

Tyrant Wiley: Patient Information
Patient Record Number:6278

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: Tyrant Wiley
External ID: 6278
DOB: 1960-02-18
Sex: Male
Marital Status: Divorced
Patient Drive Folder: 0B0x_tbqdBDPhWDU3a0hPeHBUBlk

Address: 4330 Marshall St
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Mobile Phone: 214-859-4188
Street Address: 4330 Marshall St
Apt/Suite/Other: House

Family History:

Last Recorded On: 02-03-2017.
Father: Father is died..
Mother: Mother is alive..
Siblings: One sister and four brothers..
Offspring: One boy and one girl..

Social History:

Last Recorded On: 02-03-2017.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: Drinks socially. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 12th and 2 years..
Other History: Does not take any immunizations..

Tests and Exams:

Last Recorded On: 02-03-2017.
Sigmoid/Colonoscopy N/A Done in 2014.
Prostate Exam N/A Done in 2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2011-09-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 531098940
Group Number :
Employer Name : Tyrant Wiley

Immunizations:

Tyrant Wiley: Chief Complaint
Patient Record Number:6278

2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texaschousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texaschousecalls.com

Seen by Sumana Ketha MD
Seen on 21-December-2016

Chief Complaint Status:finalized

Followup home visit to service to prevent further decline of the following chronic medical conditions of gout, edema of lower extremities, hyperlipidemia, hypertension, osteoarthritis, chronic pain syndrome, muscle spasms, and lumbago. Patient complains of hand pain and common cold symptoms.

History of Present illness:

HPI Status:Finalized

Patient is a 56-year-old African-American male in no acute distress with multiple chronic conditions of the following of gout, edema of lower extremities, hyperlipidemia, hypertension, osteoarthritis, chronic pain syndrome, muscle spasms, and lumbago. Patient complains of pain in his hands for several weeks. Patient also states that he has chronic back pain due to an accident several years ago. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-21	138	101	202.00	72.00	98.20	18.00	~	27.4	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No ~~DUPLICATE~~ Killions

No Breatheable Air

No ~~any~~ problems

No Discrimination

No Changes to Support

No Distal or Denture Range Of Motion

No Constipation

Physical Exam:

FIGURE 3:

IMMUNOPATHOLOGY: Adenopathy-Within Normal Limits .

MEMO:

Don't Miss Our Exclusive Time in New York! Don't Miss a Minute!

PSYCH:

RRR/AFEC/Dr. Williams Normal Mood, Alert and Oriented X3-Within Normal Limits .

RESP:

Patent Application In Normal Limits - Mood-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as 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 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. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Lumbago with chronic pain, continue current plan.
6. Muscle spasms, continue current plan.
7. Gout, continue current plan.
8. Erectile dysfunction, continue current plan.
9. Edema of lower extremities, continue current plan.

Medication refills as follows,
Dexamethasone 4 mg q.d.
Uloric 40 mg q.d.
Soma 350 mg b.i.d.
Losartan 50 mg q.d.
Pravastatin 20 mg q.h.s.
Amlodipine 10 mg q.d.
Folic Acid 1 mg q.d.
Fenofibric 135 mg q.d.
Norco 10/32 5 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-11-15	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-11-15	
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	2016-11-15	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-28	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-09-28	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-09-28	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-25	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-08-25	
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-08-25	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-25	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Skin graft 10 years ago. Unknown or N/A	Active		
Umbilical hernia. Unknown or N/A	Active		
Fractured left tibia in 1975. Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: Mobility_Impairments,hyperlipidemia,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Lumbago, Gout, Chronic pain syndrome, Muscle spasms.

Nursing Required: NO

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health:

Certification Statement:

Signed by (NP): 302

Signed On (NP): 2016-12-21 00:14

Signed By (Physician): 18

Signed on (Physician): 2016-12-28 00:14

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-12-28**.

Printed on 04-Feb-2017 21:13:52 pm.