Benjamin Sykes: Patient Information

Patient Record Number: 5943

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: Benjamin Sykes External ID: 5943 **DOB**: 1935-10-13 Sex: Male S.S.: 569-44-3546

Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfng4b1BSTUtOX0RTWVN2MTZPNzhPRmx4Wk1XbC1vSGdvMFRxV

U5xTINpb1U

Address: 1720 Caddo St

City: Dallas State: Texas Postal Code: 75204 Country: USA

Guardian's Name: Norma Ross(Spouse) **Emergency Phone:** 214-725-5585 Home Phone: 214-827-6595 Street Address: 1720 Caddo St Apt/Suite/Other: Apt#1720

Family History:

Last Recorded On: 07-22-2016. Father: Father is alive and 99 years old.. Mother: Mother died of unknown cancer..

Siblings: Patient has one sister who is healthy and no brothers..

Offspring: Patient is married and has 1 boy and 4 girls who are healthy...

Social History:

Last Recorded On: 07-22-2016.

Tobacco: Current every day smoker 1/2 ppd Status: Current

Alcohol: Social drinker. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular. Developmental History: Well.

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date : 2000-10-01 Relationship to Insured : Self

Payer: Medicare B Texas (SMTX0)

Copay : Insured ID Number : 569443546A

Group Number :

Employer Name : Benjamin Sykes

Immunizations:		

Benjamin Sykes: Chief Complaint

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Seen by Derrick Love-Jones Seen on 07-July-2016

Chief Complaint Status: finalized

Follow up home visit for management of hypertension, abnormal gait, difficulty walking, debility, cataract, arthropathy, osteoarthritis, B12 deficiency and congestive heart failure. Patient complains of pain in knees.

History of Present illness:

HPI Status:Finalized

An 80-year-old African American male in NAD with multiple chronic conditions of abnormal gait, difficulty walking, cataract, congestive heart failure, hypertension, arthropathy, osteoarthritis, and B12 deficiency. Patient states he has pain in his knees that has been increasing over the last 2-3 weeks. Patient denies any other issues upon examination. Patient rates pain 7/10 at this time. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-07	155	85	160.00	71.00	97.60	22.00	~	22.3	0.00

Review of Systems:

Constitutional:

tr**gittilinga**ntunologic:

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Node eths YES

Theigsing

No Digital Discheating

Net Stands Manufacture in the Communication

No Projucesthesia

No Obstatiction Range Of Motion

Physical Exam:

Manager Strategic Strategi

REMOREMITIES:

Militaria Normal Limits .

CV:

REPREVAMINATION TO MAINTENANT OF THE PROPERTY OF THE PROPERTY

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-03-10	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Atenolol ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-02-04	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 0

Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Active 2016-02-04

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. 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. Osteoarthritis with chronic pain continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Congestive heart failure with systolic complications, continue current plan.
- 4. Debility, continue current plan.
- 5. Cataracts, continue current plan.
- 6. B12 deficiency, continue current plan.
- 7. Anemia, continue current plan.

No refills needed in this visit.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Effusion of joint, ankle and foot (ICD10:M25.473 Effusion, unspecified ankle) Unknown or N/A	Active	2015-10-01	
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Nonsenile cataract, unspecified (ICD10:H26.009 Unspecified infantile and juvenile cataract, unspecified eye) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:l10 Essential (primary) hypertension) 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	
Other vitamin B12 deficiency anemia (ICD10:D51.8 Other vitamin B12 deficiency anemias) Unknown or N/A	Active	2015-10-01	
Other specified arthropathy, multiple sites (ICD10:M12.89 Other specific arthropathies, not elsewhere classified, multiple sites) Unknown or N/A	Active	2015-10-01	
Anemia, unspecified (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-01	
Debility, unspecified (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01	
Unspecified cataract (ICD9:366.9 Unspecified cataract) Unknown or N/A	Active		

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Gallbladder stones/Kidney stones-2014 (Baylor DT)	Active		
Unknown or N/A	Active		
Cataract surgery 2013	Active		
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: Bonyl Hom healthcare

Primary Justification Medical Conditions: Anemia, Cataract, Heart_Failure

Additional Medical Conditions:

Nursing Required: YES Physical Therapy: YES

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: SN needed due to inability to self medicate correctly injury education will continue. Certification Statement: Patient is home bound due to abnormal gait and debility. Patient has unsteady ambulation with very poor balance and has increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-07 06:56 **Signed By (Physician):** 18

Signed on (Physician): 2016-07-14 06:56

Form_status: finalized

Procedure Order:

Patient ID	5943	Order ID	702
Patient Name	Sykes, Benjamin	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: Puls	se Oximetry	2016-09-11		Final ✓		0097	Pulse Oximetry	No	96%	97% to 100%		



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

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