Cleotis Criddle: Patient Information

Patient Record Number:6154

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: Cleotis Criddle External ID: 6154 **DOB**: 1945-03-14

Sex: Male

Address: 2719 E Illinois Ave, Building 1

City: Dallas State: Texas Postal Code: 75216 Country: USA

Guardian's Name: Thelma Williar Emergency Contact: 214-375-9333 Mobile Phone: 214-881-9429

Street Address: 2719 E Illinois Ave, Building 1

Apt/Suite/Other: APT 214

Family History:

Last Recorded On: 10-30-2016.

Father: Father died with unknown disease.. Mother: Mother died of unknown disease..

Siblings: Two brothers died and two sisters are alive.. Offspring: One boy and one girl, both are healthy..

Social History:

Last Recorded On: 10-30-2016.

Tobacco: Never smoker No smoking. Status: Never Alcohol: Drinks alcohol socially. Status: Never Recreational Drugs: No drugs. Status: Never Developmental History: Education level is 9th grade.. Other History: Influenza 2015. Pneumovax 2014..

Tests and Exams:

Last Recorded On: 10-30-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2016-04-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 500000031255

Group Number:

Employer Name: Cleotis Criddle

Immunizations:		

Cleotis Criddle: Chief Complaint Patient Record Number:6154

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Seen by Sumana Ketha MD Seen on 18-August-2016

Chief Complaint Status: finalized

Followup home visit service to prevent further decline of the following chronic medical conditions of visual impairment, neuropathy, hypertension, hyperlipidemia, allergic rhinitis, coronary artery disease, glaucoma, and chronic pain. Patient complains of numbness/tingling on bottom of both feet.

History of Present illness:

HPI Status:Finalized

Patient is a 71 year old AA male in NAD with multiple chronic conditions of visual impairment, neuropathy, hypertension, hyperlipidemia, allergic rhinitis, coronary artery disease, glaucoma, and chronic pain. Patient states he has pain in both feet. Patient states the pain is tingling and numbness. Patient rates pain at 7/10 and is relieved with current pain medication. He denies any other issues, no CP, HA or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-18	117	72	190.00	70.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

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No Injury

Physical Exam:

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EXTEREMITIES:

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Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-06-17	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			
Diovan HCT ,160-25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-06-17	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			

Simvastatin ,20 MG TABS, Take 1 Tablet By Mouth Every Night At Bedtime, Quantity: 30, Refill Quantity: 3 Unknown or N/A Active 2016-06-17 by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 90, Refill Quantity: 4 Active 2016-06-01 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Metoprolol Tartrate, 50 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Active 2016-06-01 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Active 2016-06-01 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls

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 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 exercise daily as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan was given an office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Neuropathy, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Coronary artery disease, continue current plan.
- ${\bf 4.} \ Chronic \ pain \ syndrome, \ continue \ current \ pain \ medication.$
- 5. Hyperlipidemia, continue current plan.
- 6. Allergic rhinitis, continue current plan.
- 7. Visual impairment, continue to monitor.
- 8. Glaucoma, continue current plan.

Medication refills as follows:

Metroprolol 50 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-08-18	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-08-18	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-18	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-18	
Hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2016-05-25	
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-05-25	

Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-25
Other asthma (ICD10:J45.998 Other asthma) Unknown or N/A	Active	2016-05-25
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-25
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:l25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-05-25
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-25
Unspecified visual loss (ICD10:H54.7 Unspecified visual loss) Unknown or N/A	Active	2016-05-25
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-05-25
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-05-25
Allergic rhinitis, unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-05-25
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-20
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-04-20
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-20
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-20

Allergies:

Description	Status	Start Date	End Date	
No known drug allergies.	Active	2016-04-20		
Unknown or N/A	Active	20.00.20		

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: Calvary health care **Primary Justification Medical Conditions:** blindness

Additional Medical Conditions: Chronic Pain, CAD, AR, Neuropathy

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing need due to multiple complex disease process and patient lack of

knowledge of the disease process, medication administration and his visual impairment.

Certification Statement: Patient is home bound due to visual impairment and chronic pain. Patient gets fatigue easily, weakness

and poor balance. Patient is at increased risk for falling.
Signed by (NP): 16
Signed On (NP): 2016-08-18 05:58
Signed By (Physician): 18
Signed on (Physician): 2016-08-25 05:58

Form_status: finalized

Procedure Order:

Patient ID	6154	Order ID	853
Patient Name	Criddle, Cleotis	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-30		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by Derrick Love-Jones on 2016-08-25 at 04:14.

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