#### **David Hawkins: Patient Information**

Patient Record Number: 5934

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: David Hawkins External ID: 5934 **DOB**: 1961-12-13 Sex: Male S.S.: 453332338

User Defined: 469-971-1813 **Patient Drive Folder:** 

https://drive.google.com/drive/u/0/folders/0B1v8FHBd\_SfCfmlGR2VuLWFGNWNha0ZOMzIJbm9nYWwwSUIjRUJYSIBXeGZ3Sld

wNmllRDQ

Address: 5021 Leameadow Dr

City: Garland State: Texas Postal Code: 75043 Country: USA

**Emergency Phone:** 469-620-3336 Home Phone: 469-650-3580 Mobile Phone: 469-971-1813 Street Address: 5021 Leameadow Dr

Apt/Suite/Other: House

# **Family History:**

Last Recorded On: 01-11-2017.

Father: Father died of myocardial infarction..

Mother: Unknown..

Siblings: Patient has 1 brother and 4 sisters whose medical conditions are unknown...

Offspring: Patient is single with one child who is healthy..

# **Social History:**

Last Recorded On: 01-11-2017.

**Tobacco:** Smokes 1 packer per day.

Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular.. Developmental History: Well..

Other History: Denies flu shot and pneumonia..

### **Tests and Exams:**

Last Recorded On: 01-11-2017.

# Insurance:

#### **Medicare B Texas (SMTX0)**

Priority: Primary Start Date: 2006-07-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority : Primary Start Date : 2007-11-01 Relationship to Insured : Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2014-10-01 Relationship to Insured: Self

Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary Start Date : 2014-04-01 Relationship to Insured : Self

Type: N/A

Payer: Medicaid Texas (SKTX0)

Priority : Secondary Start Date : 2014-07-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 453332338A

Group Number :

**Employer Name:** David Hawkins

Copay:

Insured ID Number: 453332338A

Group Number :

Employer Name: David Hawkins

Copay:

Insured ID Number: 453332338A

**Group Number:** 

Employer Name : David Hawkins

Copay:

Insured ID Number: 514855075

Group Number:

Employer Name: David Hawkins

Copay:

**Insured ID Number** : 514855075

Group Number :

**Employer Name :** David Hawkins

# **Immunizations:**

**David Hawkins: Chief Complaint** Patient Record Number:5934

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

> Seen by Derrick Love-Jones Seen on 29-November-2016

#### Chief Complaint Status: finalized

Followup home visit for management of hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient complains of knee pain.

# **History of Present illness:**

#### **HPI Status:**Finalized

A 54-year-old African-American male in no acute distress with multiple chronic conditions including hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient complains of knee pain that is rated at 7/10. Patient states that his pain is better when he takes his pain medication. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-29	154	89	205.00	68.00	97.60	16.00	~	31.2	0.00

# **Review of Systems:**

#### Constitutional:

#### **Highth@Tail**tiget:

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No Blitting bed Dangertige Of Motion

No Colinary Iglese th Mentation

No Apnea

No Bloorsyctiong Gums

No Obatsertiess

No Use Of Dentures

# **Physical Exam:**

#### WH-

MEMITIES:

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#### **Medication:**

Description	Status	Start Date	End Date
Viagra ,50 MG TABS, TAKE 1 TABLET DAILY 1 HOUR BEFORE NEEDED, Quantity: 10, Refill Quantity: 0			
Unknown or N/A	Active	2016-06-14	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A Active 2016-04-07 by Jones, Derrick - MJ3217331 Texas Physician House Calls Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 2016-03-07 Active Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls BuPROPion HCI ER (Smoking Det) ,150 MG TB12, q am, Quantity: 30, Refill Quantity: 0 2015-08-03 Unknown or N/A Active by Jones, Derrick - MJ3217331 Texas Physician House Calls Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Active 2015-08-03 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Norco ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Active 2015-08-03 by ketha. Dr sumana - BK6230281 Sumana Ketha MDPA

#### Plan Note:

#### Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Erectile dysfunction, continue to monitor, continue current plan.
- 3. Hypertension with vascular complications, continue current plan.
- 4. Gastroesophageal reflux disease, continue current plan.
- 5. Chronic pain syndrome, continue current plan.
- 6. Lumbago with sciatica, continue current plan.
- 7. Major depression, continue current plan.

Medication refills as follows, Norco 10/325 mg t.i.d. Viagra 100 mg P.R.N.

# **Medical Problem:**

Description	Status	Start Date	End Date
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity			
( ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity)  Unknown or N/A	Active	2016-07-14	
Lumbago with sciatica, unspecified side			
( ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-07-14	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-14	
Male erectile dysfunction, unspecified ( ICD10:N52.9 Male erectile dysfunction, unspecified) Unknown or N/A	Active	2016-06-14	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-19	

Sciatica, unspecified side ( ICD10:M54.30 Sciatica, unspecified side) Unknown or N/A	Active	2016-01-14
Male erectile disorder ( ICD10:F52.21 Male erectile disorder) Unknown or N/A	Active	2016-01-14
Felty's syndrome, unspecified site ( ICD10:M05.00 Felty's syndrome, unspecified site) Unknown or N/A	Active	2016-01-14
Bilateral primary osteoarthritis of knee ( ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2015-12-23
Major depressive disorder, recurrent, unspecified (ICD10:F33.9 Major depressive disorder, recurrent, unspecified) Unknown or N/A	Active	2015-12-23
Tobacco use ( ICD10:Z72.0 Tobacco use) Unknown or N/A	Active	2015-12-23
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-12-07
Dorsalgia, unspecified ( ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-20
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Lumbago ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, generalized, multiple sites ( ICD9:715.09 Osteoarthrosis, generalized, multiple sites) Unknown or N/A	Active	2015-07-31
Sciatica ( ICD9:724.3 Sciatica) Unknown or N/A	Active	2015-07-31
Esophageal reflux ( ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	2015-07-31
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	2015-07-31

# Allergies:

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

# Surgeries:

Description	Status	Start Date	End Date	
MVA (broken back) 1990	Active			
Unknown or N/A	7,00,70			

## **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: V-Care Home Health

Primary Justification Medical Conditions: Depression, HTN

Additional Medical Conditions: Sciatica, Chronic Pain, Lumbago, ED

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: Patient requires closely monitoring for vital signs, skin check, and medication

administration.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 16

**Signed On (NP):** 2016-11-29 02:26 **Signed By (Physician):** 18

Signed on (Physician): 2016-12-06 02:26

Form\_status: finalized

# **Procedure Order:**

Patient ID	5934	Order ID	1265
Patient Name	Hawkins, David	Ordered By	Love-Jones, Derrick
Order Date	2017-01-12	Print Date	2017-01-12
Order Status	complete	Encounter Date	2017-01-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-12		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by Derrick Love-Jones on 2016-12-06.

Printed on 12-Jan-2017 20:53:40 pm.