAS13, DFBETAS14, DFBETAS15, DFBETAS16, DFBETAS17, DFBETAS18, DFBETAS19, DFBETAS20, DFBETAS21, DFBETAS22, DFBETAS23, DFBETAS24, DFBETAS25, DFBETAS26, DFBETAS27, DFBETAS28, DFBETAS29, DFBETAS30, DFBETAS31, DFBETAS32, DFBETAS33, DFBETAS34, DFBETAS35, DFBETAS36, DFBETAS37, DFBETAS38, DFBETAS39, DFBETAS40, DFBETAS41, DFBETAS42, DFBETAS43, DFBETAS44, DFBETAS45, DFBETAS46, DFBETAS47, DFBETAS48, DFBETAS49, DFBETAS50, DFBETAS51, DFBETAS52, DFBETAS53, DFBETAS54, DFBETAS55, DFBETAS56, DFBETAS57, DFBETAS58, DFBETAS59, DFBETAS60, DFBETAS61, DFBETAS62, DFBETAS63, DFBETAS64, 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**EXTREMITIES:**

**Subsequent to the completion of the initial 100,000 units, the nominal limits**

**CV:**

**Reference Values:** Within 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, no new medications noted this visit. Medication adherence education was given to the patient and the 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. 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 to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Anxiety, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Lumbago with chronic pain, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Morbid obesity, continue to monitor.
7. Osteoarthritis with chronic pain, continue current plan.
8. Hyp[er]lipidemia, continue current plan.
9. Schizophrenia, continue current plan.

Medication refills as follows:

Fluoxetine 20 mg q.d.

Trazodone 50 mg q.h.s.

Lisinopril 20mg qd

## Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-09	
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-09	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-09	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-09	
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-09	
Pain in unspecified shoulder ( ICD10:M25.519 Pain in unspecified shoulder) Unknown or N/A	Active	2015-10-09	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-09	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-09	
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	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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	
Anxiety state, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Lumbago ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified ( ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active		

Morbid obesity ( ICD9:278.01 Morbid obesity) Unknown or N/A	Active
Body Mass Index 40.0-44.9, adult ( ICD9:V85.41 Body Mass Index 40.0-44.9, adult) Unknown or N/A	Active
Unspecified schizophrenia, unspecified ( ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active

## Allergies:

Description	Status	Start Date	End Date
Augmentin - nausea and vomiting Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Surgery for cyst left hand. 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

**Primary Justification Medical Conditions:** Depression,diabetes,hyperlipidemia,HTN,Schizophrenia

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** SN needed due to mental illness and inability to self medicate currently.

**Certification Statement:** Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-16 09:24

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-23 09:24

**Form\_status:** finalized

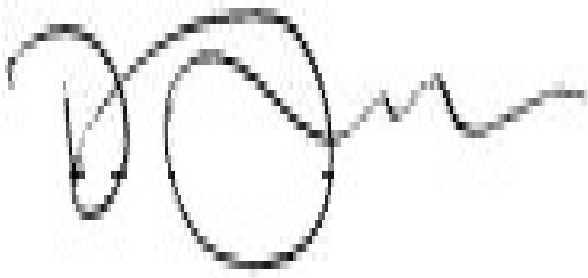
## DME:

Description	Status	Start Date	End Date
Diabetes supplies ( ICD10:E10.9 Type 1 diabetes mellitus without complications) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	

## Procedure Order:

Patient ID	5709	Order ID	945
Patient Name	Reynolds, Charles	Ordered By	Love-Jones, Derrick
Order Date	2016-10-28	Print Date	2016-10-28
Order Status	complete	Encounter Date	2016-10-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-28		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-09-23**.

Printed on 28-Oct-2016 10:19:23 am.