### **FREDDIE Murphy: Patient Information**

Patient Record Number:6168

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: FREDDIE Murphy External ID: 6168 **DOB**: 1943-02-28 Sex: Male

Address: 1811 South Blvd

City: Dallas State: Texas Postal Code: 75215 Country: USA

Home Phone: 214-863-8595 Street Address: 1811 South Blvd Apt/Suite/Other: APT #107

# **Family History:**

Last Recorded On: 07-14-2016.

Father: Father died of cerebrovascular accident, diabetes, and hypertension.. **Mother:** Mother died of coronary artery disease, diabetes, and hypertension.. Siblings: One brother who is died, two sisters, one is alive and another is died..

Spouse: Five children..

## **Social History:**

Last Recorded On: 07-14-2016.

**Tobacco:** Smokes one packet per day. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level +2 years of college... Other History: Influenza in 2015. Pneumovax in 2013..

### **Tests and Exams:**

Last Recorded On: 07-14-2016.

Prostate Exam&nbsp&nbsp N/A&nbsp&nbsp Done, year unknown.

### Insurance:

## Molina Healthcare of Texas (Z1161)

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

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

**Priority:** Secondary Start Date: 2016-01-01 Relationship to Insured:

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 500000051235

**Group Number:** 

**Employer Name:** FREDDIE Murphy

Copay:

Insured ID Number : 522560480

**Group Number: Employer Name:** 

Immunizations:		

## FREDDIE Murphy: Chief Complaint

Patient Record Number:6168

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Soon by Sumana Katha Ma

Seen by Sumana Ketha MD Seen on 08-June-2016

#### Chief Complaint Status: finalized

Follow up home visit to prevent further decline in the following chronic medical conditions of chronic pain syndrome, hypothyroidism, diabetes mellitys type 2, anxiety, depression, schizophrenia, and hypertension. Patient complains of lower back and hip pain.

# **History of Present illness:**

### **HPI Status:**Finalized

A 73-year-old African-American male in NAD with multiple chronic conditions of the following of hypertension, diabetes mellitus 2, hypothyroidism, anxiety, schizophrenia, depression, and chronic pain syndrome. Patient has a history of part of his thyroid surgically removed. Patient complains of lower back, hip pain that is been persistent for many years. Patient rates pain at 7/10 today and is relieved with current pain medication. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache or any nausea or vomiting.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-08	131	84	182.00	72.00	97.40	20.00	~	0.0	0.00

## **Review of Systems:**

## Constitutional:

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# **Physical Exam:**

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### NEURO:

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# B**3/00/:**H:

**Nitional Community และเปล่า เลือนที่ Mitter Normal Limits** .

## CV:

Remark/Mileduchaded and Mood, Alert and Oriented X3-Within Normal Limits.

### RESP:

Lungs CTAB-Within Normal Limits .

 $Lungs\ Clear, Rales, Rhonchi, Wheezes-Within\ Normal\ Limits\ .$ 

### **Medication:**

Description	Status	Start Date	End Date

Carisoprodol ,350 MG TABS, Take 1 tablet 3 times daily, Quantity: 90,
Refill Quantity: 0
Unknown or N/A
Active 2016-05-09
by Jones, Derrick - MJ3217331
Texas Physician House Calls

### Plan Note:

#### Plan Note Status: Finalized

Continue same treatment plan his previous provider. Reviewed, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on 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, accessibility, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs 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.

- 1. Lumbago with chronic pain, continue current plan.
- 2. Diabetes type 2 with neuropathy, continue current plan.
- 3. Hypothyroidism, continue current plan.
- 4. Hypertension with vascular complications, continue current plan.
- 5. Anxiety, continue current plan.
- 6. Depression, continue current plan.
- 7. Chronic pain syndrome, continue current pain medication.
- 8. Schizophrenia, continue current plan.

Medication refills as follows, tramadol 50 mg t.i.d. and carisoprodol 350 mg t.i.d.

### **Medical Problem:**

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-08	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-06-08	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-06	
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	2016-05-06	
Hypothyroidism, unspecified ( ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-05-06	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-06	

# **Allergies:**

	Description	Status	Start Date	End Date
Penicillin.		Active	2016-05-06	
Unknown or N/A		Active	2010-03-00	

# **Surgeries:**

Description	Status	Start Date	End Date	
Thyroid surgery in 1985. Unknown or N/A	Active	2016-05-06		

# **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 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 at this time

Certification Statement:

Signed by (NP): 16

**Signed On (NP):** 2016-06-08 03:51 **Signed By (Physician):** 18

Signed on (Physician): 2016-06-15 03:51

Form\_status: finalized

# **Procedure Order:**

Patient ID	6168	Order ID	600
Patient Name	Murphy, FREDDIE	Ordered By	Love-Jones, Derrick
Order Date	2016-08-19	Print Date	2016-08-19
Order Status	complete	Encounter Date	2016-08-19
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
Ordered Flocedure	Reported Specimen		Status	Note	Code Name Abn Value Range		Range	Units	Note		
026: Pulse Oximetry	2016-08-19		Final ✓		0097	Pulse Oximetry	No		97% to 100%	97%	

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