

Cleotis Criddle: Patient Information
Patient Record Number:6154

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: Cleotis Criddle
External ID: 6154
DOB: 1945-03-14
Sex: Male
Patient Drive Folder: 0B0x_tbqdBDPhajc1M1VoaWE5U28

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: 01-21-2017.
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: 01-21-2017.
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: 01-21-2017.

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 13-December-2016

Chief Complaint Status:finalized

Followup home visit 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 foot pain.

History of Present illness:

HPI Status:Finalized

Patient is a 71-year-old African American male in NAD with multiple chronic conditions of visual impairment, neuropathy, hypertension, hyperlipidemia, allergic rhinitis, coronary artery disease, glaucoma, and chronic pain. Patient states that he has pain in both feet. Patient states the pain is tingling and numbness. Patient rates pain at 6/10 and is relieved with current pain medication. He denies any other issues, no chest pain, headache or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-13	119	69	190.00	70.00	97.80	16.00	~	27.3	0.00

Review of Systems:

Constitutional:

Weight loss: No
Appetite: No
Energy: No
Exercise tolerance: No
Heat intolerance: No
Chest pain: No
Orthopnea: No
Paroxysmal nocturnal dyspnea: No
Swelling of lower extremities: No
Headache: No
Nausea or vomiting: No
Injury: No

Physical Exam:

HEENT:

Visual impairment: Within Normal Limits .

EXTREMITIES:

Swelling of lower extremities: Within Normal Limits .

Reflexes: Within Normal Limits .
Neurological: Within Normal Limits .
Cardiovascular: Within Normal Limits .
Respiratory: Within Normal Limits .
Gums: pink, Bilateral Nasal Turbinates- Abnormal Limits. Visual impairment .

Medication:

Description	Status	Start Date	End Date
Simvastatin ,20 MG TABS, Take 1 Tablet By Mouth Every Night At Bedtime, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-15	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-17	

Diovan HCT ,160-25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-17
Simvastatin ,20 MG TABS, Take 1 Tablet By Mouth Every Night At Bedtime, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-17
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 90, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-01
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-01
Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-01

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. Osteoarthritis with chronic pain.
3. Coronary artery disease.
4. Asthma.
5. Chronic pain syndrome.
6. Erectile dysfunction.
7. Hypertension with vascular complications.
8. Lumbago with chronic pain.
9. Dementia.
10. Hyperlipidemia.
11. Allergic rhinitis.
12. Glaucoma.
13. Visual impairment.

Medication refills as follows:

Metoprolol 50 mg b.i.d.
Viagra 100 mg p.r.n.

Medical Problem:

Description	Status	Start Date	End Date
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-12-13	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-10-27	

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:I25.10 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:I10 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. Unknown or N/A	Active	2016-04-20	

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): 2016-12-13 02:03

Signed By (Physician): 18

Signed on (Physician): 2016-12-20 02:03

Form_status: finalized

Procedure Order:

Patient ID	6154	Order ID	1343
Patient Name	Criddle, Cleotis	Ordered By	Love-Jones, Derrick
Order Date	2017-01-22	Print Date	2017-01-22
Order Status	complete	Encounter Date	2017-01-22
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-22		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-12-20**.

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