

Stephen Frank: Patient Information
Patient Record Number:5968

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: Stephen Frank
External ID: 5968
DOB: 1954-11-02
Sex: Male
S.S.: 458-27-0954
Marital Status: Single
Patient Drive Folder:
https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfntjcGkxRkhrRWlxRjNRUERGWepJUVNJNFJiZVZVaVFOSjNHatIiQ05TU3c

Address: 2555 Webb Chapel Extension
City: Dallas
State: Texas
Postal Code: 75220
Country: USA
Home Phone: 469-828-1245
Street Address: 2555 Webb Chapel Extension
Apt/Suite/Other: 105

Family History:

Last Recorded On: 10-01-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Current smoker **Status:** Current
Alcohol: Denies alcohol **Status:** Never
Recreational Drugs: Denies drugs **Status:** Never
Nutrition History: Good.
Developmental History: Well.
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 458270954A
Group Number :
Employer Name : Stephen Frank

Immunizations:

Stephen Frank: Chief Complaint
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Seen by Derrick Love-Jones
Seen on 22-June-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, and cerebral palsy, urinary incontinence, wheelchair bound status, and smoker. Patient continues to complains of not sleeping through the night.

History of Present illness:

HPI Status:Finalized

A 61-year-old caucasian male in NAD with chronic conditions of hypertension, cerebral palsy, and urinary incontinence. Patient complains of not sleeping through the night x 2-3 weeks. Patient is wheelchair dependent. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-22	129	78	160.00	63.00	97.60	20.00	~	28.3	0.00

Review of Systems:

Constitutional:

Weight Loss/Gain/Weight:

No Weight Loss

No Weight Gain

No Weight Change

No Weight Change

No Weight Change

No Weight Change

No Weight Change

No Weight Change

No Weight Change

No Weight Change

Physical Exam:

CV:

Heart: Within Normal Limits .

ENT:

Eyes: Within Normal Limits .

CV:

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Atenolol ,25 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23	

Atenolol ,25 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED,
Quantity: 30, Refill Quantity: 3
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Active

2016-01-20

Plan Note:

Plan Note Status:Finalized

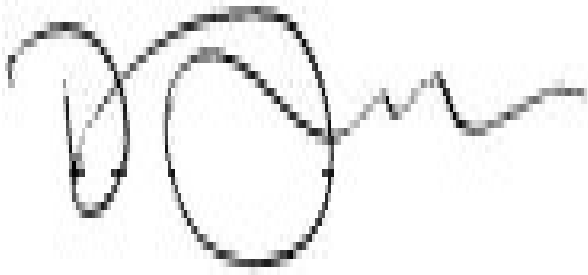
Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged to exercise daily. No labs needed this visit. 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 patient is stable.

1. Insomnia, continue current OTC medication.
2. Hypertension with vascular complications, continue current plan.
3. Urinary incontinence, continue current plan.
4. Coronary artery disease, continue current plan.
5. Constipation, continue current plan.
6. Cerebral palsy, continue current plan.
7. Medication refills as follows: Atenolol 25 mg q.d.
8. Medication adherence was given to the patient. Continue treatment as planned.
9. 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.
10. Reviewed old records of the patient.
11. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-05-11	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-05-11	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-11	
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	2016-05-11	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-02-23	
Other reduced mobility (ICD10:Z74.09 Other reduced mobility) Unknown or N/A	Active	2015-12-15	
Dependence on wheelchair (ICD10:Z99.3 Dependence on wheelchair) Unknown or N/A	Active	2015-11-11	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-11-11	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-11-11	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Infantile cerebral palsy, unspecified (ICD10:G80.9 Cerebral palsy, unspecified) Unknown or N/A	Active	2015-10-01	

[illegible]

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-06-30**.

Printed on 01-Oct-2016 15:19:57 pm.