

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: 12-03-2016.
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: 12-03-2016.
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)

Copay :
Insured ID Number : 464277783A
Group Number :
Employer Name : William Hudnall Jr

Immunizations:

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

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. Osteoarthritis with chronic pain, continue current plan.
- 2. Temporomandibular joint, continue current plan.
- 3. Hyperlipidemia, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- 5. Lumbago with sciatica, 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. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
-------------	--------	------------	----------

Cornea surgery in 2001.
Unknown or N/A

Active

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): 2016-10-20 03:20

Signed By (Physician): 18

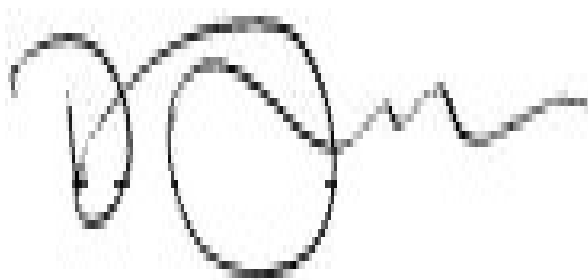
Signed on (Physician): 2016-10-27 03:20

Form_status: finalized

Procedure Order:

Patient ID	6266	Order ID	1219
Patient Name	Hudnall Jr, 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%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-27**.

Printed on 04-Dec-2016 17:14:36 pm.