

FREDDIE Murphy: Patient Information
Patient Record Number:6168

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: FREDDIE Murphy
External ID: 6168
DOB: 1943-02-28
Sex: Male

Address: 1811 South Blvd
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Home Phone: 214-863-8595
Street Address: 1811 South Blvd
Apt/Suite/Other: APT #107

Family History:

Last Recorded On: 07-14-2016.
Father: Father died of cerebrovascular accident, diabetes, and hypertension..
Mother: Mother died of coronary artery disease, diabetes, and hypertension..
Siblings: One brother who is died, two sisters, one is alive and another is died..
Spouse: Five children..

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level +2 years of college..
Other History: Influenza in 2015. Pneumovax in 2013..

Tests and Exams:

Last Recorded On: 07-14-2016.
Prostate Exam N/A Done, year unknown.

Insurance:

Molina Healthcare of Texas (Z1161)

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

Copay :
Insured ID Number : 500000051235
Group Number :
Employer Name : FREDDIE Murphy
Copay :
Insured ID Number : 522560480
Group Number :
Employer Name :

Immunizations:

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Follow up home visit to prevent further decline in the following chronic medical conditions of chronic pain syndrome, hypothyroidism, diabetes mellitus type 2, anxiety, depression, schizophrenia, and hypertension. Patient complains of lower back and hip pain.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-08	131	84	182.00	72.00	97.40	20.00	~	0.0	0.00

Description	Status	Start Date	End Date
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Carisoprodol ,350 MG TABS, Take 1 tablet 3 times daily, Quantity: 90,
Refill Quantity: 0
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Active

2016-05-09

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. Reviewed, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on 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, accessibility, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs needed this visit. The 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. Diabetes type 2 with neuropathy, continue current plan.
3. Hypothyroidism, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Anxiety, continue current plan.
6. Depression, continue current plan.
7. Chronic pain syndrome, continue current pain medication.
8. Schizophrenia, continue current plan.

Medication refills as follows, tramadol 50 mg t.i.d. and carisoprodol 350 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	2016-06-08	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-06-08	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-06	
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	2016-05-06	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-05-06	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-06	

Allergies:

Description	Status	Start Date	End Date
Penicillin. Unknown or N/A	Active	2016-05-06	

Surgeries:

Description	Status	Start Date	End Date
Thyroid surgery in 1985. Unknown or N/A	Active	2016-05-06	

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 skilled nursing needed at this time

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-06-08 03:51

Signed By (Physician): 18

Signed on (Physician): 2016-06-15 03:51

Form_status: finalized

Procedure Order:

Patient ID	6168	Order ID	600
Patient Name	Murphy, FREDDIE	Ordered By	Love-Jones, Derrick
Order Date	2016-08-19	Print Date	2016-08-19
Order Status	complete	Encounter Date	2016-08-19
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-19		Final ✓		0097	Pulse Oximetry	No		97% to 100%	97%	

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