Lloyd Thompson: Patient Information

Patient Record Number:6271

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: Lloyd W Thompson

External ID: 6271 **DOB**: 1938-07-31 Sex: Male **S.S.**: 461-58-2193 Marital Status: Single

Patient Drive Folder: 0B0x_tbqdBDPhQmU3NIRIQWFXVIU

Address: 3200 S Lancaster

City: Dallas State: Texas Postal Code: 75216 Country: USA

Guardian's Name: Brernda Jackson(Sister) Emergency Contact: 214-354-6563 Home Phone: 214-714-0732 Street Address: 3200 S Lancaster

Family History:

Last Recorded On: 02-11-2017.

Father: Father died of diabetes mellitus type 2..

Mother: Mother died of breast cancer..

Siblings: One sister is alive with diabetes mellitus. One sister and one brother had died..

Offspring: Four daughters and three girls. One boy was murdered..

Social History:

Last Recorded On: 02-11-2017.

Tobacco: Light tobacco smoker Smokes 1/2 packet per day. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Well..

Developmental History: Education level is 12th grade..

Tests and Exams:

Last Recorded On: 02-11-2017.

Prostate Exam N/A Done in 2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary **Start Date**: 2015-09-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date : 2016-12-01 Relationship to Insured : Self

Type: N/A

Payer: Wellcare HMO, Inc. (14163)
Priority: Primary

Start Date: 2017-02-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date: 2016-08-01 Relationship to Insured:

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 500000023104

Group Number:

Employer Name: Lloyd Thompson

Copay : Insured ID Number : 15010649

Group Number:

Employer Name: Lloyd Thompson

Copay:

Insured ID Number: 500000023104

Group Number :

Employer Name: Lloyd Thompson

Copay : Insured ID Number : 511335851

Group Number: Employer Name :

Immunizations:

Lloyd Thompson: Chief Complaint

Patient Record Number:6271

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Seen by Sumana Ketha MD Seen on 16-December-2016

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, benign prostatic hyperplasia, hyperlipidemia, allergic rhinitis, diabetes mellitus 2, lumbago, and chronic pain syndrome. Patient complains of pain in his lower back.

History of Present illness:

HPI Status:Finalized

A 78-year-old African-American male in no acute distress with multiple chronic conditions of the following hypertension, benign prostatic hyperplasia, hyperlipidemia, allergic rhinitis, diabetes mellitus 2, lumbago, and chronic pain syndrome. Patient states he has had lower back pain for years. Patient rates his current pain at 7/10. Patient states he has chronic knee and shoulder pain from arthritis and has had this pain for many years. Patient recently discharged from hospital after an MI. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently in a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-16	103	52	150.00	69.00	97.60	16.00	~	22.1	0.00

Review of Systems:

Constitutional:

Opphising a philipid philipid in part

No Distribution Videsions

No Electronic Market de la constante de la con

Not be properties thirst

No Bliographical and Back

No Diraitatean In Range Of Motion

No Constipation

Physical Exam:

Some Brand Company Com

EVE:

RefijiManuka நெருந்து நு**ந்து நெருந்து நிக்கு இமுக்கு நிக்கு ந**ந்து நிக்கு நிக்கு இருந்து நிக்கு நிக்கு

RESP:

PUTRICAT, ATBO WILL INVIOLENCE INTO A HOLD INTO A HOLD

 $Lungs\ Clear, Rales, Rhonchi, Wheezes-Within\ Normal\ Limits\ .$

Medication:

Description	Status	Start Date	End Date	
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1				
Unknown or N/A	Active	2016-10-27		
by Jones, Derrick - MJ3217331				
Texas Physician House Calls				

MetFORMIN HCI ,1000 MG TABS, Once a day, Quantity: 30, Refill Quantity: 1 Unknown or N/A Active 2016-09-19 by Jones, Derrick - MJ3217331 Texas Physician House Calls Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1 Active 2016-09-19 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls MetFORMIN HCI, 1000 MG TABS, Once a day, Quantity: 30, Refill Quantity: 1 Active 2016-08-27 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1 Active 2016-08-27 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan his previous provider. 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 systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan that was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Coronary artery disease, continue current plan.
- 2. Diabetes mellitus 2 with neuropathy, continue current plan.
- 3. Hypertension with vascular complications, continue current plan.
- 4. Lumbago with chronic pain, continue current plan.
- $5. \ Chronic \ pain \ syndrome, \ continue \ current \ plan.$
- ${\bf 6.}\ {\bf Benign}\ prostate\ hyperplasia,\ continue\ current\ plan.$
- 7. Peripheral vascular disease, continue current plan.
- 8. Hyperlipidemia, continue current plan.
- 9. Allergic rhinitis, continue current plan.

Medication refills as follows, Tamsulosin 0.4 mg q.d. Norco 10/325 mg t.i.d. Metformin 1000 mg q.d. Pravastatin 20 mg q.d. Cetrizine 10 mg q.d. Lisinopril 5 mg q.d.

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	2016-10-24	
Enlarged prostate with lower urinary tract symptoms (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2016-10-24	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-10-24	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-16	
Inflammatory conditions of jaws (ICD10:M27.2 Inflammatory conditions of jaws) Unknown or N/A	Active	2016-09-16	

Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-19
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-19
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	2016-08-19
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-08-19
Enlarged prostate without lower urinary tract symptoms (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2016-08-19

Allergies:

	Description	Status	Start Date	End Date
Pork.		Antino		
Unknown or N/A		Active		

Surgeries:

Description	Status	Start Date	End Date
Hernia surgery in 2000. 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: YES

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: We care daycare

Primary Justification Medical Conditions: Hyperplasia, hyperlipidemia, HTN, diabetes

Additional Medical Conditions: Nursing Required: YES Physical Therapy:

Occupational Therapy Required: Speech-language Pathology Required: Requested Care/Treatments Required:

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

Certification Statement: Patient is home bound due to chronic pain. Patient experiences confusion and is unable to safely leave

home alone.

Signed by (NP): 16

Signed On (NP): 2016-12-16 03:53 **Signed By (Physician):** 18

Signed on (Physician): 2016-12-23 03:53

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6271	Order ID	1358
Patient Name	Thompson, Lloyd W	Ordered By	Love-Jones, Derrick
Order Date	2016-12-16 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report	Results										
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note	
026: Pulse Oximetry		2016-12-16 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-12-23.

Printed on 12-Feb-2017 20:03:16 pm.