

**Gregory Lowe: Patient Information**  
Patient Record Number:6390

**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:** Gregory Lowe  
**External ID:** 6390  
**DOB:** 1967-01-16  
**Sex:** Male  
**Patient Drive Folder:** 0B0x\_tbqdBDPhSURkQXljWVZoc0E

**Address:** 3333 Edgewood St  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75215  
**Country:** USA  
**Mobile Phone:** 972-388-4720  
**Street Address:** 3333 Edgewood St  
**Apt/Suite/Other:** Apt#614

## Insurance:

### Superior Health Plan Texas (39188)

**Priority :** Primary  
**Start Date :** 2017-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 220276503  
**Group Number :**  
**Employer Name :** Gregory Lowe

## Immunizations:

**Gregory Lowe: Chief Complaint**  
Patient Record Number:6390

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**Seen by** Darolyn Perkins  
**Seen on** 22-December-2016

**Chief Complaint Status:**finalized

Initial evaluation for the prevention and control of chronic conditions of hypertension, asthma, chronic back pain, anxiety, insomnia and amputation of right leg.

## History of Present illness:

**HPI Status:**Finalized

patient has chronic pain from being in a accident. His right leg is amputated.He states his pain is relieved with pin medication his pain level is a 7/10. He also has hypertension that is uncontrolled because he has been out of his medication. He denies chest pain, headache, nausea or vomiting.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-22	157	116	200.00	72.00	98.20	18.00	~	27.1	0.00

## Medication:

Description	Status	Start Date	End Date
CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-22	

## Plan Note:

**Plan Note Status:**Pending

Lisinopril/hctz 20-25 one tab daily  
Hydrocodone 10-325 mg take one tablet every 6-8 hours for pain.  
Proventil hfa 120 mcg/injh inhale two puffs by mouth every four hours.  
Amoxicillin 250 mg one tab Qid times 10 days  
Clonidine 0.1 mg po at hs.  
Walgreens  
Buckner and Briton 2143988754.

## 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

**Primary Justification Medical Conditions:** hyperlipidemia,HTN

**Additional Medical Conditions:** back pain.

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Patient is homebound due to taxing effort to leave home and deconditioned with increased weakness due to amputated leg and chronic pain.

**Certification Statement:** skilled nursing needed for patient with multiple chronic conditions and patient lack of knowledge on how to manage the disease process and medications. Skilled nursing to assess and observe patient's condition and medication

compliance.

**Signed by (NP):** 302

**Signed On (NP):** 2016-12-22 13:53

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