Cedric Green: Patient Information

Patient Record Number:5907

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: Cedric Green External ID: 5907 **DOB**: 1966-11-14 Sex: Male **S.S.**: 461722597 Marital Status: Single

User Defined: Elvira Drennon same address

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCV3llWF9CX3hibFk

Address: 2331 Kathleen Ave

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

Emergency Contact: 214-462-0183 Home Phone: 214-462-0186 Street Address: 2331 Kathleen Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 12-30-2016. Father: Father died of weakness.

Mother: Mother died of weakness due to breast cancer. Siblings: 4 brothers, 2 died and the other 2 unhealthy... Offspring: Patient is single and has no children..

Social History:

Last Recorded On: 12-30-2016.

Tobacco: Smokes one packet per day. Status: Current

Alcohol: Drinks occasionally. Status: Current Recreational Drugs: No drug abuse. Status: Never

Developmental History: Well..

Other History: Flu shot in 2014 Denies pneumonia.

Tests and Exams:

Last Recorded On: 12-30-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1990-09-01 Relationship to Insured: Self

Type: N/A

Payer : Medicare B Texas (SMTX0)

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

Type: N/A

Payer: Superior Health Plan Texas (39188)

Priority: Primary Start Date: 2016-04-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority : Secondary Start Date : 2013-01-01 Relationship to Insured : Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Priority : Secondary Start Date : 2016-04-01 Relationship to Insured : Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay:

Insured ID Number: 461722597C1

Group Number:

Employer Name: Cedric Green

Copay:

Insured ID Number : 426356601

Group Number :

Employer Name: Cedric Green

Copay:

Insured ID Number: 461722597C1

Group Number:

Employer Name: Cedric Green

Copay:

Insured ID Number: 426356601

Group Number :

Employer Name : Cedric Green

Copay:

Insured ID Number: 426356601

Group Number:

Employer Name : Cedric Green

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Rheumatoid arthritis (ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Other convulsions (ICD9:780.39 Other convulsions) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Inactive	2015-07-13	2015-09-30

Cedric Green: Chief Complaint Patient Record Number:5907 **Texas Physician House Calls (H)**

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Seen by Derrick Love-Jones **Seen on** 17-November-2016

Chief Complaint Status: finalized

Follow up home visit for management of epilepsy, depression, chronic pain, rheumatoid arthritis, diabetes mellitus type 2, cognitive impairment, anxiety, urinary incontinence, schizophrenia, osteoarthrosis, impairment of eyes, and difficult in walking. Patient complains of knee pain and feet pain.

History of Present illness:

HPI Status:Finalized

Patient is a 50-year-old male in NAD with multiple chronic conditions of epilepsy, depression, chronic pain, rheumatoid arthritis, diabetes mellitus type 2, cognitive impairment, anxiety, urinary incontinence, schizophrenia, osteoarthrosis, impairment of eyes, and difficult in walking. Patient reports he is taking his medication and has not had a seizure in a month. Patient states that his knees and feet have been hurting more. Patient rates current pain at 7/10 and is relieved with current pain medication. Patient denies chest pain, headache, and nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-11-17	112	68	162.00	67.00	97.60	16.00	~	25.4	0.00

Review of Systems:

Constitutional:

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Physical Exam:

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Biological Participation of the Association of th

SECREMITIES:

SEARCH TO THE WAY OF THE WAY OF THE PROPERTY OF THE PROPERTY

CV:

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Etodolac ,400 MG TABS, Take one tablet by mouth twice a day after meals for pain and inflammation, Quantity: 60, Refill Quantity: 2			
Unknown or N/A	Active	2016-10-28	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

OVersharening 600 MC TARS TAVE ONE TARLET BY MOUTH		I
OXcarbazepine ,600 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2		
Unknown or N/A	Active	2016-09-19
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, 35 units am 10 units		
pm, Quantity: 18, Refill Quantity: 3		
Unknown or N/A	Active	2016-07-27
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Phenytoin Sodium Extended ,100 MG CAPS, TAKE 2 CAPSULES DAILY, Quantity: 180, Refill Quantity: 1		
Unknown or N/A	Active	2016-07-27
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
LamoTRIgine ,200 MG TABS, TAKE 1 TABLET BY MOUTH EVERY		
MORNING, Quantity: 30, Refill Quantity: 2		
Unknown or N/A	Active	2016-07-11
by ketha, Dr sumana - BK6230281 Texas Physician House Calls		
,		
OXcarbazepine ,600 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0		
Unknown or N/A	Active	2016-04-12
by Jones, Derrick - MJ3217331		
Texas Physician House Calls		
ALPRAZolam ,1 MG TABS, TAKE ONE TABLET BY MOUTH DAILY,		
Quantity: 30, Refill Quantity: 0		
Unknown or N/A	Active	2016-04-08
by ketha, Dr sumana - BK6230281		
DFW Primary Care PLLC		
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE ONE TABLET		
BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-04-08
by ketha, Dr sumana - BK6230281		
DFW Primary Care PLLC		
Diclofenac Sodium ,3 % GEL, APPLY 1 PACKET ONE TIME DAILY AS		
DIRECTED, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-03-10
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
ALPRAZolam ,1 MG TABS, TAKE 1 TAB DAILY, Quantity: 30, Refill		
Quantity: 0 Unknown or N/A	Active	2016-03-08
by ketha, Dr sumana - BK6230281	7.0	2010 00 00
Texas Physician House Calls		
LamoTRIgine ,200 MG TABS, TAKE 1 TABLET DAILY IN THE		
MORNING, Quantity: 30, Refill Quantity: 3		
Unknown or N/A	Active	2016-03-08
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		
Phenytoin Sodium Extended ,100 MG CAPS, TAKE 2 CAPSULES		
DAILY, Quantity: 180, Refill Quantity: 3 Unknown or N/A	Active	2016-03-08
by ketha, Dr sumana - BK6230281	, 100140	2510 00 00
Texas Physician House Calls		
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3		
TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0		
Unknown or N/A	Active	2016-03-08
by ketha, Dr sumana - BK6230281		
Texas Physician House Calls		

Plan Note:

Plan Note Status: Finalized

Continue with current treatment plan, 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 so, 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 at this time. Discussed the treatment plan with the patient. Prognosis is fair and stable. Review of old records of the

patient. Patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Follow up appointment in 4-6 weeks.

- 1. Epilepsy, continue current plan.
- 2. Anxiety, continue current plan.
- 3. Diabetes mellitus 2 with neuropathy, continue current plan.
- 4. Depression, continue current plan.
- 5. Chronic pain syndrome, continue current pain medication.
- 6. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
- 7. Urinary incontinence, continue current plan.
- 8. Cognitive impairment, continue current plan.
- 9. Schizophrenia, continue current plan.
- 10. History of falls, continue to monitor.

Medication refills as follows:
Oxcarbazepine 600 mg b.i.d.
Etodolac 400 mg b.i.d.
Phenytoin 100 mg 2 tabs q.d.
Metformin 500 mg b.i.d.
Sertraline 100 mg q.d.
Xanax 0.5 mg t.i.d.
Norco 10/32 g t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-10-27	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-09-14	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-07-27	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27	
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-07-25	
Unspecified visual disturbance (ICD10:H53.9 Unspecified visual disturbance) Unknown or N/A	Active	2016-03-24	
Mild cognitive impairment, so stated (ICD10:G31.84 Mild cognitive impairment, so stated) Unknown or N/A	Active	2016-02-18	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-02-11	
Blindness, both eyes (ICD10:H54.0 Blindness, both eyes) Unknown or N/A	Active	2015-11-24	
Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus (ICD10:G40.101 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus) Unknown or N/A	Active	2015-11-15	
Bilateral primary osteoarthritis of hip (ICD10:M16.0 Bilateral primary osteoarthritis of hip) Unknown or N/A	Active	2015-11-15	
History of falling (ICD10:Z91.81 History of falling) Unknown or N/A	Active	2015-11-15	

History of fall (ICD9:V15.88 History of fall) Unknown or N/A	Active	2015-10-31
Other epilepsy, not intractable, without status epilepticus (ICD10:G40.802 Other epilepsy, not intractable, without status epilepticus) Unknown or N/A	Active	2015-10-31
Epilepsy, unspecified, intractable, with status epilepticus (ICD10:G40.911 Epilepsy, unspecified, intractable, with status epilepticus) Unknown or N/A	Active	2015-10-21
Epilepsy, unspecified, intractable, without status epilepticus (ICD10:G40.919 Epilepsy, unspecified, intractable, without status epilepticus) Unknown or N/A	Active	2015-10-21
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Other forms of epilepsy and recurrent seizures, without mention of intractable epilepsy (ICD10:G40.801 Other epilepsy, not intractable, with status epilepticus) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Moderate or severe impairment, both eyes, impairment level not further specified (ICD10:H54.2 Low vision, both eyes) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Epilepsy, unspecified, with intractable epilepsy (ICD9:345.91 Epilepsy, unspecified, with intractable epilepsy) Unknown or N/A	Active	

Allergies:

Status	Start Date	End Date	
Active			
		2002	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES Is Home Health Care Needed: YES

 $\textbf{Does Patient have reliable other Primary Care Physician:} \ \texttt{YES}$

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

Current home health agency: Daniella Home Health Services Inc

Primary Justification Medical Conditions: Depression, Epilepsy, Schizophrenia

Additional Medical Conditions: Urinary incontinence.

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: Skilled nursing needed due to Schizophrenia and Epilepsy and inability to self

medicate.

Certification Statement: Patient is home bound due to schizophrenia and epilepsy. Patient experience confusion and unsafe to

leave home alone. **Signed by (NP):** 16

Signed On (NP): 2016-11-17 03:08 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-24 03:08

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Adult Size Pullup			
(ICD10:R32 Unspecified urinary incontinence)	Active	2016-02-18	
First	7101170		
2016-02-18 by Sumana Ketha, M.D.			
Adult Disposable Washcloths			
(ICD10:R32 Unspecified urinary incontinence)	Active	2016-02-18	
First	7101170	2010 02 10	
2016-02-18 by Sumana Ketha, M.D.			

Procedure Order:

Patient ID	5907	Order ID	1185
Patient Name	Green, Cedric	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report			Results							
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-24**.

Printed on 31-Dec-2016 17:13:40 pm.