

Charles Reynolds: Patient Information
Patient Record Number:5709

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: Charles Reynolds

External ID: 5709

DOB: 1978-08-24

Sex: Male

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5TWJYZEV1WWRuUWs>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Mobile Phone: 214-800-9828

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 09-12-2016.

Risk Factors: Lumbago.

Family History:

Last Recorded On: 09-12-2016.

Father: Father died with Lou Gehrig's disease (ALS).

Mother: Mother is alive and healthy..

Siblings: Brother died with AAA. Two sisters, one with knee and back pain and other is healthy..

Offspring: No children..

Other Family Relative: Grandfather has history of cancer..

Primary Family Med Conditions:

Last Recorded On: 09-12-2016.

Risk Factors: Arthritis.

Social History:

Last Recorded On: 09-12-2016.

Tobacco: Current every day smoker Smokes 2 packs per day **Status:** Current

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse, **Status:** Never

Nutrition History: Diabetic diet..

Developmental History: Educational level is college grade..

Tests and Exams:

Last Recorded On: 09-12-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-11-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2012-11-12
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-07-22
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 466754137A
Group Number :
Employer Name : Charles Reynolds
Copay :
Insured ID Number : 466754137A
Group Number :
Employer Name : Charles Reynolds
Copay :
Insured ID Number : 605319490
Group Number :
Employer Name : Charles Reynolds

Immunizations:

Charles Reynolds: Chief Complaint
Patient Record Number:5709

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Seen by Derrick Love-Jones
Seen on 12-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of depression, hypertension, lumbago, anxiety, hyperlipidemia, diabetes, schizophrenia, chronic pain, morbid obesity. Patient complains of not sleeping well at night.

History of Present illness:

HPI Status:Finalized

An 37-year-old Caucasian male in NAD with multiple chronic conditions of insomnia, hypertension, diabetes, anxiety, and lumbago, hyperlipidemia, morbid obesity, chronic pain, smoker, depression and schizophrenia. Patient's current complaint today is he is not sleeping well at night. Patient has pain in lower back rates pain at 7/10, which is relieved with current pain medications. Patient denies any other issues upon examination except insomnia. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-12	140	68	382.00	75.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

No **Use Of Dentures**

Physical Exam:

Conclusion: _____

EXEMPTITIES:

CV:

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medications noted this visit. Medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Insomnia continue to monitor.

2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Anxiety, continue current plan.
5. Lumbago with chronic pain, continue current plan.
6. Hyperlipidemia, continue current plan.
7. Depression, continue current plan.
8. Schizophrenia, continue current plan.
9. Morbid obesity, continue to monitor.

Medication refills as follows:

Fluoxetine 20 mg q.d.
Trazodone 50 mg q.h.s.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-09	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-09	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-09	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-09	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-09	
Pain in unspecified shoulder (ICD10:M25.519 Pain in unspecified shoulder) Unknown or N/A	Active	2015-10-09	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-09	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-09	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) 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	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active		

Allergies:

Surgeries:

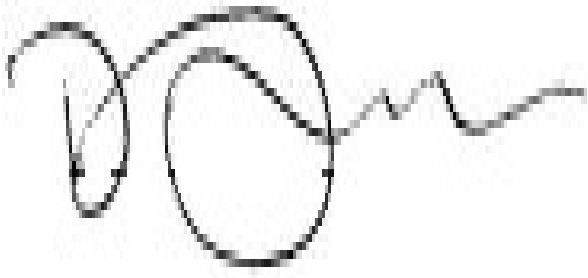
Face to Face HH Plan:

Form_status: finalized

DME:

Procedure Order:

[illegible]

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-08-19**.

Printed on 18-Sep-2016 21:30:12 pm.