

**Marcus Shaw: Patient Information**  
Patient Record Number:5497

**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:** Marcus Shaw  
**External ID:** 5497  
**DOB:** 1987-01-04  
**Sex:** Male

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 08-18-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Spouse:** Unknown..

## Social History:

**Last Recorded On:** 08-18-2016.  
**Tobacco:** No smoking. **Status:**  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** Nicotine drug abuse. **Status:** Current  
**Nutrition History:** Well.  
**Developmental History:** Good.

## Insurance:

### 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 :** 629094428A  
**Group Number :**  
**Employer Name :** Marcus Shaw

## Immunizations:

**Marcus Shaw: Chief Complaint**  
Patient Record Number:5497

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**Seen by** Derrick Love-Jones  
**Seen on** 17-June-2016

**Chief Complaint Status:**finalized

Follow-up home visit for the decline of the following chronic medical conditions of hypertension, hyperlipidemia, bipolar, manic disorder, schizophrenia, and drug abuse. Patient complains of not falling asleep at night.

## History of Present illness:

**HPI Status:**Finalized

A 29-year-old AA male in NAD with multiple chronic conditions of the following: hypertension, hyperlipidemia, bipolar, manic disorder, schizophrenia, and drug abuse. Patient states that he has not been able to fall asleep at night. Patient does have a history of drug abuse but denies this is the cause of his insomnia. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-17	112	70	210.00	76.00	97.60	20.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Systemic/General/Endocrine:**

No Weight Loss  
No Weight Gain  
No Decreased Appetite  
No Increased Appetite  
No Night Sweating  
No Burning Pain/Itching Of Urine  
No Blood In Urine  
No Blood In Stool  
No Limitation In Range Of Motion

## Physical Exam:

**HEENT:**

Speech/voice normal, mouth normal, lips normal, uvula normal, tonsils normal, throat normal, within normal limits.

**ENTH:**

ENTH normal, within normal limits.

**CVSC:**

CVSC normal, within normal limits.

ROM normal, within normal limits.

## Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as previous. Review to 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, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs ordered 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.

1. Bipolar, continue followup with psychiatric.
2. Mani disorder, continue to follow up with psychiatric.
3. Hyperlipidemia, continue current plan.

4. Hypertension, continue current plan.
5. Schizophrenia, continue to followup with psychiatric.
6. Depression, continue current plan.
7. Intellectual disabilities, continue to monitor.
8. No medication refills needed this visit.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Manic episode, unspecified ( ICD10:F30.9 Manic episode, unspecified) Unknown or N/A	Active	2016-06-17	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-06-17	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-06-17	
Bipolar disorder, unspecified ( ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Open wound(s) (multiple) of unspecified site(s), without mention of complication ( ICD10:S31.000A Unspecified open wound of lower back and pelvis without penetration into retroperitoneum, initial encounter) 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, mixed, or unspecified drug abuse, continuous ( ICD10:F18.10 Inhalant abuse, uncomplicated) Unknown or N/A	Active	2015-10-01	
Manic affective disorder, recurrent episode, unspecified ( ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01	

## 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:** NO

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:**

**Primary Justification Medical Conditions:** bipolar,Depression,HTN,hyperlipidemia,Schizophrenia

**Additional Medical Conditions:**

**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:** Patient is homebound due to schizophrenia , manic disorder and then ability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to schizophrenia, manic disorder and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-06-17 07:43

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-06-21 07:43

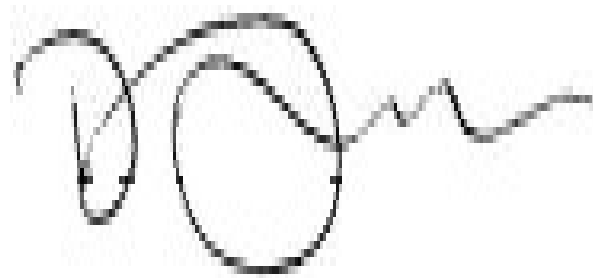
**Form\_status:** finalized

**Printed:** NO

## Procedure Order:

Patient ID	5497	Order ID	642
Patient Name	Shaw, Marcus	Ordered By	Love-Jones, Derrick
Order Date	2016-09-18	Print Date	2016-09-18
Order Status	complete	Encounter Date	2016-09-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-18		Final ✓		0097	Pulse Oximetry	No	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-06-22**.

Printed on 18-Sep-2016 21:38:19 pm.