

George Anderson III: Patient Information
Patient Record Number:5765

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-housecalls.com

Name: George Anderson III

External ID: 5765

DOB: 1954-09-01

Sex: Male

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXcnRmS2dITEFrT28>

Address: 3200 S Lancaster Rd

City: Dallas

State: Texas

Postal Code: 75216-4555

Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 12-07-2016.

Father: Father is alive and healthy. .

Mother: Mother died with myocardial infarction. .

Siblings: One brother is alive. Two sisters are alive..

Offspring: No children.

Social History:

Last Recorded On: 12-07-2016.

Tobacco: Current every day smoker Smokes one pack per day. **Status:** Current

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

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

Nutrition History: Regular diet..

Sexual History: Single..

Other History: Flu shot in 2012..

Tests and Exams:

Last Recorded On: 12-07-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Primary

Start Date : 2015-05-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 518275453

Group Number :

Employer Name : George Anderson

Copay :

Insured ID Number : 518275453

Group Number :

Employer Name : George Anderson III

Immunizations:

George Anderson III: Chief Complaint
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Seen by Sumana Ketha MD
Seen on 05-August-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of chronic conditions osteoarthritis, peripheral vascular disease, leg ulcers, neuropathy and unknown mental health issues. Patient complains of pain pain in lower extremity.

History of Present illness:

HPI Status:Finalized

Patient is a 61-year-old African American male in NAD with multiple chronic conditions of osteoarthritis, peripheral vascular disease, leg ulcers, neuropathy and unknown mental health issues. Patient denies any new issues upon examination. Patient complains of pain in his lower extremity bilaterally that is not relieved with pain medication. Patient gets bandages changed three times weekly by Parkland Wound Care. Patient denies any chest pain, headache, nausea vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-05	114	65	175.00	72.00	97.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Disiplin Mengajar dan Mengajar Disiplin:

No Bureaucratic Vision

[illegible]

No Dependencies

No Treatments Cold

No Change Thoughts

No Use Of Antidepressants

Physical Exam:

REMARKS:

SPEED TRAINING AND BALANCE DRILLS Starting Now! With No Hard Limits.

REBEH:

Normal Values: Normal limits for the Disease and W/O Disease Normal Limits. Normal Limits.

GNT:

Baseline Scope of Interest in Global Mutual Markets with Limits

EXTREMITIES:

Septum, Cylindric With Normal Limits .

Deformities- Abnormal Limits. Leg ulcers lower extremities bilaterally .

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 patient. Patient educated on the benefits of little 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 perform some type of exercise daily. Patient verbalized understanding of the above client was given the office number for any questions or concerns. Discuss treatment plan with patient. Prognosis is fair and patient is stable.

1. Chronic ulcers, continue current plan.
2. Hypertension with vascular complications, continue current plan.

3. Peripheral vascular disease, continue current plan.
4. Osteoarthritis with chronic pain, continue current plan.
5. Neuropathy, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Non-pressure chronic ulcer of skin of other sites with unspecified severity (ICD10:L98.499 Non-pressure chronic ulcer of skin of other sites with unspecified severity) Unknown or N/A	Active	2016-08-05	
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	2016-08-05	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-05	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-27	
Complex regional pain syndrome I, unspecified (ICD10:G90.50 Complex regional pain syndrome I, unspecified) Unknown or N/A	Active	2016-05-11	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-26	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-02-26	
Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity (ICD10:L97.909 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity) Unknown or N/A	Active	2015-11-20	
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2015-11-20	
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-11-20	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified inflammatory and toxic neuropathy (ICD10:G61.9 Inflammatory polyneuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Venous (peripheral) insufficiency, unspecified (ICD10:I87.2 Venous insufficiency (chronic) (peripheral)) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
Penicillin. 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
Primary Justification Medical Conditions: Mobility_Impairments
Additional Medical Conditions: PAD, LEG ULCERS, BLINDNESS
Nursing Required: NO
Physical Therapy: NO
Occupational Therapy Required: NO
Speech-language Pathology Required: NO
Clinical Findings To Justify Home Health: No skilled nursing needed at this time.
Signed by (NP): 16
Signed On (NP): 2016-08-05 06:51
Signed By (Physician): 18
Signed on (Physician): 2016-08-12 06:51
Form_status: finalized

Procedure Order:

Patient ID	5765	Order ID	806
Patient Name	Anderson III, George	Ordered By	Love-Jones, Derrick
Order Date	2016-12-11	Print Date	2016-12-11
Order Status	complete	Encounter Date	2016-12-11
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-11		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-08-12**.

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