

Charles Harbour: Patient Information
Patient Record Number:978

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: Charles Harbour

External ID: 978

DOB: 1957-04-06

Sex: Male

S.S.: 464-11-4296

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5dEk5RC1aSFVTS1U>

Address: 2535 Martin Luther King Junior Boulevard

City: Dallas

State: Texas

Postal Code: 75215

Country: USA

Emergency Phone: 214-565-7823

Home Phone: 214-943-7662

Mobile Phone: 214-398-1807

Street Address: 2535 Martin Luther King Junior Boulevard

Past Medical History:

Last Recorded On: 10-15-2016.

Risk Factors: Constipation, Incontinence, Lumbago, Seizures.

Additional Medical History: Abnormality of gait Muscle weakness Morbid obesity Convulsions.

Family History:

Last Recorded On: 10-15-2016.

Father: Unknown..

Mother: Unknown..

Siblings: Unknown..

Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 10-15-2016.

Risk Factors: Unknown.

Social History:

Last Recorded On: 10-15-2016.

Tobacco: Never smoker Smokes occasionally. **Status:** Current

Coffee:

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

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

Counseling:

Exercise Patterns:

Hazardous Activities:

Nutrition History: Regular diet..

Developmental History: Educational level is 12th grade..

Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 10-15-2016.

CBC Complete Blood Count (3 months) Normal Done on 02/26/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/26/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 02/26/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Normal Done on 02/26/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/26/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 02/26/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

Vitamin D (6 mo if on pills) Normal Done on 02/26/2015, at Evolution Health, ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1990-05-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2011-10-25

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 464114296A

Group Number :

Employer Name : Charles Harbour

Copay :

Insured ID Number : 516039002

Group Number :

Employer Name : Charles Harbour

Immunizations:

Charles Harbour: Chief Complaint
Patient Record Number:978

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Seen by Derrick Love-Jones
Seen on 23-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of schizophrenia, epilepsy, coronary artery disease, osteoarthritis, incontinence, chronic kidney disease, vitamin-d deficiency, constipation, hyperlipidemia, hypertension, lumbago, obesity, abnormality of gait, osteoporosis, and muscle weakness. Patient complains of low back pain.

History of Present illness:

HPI Status:Finalized

An 59-year-old Caucasian male in NAD with multiple chronic conditions of hypertension, hyperlipidemia, chronic kidney disease, and osteoarthritis. Patient states that he has not had a BM in 3-4 days. Patient does currently take stool softener. Patient denies any other issues or complaints upon examination. 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
2016-08-23	103	56	220.00	62.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

General: No weight loss

No fatigue

No fevers

No chills

No night sweats

No dry mouth

No dry eyes

No dry skin

No hair loss

No use of antidepressants

No thought content

Physical Exam:

EXAMINATIONS:

HEENT: Eyes - Within Normal Limits .

HEENT:

HEENT: Ears, Nose, Throat - Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 0	Active	2016-06-06	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-02
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE ONE CAPSULE BY MOUTH EVERY WEEK, Quantity: 13, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-17
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE ONE CAPSULE BY MOUTH EVERY WEEK, Quantity: 13, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2015-12-18
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-29
Lisinopril ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-29
Pravastatin Sodium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-29
Topiramate ,100 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-29
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE ONE CAPSULE BY MOUTH EVERY WEEK, Quantity: 13, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-29
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE ONE CAPSULE BY MOUTH EVERY WEEK, Quantity: 13, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-24
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE ONE CAPSULE BY MOUTH EVERY WEEK, Quantity: 13, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-19

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 the patient educated on the benefits of low so, low-fat, low cholesterol diet with current medical conditions. Patient was a struggle to go to ER for symptoms chest pain, shortness of breath, excessive headache, buried vision or systolic blood for sugar than 200. No live 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Chronic kidney disease stage-3, continue current plan.
4. Coronary artery disease, continue current plan.
5. Epilepsy, continue current plan.
6. Hyperlipidemia, continue current plan.
7. Osteoarthritis with chronic pain, continue current plan.
8. Schizophrenia, continue current plan.
9. Urinary incontinence, continue current plan.

10. Vitamin D deficiency, continue current plan
11. Constipation, continue current plan.
12. Osteoporosis, continue current plan.
13. Muscle weakness, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Schizoaffective disorder, unspecified (ICD10:F25.9 Schizoaffective disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-01	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01	
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, secondary, pelvic region and thigh (ICD10:M16.7 Other unilateral secondary osteoarthritis of hip) Unknown or N/A	Active	2015-10-01	
Osteoporosis, unspecified (ICD10:M81.0 Age-related osteoporosis without current pathological fracture) Unknown or N/A	Active	2015-10-01	
Overflow incontinence (ICD10:N39.490 Overflow incontinence) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, malignant, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, Stage III (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-01	
Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy (ICD10:G40.A01 Absence epileptic syndrome, not intractable, with status epilepticus) Unknown or N/A	Active	2015-10-01	

Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2015-10-01
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01
Body Mass Index 40.0-44.9, adult (ICD10:Z68.41 Body mass index (BMI) 40.0-44.9, adult) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Plate in skull Unknown or N/A	Active		
Hip surgery Unknown or N/A	Active		
Foot surgery 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Positive Home Health Agency

Primary Justification Medical Conditions: Kidney_Disease,Epilepsy,hyperlipidemia,HTN,Heart_Disease,Schizophrenia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to schizophrenia and inability to self medicate currently.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-08-19 06:10

Signed By (Physician): 18

Signed on (Physician): 2016-08-26 06:10

Form_status: finalized

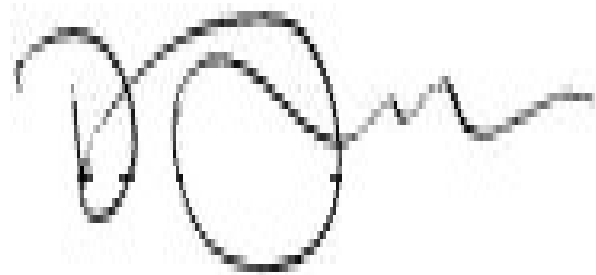
DME:

Description	Status	Start Date	End Date
Briefs (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Wipes (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Underpads (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Shield Inserts (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Exam Gloves Unknown or N/A	Active		
Alcohol Preps Unknown or N/A	Active		

Procedure Order:

Patient ID	978	Order ID	874
Patient Name	Harbour, Charles	Ordered By	Love-Jones, Derrick
Order Date	2016-10-15	Print Date	2016-10-15
Order Status	complete	Encounter Date	2016-10-15
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-15		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-30**.

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