

**David Hawkins: Patient Information**  
Patient Record Number:5934

**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:** David Hawkins

**External ID:** 5934

**DOB:** 1961-12-13

**Sex:** Male

**S.S.:** 453332338

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfmIGR2VuLWFGNWNha0ZOMzIJbm9nYWwwSUljRUJYSIBXeGZ3SldwNmllRDQ](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmIGR2VuLWFGNWNha0ZOMzIJbm9nYWwwSUljRUJYSIBXeGZ3SldwNmllRDQ)

**Address:** 5021 Leameadow Dr

**City:** Garland

**State:** Texas

**Postal Code:** 75043

**Country:** USA

**Emergency Phone:** 469-620-3336 Wrong#

**Mobile Phone:** 469-650-3580

**Street Address:** 5021 Leameadow Dr

**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-03-2016.

**Father:** Father died of myocardial infarction..

**Mother:** Unknown..

**Siblings:** Patient has 1 brother and 4 sisters whose medical conditions are unknown..

**Offspring:** Patient is single with one child who is healthy..

## Social History:

**Last Recorded On:** 12-03-2016.

**Tobacco:** Current every day smoker Smokes 1 packer per day. **Status:** Current

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

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

**Nutrition History:** Regular..

**Developmental History:** Well..

**Other History:** Denies flu shot and pneumonia..

## Tests and Exams:

**Last Recorded On:** 12-03-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2006-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2007-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2014-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2014-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)  
**Priority :** Secondary  
**Start Date :** 2014-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 453332338A  
**Group Number :**  
**Employer Name :** David Hawkins  
**Copay :**  
**Insured ID Number :** 453332338A  
**Group Number :**  
**Employer Name :** David Hawkins  
**Copay :**  
**Insured ID Number :** 453332338A  
**Group Number :**  
**Employer Name :** David Hawkins  
**Copay :**  
**Insured ID Number :** 514855075  
**Group Number :**  
**Employer Name :** David Hawkins  
**Copay :**  
**Insured ID Number :** 514855075  
**Group Number :**  
**Employer Name :** David Hawkins

## **Immunizations:**

David Hawkins: Chief Complaint  
Patient Record Number:5934

**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** 20-October-2016

**Chief Complaint Status:**finalized

Followup home visit for management of hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient complains of back pain and knee pain.

## History of Present illness:

**HPI Status:**Finalized

A 54-year-old AS male in NAD with multiple chronic conditions including hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting. Patient complains of low back pain rated as 7/10. Patient states that his pain is better when he takes his pain medication.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-20	146	82	202.00	68.00	97.80	16.00	~	30.7	0.00

## Review of Systems:

**Constitutional:**

**Systemic Infection:**

No Fever

No Weight Loss

No Fatigue

No Change In Appetite

No Change In Energy

No Change In Mentation

No Anemia

No Bleeding Gums

No Bleeding

No Use Of Dentures

## Physical Exam:

**HEENT:**

Head: No tenderness, no masses, no deformities. Neck: No tenderness, no masses, no deformities. Within Normal Limits.

**EXTREMITIES:**

Upper Extremities: No tenderness, no masses, no deformities. Within Normal Limits.

**NEURO:**

Neurological: No tenderness, no masses, no deformities. Within Normal Limits.

Physiology: No tenderness, no masses, no deformities. Within Normal Limits.

## Medication:

Description	Status	Start Date	End Date
Viagra .50 MG TABS, TAKE 1 TABLET DAILY 1 HOUR BEFORE NEEDED, Quantity: 10, Refill Quantity: 0	Active	2016-06-14	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-07
BuPROPion HCl ER (Smoking Det) ,150 MG TB12, q am, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Norco ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-08-03

## 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 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. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable.

1. Lumbago with sciatica, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Erectile dysfunction, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Major depression, continue current plan.
7. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.  
Viagra 100 mg P.R.N.

## Medical Problem:

Description	Status	Start Date	End Date
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity ( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-14	
Lumbago with sciatica, unspecified side ( ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-07-14	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-14	
Male erectile dysfunction, unspecified ( ICD10:N52.9 Male erectile dysfunction, unspecified) Unknown or N/A	Active	2016-06-14	

Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-19
Sciatica, unspecified side ( ICD10:M54.30 Sciatica, unspecified side) Unknown or N/A	Active	2016-01-14
Male erectile disorder ( ICD10:F52.21 Male erectile disorder) Unknown or N/A	Active	2016-01-14
Felty's syndrome, unspecified site ( ICD10:M05.00 Felty's syndrome, unspecified site) Unknown or N/A	Active	2016-01-14
Bilateral primary osteoarthritis of knee ( ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2015-12-23
Major depressive disorder, recurrent, unspecified ( ICD10:F33.9 Major depressive disorder, recurrent, unspecified) Unknown or N/A	Active	2015-12-23
Tobacco use ( ICD10:Z72.0 Tobacco use) Unknown or N/A	Active	2015-12-23
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-12-07
Dorsalgia, unspecified ( ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-20
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Lumbago ( ICD10:M54.5 Low back pain) 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
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, multiple sites ( ICD9:715.09 Osteoarthritis, generalized, multiple sites) Unknown or N/A	Active	2015-07-31
Sciatica ( ICD9:724.3 Sciatica) Unknown or N/A	Active	2015-07-31
Esophageal reflux ( ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	2015-07-31
Depressive disorder, not elsewhere classified ( ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	2015-07-31

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
-------------	--------	------------	----------

MVA (broken back) 1990 Unknown or N/A	Active
MVA 2006 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:** V-Care Home Health

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

**Additional Medical Conditions:** Sciatica, Chronic Pain, Lumbago, ED

**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:** Patient requires closely monitoring for vital signs, skin check, and medication administration.

**Certification Statement:** Patient requires considerable taxing effort to leave home.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-20 03:32

**Signed By (Physician):** 18

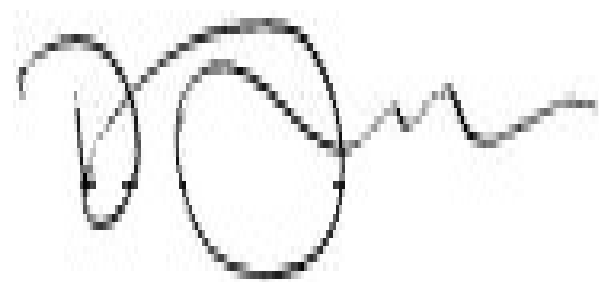
**Signed on (Physician):** 2016-10-27 03:32

**Form\_status:** finalized

## Procedure Order:

Patient ID	5934	Order ID	1224
Patient Name	Hawkins, David	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-27**.

Printed on 04-Dec-2016 16:32:41 pm.