

**William Darden: Patient Information**  
Patient Record Number:5977

**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 Darden

**External ID:** 5977

**DOB:** 1925-07-14

**Sex:** Male

**User Defined:** Pt will be available only on Friday at 11 to 11 30

**genericval1:** 214-770-9660 please reach patient on this #

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfkxXZHFwYnhUbEVpejFGOW5WLW1DMmg0YmNCX1FkQjdZci1BMXVydmJkS1k](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfkxXZHFwYnhUbEVpejFGOW5WLW1DMmg0YmNCX1FkQjdZci1BMXVydmJkS1k)

**Address:** 5516 Kiwanis Rd

**City:** Dallas

**State:** Texas

**Postal Code:** 75236

**Country:** USA

**Guardian's Name:** call one hour before we go to patient house

**Emergency Phone:** 972-768-2244

**Work Phone:** 214-376-3551

**Mobile Phone:** 214-770-9660

**Street Address:** 5516 Kiwanis Rd

**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-04-2016.

**Father:** Unknown..

**Mother:** Unknown..

**Siblings:** Unknown..

**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 12-04-2016.

**Tobacco:** No smoking **Status:** Never

**Alcohol:** No alcohol **Status:** Never

**Recreational Drugs:** No drugs **Status:** Never

**Nutrition History:** Regular..

**Developmental History:** Well..

**Other History:** Influenza November 2015..

## Insurance:

### Humana (61101)

**Priority :** Primary

**Start Date :** 2015-01-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Humana (61101)

**Copay :**

**Insured ID Number :** H46534108

**Group Number :**

**Employer Name :** William Darden

**Immunizations:**

**William Darden: Chief Complaint**  
Patient Record Number:5977

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**Seen by** Sumana Ketha MD  
**Seen on** 14-October-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hypertension, benign prostatic hyperplasia, hyperlipidemia, congestive heart failure, gout, urinary incontinence, mobility impairment and bradycardia. Patient complain of lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 91-year-old African American male in NAD with multiple chronic conditions of hypertension, hyperlipidemia, urinary incontinence, benign prostatic hyperplasia, congestive heart failure, and gout. Patient complains of lower back pain that has persisted for several days. Patient denies chest pain, headache, nausea or vomiting recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-14	135	81	220.00	74.00	97.80	16.00	~	28.2	0.00

## Review of Systems:

**Constitutional:**

**Penyakit yang ditularkan: TBC**

**Non-English Speaking**

~~NOISE ABATEMENT~~

**No. 1115610**

**Non-Disruptive Disinfectant**

**Near Final Draft**

No Transcription

### No Changes In M

### No Changes in Mentation

### Physical Exam:

**PERMEITIES:**

**Endoneurial Invasion-Within Normal Limits**

**NEERO:**

**Endonasal Endoscopic Findings:** Dehiscence of the Superior Orbital Foramen, Bilateral Nasal Turbinates-Within Normal Limits.

[illegible]**Medication:**

Description	Status	Start Date	End Date
<p>Allopurinol ,300 MG TABS, TAKE 1 TABLET EVERY DAY, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-10-24	
<p>Potassium Chloride ER ,20 MEQ TBCR, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-13	

Senna-Docusate Sodium ,8.6-50 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-21
Terbinafine HCl ,1 % CREA, APPLY 2-3 TIMES DAILY TO AFFECTED AREA(S), Quantity: 150, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-21
Allopurinol ,300 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-27
Furosemide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-27
Claritin ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-13
Atorvastatin Calcium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-30

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, 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 come excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No new labs needed this visit. Patient verbalize understanding of the above plan 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. Benign prostatic hyperplasia, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Congestive heart failure with systolic complications, continue current plan.
4. Lumbago with chronic pain, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Chronic kidney disease stage-3, continue current plan.
7. Bradycardia, continue current plan.
8. Macular degeneration, continue current plan.
9. Urinary incontinence, continue current plan.
10. Gout, continue current plan.
11. Peripheral vascular disease, continue current plan.
12. Mobility impairment, continue to monitor.

No medication refills needed at this visit. Nephrologist discontinued Lasix. Cardiologist increased Metoprolol to 50 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Enlarged prostate without lower urinary tract symptoms ( ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2016-10-14	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-14	

Unspecified systolic (congestive) heart failure ( ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-06-29
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	2016-06-29
Other specified peripheral vascular diseases ( ICD10:I73.89 Other specified peripheral vascular diseases) Unknown or N/A	Active	2016-05-11
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-11
Atherosclerotic heart disease of native coronary artery without angina pectoris ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-03-18
Bradycardia, unspecified ( ICD10:R00.1 Bradycardia, unspecified) Unknown or N/A	Active	2016-01-26
Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease ( ICD10:I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2016-01-26
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-01-26
Chronic kidney disease, stage 3 (moderate) ( ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-01-26
Presence of cardiac pacemaker ( ICD10:Z95.0 Presence of cardiac pacemaker) Unknown or N/A	Active	2016-01-26
Old myocardial infarction ( ICD10:I25.2 Old myocardial infarction) Unknown or N/A	Active	2016-01-26
Spinal stenosis, site unspecified ( ICD10:M48.00 Spinal stenosis, site unspecified) Unknown or N/A	Active	2016-01-26
Radiculopathy, thoracolumbar region ( ICD10:M54.15 Radiculopathy, thoracolumbar region) Unknown or N/A	Active	2016-01-26
Other acquired deformities of right foot ( ICD10:M21.6X1 Other acquired deformities of right foot) Unknown or N/A	Active	2016-01-26
Unspecified macular degeneration ( ICD10:H35.30 Unspecified macular degeneration) Unknown or N/A	Active	2016-01-26
Unspecified urinary incontinence ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-11-25
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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
Gout, unspecified ( ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Other specified cardiac dysrhythmias ( ICD10:I49.8 Other specified cardiac arrhythmias) Unknown or N/A	Active	2015-10-01

Cardiac dysrhythmia, unspecified ( ICD10:I49.9 Cardiac arrhythmia, unspecified) Unknown or N/A	Active	2015-10-01
Need for prophylactic vaccination and inoculation against influenza ( ICD10:Z23 Encounter for immunization) Unknown or N/A	Active	2015-10-01

## Allergies:

Description	Status	Start Date	End Date
Morphine. Unknown or N/A	Active	2016-02-17	

## Surgeries:

Description	Status	Start Date	End Date
Knee Surgery. Unknown or N/A	Active	2016-02-17	
Stents in carotid arteries. Unknown or N/A	Active	2016-02-17	
Laser Eye Surgery Unknown or N/A	Active		
Pacemaker. 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:** VCP Home Health

**Primary Justification Medical Conditions:** Mobility\_Impairments,Hyperplasia,hyperlipidemia,HTN,Heart\_Failure,Heart\_Disease

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:** YES

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to mobility impairment and cardiac dysrhythmias and inability to self medicate.

**Certification Statement:** Patient is home bound due to mobility impairment and cardiac dysrhythmias. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-14 02:59

**Signed By (Physician):** 18

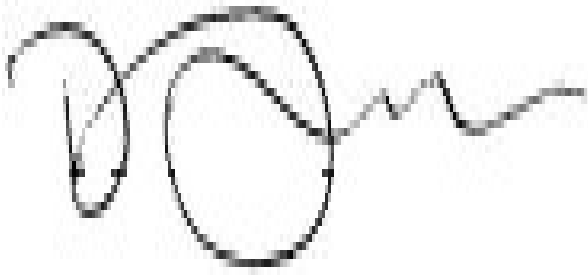
**Signed on (Physician):** 2016-10-21 02:59

**Form\_status:** finalized

## Procedure Order:

Patient ID	5977	Order ID	1020
Patient Name	Darden, William	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a wavy tail.

Electronically Signed by **Derrick Love-Jones** on **2016-10-21 at 10:48**.

Printed on 04-Dec-2016 19:44:21 pm.