### Alfonzo Reese: Patient Information

Patient Record Number:6049

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: Alfonzo Reese External ID: 6049 **DOB**: 1945-12-16 Sex: Male **S.S.:** 461920777

Address: 2255 N Washington Ave

City: Dallas State: Texas Postal Code: 75204 Country: USA

Mobile Phone: 214-200-1340

Street Address: 2255 N Washington Ave

Apt/Suite/Other: #307

## **Family History:**

Last Recorded On: 11-19-2016.

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

## **Social History:**

Last Recorded On: 11-19-2016. **Tobacco:** No smoking **Status:** Never Alcohol: No alochol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular.. Developmental History: Well..

Other History: Influenza November 2015...

### Insurance:

### **Medicare B Texas (SMTX0)**

**Priority**: Primary Start Date : 2010-12-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

**Priority**: Secondary Start Date: 2015-08-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Insured ID Number: 461920777A

**Group Number:** 

Employer Name: Alfonzo Reese

Copay:

**Insured ID Number** : 522707496

Group Number:

Employer Name: Alfonzo Reese

Immunizations:		

Alfonzo Reese: Chief Complaint Patient Record Number:6049 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 12-October-2016

### Chief Complaint Status: finalized

Follow up home visit to prevent further decline in chronic conditions of the following chronic pain, gastroesophageal reflux disease, insomnia, hypertension, allergic rhinitis, osteoarthritis, and lumbago. Patient complains of pain in his lower back and insomnia due to pain.

## **History of Present illness:**

### **HPI Status:**Finalized

A 70-year-old African American male in NAD with multiple chronic conditions of chronic pain, gastroesophageal reflux disease, insomnia, hypertension, allergic rhinitis, osteoarthritis, and lumbago. Patient complains of and continues to have lower back pain that is relieved with current medication, but is having insomnia due to increased pain. Patient denies any other issues upon examination at this time. Patient rates pain at 7/10. Patient denies CP, HA, and N/V recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-12	136	87	225.00	72.00	97.80	16.00	~	30.5	0.00

## **Review of Systems:**

### Constitutional:

**Chilific and Angle Angl** 

No Proposition

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**Rige Management to e**s

Non Philipping Of Motion YES

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No Change In Appetite

# **Physical Exam:**

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### BATCREMITIES:

**இத்துகளுக்கும் அன்று கூறு கூறு கூறுக்கு குறுக்கு கூறுக்கு குறுக்கு கு குறுக்கு கு குறுக்கு குறுக்கு குறுக்கு குறுக்கு குறுக்கு குறுக்கு குறுக்கு** 

### CYMPH:

Pathened Statistics Sylvonometal subserviolation in the Albertain Limits.

### MUSC:

Struemyth-Rivithsin Challonpasal With its Normal Limits.

ROM-Within Normal Limits .

## **Medication:**

Description	Status	Start Date	End Date
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 6, Refill Quantity: 0			
Unknown or N/A	Active	2016-03-21	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Hydrocodone-Acetaminophen ,7.5-325 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	2016-02-24
Hydrocodone-Acetaminophen ,7.5-325 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-11-06
Omeprazole ,20 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-06
Ranitidine HCI ,75 MG TABS, take 2 tablets daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-06

## **Plan Note:**

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and 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, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. 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. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Lumbago with sciatica, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Insomnia continue current plan
- 4. Gastroesophageal reflux disease, continue current plan.
- 5. Chronic Pain Syndrome continue current pain medication
- 6. Osteoarthritis with chronic pain, continue current plan.

Medication refills are as follows, Norco 10/325 mg t.i.d.

## **Medical Problem:**

Description	Status	Start Date	End Date
Other muscle spasm ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-07-29	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-06-22	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-22	
Other specific arthropathies, not elsewhere classified, other specified site (ICD10:M12.88 Other specific arthropathies, not elsewhere classified, other specified site) Unknown or N/A	Active	2016-05-14	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-14	
Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites (ICD10:M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites) Unknown or N/A	Active	2016-05-14	

Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-04-06
Benign essential hypertension ( ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-24
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-01-19
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-12-15
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-12-15
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-05
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-11-05

# Allergies:

Des	scription	Status	Start Date	End Date
No known drug allergies		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: Our Savior Healthcare

**Primary Justification Medical Conditions:** Mobility\_Impairments **Additional Medical Conditions:** Chronic pain and GERD

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 and inability to self medicate Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall

Signed by (NP): 16

**Signed On (NP):** 2016-10-12 04:35 **Signed By (Physician):** 18

Signed on (Physician): 2016-10-19 04:35

Form\_status: finalized

## **Procedure Order:**

Patient ID	6049	Order ID	1113
Patient Name	Reese, Alfonzo	Ordered By	Love-Jones, Derrick
Order Date	2016-11-19	Print Date	2016-11-19
Order Status	complete	Encounter Date	2016-11-19
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report			Results							
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry								-			



Electronically Signed by **Derrick Love-Jones** on **2016-10-19**.

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