

Alfonzo Reese: Patient Information
Patient Record Number:6049

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: Alfonzo Reese
External ID: 6049
DOB: 1945-12-16
Sex: Male
S.S.: 461920777
Patient Drive Folder: 0B0x_tbqdBdPhNIRRTjV1SkFBV2c

Address: 2255 N Washington Ave
City: Dallas
State: Texas
Postal Code: 75204
Country: USA
Mobile Phone: 214-200-1340
Street Address: 2255 N Washington Ave
Apt/Suite/Other: #307

Family History:

Last Recorded On: 02-11-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 02-11-2017.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-08-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 461920777A
Group Number :
Employer Name : Alfonzo Reese
Copay :
Insured ID Number : 522707496
Group Number :
Employer Name : Alfonzo Reese

Immunizations:

Alfonzo Reese: Chief Complaint
Patient Record Number:6049

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Seen by Derrick Love-Jones
Seen on 21-December-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline in chronic conditions of the following chronic pain, gastroesophageal reflux disease, insomnia, hypertension, allergic rhinitis, osteoarthritis, and lumbago. Patient complains of pain in his lower back and both knees.

History of Present illness:

HPI Status:Finalized

A 70-year-old African-American male in no acute distress with multiple chronic conditions of chronic pain, gastroesophageal reflux disease, insomnia, hypertension, allergic rhinitis, osteoarthritis, and lumbago. Patient complains of lower back pain and knee pain that is relieved with current medication. Patient denies any other issues upon examination at this time. Patient rates pain at 7/10. Patient denies chest pain, headache, or nausea/ vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-12-21 | 156 | 87 | 230.00 | 72.00 | 97.80 | 16.00 | ~ | 31.2 | 0.00 |

Review of Systems:

Constitutional:

Systemic Lupus Erythematosus:

No Change In Weight
No Change In Vision
No Change In Hearing
No Change In Smell
No Change In Taste
No Change In Touch
No Change In Pain
No Change In Temperature
No Change In Color
No Change In Moisture
No Change In Appetite

Physical Exam:

HEENT:

Head - Within Normal Limits .
Eyes - Within Normal Limits .
Ears - Within Normal Limits .
Nose - Within Normal Limits .
Throat - Within Normal Limits .

EXTREMITIES:

Right Arm - Within Normal Limits .
Left Arm - Within Normal Limits .
Right Leg - Within Normal Limits .
Left Leg - Within Normal Limits .

CYMPH:

Right Chest - Within Normal Limits .
Left Chest - Within Normal Limits .

MUSC:

Strength - Within Normal Limits .

ROM - Within Normal Limits .

Medication:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 6, Refill Quantity: 0 | Active | 2016-03-21 | |
| Unknown or N/A | | | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |

| | | |
|--|--------|------------|
| Hydrocodone-Acetaminophen ,7.5-325 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 |
| Hydrocodone-Acetaminophen ,7.5-325 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2015-11-06 |
| Omeprazole ,20 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2015-11-06 |
| Ranitidine HCl ,75 MG TABS, take 2 tablets daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2015-11-06 |

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and 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 encouraged to exercise daily. No labs needed at this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Insomnia, continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Hypertension with vascular complications, continue current plan.
6. Lumbago with sciatica, continue current plan.

Medication refills are as follows, Norco 10/325 mg t.i.d.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Felty's syndrome, multiple sites (ICD10:M05.09 Felty's syndrome, multiple sites) Unknown or N/A | Active | 2016-12-31 | |
| Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A | Active | 2016-11-14 | |
| Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2016-11-14 | |
| Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A | Active | 2016-11-14 | |
| Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A | Active | 2016-07-29 | |
| 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 | 2016-06-22 | |

| | | |
|--|--------|------------|
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2016-06-22 |
| Other specific arthropathies, not elsewhere classified, other specified site (ICD10:M12.88 Other specific arthropathies, not elsewhere classified, other specified site) Unknown or N/A | Active | 2016-05-14 |
| Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A | Active | 2016-05-14 |
| Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites (ICD10:M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites) Unknown or N/A | Active | 2016-05-14 |
| Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A | Active | 2016-04-06 |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2016-02-24 |
| Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A | Active | 2016-01-19 |
| Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A | Active | 2015-12-15 |
| Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A | Active | 2015-12-15 |
| Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A | Active | 2015-11-05 |
| Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A | Active | 2015-11-05 |

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: 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: Our Savior Healthcare

Primary Justification Medical Conditions: Mobility_Impairments

Additional Medical Conditions: Chronic pain and GERD.

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 chronic pain and inability to self medicate

Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall

Signed by (NP): 16

Signed On (NP): 2016-12-21 03:59

Signed By (Physician): 18

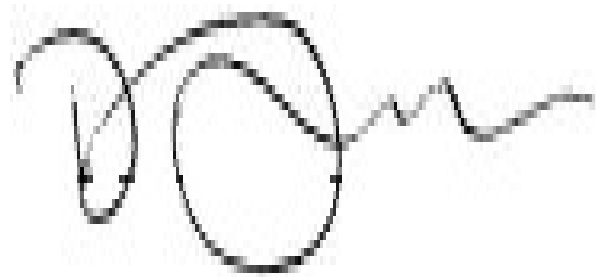
Signed on (Physician): 2016-12-28 03:59

Form_status: finalized

Procedure Order:

| | | | |
|--------------|---------------------|----------------|---------------------|
| Patient ID | 6049 | Order ID | 1533 |
| Patient Name | Reese, Alfonzo | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-12-21 00:00:00 | Print Date | 2017-02-12 |
| Order Status | complete | Encounter Date | 2017-02-12 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|---------------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-12-21 00:00:00 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, flowing script.

Electronically Signed by **Derrick Love-Jones** on **2016-12-28**.

Printed on 12-Feb-2017 16:04:58 pm.