

Jack Langston: Patient Information
Patient Record Number:6175

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: Jack Langston
External ID: 6175
DOB: 1930-09-09
Sex: Male
S.S.: 561345874
Marital Status: Widowed
User Defined: (214)723-2593
Patient Drive Folder: 0B0x_tbqdBDFhczdYTE4taDY3N1U

Address: 4390 Woodhollow Dr
City: Dallas
State: Texas
Postal Code: 75237
Country: USA
Guardian's Name: Stephanie
Emergency Contact: 214-497-1540
Home Phone: 214-723-2593
Street Address: 4390 Woodhollow Dr
Apt/Suite/Other: 179

Family History:

Last Recorded On: 01-21-2017.
Father: Father died with cerebrovascular disease. .
Mother: Mother died with myocardial infarction..
Siblings: One brother and one sister are alive..
Offspring: No children..

Social History:

Last Recorded On: 01-21-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza 2015. Tetanus 2015. Questionable pneumovax. PPD done in 2015. .

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 561345874A
Group Number :
Employer Name : Jack Langston

Immunizations:

Jack Langston: Chief Complaint
Patient Record Number:6175

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Seen by Derrick Love-Jones
Seen on 25-May-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions hypertension, hyperlipidemia, hearing loss, wheelchair bound, chronic pain syndrome, ear cancer, osteomyelitis and below knee amputation, left lower extremity. Patient complains of constipation.

History of Present illness:

HPI Status:Finalized

An 85-year-old Caucasian male in NAD, wheelchair bound with multiple chronic conditions of the following: hypertension, hyperlipidemia, chronic pain syndrome, hearing loss, ear cancer, below knee amputation left lower extremity and a history of osteomyelitis. Patient states he has had constipation x 2-3 days and is out of his medication to help with this. Patient denies any other issues on examination. Patient denies any chest pain, headache, nausea vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-05-25	137	66	187.00	69.00	97.60	20.00	~	27.6	0.00

Review of Systems:

Constitutional:

General/Endocrine:

No Unintentional Weight Loss
No Excessive Thirst
No Excessive Hunger
No Fatigue
No Fever
No Chills
No Night Sweats
No Anorexia
No Nausea
No Vomiting
No Constipation
No Diarrhea
No Limitation In Range Of Motion

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

EENT:

EENT: Within Normal Limits .

ENT:

ENT: Within Normal Limits .

PERRLA, EOMI-Within Normal Limits .

ROM: Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient was 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. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan 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. Hypertension, continue current plan.
2. Hyperlipidemia, continue current plan.
3. Ear cancer, continue chemotherapy treatments at Parkland.
4. Chronic pain syndrome, continue to monitor.
5. Hearing loss, continue to monitor.
6. Urinary incontinence, continue current plan

Medication refills as follows:

Docusate 100 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Other specified malignant neoplasm of skin of unspecified ear and external auricular canal (ICD10:C44.291 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal) Unknown or N/A	Active	2016-05-25	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-09	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-05-09	
Unspecified combined systolic (congestive) and diastolic (congestive) heart failure (ICD10:I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-05-09	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-05-09	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-05-25	

Surgeries:

Description	Status	Start Date	End Date
Three stents 20 years ago. Unknown or N/A	Active	2016-05-25	
Hospitalized for ear infection at Parkland. Unknown or N/A	Active	2016-05-25	
Below knee amputation in 1995. 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): 7 Days

Current home health agency: Danielle Home Health Services Inc

Primary Justification Medical Conditions: Deafness,HTN,hyperlipidemia,Mobility_Impairments

Additional Medical Conditions: Chronic pain syndrome, ear cancer, osteomyelitis and below knee amputation in left lower extremity.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain and mobility impairment and inability to self medicate correctly.

Certification Statement: Patient is home-bound due to chronic pain and mobility impairment. Patient is weak with poor balance and at increased risk for falls.

Signed by (NP): Derrick Love-Jones

Signed On (NP): 2016-05-25 09:54

Signed By (Physician): Derrick Love-Jones

Signed on (Physician): 2016-06-03 09:54

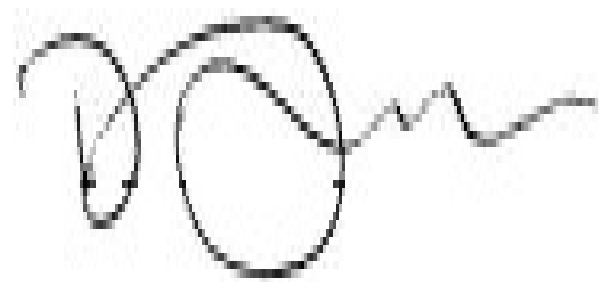
Form_status: finalized

Printed: NO

Procedure Order:

Patient ID	6175	Order ID	576
Patient Name	Langston, Jack	Ordered By	Love-Jones, Derrick
Order Date	2017-01-21	Print Date	2017-01-21
Order Status	complete	Encounter Date	2017-01-21
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-21		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-05-31**.

Printed on 21-Jan-2017 21:30:58 pm.