### William Hudnall Jr: Patient Information

Patient Record Number:6266

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: William Hudnall Jr External ID: 6266 **DOB**: 1964-03-03 Sex: Male S.S.: 464277783

Marital Status: Married User Defined: 214-881-6872

Address: 12061 Galva Dr

City: Dallas State: Texas Postal Code: 75243 Country: USA

Home Phone: 214-881-6872 Mobile Phone: 469-508-3714 Street Address: 12061 Galva Dr

Apt/Suite/Other: House

## **Family History:**

Last Recorded On: 12-30-2016.

Father: Father was murdered at the age between 79-80..

Mother: Mother is alive with hypertension. .

Siblings: One brother and one sister are died. Two sisters are alive..

Offspring: Three boys and four girls..

## **Social History:**

Last Recorded On: 12-30-2016.

Tobacco: Never smoker No smoking. Status: Never

Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

Developmental History: Education level is 12th grade..

### Insurance:

### **Medicare B Texas (SMTX0)**

**Priority:** Primary **Start Date**: 2016-07-01 Relationship to Insured : Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

**Priority**: Secondary Start Date: 2016-07-01 Relationship to Insured: Self Type: N/A

Payer: Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 464277783A

Group Number :

Employer Name: William Hudnall Jr

Copay:

**Insured ID Number**: 529174219

**Group Number:** 

Employer Name: William Hudnall Jr

Immunizations:		

William Hudnall Jr: Chief Complaint

Patient Record Number:6266

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> Seen by Derrick Love-Jones Seen on 29-November-2016

### Chief Complaint Status: finalized

Followup visit to prevent further decline of the following chronic medical conditions of temporomandibular joint, lumbago, osteoarthritis, and hyperlipidemia. Patient complains of low back and knee pain.

## **History of Present illness:**

### **HPI Status:**Finalized

A 52-year-old African-American male in no acute distress with multiple chronic conditions of temporomandibular joint, lumbago, osteoarthritis, and hyperlipidemia. Patient complains of low back pain that radiates into his legs. Patient also complains of knee pain. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-29	155	89	228.00	68.00	97.80	16.00	~	34.7	0.00

# **Review of Systems:**

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## **Physical Exam:**

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# **Medication:**

Description	Status	Start Date	End Date
Cyclobenzaprine HCI ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 45, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-24	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

## 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, blurred vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Lumbago with sciatica, continue current plan.
- 2. Hyperlipidemia, continue current plan.
- 3. Temporomandibular joint, continue current plan.
- 4. Chronic pain syndrome, continue current plan.
- 5. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows, Cyclobenzaprine 10 mg x 15 days. Norco 10/325 mg t.i.d.

## **Medical Problem:**

Description	Status	Start Date	End Date
Temporomandibular joint disorder, unspecified (ICD10:M26.60 Temporomandibular joint disorder, unspecified) Unknown or N/A	Active	2016-10-20	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-10-20	
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-09-14	
Lumbago with sciatica, right side ( ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-08-17	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-17	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-17	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-17	
Arthralgia of temporomandibular joint ( ICD10:M26.62 Arthralgia of temporomandibular joint) Unknown or N/A	Active	2016-08-17	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-08-17	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-08-17	

# Allergies:

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

# **Surgeries:**

Description	Status	Start Date	End Date	
Cornea surgery in 2001.	Active			
Unknown or N/A	Activo			

### **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: hyperlipidemia, Rheumatoid Arthritis\_Osteoarthr

Additional Medical Conditions: Lumbago, Chronic Pain Syndrome, TMJ.

Nursing Required: NO Physical Therapy:

Occupational Therapy Required: Speech-language Pathology Required: Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to chronic pain, limited mobility.

Certification Statement: No skilled nurse she needed at this time.

Signed by (NP): 16

**Signed On (NP):** 2016-11-29 02:22 **Signed By (Physician):** 18

Signed on (Physician): 2016-12-06 02:22

Form\_status: finalized

## **Procedure Order:**

Patient ID	6266	Order ID	1378
Patient Name	Hudnall Jr, William	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	99%	97% to 100%		



Electronically Signed by Derrick Love-Jones on 2016-12-06.

Printed on 31-Dec-2016 15:20:57 pm.