Bernard Mathis: Patient Information

Patient Record Number:5599

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: Bernard Mathis External ID: 5599 **DOB**: 1964-06-16 Sex: Male S.S.: 463-45-3567

Patient Drive Folder: 0B0x_tbqdBDPhVk1sVkg2RIFZdmM

Address: 3200 South Lancaster Road

City: Dallas State: Texas Postal Code: 75216 Country: USA

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 01-28-2017.

Risk Factors: Seizures.

Additional Medical History: GSW in head, abnormal gait, and CAD..

Family History:

Last Recorded On: 01-28-2017.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown..

Other Family Relative: Flu shot given, 0.5 mL left deltoid on 10/24/2016...

Primary Family Med Conditions:

Last Recorded On: 01-28-2017.

Risk Factors: None.

Social History:

Last Recorded On: 01-28-2017.

Tobacco: Smokes sometimes. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug use. Status: Never

Nutrition History: Regular diet..

Developmental History: Educational level is 12th grade.. Other History: Goes to daycare. Influenza in 2014.

Tests and Exams:

Last Recorded On: 01-28-2017.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Normal Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1989-10-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay

Insured ID Number: 463453567A

Group Number:

Employer Name: Bernard Mathis

Copay:

Insured ID Number: 463453567A

Group Number :

Employer Name : Bernard Mathis

Immunizations:

Bernard Mathis: Chief Complaint Patient Record Number:5599 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones **Seen on** 30-December-2016

Chief Complaint Status: finalized

Follow up home visit for management of coronary artery disease, abnormal gait, visual impairment, generalized muscle weakness, hyperlipidemia, hypertension, osteoarthritis, abnormal gait, gastroesophageal reflux disease,, neuropathy, and epilepsy. Patient complains of cough and congestion and pain in his feet.

History of Present illness:

HPI Status:Finalized

A 52-year-old AA male in NAD with multiple chronic conditions of coronary artery disease, abnormal gait, visual impairment, generalized muscle weakness, hyperlipidemia, hypertension, osteoarthritis, abnormal gait, gastroesophageal reflux disease, neuropathy, and epilepsy. Patient states that for 3-4 days he has had a cough and chest congestion and is taking OTC medication and is getting some relief. Patient also states that he has been having numbness and tingling in both feet that has increased over the last several months. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-30	121	77	240.00	72.00	97.60	16.00	~	32.5	0.00

Review of Systems:

Constitutional:

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Section 1999

No Butte State Batis Strutsine

No Philippedan Remige Of Motion

No **Distripote Stad** Appetite

No Bacigestion Mentation

No Boarzeness

No Obstruction

Physical Exam:

SMAD:

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EXMERSE MITIES:

Supply the state of the state o

CV:

RESIDENTAL LIMITE .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Aspir-81 ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 30, Refill			
Quantity: 0			
Unknown or N/A	Active	2015-05-18	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

LevETIRAcetam ER ,500 MG TB24, BID, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Triamterene-HCTZ ,37.5-25 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY WITH FOOD, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Aspir-81 ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17
LevETIRAcetam ER ,500 MG TB24, BID, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17
Triamterene-HCTZ ,37.5-25 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY WITH FOOD, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable.

Common Cold continue to monitor
Neuropathy continue current plan
Muscle Spasms continue current plan
CAD continue current plan
Epilepsy continue current plan
HTN w/vascular continue current plan
GERD continue current plan
OA w/chronic pain continue current plan
HLD continue current plan
Abnormal Gait continue to monitor
Visual Impairment continue to monitor

Medication refills as follows: Levetiracetam 500 mg b.i.d. Triamterene/HCTZ 37.5/12.5 mg q.d. Pravastatin 20 mg q.h.s.

Medical Problem:

Description	Status	Start Date	End Date
Profound impairment, one eye, impairment level not further specified			
(ICD10:H54.40 Blindness, one eye, unspecified eye)	Active	2015-10-01	
Unknown or N/A			

Other convulsions		
(ICD10:R56.9 Unspecified convulsions)	Active	2015-10-01
Unknown or N/A		_
Obesity, unspecified	Active	2015-10-01
(ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2010-10-01
Late effects of cerebrovascular disease, hemiplegia affecting dominant		
side	Active	2015-10-01
(ICD10:I69.951 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side)	Active	2015-10-01
Unknown or N/A		
Unspecified essential hypertension		
(ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Epilepsy, unspecified, without mention of intractable epilepsy		
(ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus)	Active	2015-10-01
Unknown or N/A		
Muscle weakness (generalized)		
(ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2015-10-01
Benign essential hypertension		
(ICD10:I10 Essential (primary) hypertension)	Active	2015-10-01
Unknown or N/A		
Other and unspecified hyperlipidemia		
(ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified)	Active	2015-10-01
Unknown or N/A		
Pure hypercholesterolemia		
(ICD10:E78.0 Pure hypercholesterolemia)	Active	2015-10-01
Unknown or N/A		
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy		
(ICD10:G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus)	Active	2015-10-01
Unknown or N/A		
Coronary atherosclerosis of native coronary artery		
(ICD10:l25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris)	Active	2015-10-01
Unknown or N/A		_
Epilepsy, unspecified, with intractable epilepsy		
(ICD10:G40.911 Epilepsy, unspecified, intractable, with status epilepticus) (ICD10:G40.919 Epilepsy, unspecified, intractable, without status epilepticus)	Active	2015-10-01
Unknown or N/A		_
Coronary atherosclerosis of unspecified type of vessel, native or graft		
(ICD10:l25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris)	Active	2015-10-01
Unknown or N/A		
Osteoarthrosis, localized, primary, lower leg		
(ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Abnormality of gait		
(ICD10:R26.9 Unspecified abnormalities of gait and mobility)	Active	2015-10-01
Unknown or N/A		
Diabetes with neurological manifestations, type II or unspecified type,		
not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified)	Active	2015-10-01
Unknown or N/A		
Polyneuropathy in diabetes		
(ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy)	Active	2015-10-01
Unknown or N/A		
Primary tuberculous infection, bacteriological or histological examination		
not done	Active	2015-10-01
(ICD10:A15.7 Primary respiratory tuberculosis) Unknown or N/A		
Tuberculous pleurisy in primary progressive tuberculosis, unspecified		
(ICD10:A15.6 Tuberculous pleurisy)	Active	2015-10-01
Unknown or N/A		
Esophageal reflux		
(ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
OHMOWN OF IN/A		

Allergies:

Desc	cription	Status	Start Date	End Date
No know drug allergies		Active		
Unknown or N/A				

Surgeries:

Description	Status	Start Date	End Date
Craniotomy with steel plate	Active		
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: Prosperity Health Services

Primary Justification Medical Conditions: hyperlipidemia, HTN, blindness, Heart_Disease, Epilepsy

Additional Medical Conditions: Abnormal gait,

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: SN needed due to mental illness, CVA effects and inability to self medicate

currently.

Certification Statement: Patient is home bound due to abnormal gait. Patient requires the assistance of another person to

ambulate at all times due to unsafe gait pattern.

Signed by (NP): 16

Signed On (NP): 2016-12-30 03:53 **Signed By (Physician):** 18

Signed on (Physician): 2017-01-03 03:53

Form_status: finalized

Printed:

DME:

Description	Status	Start Date	End Date
Profound impairment, one eye, impairment level not further specified ordered cane quad from Trinity Companies (ICD9:369.60 Profound impairment, one eye, impairment level not further specified) Unknown or N/A	Active		

Printed on 29-Jan-2017 17:14:56 pm.