

Garland Woodard: Patient Information
Patient Record Number:6160

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: Garland Woodard
External ID: 6160
DOB: 1966-07-01
Sex: Male
S.S.: 456572084
Marital Status: Married

Address: 615 Woodlawn Ave
City: Dallas
State: Texas
Postal Code: 75208
Country: USA
Home Phone: 972-589-7710
Mobile Phone: 214-760-3814
Street Address: 615 Woodlawn Ave
Apt/Suite/Other: Apt #7

Family History:

Last Recorded On: 10-01-2016.
Father: Father deceased with cirrhosis of the liver..
Mother: Mother is alive and healthy..
Siblings: One brother is alive. Two sisters, one is alive and another is died..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: Drinks occasionally. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Education level is 12th grade..
Other History: Influenza 2015..

Tests and Exams:

Last Recorded On: 10-01-2016.
Prostate Exam N/A Done last three years ago.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-04-01
Relationship to Insured :
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 456572084A
Group Number :
Employer Name : Garland Woodard
Copay :
Insured ID Number : 511952057
Group Number :
Employer Name :

Immunizations:

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Description	Status	Start Date	End Date
Aspirin Adult Low Dose ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-05-04	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Aspirin Adult Low Dose ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Dicyclomine HCl ,20 MG TABS, TAKE 2 TABLETS EVERY 6 HOURS, Quantity: 240, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Dicyclomine HCl ,20 MG TABS, TAKE 2 TABLETS EVERY 6 HOURS, Quantity: 240, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Levothyroxine Sodium ,50 MCG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Levothyroxine Sodium ,50 MCG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Lisinopril ,20 MG TABS, TAKE 1/2 TABLET BY MOUTH DAILY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
Lisinopril ,20 MG TABS, TAKE 1/2 TABLET BY MOUTH DAILY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04

Plan Note:

Plan Note Status:Finalized

1. Lumbago with chronic pain, stable on medications.
2. Hypothyroidism, continue medications.
3. Diabetes mellitus type 2 with neuropathy, stable on medications. Check sugars regularly.
4. Chronic pain syndrome, continue current pain medication.
5. Osteoarthritis with chronic pain, continue current plan.
6. Medication refills as follows: Dicylomine 20 mg 2 tabs q.6h.
7. Medication adherence was given to the patient. Continue treatment as planned.
8. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
9. Reviewed old records of the patient.
10. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-01	

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	2016-06-01
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-01
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-05-15
Other specific arthropathies, not elsewhere classified, right knee (ICD10:M12.861 Other specific arthropathies, not elsewhere classified, right knee) Unknown or N/A	Active	2016-05-15
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-15
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-15
Difficulty in walking, not elsewhere classified (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2016-05-15
Other specified hypothyroidism (ICD10:E03.8 Other specified hypothyroidism) Unknown or N/A	Active	2016-05-15
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-04-27
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-27
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-04-27

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-04-27	

Surgeries:

Description	Status	Start Date	End Date
Hospitalization for hit by a car few years ago. Unknown or N/A	Active	2016-04-27	

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: Emrick Services INC

Primary Justification Medical Conditions: Hypothyroidism,diabetes,hyperlipidemia,HTN,Osteoporosis

Nursing Required: YES

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

Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-07 05:43

Signed By (Physician): 18

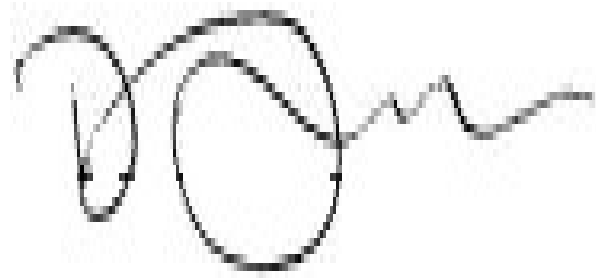
Signed on (Physician): 2016-07-14 05:43

Form_status: finalized

Procedure Order:

Patient ID	6160	Order ID	701
Patient Name	Woodard, Garland	Ordered By	Love-Jones, Derrick
Order Date	2016-10-01	Print Date	2016-10-01
Order Status	complete	Encounter Date	2016-10-01
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-01		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-13**.

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