

Tyrant Wiley: Patient Information
Patient Record Number:6278

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: Tyrant Wiley
External ID: 6278
DOB: 1960-02-18
Sex: Male
Marital Status: Divorced

Address: 4330 Marshall St
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Mobile Phone: 214-859-4188
Street Address: 4330 Marshall St
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-19-2016.
Father: Father is died..
Mother: Mother is alive..
Siblings: One sister and four brothers..
Offspring: One boy and one girl..

Social History:

Last Recorded On: 11-19-2016.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: Drinks socially. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 12th and 2 years..
Other History: Does not take any immunizations..

Tests and Exams:

Last Recorded On: 11-19-2016.
Sigmoid/Colonoscopy N/A Done in 2014.
Prostate Exam N/A Done in 2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2011-09-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 531098940
Group Number :
Employer Name : Tyrant Wiley

Immunizations:

Tyrant Wiley: Chief Complaint
Patient Record Number:6278

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

Seen by Sumana Ketha MD
Seen on 28-September-2016

Chief Complaint Status:finalized

Followup home visit to service to prevent further decline of the following chronic medical conditions of gout, edema of lower extremities, hyperlipidemia, hypertension, osteoarthritis, chronic pain syndrome, muscle spasms, and lumbago. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 56-year-old AA male in NAD with multiple chronic conditions of the following of gout, edema of lower extremities, hyperlipidemia, hypertension, osteoarthritis, chronic pain syndrome, muscle spasms, and lumbago. Patient has had a skin graft more 10 years ago, a umbilical hernia repair at a very young age and a tibia fracture in 1975. Patient states that he has chronic back pain due to an accident he was in several years ago.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-28	150	100	0.00	0.00	0.00	0.00	~	0.0	0.00

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

CARDIAC:
ECG Normal-Within Normal Limits .

EKG:
ECG Normal-Within Normal Limits .

PSYCH:
Alert and Oriented X3-Within Normal Limits .

RESP:
Eggs Clear 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 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 as tolerated. The last of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan and 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. Lumbago with chronic pain, continue current plan.
2. Muscle spasms, continue current plan.
3. Gout, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Hypertension with vascular complications, continue current plan.
6. Edema of lower extremities (feet), continue to monitor.
7. Hyperlipidemia, continue current plan.
8. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows:

Dexamethasone 4 mg q.d.

Uloric 40mg q.d.

Soma 350 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-28	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-09-28	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-09-28	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-25	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-08-25	
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-08-25	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-25	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Skin graft 10 years ago. Unknown or N/A	Active		
Umbilical hernia. Unknown or N/A	Active		
Fractured left tibia in 1975. Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

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

Additional Medical Conditions: Lumbago, Gout, Chronic Pain Syndrome, Muscle Spasms

Nursing Required: NO

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health:

Certification Statement:

Signed by (NP): 302

Signed On (NP): 2016-09-28 05:54

Signed By (Physician): 18

Signed on (Physician): 2016-10-05 05:54

Form_status: finalized

Printed:



Electronically Signed by **Sumana Ketha, MD** on **2016-10-05**.

Printed on 20-Nov-2016 09:06:58 am.