

**Billy Brown: Patient Information**  
Patient Record Number:5979

**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:** Billy Brown

**External ID:** 5979

**DOB:** 1956-08-04

**Sex:** Male

**S.S.:** 455-04-0140

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfk5ZM3VHTmZMeXUzWGpCY256N1F4U0xZUG9yTUFpVVVSYzUyVkU3eE00UFE](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfk5ZM3VHTmZMeXUzWGpCY256N1F4U0xZUG9yTUFpVVVSYzUyVkU3eE00UFE)

**Address:** 1614 Mentor Ave

**City:** Dallas

**State:** Texas

**Postal Code:** 75216

**Country:** USA

**Home Phone:** 214-900-4410

**Street Address:** 1614 Mentor Ave

**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 08-22-2016.

**Father:** Unknown.

**Mother:** Unknown.

**Siblings:** Unknown.

## Social History:

**Last Recorded On:** 08-22-2016.

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

**Coffee:** **Status:** N/A

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

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

**Nutrition History:** Healthy heart and diabetic diet.

**Developmental History:** Good..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 1993-07-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Secondary

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

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Copay :**

**Insured ID Number :** 455040140A

**Group Number :**

**Employer Name :** Billy Brown

**Copay :**

**Insured ID Number :** 526556806

**Group Number :**

**Employer Name :** Billy Brown

**Immunizations:**

**Billy Brown: Chief Complaint**  
Patient Record Number:5979

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**Seen by** Derrick Love-Jones  
**Seen on** 07-June-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hypertension with vascular complications, diabetes mellitus 2 with neuropathy, osteoarthritis with chronic pain, hyperlipidemia, chronic pain, and congestive heart failure with systolic complications. Patient complains of pain in his knees and shortness of breath upon exertion.

## History of Present illness:

**HPI Status:**Finalized

A 59-year-old AA male in NAD with multiple chronic conditions of hypertension, diabetes-2, hyperlipidemia, and chronic pain. Patient states he continues to have knee pain that is relieved with his current pain medication. Patient also states that he has been having SOB upon exertion for 3-4 weeks. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-07	132	78	203.00	68.00	97.60	20.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**General:** No Weight Loss

No Fever

No Chills

No Fatigue

No Anorexia

No Night Sweats

No Change in Mental Status

No Change in Bowel

No Change in Urine

No Change in Sleep

No Change in Appetite

No Change in Energy

No Change in Mood

No Change in Behavior

No Change in Cognition

No Change in Personality

No Change in Interests

No Change in Values

No Change in Beliefs

No Change in Attitudes

No Change in Opinions

No Change in Preferences

No Change in Choices

No Change in Actions

No Change in Reactions

No Change in Responses

No Change in Behaviors

No Change in Habits

No Change in Customs

No Change in Traditions

No Change in Rituals

No Change in Ceremonies

No Change in Festivals

No Change in Holidays

No Change in Seasons

No Change in Months

No Change in Days

No Change in Hours

No Change in Minutes

No Change in Seconds

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Metoprolol Succinate ER ,50 MG TB24, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0	Unknown or N/A	Active	2016-02-16
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Atorvastatin Calcium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 1	Unknown or N/A	Active	2016-02-16
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

## 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 180. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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 stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Congestive heart failure with systolic complications continue current plan.
2. Hypertension with vascular complications continue current plan.
3. Osteoarthritis with chronic pain continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Hyperlipidemia, continue current plan.
6. Diabetes mellitus type type 2 with neuropathy, continue current plan.

No refills needed in this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-06	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-06	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-06	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-06	
Unspecified osteoarthritis, unspecified site ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-06	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled ( ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) 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	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes ( ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) 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
Osteoarthritis, unspecified whether generalized or localized, other specified sites ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
2 knee replacements in 2013 and 2014 Unknown or N/A	Active		
Back surgery in 1991 Unknown or N/A	Active		
2014 in Baylor 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:** Bonyl Home healthcare

**Primary Justification Medical Conditions:** diabetes,hyperlipidemia,HTN

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to chronic pain management and inability to self medicate currently.

**Certification Statement:** Patient is home bound due to chronic pain. Patient has unsteady painful ambulation with extremely poor balance, narcotic medication use to address pain issues.

**Signed by (NP):** 16

**Signed On (NP):** 2016-06-07 04:00

**Signed By (Physician):** 18

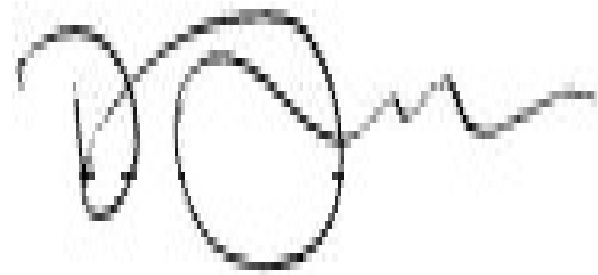
**Signed on (Physician):** 2016-06-13 04:00

**Form\_status:** finalized

## Procedure Order:

Patient ID	5979	Order ID	588
Patient Name	Brown, Billy	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	Yes	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-06-13**.

Printed on 17-Sep-2016 07:47:10 am.