

**Moroco Conerly: Patient Information**  
Patient Record Number:5894

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texas-housecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texas-housecalls.com

**Name:** Moroco Conerly

**External ID:** 5894

**DOB:** 1966-06-02

**Sex:** Male

**S.S.:** 433258670A

**Patient Drive Folder:** [https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd\\_SfCM1ByeFZWUHBOb1U](https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCM1ByeFZWUHBOb1U)

**Address:** 3501 North Buckner Boulevard Apt #1509

**City:** Dallas

**State:** Texas

**Postal Code:** 75228

**Country:** USA

**Emergency Phone:** 214-710-9951

**Work Phone:** 214-321-8048

**Mobile Phone:** 214-710-9951

**Street Address:** 3501 North Buckner Boulevard

**Apt/Suite/Other:** 1509

## Family History:

**Last Recorded On:** 08-24-2016.

**Siblings:** Daughter died of colon cancer..

## Social History:

**Last Recorded On:** 08-24-2016.

**Tobacco:** Never smoker No smoking **Status:** Never

**Alcohol:** No alcohol **Status:** Quit

**Recreational Drugs:** Occasional marijuana **Status:** Current

**Nutrition History:** Regular..

**Developmental History:** Well..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 1999-06-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Secondary

**Start Date :** 2012-01-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Copay :**

**Insured ID Number :** 433258670A

**Group Number :**

**Employer Name :** Moroco Conerly

**Copay :**

**Insured ID Number :** 511343414

**Group Number :**

**Employer Name :** Moroco Conerly

## Immunizations:



**Moroco Conerly: Chief Complaint**  
Patient Record Number:5894

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**Seen by** Derrick Love-Jones  
**Seen on** 16-August-2016

**Chief Complaint Status:**finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypertension, gastroesophageal reflux disease, allergic rhinitis, erectile dysfunction, hyperlipidemia, bipolar, anemia, chronic pain syndrome, constipation, and neuropathy. Patient complains of pain in back, feet and all over body.

**History of Present illness:**

**HPI Status:**Finalized

A 50-year-old African-American male in NAD with multiple chronic conditions of the following: hypertension, gastroesophageal reflux disease, allergic rhinitis, erectile dysfunction, hyperlipidemia, bipolar, anemia, chronic pain syndrome, constipation, and neuropathy. Patient complains of pain in back and in his feet for several weeks. Patient does admit that current pain medication does relieved pain. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-16	139	86	174.00	72.00	97.80	20.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**General/Endocrine/Metabolic:**

No Weight Loss  
No Weight Gain  
No Decrease in Energy  
No Decrease in Appetite  
No Constipation

**Physical Exam:**

**HEENT:**

Oral cavity-Within Normal Limits, Lymphadenopathy-Within Normal Limits .

**ENT:**

External Ear-Within Normal Limits, Ears-Within Normal Limits, Gums . pink, Bilateral Nasal Turbinates-Within Normal Limits .

**CV:**

Heart-Within Normal Limits, Lungs-Within Normal Limits .

Murmur, Rubs,Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
.. , Quantity: , Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-24	
RisperDAL ,2 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-22	

NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-09
Viagra ,100 MG TABS, TAKE 1 TABLET BY MOUTH 45 MINUTES BEFORE INTERCOURSE, Quantity: 2, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-09
Megestrol Acetate ,40 MG/ML SUSP, TAKE 5 ML BY MOUTH EVERY DAY IN THE MORNING, Quantity: 150, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-14
Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-16

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. 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. No labs need at 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. Osteoarthritis with chronic pain, continue current plan.
2. Bipolar, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Gastroesophageal reflux disease, continue current plan.
6. Allergic rhinitis, continue current plan.
7. Erectile dysfunction, continue current plan.
8. Hyperlipidemia, continue current plan.
9. Neuropathy, continue current plan.
10. Depression, continue current plan.
11. Schizophrenia, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
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	2016-08-16	
Benign essential hypertension ( ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active	2016-08-05	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ( ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active	2016-08-05	
Other chronic pain ( ICD9:338.29 Other chronic pain) Unknown or N/A	Active	2016-08-05	

Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-28
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-28
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-28
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-12
Bipolar disorder, unspecified ( ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-05-12
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-12
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-05-12

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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:**

**Additional Medical Conditions:**

**Nursing Required:** NO

**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 chronic pain and mental health issues.

**Certification Statement:** No skilled nursing needed at this time.

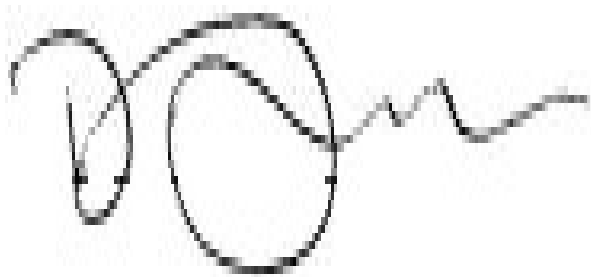
**Signed by (NP):** 16

**Signed On (NP):** 2016-08-16 09:50

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-08-23 09:50

**Form\_status:** finalized



Electronically Signed by **Derrick Love-Jones** on **2016-08-23**.

