

Donnie Sullivan: Patient Information
Patient Record Number:6270

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 Sullivan
External ID: 6270
DOB: 1958-09-23
Sex: Male
S.S.: 458-23-7993
Patient Drive Folder: 0B0x_tbqdBDPhbUMwRGI3OXRKMmM

Address: 2519 John West Rd
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Emergency Phone: 214-560-7144
Home Phone: 469-445-5141
Mobile Phone: 469-248-2259
Street Address: 2519 John West Rd
Apt/Suite/Other: APT#7209 Gate Code 4444

Family History:

Last Recorded On: 01-28-2017.
Father: Deceased with heart disease, mentally challenged..
Mother: GSW..
Siblings: One brother alive..
Offspring: One girl and one boy alive..
Other Family Relative: Family history of prostate cancer..

Social History:

Last Recorded On: 01-28-2017.
Tobacco: Smokes 1 PPD. **Status:** Current
Alcohol: Drinks socially. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Educational qualification is 9th grade..
Other History: Influenza vaccinated in 2016..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-12-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 458237993A
Group Number :
Employer Name : Donnie Sullivan
Copay :
Insured ID Number : 517408217
Group Number :
Employer Name : Donnie Sullivan

Immunizations:

| | | |
|--|--------|------------|
| NIFEdipine ER ,60 MG TB24, Take One Tablet By Mouth daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2017-01-23 |
| Citalopram Hydrobromide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-12-21 |
| RisperDAL ,2 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-12-21 |
| TraZODone HCl ,50 MG TABS, TAKE 2 TABLETS AT BEDTIME, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-12-21 |

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as 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. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. Patient verbalize 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. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Insomnia, continue current plan.
6. Anxiety, continue current plan.
7. Bipolar, continue current plan.
8. Abnormal gait, continue to monitor.

Medication refills as follows,
Nifedipine 60 mg q.d.
Lisinopril 5 mg b.i.d.
Trazodone 50 mg 2 tabs q.hs.
Citalopram 40 mg q.d.
Risperidone 2 mg q.hs.
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 | 2016-12-20 | |
| Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A | Active | 2016-12-20 | |
| Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2016-12-20 | |
| 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 | 2016-12-20 | |

| | | |
|---|--------|------------|
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2016-12-20 |
| Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A | Active | 2016-12-20 |

Allergies:

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

Surgeries:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| 1. Surgery of shoulder in 2015. Unknown or N/A | Active | | |
| 2. Hospitalized for chest pain in 2016. 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

Current home health agency: Promise Home Health,Inc

Primary Justification Medical Conditions: bipolar,HTN,Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr

Additional Medical Conditions:

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to severe pain and mental illness.

Certification Statement: Skilled nursing needed due to mental illness and severe pain.

Signed by (NP): 16

Signed On (NP): 2016-12-20 06:19

Signed By (Physician): 18

Signed on (Physician): 2016-12-27 06:19

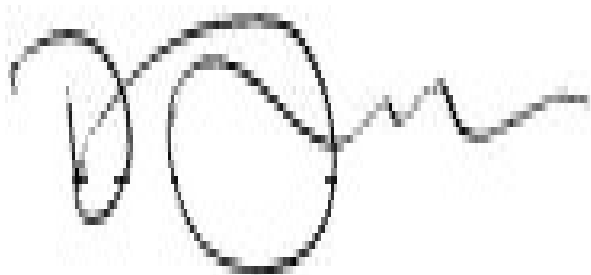
Form_status: finalized

Printed:

Procedure Order:

| | | | |
|--------------|------------------|----------------|---------------------|
| Patient ID | 6270 | Order ID | 1384 |
| Patient Name | Sullivan, Donnie | Ordered By | Love-Jones, Derrick |
| Order Date | 2017-01-28 | Print Date | 2017-01-28 |
| Order Status | complete | Encounter Date | 2017-01-28 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2017-01-28 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-12-27**.

Printed on 28-Jan-2017 22:37:48 pm.