

Gary Jenkins: Patient Information
Patient Record Number:6216

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: Gary D Jenkins
External ID: 6216
DOB: 1962-03-16
Sex: Male
S.S.: 435130147
Patient Drive Folder: 0B0x_tbqdBDPhT3hUVkIYbjVaYmM

Address: 11330 Amanda Ln
City: Dallas
State: Texas
Postal Code: 75238
Country: USA
Mobile Phone: 214-394-5136
Street Address: 11330 Amanda Ln
Apt/Suite/Other: 717

Past Medical History:

Last Recorded On: 01-21-2017.
Risk Factors: Chronic Pain,Erectile Dysfunction,High Cholestrol.

Family History:

Last Recorded On: 01-21-2017.
Father: Hypertension..
Mother: Hypertension and diabetes. .
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-21-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Coffee:
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities: None. **Status:** Never
Work Status: Disabled.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2007-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-06-01
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 435130147A
Group Number :
Employer Name : Gary Jenkins
Copay :
Insured ID Number : 513458996
Group Number :
Employer Name :

Immunizations:

Gary Jenkins: Chief Complaint
Patient Record Number:6216

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Seen by Derrick Love-Jones
Seen on 14-December-2016

Chief Complaint Status:finalized

Follow up home visit for the prevention and management of multiple chronic conditions of diabetes, hypertension, osteoarthritis, spondylosis, hyperlipidemia, and has colostomy. Patient complains of lower back pain and knee pain.

History of Present illness:

HPI Status:Finalized

Patient is a 54-year-old male in no acute distress with multiple chronic conditions of diabetes, hypertension, osteoarthritis, spondylosis, hyperlipidemia, and has colostomy. Patient states he has pain in his knees and lower back. Patient rates current pain level is 7/10. He denies any chest pain, headaches or nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-14	139	109	360.00	70.00	97.40	16.00	~	51.6	0.00

Review of Systems:

Constitutional:

Geometrische Optik:

Neutrophilic Splenomegaly

No ~~RECENT~~ History

No ~~Excluded~~ POs Search

No Bilingual Competency

Not for Distribution

No Statistical Dependence

No ~~RIGHTS~~ Reserved

No BE-NEP or HD Optimizations

No ~~Black~~ ~~Civil Rights~~

No Research Mentions

No Blood in Urine

No Dispositivo de Armagem

No Elasticity or Change Of Motion

No Change in Bowel

No Digestive Difficulties

No Observed Interactions

No Blood In Stool

Physical Exam:

SUBJECT:

Paranasal Sinuses: The paranasal sinuses are within normal limits. The maxillary sinuses are partially opacified, consistent with mucosal thickening. The ethmoid sinuses show mild mucosal thickening. The sphenoid sinuses are within normal limits. The frontal sinuses are within normal limits. The bilateral nasal turbinates are within normal limits.

REMARKS:

[illegible]

CV:

Real World Non-Traffic Limits: Food, Mood, Affects, W/normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Meloxicam ,15 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-24
Alendronate Sodium ,35 MG TABS, TAKE 1 TABLET ONCE WEEKLY, Quantity: 4, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 2 SPRAY(S) IN EACH NOSTRIL EVERY DAY, Quantity: 16, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
Ketoconazole ,2 % SHAM, APPLY TO SCALP AS DIRECTED, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-09
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH EVERY DAY, Quantity: 8.5, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-09
Simvastatin ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-09
Cialis ,10 MG TABS, 1 Tab PO QD, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. Medication adherence education was given to the patient. No refills. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. 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. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable.

1. Lumbago with chronic pain, continue current plan.
2. Hyperlipidemia, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Diabetes mellitus neuropathy, continue current plan.
6. Spondylosis, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-12-14	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-12-14	

Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-14
Spondylosis without myelopathy or radiculopathy, cervical region (ICD10:M47.812 Spondylosis without myelopathy or radiculopathy, cervical region) Unknown or N/A	Active	2016-11-10
Colostomy status (ICD10:Z93.3 Colostomy status) Unknown or N/A	Active	2016-11-10
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-11-02
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-08-11
Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2016-06-27
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-06-27
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-27
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-27
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-06-27
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-06-27

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: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No skilled nursing needed

Certification Statement: Patient does not want home health

Signed by (NP): 16

Signed On (NP): 2016-12-14 03:16

Signed By (Physician): 18

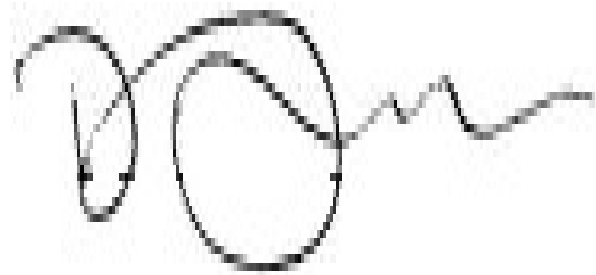
Signed on (Physician): 2016-12-21 03:16

Form_status: finalized

Procedure Order:

Patient ID	6216	Order ID	1351
Patient Name	Jenkins, Gary D	Ordered By	Love-Jones, Derrick
Order Date	2017-01-22	Print Date	2017-01-22
Order Status	complete	Encounter Date	2017-01-22
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-22		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, flowing script.

Electronically Signed by **Derrick Love-Jones** on **2016-12-21**.

Printed on 22-Jan-2017 17:43:47 pm.