

Jeffrey Sanders: Patient Information
Patient Record Number:2144

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: Jeffrey Sanders

External ID: 2144

DOB: 1958-07-09

Sex: Male

S.S.: 435-11-0143

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5eFlsekpNRU5ZY1U>

Address: 3200 S Lancaster Rd

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 469-463-0018

Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 12-03-2016.

Additional Medical History: General weakness..

Family History:

Last Recorded On: 12-03-2016.

Father: Unknown..

Mother: Unknown..

Siblings: Unknown..

Offspring: Unknown..

Social History:

Last Recorded On: 12-03-2016.

Tobacco: Current every day smoker Smokes 1 pack per day **Status:** Current

Coffee: **Status:** N/A

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

Recreational Drugs: No drugs. **Status:** Never

Nutrition History: Regular..

Developmental History: Well..

Work Status: Disabled.

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-03-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1983-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 435110143A
Group Number :
Employer Name : Jeffrey Sanders

Immunizations:

Jeffrey Sanders: Chief Complaint
Patient Record Number:2144

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Derrick Love-Jones
Seen on 24-October-2016

Chief Complaint Status:finalized
Follow up home visit for management of schizophrenia, hypertension, epilepsy, hypothyroidism, coronary artery disease, hypertension, and smoking. Patient complains of seizure activity recently.

History of Present illness:

HPI Status:Finalized
An 58-year-old AA male in NAD with multiple chronic conditions of schizophrenia, hypertension, hypothyroidism, coronary artery disease, and hypertension. Patient denies any new issues upon examination. Patient complains of recent seizure activity that was witnessed by family. Patient did not go to the ER for an evaluation. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-24	169	117	158.00	70.00	97.80	16.00	~	22.7	0.00

Review of Systems:

Constitutional:
No Weight Loss
No Fever
No Night Sweats
No Fatigue
No Anorexia
No Polyphagia
No Polydipsia
No Polyuria
No Constipation
No Diarrhea
No Hemorrhoids
No Bleeding
No Hoarseness
Dental Difficulties YES
No Use Of Dentures

Physical Exam:

HEENT:
Eyes: Within Normal Limits .
Ears: Within Normal Limits .
Nose: Within Normal Limits .
Throat: Within Normal Limits .
CV:
Heart: Within Normal Limits .
Lungs: Within Normal Limits .
Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate, 10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 1	Active	2016-04-04	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-24
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23

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. 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 continuing weight loss efforts via daily exercise and certain food restrictions. 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. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Epilepsy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Coronary artery disease, continue current plan.
4. Hypothyroidism, continue current plan.
5. Schizophrenia, continue current plan.

Medication refills as follows:

Amlodipine 10 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-02	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-02	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-02	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-02	
Thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm (ICD10:E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm) 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	
Disorganized type schizophrenia, chronic (ICD10:F20.1 Disorganized schizophrenia) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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:

Primary Justification Medical Conditions: Hypothyroidism,Epilepsy,HTN,Schizophrenia

Additional Medical Conditions:

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: SN needed due to mental illness and inability to self medicate currently.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-10-24 06:33

Signed By (Physician): 18

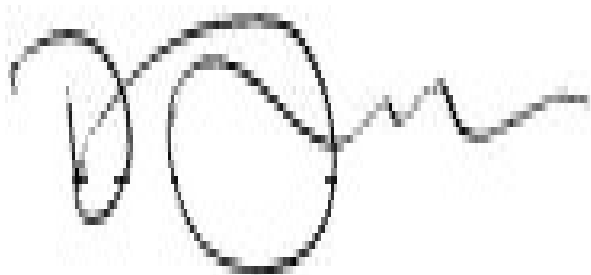
Signed on (Physician): 2016-10-31 06:33

Form_status: finalized

Procedure Order:

Patient ID	2144	Order ID	1034
Patient Name	Sanders, Jeffrey	Ordered By	Love-Jones, Derrick
Order Date	2016-12-03	Print Date	2016-12-03
Order Status	complete	Encounter Date	2016-12-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-03		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-10-31**.

Printed on 03-Dec-2016 21:30:44 pm.