

James Smith: Patient Information
Patient Record Number:5955

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: James Smith

External ID: 5955

DOB: 1956-11-27

Sex: Male

User Defined: 972-281-9635

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmxsUGxTOF9WR1ZMMmt5b2FhejhrMVQ0N00wWS1uaGMV010ajBLdHBiQVU

Address: 406 E Woodin Blvd

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 214-738-5120

Mobile Phone: 972-281-9635

Street Address: 406 E Woodin Blvd

Apt/Suite/Other: House

Family History:

Last Recorded On: 01-07-2017.

Father: Father had prostate cancer..

Mother: Mother had heart disease and hypertension..

Social History:

Last Recorded On: 01-07-2017.

Tobacco: Current every day smoker Smokes one pack per day. **Status:** Current

Alcohol: No alcohol use. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular.

Developmental History: Well.

Other History: Influenza 2014. Pneumovax 2014. .

Tests and Exams:

Last Recorded On: 01-07-2017.

CXR - Chest X Ray N/A Done in 2014.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-11-01
Relationship to Insured : Self
Type : N/A
Payer : United Health Care (87726)
Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Secondary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 454046625A
Group Number :
Employer Name : James Smith
Copay :
Insured ID Number : 851220201
Group Number :
Employer Name : James Smith
Copay :
Insured ID Number : 17570698
Group Number :
Employer Name : James Smith
Copay :
Insured ID Number : 612461143
Group Number :
Employer Name : James Smith

Immunizations:

James Smith: Chief Complaint
Patient Record Number:5955

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Seen by Sumana Ketha MD
Seen on 22-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, neuropathy, chronic pain due to trauma, anxiety, depression, asthma, muscle spasms, lumbago, and osteoarthritis. Patient complains of pain in lower back.

History of Present illness:

HPI Status:Finalized

Patient is a 59-year-old African American male in NAD with multiple chronic conditions of the following: hypertension, neuropathy, chronic pain due to trauma, anxiety, depression, asthma, muscle spasms, lumbago, and osteoarthritis. Patient denies any new issues upon examination. Patient has been having lower back pain for several years. Patient rates his current pain at 6/10 today. Patient does get relief from current pain medication. Patient denies CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-22	150	85	160.00	72.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Displacement of the Tangat:

~~No~~ ~~RECEIVED~~ YES

No Evidence Of Breath

No Bacteria In Urine

Neural Network For Prediction Of Motion

No Flareback

No Changes In Mentation

No Bleeding Gums

No Hoarseness

No Use Of Dentures

Physical Exam:

EXTREMITIES:

UNITED OIL FIELD IN SOUTHERN NEAR-EQUATORIAL INDONESIA - Biya Weirai Nasa Turbinates-Within Normal Limits.

日曜電波:

Normal Limits:

DIV:SC:

Report Within Maternal Limits.

NEURO:

Physio, CT, AB, W, Lab, No, Findings Within Normal Limits .

PSYCH:

Affects Clear, Rates, Rhinorrhea, Wheezes-Within Normal Limits.

Normal Affect, Judgement and Mood, Alert and Oriented X3-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Promethazine-DM ,6.25-15 MG/5ML SYRP, TAKE 5 - 10 ML BY MOUTH EVERY 6 HOURS AS NEEDED, Quantity: 240, Refill Quantity: 1	Active	2016-07-13
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1	Active	2016-07-07
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Amitriptyline HCl ,100 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3	Active	2016-04-08
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls		
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0	Active	2015-10-22
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2015-10-22
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls		

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Review to 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. No lab need it this visit. The patient verbalize understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with chronic pain, continue current plan.
2. Asthma, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Diabetes mellitus type 2 with neuropathy, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.
7. Neuropathy, continue current plan.
8. Depression, continue current plan.
9. Anxiety, continue current plan.
10. Muscle spasms, continue current plan.

Medication refills as follows:

Advair 250/50.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) 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
Osteoarthritis, localized, primary, pelvic region and thigh (ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip) Unknown or N/A	Active	2015-10-01
Other idiopathic peripheral autonomic neuropathy (ICD10:G90.09 Other idiopathic peripheral autonomic neuropathy) Unknown or N/A	Active	2015-10-01
Chronic pain due to trauma (ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Cervicalgia (ICD10:M54.2 Cervicalgia) Unknown or N/A	Active	2015-10-01
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, 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
Gallbladder Unknown or N/A	Active		
Seen methodist on 7/15/2015 for dizziness 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: Aaron home health

Primary Justification Medical Conditions: Asthma,Depression,HTN

Additional Medical Conditions: Chronic pain, anxiety

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

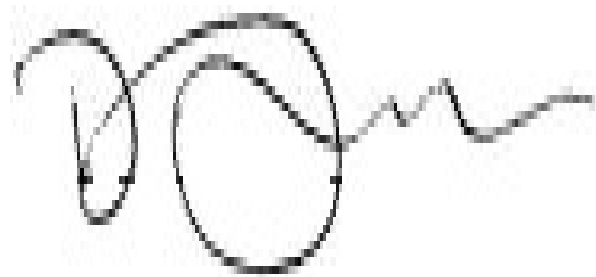
Signed On (NP): 2016-09-22 03:28

Signed By (Physician): 18
Signed on (Physician): 2016-09-28 03:28
Form_status: finalized

Procedure Order:

Patient ID	5955	Order ID	963
Patient Name	Smith, James	Ordered By	Love-Jones, Derrick
Order Date	2017-01-07	Print Date	2017-01-07
Order Status	complete	Encounter Date	2017-01-07
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-07		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-29 at 05:34**.

Printed on 07-Jan-2017 21:45:20 pm.