

Billy Brown: Patient Information
Patient Record Number:5979

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: Billy Brown

External ID: 5979

DOB: 1956-08-04

Sex: Male

S.S.: 455-04-0140

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfk5ZM3VHTmZMeXUzWGpCY256N1F4U0xZUG9yTUFpVVVSYzUyVkU3eE00UFE

Address: 1614 Mentor Ave

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 214-900-4410

Street Address: 1614 Mentor Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 12-30-2016.

Father: Unknown..

Mother: Unknown..

Siblings: Unknown..

Social History:

Last Recorded On: 12-30-2016.

Tobacco: No smoking **Status:** Never

Coffee: **Status:** N/A

Alcohol: No alcohol **Status:** Never

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

Nutrition History: Healthy heart and diabetic diet.

Developmental History: Good..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1993-07-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 455040140A

Group Number :

Employer Name : Billy Brown

Copay :

Insured ID Number : 526556806

Group Number :

Employer Name : Billy Brown

Immunizations:

Billy Brown: Chief Complaint
Patient Record Number:5979

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Seen by Derrick Love-Jones
Seen on 27-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension with vascular complications, diabetes mellitus 2 with neuropathy, osteoarthritis with chronic pain, hyperlipidemia, chronic pain, and congestive heart failure with systolic complications. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

A 60-year-old AA male in NAD with multiple chronic conditions of hypertension, diabetes-2, hyperlipidemia, and chronic pain. Patient states that he continues to have lower back pain and states that this is a chronic issue. Patient also states he continues to have numbness in both feet that is not being relieved with his current medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-27	138	75	204.00	65.00	97.80	16.00	~	33.9	0.00

Review of Systems:

Constitutional:

General: No Weight Loss

No Fatigue

No Anorexia

No Night Sweats

No Fever

No Chills

No Pruritus

No Rash

No Hives

No Bruises

No Use Of Dentures

Physical Exam:

HEENT:

Oral cavity: Within Normal Limits .

ENT:

ENT: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-02-16	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Metoprolol Succinate ER ,50 MG TB24, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0	Unknown or N/A	Active	2016-02-16
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Atorvastatin Calcium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 1	Unknown or N/A	Active	2016-02-16
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

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. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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 stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current medication.
2. Hypertension with vascular complications, continue current medication.
3. Hyperlipidemia, continue current plan.
4. Diabetes mellitus type 2 with neuropathy, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Congestive heart failure with systolic complications, continue current plan.
7. Osteoarthritis chronic pain, continue current medication.

No refills needed in this visit.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-06	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-06	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-06	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-06	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-06	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
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	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, other specified sites (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
2 knee replacements in 2013 and 2014 Unknown or N/A	Active		
Back surgery in 1991 Unknown or N/A	Active		
2014 in Baylor 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Bonyl Home healthcare

Primary Justification Medical Conditions: diabetes,hyperlipidemia,HTN

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain management and inability to self medicate currently.

Certification Statement: Patient is home bound due to chronic pain. Patient has unsteady painful ambulation with extremely poor balance, narcotic medication use to address pain issues.

Signed by (NP): 16

Signed On (NP): 2016-10-27 02:39

Signed By (Physician): 18

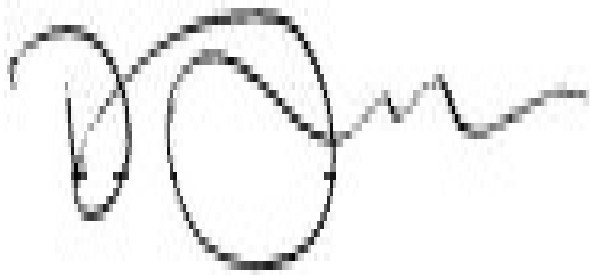
Signed on (Physician): 2016-11-03 02:39

Form_status: finalized

Procedure Order:

Patient ID	5979	Order ID	1250
Patient Name	Brown, Billy	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-11-03**.

Printed on 31-Dec-2016 15:39:12 pm.