

**Theodore Jones JR: Patient Information**  
Patient Record Number:6010

**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:** Theodore Jones JR  
**External ID:** 6010  
**DOB:** 1948-02-22  
**Sex:** Male  
**Marital Status:** Single  
**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCMjFJUG9LR0JRdG8](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCMjFJUG9LR0JRdG8)

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 214-228-9120  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 08-24-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 08-24-2016.  
**Tobacco:** Current every day smoker Smokes one packet per day. **Status:** Current  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drugs. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well..  
**Other History:** Influenza November 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2013-02-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 459746385M  
**Group Number :**  
**Employer Name :** Theodore Jones JR  
**Copay :**  
**Insured ID Number :** 528300467  
**Group Number :**  
**Employer Name :** Theodore Jonesjr

**Immunizations:**

**Theodore Jones JR: Chief Complaint**  
Patient Record Number:6010

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**Seen by** Derrick Love-Jones  
**Seen on** 12-August-2016

**Chief Complaint Status:**finalized

Follow-up home visit to prevent further decline of chronic medical conditions hypertension, rheumatoid arthritis, chronic pain, debility, asthma and cellulitis. Patient complains of back and shoulder pain.

**History of Present illness:**

**HPI Status:**Finalized

A 68-year-old African American male with multiple chronic conditions of hypertension, rheumatoid arthritis, chronic pain, asthma, and debility in no acute distress. Patient complains of pain in back and shoulders with relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea vomiting at this time.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-12	143	70	141.00	70.00	98.20	20.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**General/Physical/Functional:**

No weight loss  
No fatigue  
No change in breath  
No change in mentation  
No change in taste of urine  
No change in range of motion

**Physical Exam:**

**GENERAL:**

Appearance: Well, Alert, Pleasant, Good, No Acute Illness

**HEENT:**

Eyes: Sclera: Pink, Bilateral Nasal Turbinates-Within Normal Limits .

**ENT:**

Nasal Mucosa: Pink, Septum: Midline-Within Normal Limits .

**NECK:**

Suprasternal: No, Carotid: No, Thyroid: No, Lymphadenopathy-Within Normal Limits .

**BACK:**

General Appearance: No, Back: No, Waist: No, Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
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Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-22

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or a systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Insomnia, continue current plan
2. Hypertension with vascular complications, continue current plan.
3. Anxiety, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Schizophrenia, continue current plan.

Medication refills as follows:

1. Norco 10/325 mg t.i.d.
2. Lisinopril.
3. Albuterol.
4. Lasix.

## Medical Problem:

Description	Status	Start Date	End Date
Epilepsy, unspecified, not intractable, without status epilepticus ( ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-08-12	
Hypothyroidism, unspecified ( ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-08-12	
Atherosclerotic heart disease of native coronary artery without angina pectoris ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-08-12	
Cellulitis, unspecified ( ICD10:L03.90 Cellulitis, unspecified) Unknown or N/A	Active	2016-08-12	
Acute nasopharyngitis [common cold] ( ICD10:J00 Acute nasopharyngitis [common cold]) Unknown or N/A	Active	2016-07-15	
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	2016-07-15	

Other malaise ( ICD10:R53.81 Other malaise) Unknown or N/A	Active	2016-07-15
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-10
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-10
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-10
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-02-12
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-02-12
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-20
Unspecified asthma with status asthmaticus ( ICD10:J45.902 Unspecified asthma with status asthmaticus) Unknown or N/A	Active	2015-11-20
Rheumatoid arthritis, unspecified ( ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-11-20
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-20
Benign essential hypertension ( ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active	2015-10-06
Rheumatoid arthritis ( ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Active	2015-10-06
Other chronic pain ( ICD9:338.29 Other chronic pain) Unknown or N/A	Active	2015-10-06
Debility, unspecified ( ICD9:799.3 Debility, unspecified) Unknown or N/A	Active	2015-10-06

## Allergies:

Description	Status	Start Date	End Date
Naproxen Unknown or N/A	Active	2015-09-25	

## 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:** We care daycare

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

**Additional Medical Conditions:** Debility, Cellulitis

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** SN needed due to debility and inability to self medicate currently.

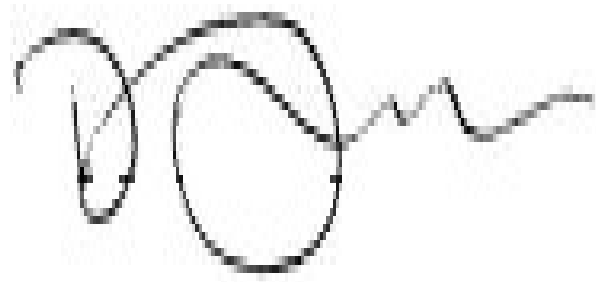
**Certification Statement:** SN needed due to debility and inability to self medicate currently.

Signed by (NP): 16  
Signed On (NP): 2016-08-12 08:56  
Signed By (Physician): 18  
Signed on (Physician): 2016-08-16 08:56  
Form\_status: finalized

## Procedure Order:

Patient ID	6010	Order ID	832
Patient Name	Jones JR, Theodore	Ordered By	Love-Jones, Derrick
Order Date	2016-09-11	Print Date	2016-09-11
Order Status	complete	Encounter Date	2016-09-11
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-11		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-12**.

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