Jeffrey Sanders: Patient Information

Patient Record Number:2144

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: Jeffrey Sanders External ID: 2144 **DOB**: 1958-07-09 Sex: Male **S.S.**: 435-11-0143 Marital Status: Single

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5eFlsekpNRU5ZY1U

Address: 3200 S Lancaster Rd

City: Dallas State: Texas Postal Code: 75216 Country: USA

Home Phone: 469-463-0018

Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 07-22-2016.

Additional Medical History: General weakness..

Family History:

Last Recorded On: 07-22-2016.

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

Social History:

Last Recorded On: 07-22-2016.

Tobacco: Current every day smoker Smokes 1 pack per day Status: Current

Coffee: Status: N/A

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drugs. Status: Never

Nutrition History: Regular.. Developmental History: Well.. Work Status: Disabled.

Other History: Influenza November 2015...

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1983-02-01 Relationship to Insured: Self

Type: N/A
Payer: Medicare B Texas (SMTX0)

Copay : Insured ID Number : 435110143A Group Number : Employer Name : Jeffrey Sanders

Immunizations:

Jeffrey Sanders: Chief Complaint Patient Record Number:2144 Texas Physician House Calls (H) 2925 Skyway Circle North, Irving, TX, USA, 75038-3510

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Seen by Derrick Love-Jones Seen on 12-August-2016

Chief Complaint Status: finalized

Follow up home visit for management of schizophrenia, hypertension, epilepsy, hypothyroidism, coronary artery disease, hypertension, and smoking. Patient complains of trouble sleeping.

History of Present illness:

HPI Status:Finalized

Patient is a 58-year-old African American male in NAD with multiple chronic conditions of schizophrenia, hypertension, hypothyroidism, coronary artery disease, and hypertension. Patient states that he is still not sleeping at night. Patient denies sleeping during the day. Patient denies any other issues upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-08-12	113	83	155.00	70.00	98.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Split in the state of the stat

November Sissivity

Medital Military Conference ath

No **By State of the transple**

No William Manager of Motion

No Blimmy Sphaltica Blanta atting f Urine

No BlaceblesStroMentation

No Epnyezaa

Blee Orbins tyr Continums YES

No Hoarseness

Dental Difficulties YES

No Use Of Dentures

Physical Exam:

SEEAH:

நியத்துள்ளதாக அடிக்கு அடிக்க

ENVERSEMITIES:

CV:

Resident Michigan Michigan Limite Lifo its quadrants-Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-04-04	
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 those fat, low-cholesterol diet with current medical conditions. To go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient increased exercise daily as tolerated. No labs need at this visit. Reviewed recent labs with patient. 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. Hypertension with vascular complications, continue current plan.
- 2. Epilepsy, continue current plan.
- 3. Hypothyroidism, continue current plan.
- 4. Coronary artery disease, continue current plan.
- 5. Insomnia, continue to monitor.
- 6. Schizophrenia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-02	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-02	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-02	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-02	
Thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm (ICD10:E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm) Unknown or N/A	Active	2015-10-01	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-01	
Disorganized type schizophrenia, chronic (ICD10:F20.1 Disorganized schizophrenia) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy (ICD10:G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus) Unknown or N/A	Active	2015-10-01	

Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:l25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date	
No known drug allergies. 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

Primary Justification Medical Conditions: Hypothyroidism, Epilepsy, HTN, Schizophrenia

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to mental illness and inability to self medicate currently.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely

leave home alone. **Signed by (NP):** 16

Signed On (NP): 2016-08-12 08:28 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-16 08:28

Form_status: finalized

Procedure Order:

Patient ID	2144	Order ID	826
Patient Name	Sanders, Jeffrey	Ordered By	Love-Jones, Derrick
Order Date	2016-09-18	Print Date	2016-09-18
Order Status	complete	Encounter Date	2016-09-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-18		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-19**.

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