

Donald Wilburn: Patient Information
Patient Record Number:5892

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: Donald Wilburn
External ID: 5892
DOB: 1951-08-28
Sex: Male
S.S.: 461-94-1173
Marital Status: Married

Address: 4904 Honeysuckle Dr
City: Balch Springs
State: Texas
Postal Code: 75180
Country: USA
Home Phone: 214-659-3342
Mobile Phone: 214-642-5143
Street Address: 4904 Honeysuckle Dr
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-25-2016.
Risk Factors: Neuropathy.
Additional Medical History: Leg edema..

Family History:

Last Recorded On: 11-25-2016.
Father: Father died with gunshot wound..
Mother: Mother died with Alzheimer's..
Offspring: Has 4 children, except one all are alive..
Other Family Relative: No family history of cancer..

Primary Family Med Conditions:

Last Recorded On: 11-25-2016.
Chronic Conditions: Alzheimers.

Social History:

Last Recorded On: 11-25-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: 1 beer per day **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Educational level is 12th grade..
Other History: Influenza in 2014. PPD in 2014..

Tests and Exams:

Last Recorded On: 11-25-2016.
Sigmoid/Colonoscopy N/A Done in 2014.

Prostate Exam N/A Done in 2014.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-05-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-08-01
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 616591526
Group Number :
Employer Name : Donald Wilburn
Copay :
Insured ID Number : 616591526
Group Number :
Employer Name : Donald Wilburn
Copay :
Insured ID Number : 461941173A
Group Number :
Employer Name : Donald Wilburn
Copay :
Insured ID Number :
Group Number :
Employer Name :

Immunizations:

Donald Wilburn: Chief Complaint
Patient Record Number:5892

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Seen by Derrick Love-Jones
Seen on 13-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of malignant hypertension, hyperlipidemia, degenerative disk disease, ambulatory dysfunction, anxiety, Alzheimer disease, celiac disease, and congestive heart failure. Patient complains of not staying asleep at night and increased memory loss.

History of Present illness:

HPI Status:Finalized

A 65-year-old African American male seen for medical management of hypertension, hyperlipidemia, degenerative disk disease, ambulatory dysfunction, anxiety, Alzheimer disease, celiac disease, congestive heart failure, ambulatory dysfunction and other chronic conditions. Patient states that he is not able to fall back to sleep after getting up to go to bathroom at night. Patient caregiver states patient is having more episodes of memory loss. Patient denies any chest pain, headache recent nausea/vomiting.

Social History:Social history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-13	129	90	166.00	66.00	98.20	16.00	~	26.8	0.00

Review of Systems:

Constitutional:

No Weight Loss
No Anorexia
No Night Sweats
No Fatigue
No Decreased Energy
No Change in Appetite
No Change in Bowel
No Change in Nature Of Urine
No Constipation
No Coryza
No Obstruction

Physical Exam:

GENRO:

Appropriate, well-nourished, well-developed, well-proportioned, no acute distress.

HEENT:

Head: No tenderness, no swelling, no deformity, no trauma, no discoloration, no lacerations, no abrasions, no contusions, no bruising, no swelling, no redness, no warmth, no tenderness, no pain, no discomfort, no abnormality.

ENT:

Nasal: Mucosa, Pungent, Septum, Mucosa, Altered, No Obstruction, X3-Within Normal Limits.

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits.

BACK:

Normal Curvature, Tenderness-Within Normal Limits.

CV:

RRR-Within Normal Limits.

RESP:

Lungs CTAB-Within Normal Limits.

Respirator Effort Unlabored-Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
Aspirin EC Low Dose ,81 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY MORNING PRN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-03	
Donepezil HCl ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-25	
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-08	
Aspirin Adult Low Dose ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-10	
ALPRAZolam ,0.5 MG TABS, Take 3 Tablets By Mouth Daily, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING HOLD IF SBP IS LESS THAN 115, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-30	
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-30	
Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-30	
Coreg ,25 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-06-02	

Plan Note:

Plan Note Status:Finalized

Continue treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision over systolic blood pressure greater than 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. Alzheimer's disease, continue current plan.
2. Insomnia, continue current plan.
3. Congestive heart failure with systolic complications, continue current plan.
4. Anxiety, continue current plan.
5. Hypertension with vascular complications, continue current plan.
6. Hyperlipidemia, continue current plan.
7. Coronary artery disease, continue current plan.
8. Degenerative joint disease, continue current plan.
9. Celiac disease, continue current plan.

10. Osteoarthritis with continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-19	
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	2016-07-19	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-06-15	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-05-10	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-06	
Alzheimer's disease with early onset (ICD10:G30.0 Alzheimer's disease with early onset) Unknown or N/A	Active	2016-04-06	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2016-01-25	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-11-16	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-11-16	
Unspecified abnormalities of gait and mobility (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-11-16	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) 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	
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Alzheimer's disease (ICD10:G30.9 Alzheimer's disease, unspecified) Unknown or N/A	Active	2015-10-01	
Celiac disease (ICD10:K90.0 Celiac disease) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-05-15	

Surgeries:

Description	Status	Start Date	End Date
Pacemaker 2012 Unknown or N/A	Active	2015-05-15	

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:

Primary Justification Medical Conditions: Alzheimers,HTN,hyperlipidemia,Mobility_Impairments

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 HHC.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-10-13 04:56

Signed By (Physician): 18

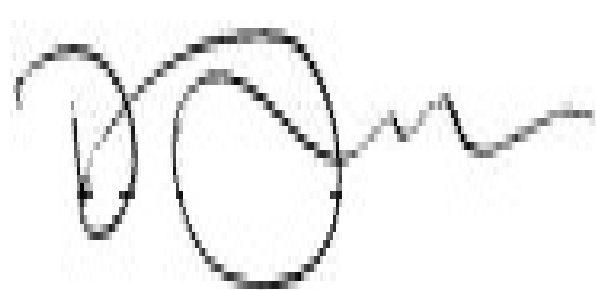
Signed on (Physician): 2016-10-20 04:56

Form_status: finalized

Procedure Order:

Patient ID	5892	Order ID	1118
Patient Name	Wilburn, Donald	Ordered By	Love-Jones, Derrick
Order Date	2016-11-25	Print Date	2016-11-25
Order Status	complete	Encounter Date	2016-11-25
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 **2016-10-20**.

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