#### **FREDDIE Murphy: Patient Information**

Patient Record Number:6168

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: FREDDIE Murphy External ID: 6168 **DOB**: 1943-02-28 Sex: Male

Address: 1811 South Blvd

City: Dallas State: Texas Postal Code: 75215 Country: USA

Home Phone: 214-863-8595 Street Address: 1811 South Blvd Apt/Suite/Other: APT #107

## **Family History:**

Last Recorded On: 09-06-2016.

Father: Father died of cerebrovascular accident, diabetes, and hypertension.. Mother: Mother died of coronary artery disease, diabetes, and hypertension.. Siblings: One brother who is died, two sisters, one is alive and another is died..

Spouse: Five children..

## **Social History:**

Last Recorded On: 09-06-2016.

**Tobacco:** Smokes one packet per day. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular..

Developmental History: Education level +2 years of college... Other History: Influenza in 2015. Pneumovax in 2013..

## **Tests and Exams:**

Last Recorded On: 09-06-2016.

Prostate Exam&nbsp&nbsp N/A&nbsp&nbsp Done, year unknown.

## Insurance:

### Molina Healthcare of Texas (Z1161)

**Priority:** Primary Start Date: 2016-01-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

**Priority:** Secondary Start Date : 2016-01-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Insured ID Number: 500000051235

**Group Number:** 

Employer Name: FREDDIE Murphy

Copay:

Insured ID Number: 522560480

**Group Number:** 

Employer Name: FREDDIE Murphy

| Immunizations: |  |  |  |
|----------------|--|--|--|
|                |  |  |  |
|                |  |  |  |
|                |  |  |  |
|                |  |  |  |

### FREDDIE Murphy: Chief Complaint

Patient Record Number:6168

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 13-July-2016

#### Chief Complaint Status: finalized

Follow up home visit to prevent further decline in the following chronic medical conditions of chronic pain syndrome, hypothyroidism, diabetes mellitys type 2, anxiety, depression, schizophrenia, and hypertension. Patient complains of lower back and hip pain and lower gums hurting.

## **History of Present illness:**

#### **HPI Status:**Finalized

A 73-year-old African-American male in NAD with multiple chronic conditions of the following of hypertension, diabetes mellitus 2, hypothyroidism, anxiety, schizophrenia, depression, and chronic pain syndrome. Patient has a history of part of his thyroid surgically removed. Patient complains of lower back, hip pain that is been persistent for many years. Patient rates pain at 7/10 today and is relieved with current pain medication. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache or any nausea or vomiting.

#### Vitals:

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-07-13   | 163 | 114 | 182.00 | 72.00 | 98.20       | 18.00 | ~    | 24.7 | 0.00      |

## **Review of Systems:**

#### Constitutional:

**Spylfifitiglejálþágl**áfrællangat:

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No Maria Maria Conce

No Binandialteanhoutgatage Of Motion

No Constipation

## **Physical Exam:**

#### GENEC:

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#### NEURO:

Booker The Other High the House State of the Committee of

## B**3/00/:**H:

**Nitional Community และเปล่า เลือนที่ Mitter Normal Limits** .

## CV:

Remark/Mileduchaded and Mood, Alert and Oriented X3-Within Normal Limits.

#### RESP:

Lungs CTAB-Within Normal Limits .

 $Lungs\ Clear, Rales, Rhonchi, Wheezes-Within\ Normal\ Limits\ .$ 

## **Medication:**

| Description | Status | Start Date | End Date |
|-------------|--------|------------|----------|
|             |        |            |          |

Clindamycin HCI ,150 MG CAPS, TAKE 1 CAPSULE EVERY 6 HOURS
DAILY, Quantity: 40, Refill Quantity: 0

Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Carisoprodol ,350 MG TABS, Take 1 tablet 3 times daily, Quantity: 90,
Refill Quantity: 0

Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

## **Plan Note:**

#### Plan Note Status: Finalized

Continue same treatment plan his previous provider. Reviewed, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on 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, accessibility, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs needed 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Lumbago with chronic pain, continue current plan.
- 2. Diabetes type 2 with neuropathy, continue current plan.
- 3. Hypothyroidism, continue current plan.
- 4. Hypertension with vascular complications, continue current plan.
- 5. Anxiety, continue current plan.
- 6. Depression, continue current plan.
- 7. Chronic pain syndrome, continue current pain medication.
- 8. Schizophrenia, continue current plan.

No medication refills . Clindamycin 150 mg order for gum infection.

## **Medical Problem:**

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A   | Active | 2016-07-13 |          |
| Primary generalized (osteo)arthritis<br>( ICD10:M15.0 Primary generalized (osteo)arthritis)<br>Unknown or N/A  | Active | 2016-07-13 |          |
| Polyosteoarthritis, unspecified<br>( ICD10:M15.9 Polyosteoarthritis, unspecified)<br>Unknown or N/A  | Active | 2016-07-13 |          |
| Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A  | Active | 2016-07-13 |          |
| Idiopathic gout, unspecified site<br>( ICD10:M10.00 Idiopathic gout, unspecified site)<br>Unknown or N/A   | Active | 2016-07-13 |          |
| Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A  | Active | 2016-07-13 |          |
| Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A  | Active | 2016-06-08 |          |
| Other chronic pain<br>( ICD10:G89.29 Other chronic pain)<br>Unknown or N/A   | Active | 2016-06-08 |          |
| Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A  | Active | 2016-05-06 |          |
| Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A | Active | 2016-05-06 |          |

| Hypothyroidism, unspecified<br>( ICD10:E03.9 Hypothyroidism, unspecified)<br>Unknown or N/A | Active | 2016-05-06 |
|---|--------|------------|
| Major depressive disorder, single episode, unspecified                                      |        |            |
| ( ICD10:F32.9 Major depressive disorder, single episode, unspecified)                       | Active | 2016-05-06 |
| Unknown or N/A  |        |            |

# **Allergies:**

| Description    | Status | Start Date | End Date |
|----------------|--------|------------|----------|
| Penicillin.    | Active | 2016-05-06 |          |
| Unknown or N/A | Active | 2010-03-00 |          |

## **Surgeries:**

| Description              | Status | Start Date | End Date |
|--------------------------|--------|------------|----------|
| Thyroid surgery in 1985. | Active | 2016-05-06 |          |
| Unknown or N/A           |        |            |          |

### **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:** 

**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 skilled nursing needed at this time

**Certification Statement:** Signed by (NP): 302

Signed On (NP): 2016-07-13 08:13 Signed By (Physician): 18

Signed on (Physician): 2016-07-14 08:13

Form\_status: finalized

Printed: NO



Electronically Signed by Darolyn Perkins on 2016-07-20.

Printed on 11-Sep-2016 18:57:16 pm.