Graham Judd: Patient Information

Patient Record Number:6002

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: Graham Judd External ID: 6002 **DOB**: 1955-12-08 Sex: Male

Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCQjhWdWZDQk8wd28

Address: 3609 Holliday Rd

City: Dallas State: Texas Postal Code: 75224 Country: USA

Guardian's Name: Fathima Escalier Lvn **Emergency Phone:** 214-269-6090 Home Phone: 214-339-8348 Street Address: 3609 Holliday Rd

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-09-2016.

Father: Unknown. Mother: Unknown. Siblings: Unknown.

Social History:

Last Recorded On: 10-09-2016. Tobacco: No smoking Status: Never Alcohol: No alcohol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular. Developmental History: Well.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2009-02-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 150724088A

Group Number:

Employer Name : Graham Judd

Immunizations:

Graham Judd: Chief Complaint

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Seen by Darolyn Perkins Seen on 08-September-2016

Chief Complaint Status: finalized

Follow up home visit for management of chronic pain, anxiety, GERD, depression, osteoarthritis, difficult in walking, and periodontal disease. Patient complains of pain and swelling in both feet. Patient also continues to have pain in knees.

History of Present illness:

HPI Status:Finalized

Patient is a 60-year-old Caucasian male with multiple chronic conditions of chronic pain, anxiety, GERD, depression, osteoarthritis, and difficult in walking. Patient c/o edema in feet x 3-4 days with some relief after elevation of feet. Patient continue to complain of knee pain and lower back pain. Patient rates pain at 8/10. Patient denies CP, HA, N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-08	118	69	190.00	69.00	98.20	18.00	~	28.1	0.00

Review of Systems:

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No Use Of Dentures

Physical Exam:

BETTREMITIES:

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Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Increased Lasix for edema in his feet to bid. Educated patient to keep feet elevated while sitting. Continue same treatment plan as previous for other diagnosis. Reviewed and continue same medications no new medications noted this visit. Medication adherence was given to patient to 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 something of chest pain, shortness of breath, blurry vision, excessive headache, systolic blood pressure greater than 200. 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 at this time.

- 1. Edema of feet, start Lasix.
- 2. Osteoarthritis/rheumatoid arthritis, continue current plan.

- 3. Anxiety, continue current plan.4. GERD, continue current plan.
- 5. Lumbago, continue current plan.
- 6. Depression, continue current plan.7. Chronic pain syndrome, continue current pain medication.

Increased Lasix to 20 mg bid. and potassium 10 mEq q.d.

Medical Problem:

Description	Status	Start Date	End Date
Localized edema (ICD10:R60.0 Localized edema) Unknown or N/A	Active	2016-09-08	
Edema, unspecified (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2016-06-23	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-23	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-23	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-04-29	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-02-12	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-02-12	
Felty's syndrome, unspecified site (ICD10:M05.00 Felty's syndrome, unspecified site) Unknown or N/A	Active	2016-01-11	
Other chronic pain (ICD10:G89.29 Other chronic pain) 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	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01	
Sciatica (ICD10:M54.30 Sciatica, unspecified side) Unknown or N/A	Active	2015-10-01	
Other specified periodontal diseases (ICD10:K05.5 Other periodontal diseases) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Active	2015-06-07	

Osteoarthrosis, localized, primary, lower leg (ICD9:715.16 Osteoarthrosis, localized, primary, lower leg) Unknown or N/A	Active	2015-06-07
Other specified periodontal diseases (ICD9:523.8 Other specified periodontal diseases) Unknown or N/A	Active	2015-06-07
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	2015-06-07
Sciatica (ICD9:724.3 Sciatica) Unknown or N/A	Active	2015-06-07

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Ankle, stomach and back sugery	Active		
Unknown or N/A			

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: Novel Home health care agency Primary Justification Medical Conditions: Mobility_Impairments Additional Medical Conditions: Anxiety, GERD, difficult in walking

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain and difficult in walking and inability to self

medicate

Certification Statement: Patient is home bound due to chronic pain and difficult in walking. Patient is weak with poor balance

and at risk for fall.

Signed by (NP): 302

Signed On (NP): 2016-09-07 05:14 Signed By (Physician): 18

Signed on (Physician): 2016-09-14 05:14

Form_status: finalized

Printed:

Printed on 09-Oct-2016 21:49:14 pm.