

Clarence Wiley: Patient Information
Patient Record Number:6263

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: Clarence Wiley
External ID: 6263
DOB: 1951-05-07
Sex: Male
S.S.: 450966771
Marital Status: Divorced

Address: 4327 Marshall St
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Mobile Phone: 469-714-7578
Street Address: 4327 Marshall St
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-19-2016.
Father: Father died of hypertension, myocardial infarction, diabetes mellitus 2, and hyperlipidemia. .
Mother: Father is alive with hypertension and hyperlipidemia..
Siblings: Five brothers and one sister are alive and one brother died with diabetes and hypertension..
Offspring: Three children..

Social History:

Last Recorded On: 11-19-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level is 12th grade..
Other History: Influenza in 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2016-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-06-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 450966771M
Group Number :
Employer Name : Clarence Wiley
Copay :
Insured ID Number : 519936127
Group Number :
Employer Name : Clarence Wiley

Immunizations:

Clarence Wiley: Chief Complaint
Patient Record Number:6263

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Seen by Derrick Love-Jones
Seen on 11-October-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of chronic obstructive pulmonary disease/asthma, chronic pain syndrome, hypertension, rheumatoid arthritis/osteoarthritis, anxiety, depression, abnormal gait, cerebrovascular effects, and gout. Patient complains of boils on buttocks.

History of Present illness:

HPI Status:Finalized

A 65-year-old African-American male in NAD with multiple chronic conditions of the following chronic obstructive pulmonary disease/asthma, chronic pain syndrome, hypertension, rheumatoid arthritis/osteoarthritis, anxiety, depression, abnormal gait, cerebrovascular effects, and gout. Patient states he was admitted to the hospital for 5 days due to boils on buttocks. Patient was placed on antibiotics while in hospital and was released. Patient also states he has hand and knee pain. Patient states this pain has been chronic for many years. Patient denies any other issues or complaints at this time. Patient denies any chest pain, headache, nausea/vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-11	159	100	120.00	69.00	97.80	18.00	~	17.7	0.00

Review of Systems:

Constitutional:

No Constipation

Physical Exam:

HEENT:
Eyes-Red, Conjunctivae-Warm, Pupils-Equal, Reaction-Intact, Extraocular Muscles-Within Normal Limits .
EARS:
Otitis Media-None, Otitis Externa-None, Cerumen-None, Eustachian Tubes-Open, Cholesteatoma, Gums-pink, Bilateral Nasal Turbinates-Within Normal Limits .
PSYCH:
RRR-Mentation-Intact, Mood-Neutral, Affect-Appropriate .
RESP:
Normal CXR, With Good Lung Volumes, Alert and Oriented X3-Within Normal Limits .
Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Allopurinol ,100 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2			
Unknown or N/A	Active	2016-09-19	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Metoprolol Tartrate ,25 MG TABS, TAKE ONE TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Allopurinol ,100 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	2016-08-15
DiazePAM ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY EVENING, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-15

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 systolic blood for sure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office in the front questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Gout, continue current plan.
2. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
3. Chronic obstructive pulmonary disease/asthma, continue current plan.
4. Anxiety, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Constipation, continue current plan.
7. Hypertension with vascular complications, continue current plan.
8. Cerebrovascular effects, continue to monitor.
9. Abnormal gait, continue to monitor.
10. Depression, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Allopurinol 40 mg q.d.

Polyethylene Glycol 3350.

Metroprolol 25 mg q.d.

Pro-Air INH

Alprozalam 0.5 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-15	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-09-15	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-15	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-10	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-10	

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	2016-08-10
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-08-10
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-08-10
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-08-10

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hernia surgery year unknown. 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

Primary Justification Medical Conditions: Asthma,COPD,Depression,HTN,Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr,Stroke

Additional Medical Conditions: Chronic Pain Syndrome, Gout,

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to chronic COPD, chronic pain, limited mobility and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to CVA effects, uncontrolled chronic pain in the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-10-11 02:47

Signed By (Physician): 18

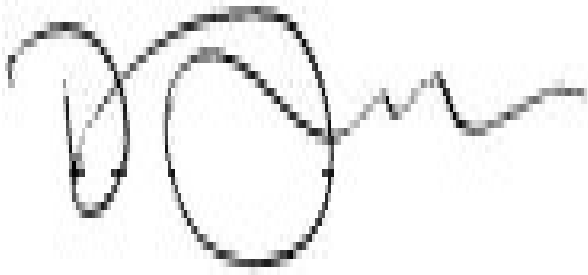
Signed on (Physician): 2016-10-18 02:47

Form_status: finalized

Procedure Order:

Patient ID	6263	Order ID	1103
Patient Name	Wiley, Clarence	Ordered By	Love-Jones, Derrick
Order Date	2016-11-20	Print Date	2016-11-20
Order Status	complete	Encounter Date	2016-11-20
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-20		Final ✓		0097	Pulse Oximetry	Yes	96%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-10-18**.

Printed on 20-Nov-2016 09:02:40 am.