

Cedric Green: Patient Information
Patient Record Number:5907

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: Cedric Green

External ID: 5907

DOB: 1966-11-14

Sex: Male

S.S.: 461722597

Marital Status: Single

User Defined: Elvira Drennon same address

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCV3IIWF9CX3hibFk

Address: 2331 Kathleen Ave

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Emergency Contact: 214-462-0183

Home Phone: 214-462-0186

Street Address: 2331 Kathleen Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 07-14-2016.

Father: Father died of weakness.

Mother: Mother died of weakness due to breast cancer.

Siblings: 4 brothers , 2 died and the other 2 unhealthy..

Offspring: Patient is single and has no children..

Social History:

Last Recorded On: 07-14-2016.

Tobacco: Current every day smoker smokes 1 ppd **Status:** Current

Alcohol: Drinks occasionally. **Status:** Current

Recreational Drugs: No drug abuse. **Status:** Never

Other History: Flu shot in 2014 Denies pneumonia.

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1990-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)
Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 461722597C1
Group Number :
Employer Name : Cedric Green
Copay :
Insured ID Number : 426356601
Group Number :
Employer Name : Cedric Green
Copay :
Insured ID Number : 461722597C1
Group Number :
Employer Name : Cedric Green
Copay :
Insured ID Number : 426356601
Group Number :
Employer Name : Cedric Green

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Rheumatoid arthritis (ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Other convulsions (ICD9:780.39 Other convulsions) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30

Cedric Green: Chief Complaint
Patient Record Number:5907

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Seen by Derrick Love-Jones
Seen on 27-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of epilepsy, depression, anxiety, urinary incontinence, schizophrenia, osteoarthritis, impairment of eyes, and difficult in walking. Patient complains of pain in his knees and hands.

History of Present illness:

HPI Status:Finalized

Patient is a 49-year-old AA male in NAD with multiple chronic conditions of epilepsy, depression, anxiety, urinary incontinence, schizophrenia, osteoarthritis, and impairment of eyes. Patient denies chest pain, headache, and nausea or vomiting recently. Reviewed labs. Reviewed medications. Patient states that he has chronic pin in his hands and knees that comes and goes. Patient states that over the last several months his pain has been increasing. Patient rates pain 7/10 today and states he does get some relief from current pain medication.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-27	135	79	145.00	67.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

General: No Change In Weight

No Change In Appetite

No Change In Energy

No Change In Sleep

No Change In Rate Of Motion

No Change In Sensation

No Change In Urine

No Bleeding Gums

No Bothersome

No Use Of Dentures

Physical Exam:

HEENT:

Head - Within Normal Limits .

ENT:

Ears - Within Normal Limits .

CV:

Heart - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, 35 units am 10 units pm, Quantity: 18, Refill Quantity: 3	Active	2016-07-27	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Phenytoin Sodium Extended ,100 MG CAPS, TAKE 2 CAPSULES DAILY, Quantity: 180, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Lamotrigrine ,200 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-11
Oxcarbazepine ,600 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-12
ALPRAZolam ,1 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-04-08
Diclofenac Sodium ,3 % GEL, APPLY 1 PACKET ONE TIME DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-10
ALPRAZolam ,1 MG TABS, TAKE 1 TAB DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08
Lamotrigrine ,200 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08
Phenytoin Sodium Extended ,100 MG CAPS, TAKE 2 CAPSULES DAILY, Quantity: 180, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08

Plan Note:

Plan Note Status:Finalized

1. Rheumatoid arthritis with chronic pain, continue PT/OT.
2. Epilepsy, well controlled.
3. Anxiety, monitor.
4. Chronic pain syndrome, on pain medications.
5. Depression, stable.
6. Cognitive impairment, continue medications.
7. Visual Impairment, monitor.
8. Schizophrenia, continue medications.
9. Urinary incontinence, well controlled with medications.
10. Medication refills as follows; Phenytoin 109 mg b.i.d., Oxcarbazepine 600 mg b.i.d., Xanax 1mg b.i.d.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-07-27	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27	
Unspecified visual disturbance (ICD10:H53.9 Unspecified visual disturbance) Unknown or N/A	Active	2016-03-24	
Mild cognitive impairment, so stated (ICD10:G31.84 Mild cognitive impairment, so stated) Unknown or N/A	Active	2016-02-18	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-02-11	
Blindness, both eyes (ICD10:H54.0 Blindness, both eyes) Unknown or N/A	Active	2015-11-24	
Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus (ICD10:G40.101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus) Unknown or N/A	Active	2015-11-15	
Bilateral primary osteoarthritis of hip (ICD10:M16.0 Bilateral primary osteoarthritis of hip) Unknown or N/A	Active	2015-11-15	
History of falling (ICD10:Z91.81 History of falling) Unknown or N/A	Active	2015-11-15	
History of fall (ICD9:V15.88 History of fall) Unknown or N/A	Active	2015-10-31	
Other epilepsy, not intractable, without status epilepticus (ICD10:G40.802 Other epilepsy, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-31	
Epilepsy, unspecified, intractable, with status epilepticus (ICD10:G40.911 Epilepsy, unspecified, intractable, with status epilepticus) Unknown or N/A	Active	2015-10-21	
Epilepsy, unspecified, intractable, without status epilepticus (ICD10:G40.919 Epilepsy, unspecified, intractable, without status epilepticus) Unknown or N/A	Active	2015-10-21	
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Other forms of epilepsy and recurrent seizures, without mention of intractable epilepsy (ICD10:G40.801 Other epilepsy, not intractable, with status epilepticus) 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	

Moderate or severe impairment, both eyes, impairment level not further specified (ICD10:H54.2 Low vision, both eyes) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) 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
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Epilepsy, unspecified, with intractable epilepsy (ICD9:345.91 Epilepsy, unspecified, with intractable epilepsy) 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Daniella Home Health Services Inc

Primary Justification Medical Conditions: Depression,Epilepsy,Schizophrenia

Additional Medical Conditions: Urinary incontinence.

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 Schizophrenia and Epilepsy and inability to self medicate.

Certification Statement: Patient is home bound due to schizophrenia and epilepsy. Patient experience confusion and unsafe to leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-07-27 05:34

Signed By (Physician): 18

Signed on (Physician): 2016-08-01 05:34

Form_status: finalized

DME:

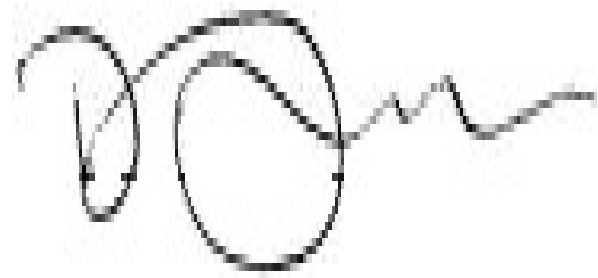
Description	Status	Start Date	End Date
Adult Size Pullup (ICD10:R32 Unspecified urinary incontinence) First 2016-02-18 by Sumana Ketha, M.D.	Active	2016-02-18	
Adult Disposable Washcloths (ICD10:R32 Unspecified urinary incontinence) First 2016-02-18 by Sumana Ketha, M.D.	Active	2016-02-18	

Procedure Order:

Patient ID	5907	Order ID	772
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Patient Name	Green, Cedric	Ordered By	Love-Jones, Derrick
Order Date	2016-09-17	Print Date	2016-09-17
Order Status		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		97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-04**.

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