

Willie Young: Patient Information
Patient Record Number:5213

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: Willie Young
External ID: 5213
DOB: 1942-06-30
Sex: Male
S.S.: 461-66-6486
User Defined: Mary L will also live with him
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B8TZVrWJciS3eFZ4eWJkNWdTskE>

Address: 2719 E Illinois Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-207-6002
Street Address: 2719 E Illinois Ave
Apt/Suite/Other: Pythian Manor Apt#118

Past Medical History:

Last Recorded On: 08-02-2016.
Risk Factors: Insomnia,Lumbago.
Additional Medical History: Allergic rhinitis,.

Family History:

Last Recorded On: 08-02-2016.
Father: Father with deceased HTN..
Mother: Mom-deceased with DM2 and HTN..
Offspring: Patient has four children.

Primary Family Med Conditions:

Last Recorded On: 08-02-2016.
Chronic Conditions: Diabetes,Hypertension.

Social History:

Last Recorded On: 08-02-2016.
Tobacco: Current every day smoker Smokes 1-2 cigars/day **Status:** Current
Coffee: **Status:** N/A
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Well maintained..
Developmental History: N/A..
Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 08-02-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 1/14/2015, at Evolution health laboratory services,

ordered by Dr. Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

Urine Culture (prn) Normal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

PSA (over 50 yrs) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2007-06-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 461666426A

Group Number :

Employer Name : Willie Young

Copay :

Insured ID Number : 617645370

Group Number :

Employer Name : Willie Young

Immunizations:

Willie Young: Chief Complaint
Patient Record Number:5213

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Seen by Derrick Love-Jones
Seen on 27-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of diabetes mellitus type 2, hypertension, chronic pain, hyperlipidemia, low back pain, allergic rhinitis, benign prostatic hyperplasia, osteoarthritis, insomnia, peripheral neuropathy, and cataract. Patient complains of lower back pain and constipation.

History of Present illness:

HPI Status:Finalized

A 74-year-old AA male in NAD with multiple chronic conditions including diabetes mellitus type 2, hypertension, chronic pain, and hyperlipidemia. Patient complains of lower back pain and constipation. Patient rates pain at 8/10. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-27	143	74	180.00	72.00	97.60	20.00	~	24.4	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No Change in Weight
No Change in Appetite
No Change in Energy
No Change in Sleep
No Change in Bowel Habits
No Change in Urinary Habits
No Change in Menstrual Cycle
No Change in Libido
No Change in Sexual Function
No Change in Gums
No Change in Skin
No Change in Hair
No Change in Nails
No Change in Teeth
No Change in Dentures

Physical Exam:

HEENT:

Head: Within Normal Limits .

ENT:

Ears: Within Normal Limits .

CV:

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Exforge ,5-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-06	

Janumet ,50-1000 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY WITH MEALS, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2016-04-05
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Exforge ,5-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2015-05-14
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Unknown or N/A	Active	2015-04-28
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			
Crestor ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1	Unknown or N/A	Active	2015-01-08
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Janumet ,50-1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3	Unknown or N/A	Active	2015-01-08
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Lisinopril-Hydrochlorothiazide ,20-25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1	Unknown or N/A	Active	2015-01-08
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Crestor ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1	Unknown or N/A	Active	2014-12-02
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

1. Lumbago with chronic pain continue current plan.
2. Diabetes mellitus 2 with neuropathy, monitor HbA1c.
3. Hypertension with vascular complications continue current plan. Educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic pain syndrome, continue medication.
5. Osteoarthritis with chronic pain continue current plan.
6. Insomnia, monitor.
7. Benign prostatic hyperplasia, continue current plan.
8. Constipation, stable.
9. Gastroesophageal reflux disease, continue medications.
10. Hyperlipidemia, monitor lipids.
11. Allergic rhinitis, continue current plan.
12. Medication refills are as follows: Norco 10/325 mg t.i.d., Exforge 5/160 mg q.d., Lancets (True Test), Lidoderm 5% patch q 24 hrs.
13. Medication adherence was given to the patient. Continue treatment as planned.
14. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
15. Reviewed old records of the patient.
16. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia)	Active	2015-10-01	
Unknown or N/A			

Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS) (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01
Cellulitis and abscess of oral soft tissues (ICD10:K12.2 Cellulitis and abscess of mouth) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Active	
Bilateral cataracts (ICD9:366.9 Unspecified cataract) Unknown or N/A	Active	
Low back pain (ICD9:724.2 Lumbago) Unknown or N/A	Active	
Allergic rhinitis (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Active	
Chronic pain syndrome (ICD9:338.29 Other chronic pain) Unknown or N/A	Active	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Cataract surgery both eyes (2010) Unknown or N/A	Active		
prostate exam Unknown or N/A	Active		
colonoscopy Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Primary Justification Medical Conditions: Hyperplasia,Cataract,diabetes,hyperlipidemia,HTN

Additional Medical Conditions: Chronic pain, lower back pain, allergic rhinitis, insomnia, peripheral neuropathy.

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Certification Statement: .

Signed by (NP): 16

Signed On (NP): 2016-07-27 05:17

Signed By (Physician): 18

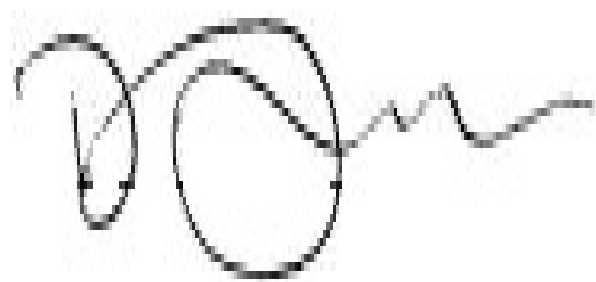
Signed on (Physician): 2016-08-01 05:17

Form_status: finalized

Procedure Order:

Patient ID	5213	Order ID	770
Patient Name	Young, Willie	Ordered By	Love-Jones, Derrick
Order Date	2016-09-20	Print Date	2016-09-20
Order Status	complete	Encounter Date	2016-09-20
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-08-04**.

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