**Herman Dawson: Patient Information** 

Patient Record Number:5875

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: Herman Q Dawson External ID: 5875 DOB: 1956-10-27 Sex: Male

User Defined: 972-296-0345

Address: 202 Jellison Blvd

City: Dallas State: Texas Postal Code: 75116 Country: USA

**Emergency Phone: 214-718-0328** Home Phone: 972-217-0222 Mobile Phone: 972-296-0345 User Email: 972-572-8509 Street Address: 202 Jellison Blvd

Apt/Suite/Other: 100

# **Past Medical History:**

Last Recorded On: 07-14-2016.

Risk Factors: Chronic Pain, Degenerative Joint Disease, GERD, Neuropathy.

Additional Medical History: Obesity.

# **Family History:**

Last Recorded On: 07-14-2016.

Father: HTN/MI.

Mother: Alzheimer's dementia.

# **Primary Family Med Conditions:**

Last Recorded On: 07-14-2016.

Chronic Conditions: Acute Myocardial Infarction, Hypertension.

# **Social History:**

Last Recorded On: 07-14-2016.

Tobacco: Current every day smoker Smokes 1/3 ppd Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Well. Developmental History: Well.

### **Tests and Exams:**

Last Recorded On: 07-14-2016.

### Insurance:

# Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2001-10-01 Relationship to Insured : Self

Type: N/A
Payer: Medicare B Texas (SMTX0)

Priority : Secondary
Start Date : 2015-04-23 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 433988360A

Group Number : Employer Name : Herman Dawson

Copay : Insured ID Number : 500000024302

**Group Number:** 

Employer Name: Herman Dawson

# **Immunizations:**

### Herman Dawson: Chief Complaint

Patient Record Number:5875

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Seen by Derrick Love-Jones Seen on 15-April-2016

#### Chief Complaint Status: finalized

Follow up home visit for management of hyperlipidemia, anxiety, hypertension, paraplegia, neuropathy, and chronic pain. Patient needs refills on medications. Patient complains of pain in the left wrist since falling 1 month ago.

## **History of Present illness:**

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

A 59-year-old AA male in NAD with multiple chronic conditions of hyperlipidemia, anxiety, hypertension, paraplegia, neuropathy, and chronic pain. Patient states that he fell about 1 month ago and has had pain in left wrist every since then. Patient rates pain at 7/10. Patient denies any CP, HA, or N/V recently. Patient continues to have pain in neck/back, legs and shoulders rating at 9/10, which is relieved with current pain medication. Patient has long history of severe back pain and back disorders.

#### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ	
2016-04-15	135	111	289.00	69.00	97.60	20.00	~	0.0	0.00	

# **Review of Systems:**

#### Constitutional:

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### **Physical Exam:**

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#### **ENTORMEMITIES:**

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RESP:

Lungs CTAB-Within Normal Limits .

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

### **Plan Note:**

### Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. 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. 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.

- 1. Diabetes mellitus type 2, continue current plan.
- 2. Hypertension, continue current plan.
- 3. Lumbago due to trauma, continue current plan.
- 4. Chronic pain, continue current pain medication.
- 5. Anxiety, continue current plan.
- 6. CVA effects, continue to monitor.
- 7. Coronary artery disease, continue current plan.
- 8. Depression, continue current plan.
- 9. Hyperlipidemia, continue current plan.
- 10. Benign prostatic hyperplasia, continue current plan.
- 11. Neuropathy, continue current plan.
- 12. Atrial fibrillation, continue current plan.

Refill the following medications are, Xanax 1 mg t.i.d., amoxicillin 500 mg t.i.d., Norco 10/325 mg Q.l.D., Monleukast 1 mg q.d.

### **Medical Problem:**

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications)	Active	2016-01-14	
Unknown or N/A			
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension)	Active	2015-10-01	
Unknown or N/A			
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Lumbago ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	

### **Face to Face HH Plan:**

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

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:** 

Additional Medical Conditions:

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No SN needed in this visit.

Certification Statement: Signed by (NP): 16

Signed On (NP): 2016-04-15 04:58

Signed By (Physician): 18

Signed on (Physician): 2016-04-19 04:58

Form\_status: finalized

### **Procedure Order:**

Patient ID	5875	Order ID	480
Patient Name	Dawson, Herman Q	Ordered By	Love-Jones, Derrick
Order Date	2016-08-19	Print Date	2016-08-19
Order Status	complete	Encounter Date	2016-08-19
Lab	.HH Agency	Specimen Type>	

	Ordered Procedure	Report				Results						
	Ordered Procedure	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
	026: Pulse Oximetry	2016-08-19		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

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