

Patient Record Number:5708

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 Otis

External ID: 5708

DOB: 1949-11-02

Sex: Male

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXZmNCbkJRc19yUzQ>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 12-04-2016.

Risk Factors: GERD,Lumbago,Neuropathy.

Additional Medical History: CAD.

Family History:

Last Recorded On: 12-04-2016.

Father: Father died..

Mother: Mother died..

Siblings: Brother has DM II. Sister had HTN and DM II..

Offspring: One son..

Primary Family Med Conditions:

Last Recorded On: 12-04-2016.

Chronic Conditions: Diabetes, Hypertension.

Social History:

Last Recorded On: 12-04-2016.

Tobacco: Former smoker Quit smoking 20 yrs ago **Status:** Quit

Alcohol: No alcohol **Status:** Never

Recreational Drugs: No drugs **Status:** Never

Nutrition History: ADA diet..

Developmental History: Educational level is 8th grade..

Tests and Exams:

Last Recorded On: 12-04-2016.

Sigmoid/Colonoscopy N/A done

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-04-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2015-10-01
Relationship to Insured : Self
Type : N/A
Payer : Advantage by Superior HealthPlan (68069)
Priority : Secondary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Secondary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 587039035A
Group Number :
Employer Name : David Otis
Copay :
Insured ID Number : 507743271
Group Number :
Employer Name : David Otis
Copay :
Insured ID Number : 507743271
Group Number :
Employer Name : David Otis
Copay :
Insured ID Number : C0007543401
Group Number :
Employer Name : David Otis
Copay :
Insured ID Number : 507743271
Group Number :
Employer Name : David Otis

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD9:250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled) Unknown or N/A	Inactive	2015-08-28	2015-09-30
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD9:414.00 Coronary atherosclerosis of unspecified type of vessel, native or graft) Unknown or N/A	Inactive	2015-07-24	2015-09-30
Other specified idiopathic peripheral neuropathy (ICD9:356.8 Other specified idiopathic peripheral neuropathy) Unknown or N/A	Inactive	2015-04-10	2015-09-30
Chronic kidney disease, Stage III (moderate) (ICD9:585.3 Chronic kidney disease, Stage III (moderate)) Unknown or N/A	Inactive	2015-03-06	2015-09-30

David Otis: Chief Complaint
Patient Record Number:5708

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Seen by Sumana Ketha MD
Seen on 24-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of neuropathy, hyperlipidemia, coronary artery disease, chronic obstructive pulmonary disease, chronic kidney disease stage 3, gastroesophageal reflux disease, diabetes mellitus type 2, hypertension, and lumbago. Patient complains of foot pain.

History of Present illness:

HPI Status:Finalized

Patient is a 67-year-old AA male in NAD with multiple chronic conditions of hyperlipidemia, coronary artery disease, chronic obstructive pulmonary disease, chronic kidney disease stage 3, diabetes mellitus type 2, and hypertension. Patient complains of pain in his feet. Patient rates the pain at 6/10. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-24	165	92	165.00	72.00	97.60	16.00	~	22.4	0.00

Review of Systems:

Constitutional:

Genetic Engineering Technology:

No. [REDACTED] / SS \$081

Do you have any other comments? YES

No ~~Discrimination~~ Feasting

No ~~Discretion~~ Discretion

No Sliding or Tumbling of Motion

No Change In pH Of Urine

No Hirsuteness

No Ha

No Coryza

No Obstruction

Physical Exam:

SECRET

Engine Oil Analysis Results: All oil analysis results are within normal limits.

EXTREMITIES:

Subsequent to the completion of the 2008-2009 season, the following limits:

CV:

RR-White Nominal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, Uses 55 units in am and 45 units in pm, Quantity: 2, Refill Quantity: 4			
Unknown or N/A	Active	2016-10-27	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Comfort EZ Pen Needles ,33G X 4 MM MISC, USE AS DIRECTED, Quantity: 270, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-14
TRUEtest Test , STRP, TEST TWICE DAILY, Quantity: 200, Refill Quantity: 10 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-06
NovoLIN 70/30 ,(70-30) 100 UNIT/ML SUSP, 55 Units in the am, 45 units in pm, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-09

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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. No labs needed this visit. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Neuropathy, continue current plan.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Hypertension with vascular complications, continue current plan.
6. Chronic obstructive pulmonary disease/asthma, continue current plan.
7. Chronic kidney disease stage-3, continue current plan.
8. Lumbago with chronic pain, continue current plan.
9. Glaucoma, continue current plan.
10. Inguinal hernia, continue current plan.
11. Debility continue to monitor

Medication refills as follows:

Novolog 70/30 55 units a.m. & 45 units p.m.
Test Strips.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-09	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-09	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-09	
Chronic kidney disease, stage 3 (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-09	
Hereditary and idiopathic neuropathy, unspecified (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-09	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-09	

Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-09
Other hereditary and idiopathic neuropathies (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-09
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
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) 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 and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Chronic kidney disease, Stage III (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-01
Gastroesophageal reflux disease (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Debility, unspecified (ICD10:R53.81 Other malaise) 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
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Fall Unknown or N/A	Active		

Rib fracture Unknown or N/A	Active
Tuberculosis Unknown or N/A	Active
Colonoscopy in 2010 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: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

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

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-10-24 06:31

Signed By (Physician): 18

Signed on (Physician): 2016-10-31 06:31

Form_status: finalized

Procedure Order:

Patient ID	5708	Order ID	1035
Patient Name	Otis, David	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-10-31**.

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