Donald Wilburn: Patient Information

Patient Record Number:5892

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: Donald Wilburn External ID: 5892 **DOB**: 1951-08-28 Sex: Male **S.S.**: 461-94-1173 Marital Status: Married

Address: 4904 Honeysuckle Dr

City: Balch Springs State: Texas Postal Code: 75180 Country: USA

Home Phone: 214-659-3342 Mobile Phone: 214-642-5143

Street Address: 4904 Honeysuckle Dr

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-06-2017. Risk Factors: Neuropathy.

Additional Medical History: Leg edema..

Family History:

Last Recorded On: 01-06-2017.

Father: Father died with gunshot wound.. Mother: Mother died with Alzheimer's..

Offspring: Has 4 children, except one all are alive.. Other Family Relative: No family history of cancer..

Primary Family Med Conditions:

Last Recorded On: 01-06-2017. Chronic Conditions: Alzheimers.

Social History:

Last Recorded On: 01-06-2017.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: 1 beer per day Status: Current

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular..

Developmental History: Educational level is 12th grade..

Other History: Influenza in 2014. PPD in 2014..

Tests and Exams:

Last Recorded On: 01-06-2017.

 ${\bf Sigmoid/Colonoscopy} \& nbsp\& nb$

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2015-05-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2015-07-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2016-08-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority : Secondary Start Date : 2016-08-01 Relationship to Insured :

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 616591526

Group Number:

Employer Name: Donald Wilburn

Copay:

Insured ID Number: 616591526

Group Number:

Employer Name : Donald Wilburn

Copay:

Insured ID Number: 461941173A

Group Number:

Employer Name : Donald Wilburn

Copay:

Insured ID Number : Group Number : Employer Name :

Immunizations:

Donald Wilburn: Chief Complaint

Patient Record Number:5892

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Seen by Derrick Love-Jones Seen on 22-November-2016

Chief Complaint Status: finalized

Followup home visit for management of malignant hypertension, hyperlipidemia, degenerative disk disease, ambulatory dysfunction, anxiety, Alzheimer disease, celiac disease, and congestive heart failure. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

A 65-year-old African-American male in no acute distress seen for medical management of hypertension, hyperlipidemia, degenerative disk disease, ambulatory dysfunction, anxiety, Alzheimer disease, celiac disease, congestive heart failure, ambulatory dysfunction and other chronic conditions. Patient states that he has been having knee pain for some time. Patient caregiver states patient is having more episodes of memory loss. Patient denies any chest pain, headache recent nausea/vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-11-22	116	60	165.00	66.00	97.40	16.00	~	26.6	0.00

Review of Systems:

Constitutional:

Skort Control of the control of the

Nox District Interprets

No Chillippe The the right geth

No **Distribute de Bitan**tiego

No Ministration Nature Of Urine

No Cojumsytipation

No Coryza

No Obstruction

Physical Exam:

SEBBO:

Phine Teach Teach Combined to the Combined Combined to the Combined Combin

ESECH:

ENT:

Nasalal/Artfost, Printge Beentuan Mildioned; Within Anton Orale bineats X3-Within Normal Limits.

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

BACK:

Normal Curvature, Tenderness-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date	

Aspirin EC Low Dose ,81 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY MORNING PRN, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-28
Aspirin EC Low Dose ,81 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY MORNING PRN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-03
Donepezil HCI ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-25
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-08
Aspirin Adult Low Dose ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-10
ALPRAZolam ,0.5 MG TABS, Take 3 Tablets By Mouth Daily, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING HOLD IF SBP IS LESS THAN 115, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-30
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-30
Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-30
Coreg ,25 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-06-02

Plan Note:

Plan Note Status: Finalized

Continue 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 ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision over systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. 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. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Coronary artery disease, continue current plan.
- 4. Degenerative joint disease, continue current plan.
- 5. Chronic pain syndrome, continue current pain medications.
- 6. Alzheimer's disease, continue current plan and schedule appointment with Neurologist.
- 7. Insomnia, continue current plan.
- 8. Congestive heart failure with systolic complications, continue current plan.

- 9. Anxiety, continue current plan.10. Hyperlipidemia, continue current plan.
- 11. Celiac disease, continue current plan.

Medication refills as follows, Xanax 0.5 mg t.i.d. ASA 81 mg q.d. Donezepil 10 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-11-22	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-11-22	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-19	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:l87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-19	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-06-15	
Chronic ischemic heart disease, unspecified (ICD10:l25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-05-10	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-06	
Alzheimer's disease with early onset (ICD10:G30.0 Alzheimer's disease with early onset) Unknown or N/A	Active	2016-04-06	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2016-01-25	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-11-16	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-11-16	
Unspecified abnormalities of gait and mobility (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-11-16	
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) 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	
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Alzheimer's disease (ICD10:G30.9 Alzheimer's disease, unspecified) Unknown or N/A	Active	2015-10-01	

Celiac disease
(ICD10:K90.0 Celiac disease)
Unknown or N/A
Active 2015-10-01

Allergies:

Description	Status	Start Date	End Date	
No Known Drug Allergies Unknown or N/A	Active	2015-05-15		

Surgeries:

D	Description	Status	Start Date	End Date
Pacemaker 2012		Active	2015-05-15	
Unknown or N/A				

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:

Primary Justification Medical Conditions: Alzheimers, HTN, hyperlipidemia, Mobility_Impairments

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 HHC.

Certification Statement: Signed by (NP): 16

Signed On (NP): 2016-11-22 03:37 **Signed By (Physician):** 18

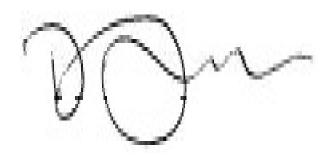
Signed on (Physician): 2016-11-29 03:37

Form_status: finalized

Procedure Order:

Patient ID	5892	Order ID	1244
Patient Name	Wilburn, Donald	Ordered By	Love-Jones, Derrick
Order Date	2017-01-06	Print Date	2017-01-06
Order Status	complete	Encounter Date	2017-01-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-29**.

Printed on 06-Jan-2017 21:25:13 pm.