#### **Bernard Mathis: Patient Information**

Patient Record Number:5599

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: Bernard Mathis External ID: 5599 **DOB**: 1964-06-16 Sex: Male S.S.: 463-45-3567

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5ZktRU0hLbzY3dFU

Address: 3200 South Lancaster Road

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

Street Address: 3200 South Lancaster Road

## **Past Medical History:**

Last Recorded On: 08-12-2016.

Risk Factors: Seizures.

Additional Medical History: GSW in head, abnormal gait, and CAD..

## **Family History:**

Last Recorded On: 08-12-2016.

Father: Unknown. Mother: Unknown. Siblings: Unknown.

## **Primary Family Med Conditions:**

Last Recorded On: 08-12-2016.

Risk Factors: None.

## **Social History:**

Last Recorded On: 08-12-2016.

Tobacco: Smokes sometimes. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug use. Status: Never

Nutrition History: Regular diet..

Developmental History: Educational level is 12th grade.. Other History: Goes to daycare. Influenza in 2014.

## **Tests and Exams:**

Last Recorded On: 08-12-2016.

HbA, C Hemoglobin (if DM every 3 mo)&nbsp&nbsp Abnormal&nbsp&nbsp Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year)&nbsp&nbsp Normal&nbsp&nbsp Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months)&nbsp&nbsp Abnormal&nbsp&nbsp Done on 2/26/2015, at Evolution Health, Ordered

by Dr. Sumana Ketha.

**CMP Comprehensive Metabolic Panel (3 months)**&nbsp&nbsp Normal&nbsp&nbsp Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

**LIPIDS (once year unless chol meds)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

**UA - Urinalysis - (Yearly - HH primary responsibility)**&nbsp&nbsp Normal&nbsp&nbsp Done on 2/26/2015, at Evolution Health, Ordered by Dr. Sumana Ketha.

## Insurance:

#### Medicare B Texas (SMTX0)

Priority : Primary Start Date : 1989-10-01 Relationship to Insured : Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary
Start Date: 2010-01-01
Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 463453567A

**Group Number:** 

Employer Name : Bernard Mathis

Copay:

Insured ID Number: 463453567A

**Group Number:** 

**Employer Name : Bernard Mathis** 

## **Immunizations:**

Bernard Mathis: Chief Complaint

Patient Record Number:5599

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Seen by Derrick Love-Jones Seen on 29-July-2016

#### Chief Complaint Status: finalized

Follow up home visit for management of coronary artery disease, abnormal gait, visual impairment, generalized muscle weakness, hyperlipidemia, hypertension, osteoarthritis, abnormal gait, gastroesophageal reflux disease,, neuropathy, and epilepsy. Patient complains of pain in his legs and knees.

## **History of Present illness:**

#### **HPI Status:**Finalized

A 52-year-old AA male in NAD with multiple chronic conditions of coronary artery disease, abnormal gait, visual impairment, generalized muscle weakness, hyperlipidemia, hypertension, osteoarthritis, abnormal gait, gastroesophageal reflux disease,, neuropathy, and epilepsy. Patient states that he has been having pain in both legs that has increased over time. Patient also states that he also has a history of chronic knee pain. Patient rates pain 5/10 today. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

#### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-29	117	84	230.00	72.00	97.60	20.00	~	0.0	0.00

## **Review of Systems:**

#### Constitutional:

**Spippeling and the state of th** 

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No Charles and Charles ath

No **Strategy** 

No Manual Manual Manager Sign of Motion

No Blaining the End Negther six @f Urine

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No Bhanaights Coulthemtation

No Obatelettess

No Use Of Dentures

## **Physical Exam:**

#### SHEAR):

#### EXMERSE MITIES:

Supering the property of the p

CV:

RESIDENTAL LIMITE .

Murmur, Rubs, Gallops-Within Normal Limits .

#### **Medication:**

Description	Status	Start Date	End Date
Aspir-81 ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 30, Refill			
Quantity: 0			
Unknown or N/A	Active	2015-05-18	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

LevETIRAcetam ER ,500 MG TB24, BID, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Triamterene-HCTZ ,37.5-25 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY WITH FOOD, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Aspir-81 ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17
LevETIRAcetam ER ,500 MG TB24, BID, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17
Triamterene-HCTZ ,37.5-25 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY WITH FOOD, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-17

## Plan Note:

#### Plan Note Status: Finalized

- 1. Osteoarthritis with chronic pain, continue medications.
- 2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
- 3. Epilepsy, monitor.
- 4. Hyperlipidemia, controlled with medications. Check lipids regularly.
- 5. Gastroesophageal reflux disease, stable.
- 6. Coronary artery disease, well controlled with medications.
- 7. Muscle spasms, continue current treatment plan.
- ${\bf 8.\ Neuropathy,\ continue\ medications.}$
- 9. Abnormal gait, educated on fall prevention.
- 10. No medication refills needed this visit.
- 11. Medication adherence was given to the patient. Continue treatment as planned.
- 12. 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.
- 13. Reviewed old records of the patient.
- 14. Follow up appointment in 4-6 weeks.

#### **Medical Problem:**

Description	Status	Start Date	End Date
Profound impairment, one eye, impairment level not further specified			
( ICD10:H54.40 Blindness, one eye, unspecified eye)	Active	2015-10-01	
Unknown or N/A			
Other convulsions		,	
( ICD10:R56.9 Unspecified convulsions)	Active	2015-10-01	
Unknown or N/A			
Obesity, unspecified			
( ICD10:E66.9 Obesity, unspecified)	Active	2015-10-01	
Unknown or N/A			

Late effects of cerebrovascular disease, hemiplegia affecting dominant side (ICD10:I69.951 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) 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
Pure hypercholesterolemia ( ICD10:E78.0 Pure hypercholesterolemia) 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
Coronary atherosclerosis of native coronary artery ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Epilepsy, unspecified, with intractable epilepsy (ICD10:G40.911 Epilepsy, unspecified, intractable, with status epilepticus) (ICD10:G40.919 Epilepsy, unspecified, intractable, without status epilepticus) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, localized, primary, lower leg ( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) 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
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Primary tuberculous infection, bacteriological or histological examination not done ( ICD10:A15.7 Primary respiratory tuberculosis) Unknown or N/A	Active	2015-10-01
Tuberculous pleurisy in primary progressive tuberculosis, unspecified (ICD10:A15.6 Tuberculous pleurisy) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01

# Allergies:

Description	Status	Start Date	End Date

## **Surgeries:**

Description	Status	Start Date	End Date	
Craniotomy with steel plate 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: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Prosperity Health Services

Primary Justification Medical Conditions: blindness, Epilepsy, hyperlipidemia, HTN, Heart\_Disease

Additional Medical Conditions: Abnormal gait,

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 mental illness, CVA effects and inability to self medicate

currently.

Certification Statement: Patient is home bound due to abnormal gait. Patient requires the assistance of another person to

ambulate at all times due to unsafe gait pattern.

Signed by (NP): 16

**Signed On (NP):** 2016-07-29 04:28 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-03 04:28

Form\_status: finalized

## DME:

Description	Status	Start Date	End Date	
Profound impairment, one eye, impairment level not further specified ordered cane quad from Trinity Companies (ICD9:369.60 Profound impairment, one eye, impairment level not further specified) Unknown or N/A	Active			



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

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