

**Demetrice Wiley: Patient Information**  
Patient Record Number:6267

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texas-housecalls.com

**Name:** Demetrice Wiley  
**External ID:** 6267  
**DOB:** 1965-01-11  
**Sex:** Male  
**Marital Status:** Divorced  
**Patient Drive Folder:** 0B0x\_t bqdBPhaElfMkszb1Fva2M

**Address:** 4330 Marshall St  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75210  
**Country:** USA  
**Mobile Phone:** 469-714-7578  
**Street Address:** 4330 Marshall St  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 02-03-2017.  
**Father:** Father died of diabetes mellitus, hypertension, end-stage renal disease, and gout..  
**Mother:** Mother is alive with complains of glucose, hypertension, hyperlipidemia, and coronary artery disease. .  
**Siblings:** Five brothers are alive and one brother is died. One sister is alive..  
**Offspring:** Three boys which are healthy and alive..

## Social History:

**Last Recorded On:** 02-03-2017.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level is 12+1..  
**Other History:** Influenza 2015..

## 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)

**Copay :**  
**Insured ID Number :** 515398433  
**Group Number :**  
**Employer Name :** Demetrice Wiley

## Immunizations:

**Demetrice Wiley: Chief Complaint**  
Patient Record Number:6267

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**Seen by** Sumana Ketha MD  
**Seen on** 21-December-2016

**Chief Complaint Status:**finalized

Followup home visit to prevent further decline of the following chronic medical conditions of anemia, gout, diabetes mellitus type 2, hypertension, anxiety, chronic pain syndrome, gastroesophageal reflux disease, hyperlipidemia, tremors, osteoarthritis, and chronic obstructive pulmonary disease/asthma. Patient complains of erectile dysfunction and foot pain.

**History of Present illness:**

**HPI Status:**Finalized

A 51-year-old African-American male in no acute distress with multiple chronic conditions of the following anemia, gout, diabetes mellitus type 2, hypertension, anxiety, chronic pain syndrome, gastroesophageal reflux disease, hyperlipidemia, tremors, osteoarthritis, and chronic obstructive pulmonary disease/asthma. Patient states that for several months he has been having erectile dysfunction and not been able to have sexual relations with his girlfriend. Patient states that sometimes he gets an erection but increasingly he has become more difficult. Patient also states that he has been having pain in both feet. Patient rates his current pain at 7/10 today and states he does get relief from current pain medication. Patient denies any other issues on examination. Patient denies in a hypoglycemic episodes and a foot check revealed some numbness and tingling. Patient denies any chest pain, headache, nausea/vomiting at this time.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-21	137	90	211.00	68.00	98.20	18.00	~	32.1	0.00

**Review of Systems:**

**Constitutional:**

~~Weight loss~~  
~~No fevers~~  
~~No chills~~  
~~No night sweats~~  
~~No fatigue~~  
~~No anorexia~~  
~~No weight loss~~  
~~No constipation~~

**Physical Exam:**

**HEENT:**

~~Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.~~  
Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.

**HEENT:**

~~Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.~~  
Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.

**PSYCH:**

~~Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.~~  
Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.

**RESP:**

~~Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.~~  
Supratentorial, midline, non-contrast, CT scan of the head, showing no acute intracranial abnormalities.

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

**Medication:**

Description	Status	Start Date	End Date
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GNP Alcohol Swabs ,70 % PADS, USE TWICE DAILY PRIOR TO BLOOD SUGAR TEST, Quantity: 200, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2017-01-19
Lancets Ultra Fine , MISC, CHECK BLOOD GLUCOSE TWICE PER DAY, Quantity: 200, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2017-01-19
True Metrix Blood Glucose Test , STRP, USE 1 STRIP TWICE DAILY, Quantity: 200, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2017-01-19
Lantus SoloStar ,100 UNIT/ML SOPN, 40 UNITS IN THE EVENING DAILY, Quantity: 15, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-13
Alcohol Pads ,70 % PADS, USE TWICE DAILY PRIOR TO BLOOD SUGAR TEST, Quantity: 100, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06
True Metrix Air Glucose Meter , DEVI, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06
TIZANidine HCl ,4 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Uloric ,40 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Exforge ,5-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY WITH FOOD, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-17
Lantus ,100 UNIT/ML SOLN, GIVE 40 UNITS SQ DAILY, Quantity: 20, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-17

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan his previous provider. 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 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 as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan was giving 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. Gout.
2. Chronic obstructive pulmonary disease/asthma.
3. Diabetes mellitus type 2 with neuropathy.
4. Chronic pain syndrome.
5. Erectile dysfunction.
6. Osteoarthritis with chronic pain.
7. Hypertension with vascular complications.
8. Anemia.
9. Anxiety.
10. Gastroesophageal reflux disease.
11. Hyperlipidemia.
12. Muscle spasms.
13. Tremors.

Medication refills as follows,  
Viagra 100 mg q.d. 1 hr prior to sexual relations.  
Lantus 40 units q.d.  
Norco 10/325 mg t.i.d.  
Xanax 0.5 mg t.i.d.  
Uloric 40 mg q.d.  
Atorvastain 40 mg q.h.s.  
Pantoprazole 40 mg q.d.  
Metformin 500 mg b.i.d.  
Tizanidine 4 mg t.i.d.  
Exforge 5/160 mg q.d.

**Medical Problem:**

Description	Status	Start Date	End Date
Male erectile dysfunction, unspecified ( ICD10:N52.9 Male erectile dysfunction, unspecified) Unknown or N/A	Active	2016-10-11	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-10-11	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-11	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-11	
Chronic obstructive pulmonary disease, unspecified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-09-15	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-09-15	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-15	
Idiopathic gout, unspecified site ( ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-08-16	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-08-16	
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	2016-08-16	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-16	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Hernia repair 20 years ago. Unknown or N/A	Active		
Hip replacement 6 months ago. Unknown or N/A	Active		

## 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:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to limited mobility, chronic pain.

**Certification Statement:** No skilled nurse she needed at this time.

**Signed by (NP):** 302

**Signed On (NP):** 2016-12-21 00:24

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-28 00:24

**Form\_status:** finalized



Electronically Signed by **Darolyn Perkins** on **2016-12-28**.

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