

**Donnie Miller: Patient Information**  
Patient Record Number:6283

**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:** Donnie Miller  
**External ID:** 6283  
**DOB:** 1960-04-07  
**Sex:** Female  
**S.S.:** 452237077  
**Marital Status:** Divorced

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 09-07-2016.  
**Father:** Father died of coronary artery disease and colon cancer..  
**Mother:** Mother died of coronary artery disease..  
**Siblings:** One sister is alive..  
**Offspring:** Denies..

## Social History:

**Last Recorded On:** 09-07-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Developmental History:** Education level is 12th grade..  
**Other History:** Influenza, tetanus, pneumovax and PPD done on 2015. .

## Tests and Exams:

**Last Recorded On:** 09-07-2016.  
**Sigmoid/Colonoscopy** N/A Done in 2016.  
**Prostate Exam** N/A Done in 2016.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1995-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 452237077A  
**Group Number :**  
**Employer Name :** Donnie Miller

**Immunizations:**

**Donnie Miller: Chief Complaint**  
Patient Record Number:6283

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**Seen by** Derrick Love-Jones  
**Seen on** 26-August-2016

**Chief Complaint Status:**finalized

Who invented service to prevent further decline of the following chronic medical conditions of schizophrenia, manic depression, coronary artery disease, hyperlipidemia, gastroesophageal reflux disease, hypertension, benign prostatic hyperplasia, epilepsy, insomnia, and osteoarthritis. Patient complains of knee pain and low back pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 56-year-old African-American male in NAD multiple chronic conditions of the following schizophrenia, manic depression, coronary artery disease, hyperlipidemia, gastroesophageal reflux disease, hypertension, benign prostatic hyperplasia, epilepsy, insomnia, and osteoarthritis. Patient complains of knee pain and low back pain that is chronic and has been for several years. Patient has a previous history of her partial colon removal, history of seizures, and a history of TIA. Patient also has a history of mental illness. Patient denies any other issues upon examination. Patient denies any CP, HA, nausea/vomiting.

**Past Medical History:**

**Family History:**

### Social History:

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-26	103	71	180.00	67.00	98.20	18.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Penyakit yang ditularkan melalui air:**

## Physiotherapy

**No END OF LIFE**

**Neurobiology of Disease**

**Mississippi**

**No Change in Support**

### No Limitation In Range Of Motion

No Constipation

### Physical Exam:

**REMARKS:**

**Spinal Fluid Cytology: No Abnormalities, No Evidence of Lymphadenopathy-Within Normal Limits**

**NEERO:**

**Boundary Conditions:**  $T = T_0$  at  $x = 0$  and  $x = L$ .

**PSYCH:**

REPERVAL: EOM-Within Normal Limits Alert and Oriented X3-Within Normal Limits.

**RESP:**

Patients Appeared Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
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Atorvastatin Calcium ,10 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27
Dicyclomine HCl ,20 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27
Keppra ,750 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27
Nitrostat ,0.4 MG SUBL, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 DOSES AS NEEDED FOR CHEST PAIN, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27
Tamsulosin HCl ,0.4 MG CAPS, TAKE 1 CAPSULE AT BEDTIME NIGHTLY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan his previous provider. Reviewed and continue same medications, maybe 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 the air 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. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan and 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. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Benign prostatic hyperplasia, continue current plan.
5. Chronic pain syndrome, continue current plan.
6. Coronary artery disease, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Osteoarthritis with chronic pain, continue current plan.
10. Insomnia, continue current plan.
11. Epilepsy, continue current plan.
12. Schizophrenia, continue current plan.

Medication refills as follows:

Seriquel 200 mg b.i.d.  
ASA 81mg q.d.  
Atrovastatin 10 mg q.h.s.  
Dicyctonine 20 mg b.i.d.  
Keppra 750 mg b.i.d.  
Lisinopril 10 mg b.i.d.  
Nitro 0.4 mg sq p.r.n.  
Tamsulosin 0.4 mg q.d.  
Trazodone 100 mg b.i.d.  
Norco 10/325 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-26	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-26	
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	2016-08-26	
Enlarged prostate with lower urinary tract symptoms ( ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2016-08-26	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-26	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-26	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Partial colon removal 10 years ago. Unknown or N/A	Active		
Hospitalized for TIA. 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:** Hyperplasia,Depression,hyperlipidemia,HTN,Rheumatoid Arthritis\_Osteoarthr,Schizophrenia

**Additional Medical Conditions:** CAD, Epilepsy, Lumbago

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** Patient is homebound due to mental illness.

**Certification Statement:** Skilled nursing needed due to mental illness in the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-08-26 10:05

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-02 10:05

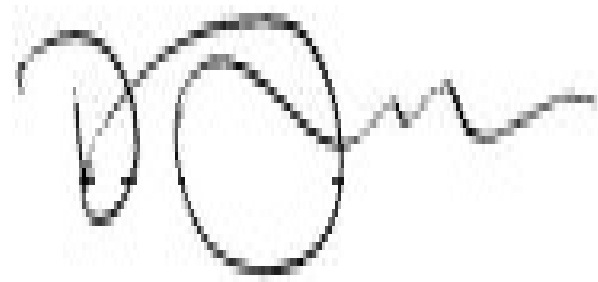
**Form\_status:** finalized

## Procedure Order:

Patient ID	6283	Order ID	864
Patient Name	Miller, Donnie	Ordered By	Love-Jones, Derrick
Order Date	2016-09-25	Print Date	2016-09-25

Order Status	complete	Encounter Date	2016-09-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-25		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-02 at 10:32**.

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