

Harlan Williams: Patient Information
Patient Record Number:5549

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: Harlan Williams

External ID: 5549

DOB: 1962-11-25

Sex: Male

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXeDZwcnhiLXY5bzA>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 12-03-2016.

Risk Factors: Chronic Pain,GERD,Lumbago.

Additional Medical History: Stab wound and GSW in eye..

Family History:

Last Recorded On: 12-03-2016.

Father: Father had hypertension and diabetes mellitus type 2..

Mother: Unknown..

Siblings: Unknown..

Offspring: Two daughters..

Other Family Relative: Grandmother had unknown cancer. Flu shot given 0.5 mL on 10/24/2016..

Primary Family Med Conditions:

Last Recorded On: 12-03-2016.

Risk Factors: Other (specify).

Chronic Conditions: Diabetes,Hypertension.

Social History:

Last Recorded On: 12-03-2016.

Tobacco: Current some day smoker Smokes 1 pack of cigarette for 3 days **Status:** Current

Alcohol: Social drinker **Status:** Current

Recreational Drugs: Marijuana. **Status:** Current

Nutrition History: Regular diet..

Developmental History: Well..

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-03-2016.

UA - Urinalysis - (Yearly - HH primary responsibility) N/A Done on 02/09/2016, at Evolution, Ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2006-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 434561269C1
Group Number :
Employer Name : Harlan Williams

Immunizations:

Harlan Williams: Chief Complaint
Patient Record Number:5549

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Seen by Derrick Love-Jones
Seen on 24-October-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, osteoarthritis, chronic pain, gastroesophageal reflux disease, unknown mental disorders, and lumbago. Patient complains of shortness of breath.

History of Present illness:

HPI Status:Finalized

A 54-year-old African American male in NAD with multiple chronic conditions of hypertension and osteoarthritis. Patient states that he has been having shortness of breath the last several days. Patient states that he is getting relief from current pain medication. Patient denies any other issues at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-24	112	64	143.00	74.00	98.20	16.00	~	18.4	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

~~Do not use this form~~ YES

No ~~INTERVIEW~~ ~~INTERVIEW~~ YES

No ~~Confidential~~ Information

Not a sign of poor appetite

NO Brand Mentation

Most of the Pain YES

No Blending Gun Range Of Motion

No Abstracts

No Use Of Dentures

Physical Exam:

REMARKS:

~~Normal range: 1.0-1.5 mmol/L. Patient's value: 1.2 mmol/L. Interpretation: Within Normal Limits.~~

EXTREMITIES:

Nose: Tip of the Nose - Within Normal Limits . Gums : pink , Bilateral Nasal Turbinates-Within Normal Limits .

PSYCH:

REBROUKE'S COMPLAINTS DO NOT HAVE LIMITS.

RESP:

Orange Clear Seas Rehab With No Normal Limits .

Gl:

Anus, Rectal Tenderness/Mass-Within Normal Limits .

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-22	

TraMADol HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY AS
NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0

Unknown or N/A

Active

2016-03-21

by Jones, Derrick - MJ3217331

Texas Physician House Calls

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 the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed 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. Hypertension with vascular complications, continue current plan.
2. Chronic obstructive pulmonary disease/asthma, continue current plan.
3. Osteoarthritis with chronic pain, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Gastroesophageal reflux disease, continue current plan.
6. Coronary artery disease, continue current plan.
7. Lumbago with chronic pain, continue current plan.
8. Insomnia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-09-16	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-12	
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	2016-07-08	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-08	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-05-27	
Complex regional pain syndrome I, unspecified (ICD10:G90.50 Complex regional pain syndrome I, unspecified) Unknown or N/A	Active	2016-05-03	
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-04-27	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-04-22	
Mild persistent asthma, uncomplicated (ICD10:J45.30 Mild persistent asthma, uncomplicated) Unknown or N/A	Active	2016-01-08	
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01	
Pain in joint, pelvic region and thigh (ICD10:M25.559 Pain in unspecified hip) Unknown or N/A	Active	2015-10-01	

Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Umbilical hernia repair Unknown or N/A	Active		

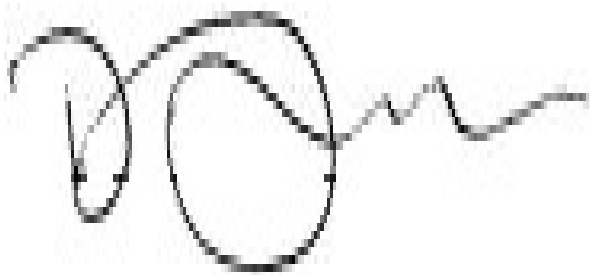
Face to Face HH Plan:

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
Nursing Required: NO
Physical Therapy: NO
Occupational Therapy Required: NO
Speech-language Pathology Required: NO
Clinical Findings To Justify Home Health: No SN needed at this visit.
Signed by (NP): 16
Signed On (NP): 2016-10-24 06:44
Signed By (Physician): 18
Signed on (Physician): 2016-10-31 06:44
Form_status: finalized

Procedure Order:

Patient ID	5549	Order ID	1040
Patient Name	Williams, Harlan	Ordered By	Love-Jones, Derrick
Order Date	2016-12-03	Print Date	2016-12-03
Order Status	complete	Encounter Date	2016-12-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-03		✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-10-31**.

Printed on 03-Dec-2016 22:28:15 pm.