

Otis Spicer: Patient Information
Patient Record Number:1273

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: Otis Spicer
External ID: 1273
DOB: 1950-07-25
Sex: Male
S.S.: 456-84-9833
Marital Status: Married
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5M2RpLU1mOGIkQnM>

Address: 4826 Burnside Avenue
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: Do Not Schedule Tuesday & Thursday (Dialysis)
Emergency Phone: 214-376-3870
Home Phone: 214-966-5207
Mobile Phone: 972-904-3424
Street Address: 4826 Burnside Avenue
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-25-2016.
Risk Factors: GERD,Neuropathy.

Family History:

Last Recorded On: 07-25-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.
Offspring: Two children living in Houston and Alaska..

Primary Family Med Conditions:

Last Recorded On: 07-25-2016.
Risk Factors: Unknown.

Social History:

Last Recorded On: 07-25-2016.
Tobacco: Never smoker Does not smoke. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug use. **Status:** Never
Nutrition History: Meals on wheels..
Developmental History: Well.
Other History: Patient lives with his wife, who is mute and deaf. Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-25-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Abnormal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

Urine Culture (prn) Normal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

PSA (over 50 yrs) Normal Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1989-09-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 456849833A

Group Number :

Employer Name : Otis Spicer

Immunizations:

Otis Spicer: Chief Complaint
Patient Record Number:1273

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Seen by Derrick Love-Jones
Seen on 13-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, osteoarthritis/rheumatoid arthritis, gastroesophageal reflux disease, neuropathy, mobility impairment, mutism, neuropathy, congestive heart failure, peripheral vascular disease, hemiplegia, CVA Effects, abnormal Gait, deaf and hearing impairment. Patient c/o pain in his feet, described as numbness and tingling.

History of Present illness:

HPI Status:Finalized

An 66-year-old AA male in NAD with multiple chronic conditions including of hypertension, congestive heart failure, gastroesophageal reflux disease, peripheral vascular disease, and neuropathy. Patient states that he has been hcing numbness and tingling in both feet. Patient states that this has been going on for several weeks. Patient rates his pain at 6/10 today. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	114	63	230.00	74.00	97.40	20.00	~	29.5	0.00

Review of Systems:

Constitutional:

Staging and prognostic:

Ne ~~Discontinue~~ Yes

No ~~SECRET~~ **CONFIDENTIAL** Only Psychiat

No [REDACTED] @ [REDACTED]

No Duty To Disclose Of Motion

Diagnosis of Urinary Tract Infection

Non-Supervised YES

No Obstruction

No Bleeding Gums

No Hoarseness

No Use Of Dentures

Physical Exam:

SUMMARY:

Other Parameters Within Normal Limits.

EXTREMITIES:

Subsequent to the completion of the 2014 Annual Meeting, the Board of Directors has adopted the following limits:

CV:

Responsible: _____

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Furosemide ,20 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2015-04-22	
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			

TraMADol HCl ,50 MG TABS, 1 Tablet By mouth Every Day, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-30
Carvedilol ,3.125 MG TABS, TAKE ONE TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-25
Spironolactone ,50 MG TABS, TAKE 2 TABLETS BY MOUTH DAILY STOP Hydrochlorothiazide, Quantity: 60, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-25
Gabapentin ,300 MG CAPS, TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-02
Omeprazole ,40 MG CPDR, takle ONE CAPSULE BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-02

Plan Note:

Plan Note Status:Finalized

1. Neuropathy, continue current plan.
2. Congestive heart failure with systolic complications, continue medications.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Gastroesophageal reflux disease, continue current plan.
5. Peripheral vascular disease, continue current plan.
6. Cerebrovascular effects, continue to monitor.
7. Abnormal gait, stable.
8. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
9. Hemiplegia, controlled.
10. Constipation, stable.
11. No medication refills needed this visit.
12. Medication adherence was given to the patient. Continue treatment as planned.
13. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, pelvic region and thigh (ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip) Unknown or N/A	Active	2015-10-01	
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2015-10-01	

Flaccid hemiplegia and hemiparesis affecting dominant side (ICD10:G81.01 Flaccid hemiplegia affecting right dominant side) (ICD10:G81.02 Flaccid hemiplegia affecting left dominant side) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Other specified arthropathy, lower leg (ICD10:M12.869 Other specific arthropathies, not elsewhere classified, unspecified knee) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 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 chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	
Hereditary edema of legs (ICD9:757.0 Hereditary edema of legs) Unknown or N/A	Active	
Open wound of hip and thigh, complicated (ICD9:890.1 Open wound of hip and thigh, complicated) Unknown or N/A	Active	
Constipation, unspecified (ICD9:564.00 Constipation, unspecified) Unknown or N/A	Active	
Unspecified late effects of cerebrovascular disease (ICD9:438.9 Unspecified late effects of cerebrovascular disease) Unknown or N/A	Active	
Difficulty in walking (ICD9:719.7 Difficulty in walking) Unknown or N/A	Active	
Unspecified hearing loss (ICD9:389.9 Unspecified hearing loss) Unknown or N/A	Active	
Mutism (ICD9:784.3 Aphasia) Unknown or N/A	Active	
Congenital deafness (ICD9:389.9 Unspecified hearing loss) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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: Emrick Services INC

Primary Justification Medical Conditions: Heart_Failure,HTN,Mobility_Impairments

Additional Medical Conditions:

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: Skilled nursing needed due to deaf/mute and inability to self medicate correctly.

Certification Statement: Patient is home bound due to congestive heart failure and osteoarthritis. Patient is unable to ambulate for more than a few minutes or few feet without falling due to poor balance and extreme fatigue/weakness and shortness of breath with minimal exertion.

Signed by (NP): 16

Signed On (NP): 2016-07-13 03:56

Signed By (Physician): 18

Signed on (Physician): 2016-07-19 03:56

Form_status: finalized

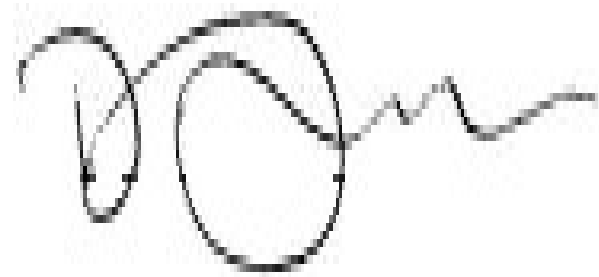
DME:

Description	Status	Start Date	End Date
Walker, folding with wheels Unknown or N/A	Active		
Walker with seat attachment (rollator) Unknown or N/A	Active		

Procedure Order:

Patient ID	1273	Order ID	715
Patient Name	Spicer, Otis	Ordered By	Love-Jones, Derrick
Order Date	2016-09-17	Print Date	2016-09-17
Order Status	complete	Encounter Date	2016-09-17
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-17		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-19**.

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