

Leonard Jones: Patient Information
Patient Record Number:6218

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Leonard Jones
External ID: 6218
DOB: 1954-09-24
Sex: Male
S.S.: 630-36-8522

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Erma(Friend)
Emergency Phone: 214-350-7742
Mobile Phone: 214-791-4387
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 11-04-2016.
Father: Father was murdered. .
Mother: Mother died of bone cancer..
Siblings: Four brothers and two sisters, unknown diseases. .
Offspring: No children..

Social History:

Last Recorded On: 11-04-2016.
Tobacco: Current some day smoker Smokes one packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drugs. **Status:** Never
Nutrition History: Regular.
Developmental History: Education level is 3rd grade..
Other History: Influenza 2015. Tetanus 2016. PPD 2016..

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2014-09-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 513981039
Group Number :
Employer Name : Leonard Jones

Immunizations:

Leonard Jones: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 08-July-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions of memory loss, hypertension, Parkinson's disease, lumbago, cataracts, osteoarthritis, and chronic pain syndrome. Patient complaints of knee and shoulder pain.

History of Present illness:

HPI Status:Finalized

A 61-year-old African-American male in NAD with multiple chronic conditions of the following memory loss, hypertension, Parkinson's disease, lumbago, cataracts, osteoarthritis, and chronic pain syndrome. Patient states that he has a history of arthritis in both knees and both shoulders. Patient rates pain at 8/10 and states that he gets relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-08	151	89	315.00	74.00	97.60	20.00	~	40.4	0.00

Review of Systems:

Constitutional:

General/Endocrine:

No Weight Loss

No Polyphagia

No Polydipsia

No Nocturia

No Fatigue

No Anorexia

No Nausea

No Vomiting

No Diarrhea

No Constipation

No Abdominal Pain

No Hemorrhoids

No Hematuria

No Hemoptysis

No Hemorrhoids

No Hematuria

No Hemoptysis

No Hemorrhoids

No Hematuria

No Hemoptysis

No Hemorrhoids

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Physical Exam:

HEENT:

Head: Within Normal Limits .

EENT:

Eyes: Within Normal Limits .

CVSC:

Heart: Within Normal Limits .

RESP:

Lungs: Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

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 the ER for symptoms of chest pain, shortness of breath come excessive worry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. Full set of the following labs ordered: CBC, CMP, UA, TSH, VIT D, A1C, LIPID LDL/HDL. The patient verbalize understanding of the above plan was given the office in the furnace questions or concerns. Prognosis is fair and patient is stable.

1. Parkinson's disease, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Osteoarthritis with chronic pain, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Memory loss, continue to monitor.
6. Cataracts, continue current plan.
6. Lumbago with continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Parkinson's disease (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2016-07-08	
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	2016-07-08	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-08	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-08	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-08	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-07-08	

Surgeries:

Description	Status	Start Date	End Date
Gunshot wound to stomach. Unknown or N/A	Active	2016-07-08	

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: We care daycare

Primary Justification Medical Conditions: Cataract, HTN

Additional Medical Conditions: Parkinson's Dz, Memory Loss, Lumbago, Chronic Pain Syndrome

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 is home-bound due to Parkinson's disease, memory loss in the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to memory loss, Parkinson's disease and the inability to self medicate

Signed by (NP): 16

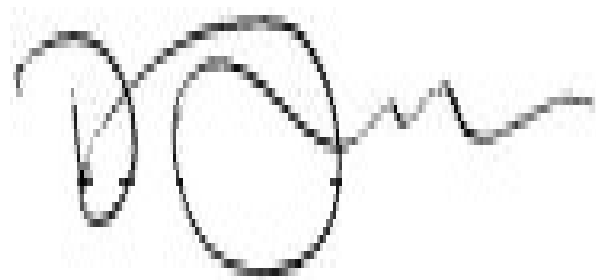
Signed On (NP): 2016-07-08 07:29

Signed By (Physician): 18
Signed on (Physician): 2016-07-15 07:29
Form_status: finalized
Printed: NO

Procedure Order:

Patient ID	6218	Order ID	704
Patient Name	Jones, Leonard	Ordered By	Love-Jones, Derrick
Order Date	2016-11-05	Print Date	2016-11-05
Order Status	complete	Encounter Date	2016-11-05
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-05		Final ✓		0097	Pulse Oximetry	No	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-14**.

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