

**Joseph Bailey: Patient Information**  
Patient Record Number:6198

**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:** Joseph Bailey  
**External ID:** 6198  
**DOB:** 1955-08-06  
**Sex:** Male  
**S.S.:** 456-13-1250

**Address:** 1239 Hartsdale Drive  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75211  
**Country:** USA  
**Mobile Phone:** 214-710-6348  
**Street Address:** 1239 Hartsdale Drive  
**Apt/Suite/Other:** Bdlg#2 Apt#102

## Past Medical History:

**Last Recorded On:** 01-07-2017.  
**Risk Factors:** Insomnia.

## Family History:

**Last Recorded On:** 01-07-2017.  
**Father:** Father died of hypertension and cerebrovascular accident..  
**Mother:** Mother is alive and complains of asthma..  
**Siblings:** One sister..  
**Offspring:** Children are unknown..  
**Other Family Relative:** Influenza, tetanus, pneumovax and PPD in 2015..

## Primary Family Med Conditions:

**Last Recorded On:** 01-07-2017.  
**Chronic Conditions:** Asthma,Hypertension,Stroke / Transient Ischemic Attack.

## Social History:

**Last Recorded On:** 01-07-2017.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** Uses heroin and heparin. **Status:** Current  
**Nutrition History:** Regular..  
**Developmental History:** Education level is +2 college..

## Tests and Exams:

**Last Recorded On:** 01-07-2017.

**Insurance:**

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2012-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 456131250A  
**Group Number :**  
**Employer Name :** Joseph Bailey

**Immunizations:**

**Joseph Bailey: Chief Complaint**  
Patient Record Number:6198

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**Seen by** Derrick Love-Jones  
**Seen on** 03-November-2016

**Chief Complaint Status:**finalized

Followup home visit for management of the following chronic medical conditions of diabetes mellitus type 2 with neuropathy, hypertension with vascular complications, chronic obstructive pulmonary disease/asthma, chronic kidney disease stage- III, hyperlipidemia, osteoarthritis with hip pain, schizophrenia, depression, insomnia and coronary artery disease. Patient complains of knee pain.

**History of Present illness:**

**HPI Status:**Finalized

A 61-year-old African-American male in no acute distress with multiple chronic conditions of diabetes mellitus type 2 with neuropathy, hypertension with vascular complications, chronic obstructive pulmonary disease/asthma, chronic kidney disease stage-3, hyperlipidemia, osteoarthritis with hip pain, schizophrenia, depression, insomnia and coronary artery disease. Patient is on home oxygen at 3L continuously but complains of shortness of breath upon exertion. Patient also has chronic pain in knees, shoulders and hands. Today patient complains of lower back pain that has persisted for several weeks. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and a foot check revealed no major issues. Patient denies any chest pain, headaches or nausea vomiting at this time.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-03	119	82	259.00	70.00	97.80	16.00	~	37.2	0.00

## Review of Systems:

**Constitutional:**

**0.97** **Major Depressive Disorder:**

- No Depressed Mood
- No Anhedonia
- No Weight Change
- No Sleep Changes
- No Fatigue
- No Worthlessness
- No Guilt
- No Suicide Thoughts
- No Social Withdrawal
- No Loss Of Interest
- No Thought Content

### Physical Exam:

**ENCLOSURE:**

**Shipping Notice:** Books and CD/DVDs are shipped in separate boxes. No international orders.

**NEERO:**

**BEH 231 - 500: Introduction to Normal Human Development Within Normal Limits.**

**PNYCH:**

**Affect Morosa Within Sectoral Midline-Within Normal Limits.**

**NECK:**

**Normal Limits:** Normal Limits.

**BACK:**

Normal Curvature, Tenderness-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
Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-04	
Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-04	
Insulin Syringe ,28G X 1/2" 1 ML MISC, USE AS DIRECTED, Quantity: 400, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-18	
Insulin Syringe ,28G X 1/2" 1 ML MISC, USE AS DIRECTED, Quantity: 400, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-18	
Aspirin ,81 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06	
Aspirin ,81 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06	
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06	
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06	

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous provided. Reviewed and continue same medications, no new medications noted in 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 emergency room for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Neuropathy, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Diabetes mellitus type 2 with neuropathy, continue current plan.
5. Chronic pain syndrome, continue pain medications.
6. Chronic obstructive pulmonary disease/asthma, continue current plan.
7. Chronic kidney disease stage-III, continue current plan.
8. Coronary artery disease, continue current plan.
9. Insomnia, continue current plan.
10. Depression, continue current plan.
11. Schizophrenia, continue current plan.

Medication refills as follows,  
Symbicort 160/4.5.

insulin needles.  
HCTZ 25 mg q.d.  
Pravastatin 20 mg q.d.  
Amlodipine 10 mg q.d.  
Carvedilol 12.5.mg b.i.d.  
ASA 81 mg.  
Advair 100/50.

## Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-11-03	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-11-03	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-11-03	
Diabetes mellitus due to underlying condition with diabetic polyneuropathy ( ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-08-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-08-01	
Chronic obstructive pulmonary disease with (acute) exacerbation ( ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-08-01	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-07-14	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-07-14	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-07-14	
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	2016-06-08	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-06-08	
Chronic obstructive pulmonary disease, unspecified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-06-08	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-08	
Chronic kidney disease, stage 3 (moderate) ( ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-06-08	

## Allergies:

Description	Status	Start Date	End Date
Penicillin. Unknown or N/A	Active	2016-06-08	

## Surgeries:

Description	Status	Start Date	End Date
Hospitalized at Baylor in 2016 for COPD. Unknown or N/A	Active	2016-06-08	

## 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:** LG Charity Home Health

**Primary Justification Medical Conditions:** Kidney\_Disease,hyperlipidemia,Schizophrenia,HTN,diabetes,COPD

**Additional Medical Conditions:** Insomnia, Chronic Pain Syndrome, coronary artery disease.

**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 is homebound due to mental illness and the inability to self medicate correctly

**Certification Statement:** Skilled nursing is needed due to mental illness and the inability to self medicate correctly.

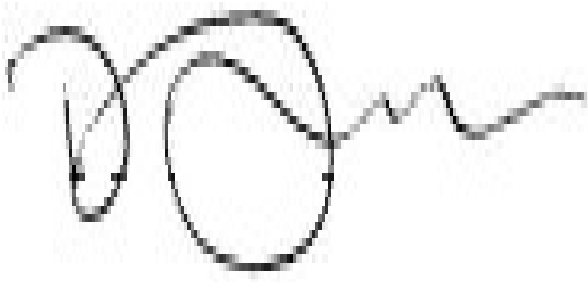
**Signed by (NP):** 16

**Signed On (NP):** 2016-11-03 02:30

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-10 02:30

**Form\_status:** finalized



Electronically Signed by **Derrick Love-Jones** on **2016-11-10**.

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