

Andy Thomas: Patient Information
Patient Record Number:5940

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: Andy Thomas

External ID: 5940

DOB: 1927-06-25

Sex: Male

S.S.: 493-34-3794

User Defined: call in btw 10-2

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfm9yQWxjbE9ITDE5U1NhWmZRcGRyRXZCbUdyLWJOdDBybDlwRD RHdUdNblk

Address: 2655 Exeter Ave

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Guardian's Name: Helen Clewis(Daughter)

Emergency Contact: 214-732-3545

Home Phone: 214-732-3545

Street Address: 2655 Exeter Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 07-14-2016.

Offspring: Patient has 2 children.

Social History:

Last Recorded On: 07-14-2016.

Developmental History: Educational level is 6th grade.

Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 07-14-2016.

Prostate Exam N/A surgery done 18 years ago

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1992-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-09-26
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 439343794A
Group Number :
Employer Name : Andy Thomas
Copay :
Insured ID Number : 439343794A
Group Number :
Employer Name : Andy Thomas
Copay :
Insured ID Number : 524232116
Group Number :
Employer Name : Andy Thomas

Immunizations:

Andy Thomas: Chief Complaint
Patient Record Number:5940

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Seen by Darolyn Perkins
Seen on 21-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of gastroesophageal reflux disease, allergic rhinitis, hypertension, hyperlipidemia, diabetes-2, benign prostatic hyperplasia, and debility.

History of Present illness:

HPI Status:Finalized

An 88-year-old male in NAD with multiple chronic conditions of hypertension, diabetes-2, hyperlipidemia, and gastroesophageal reflux .patient has been experiencing memory problems.Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-21	122	74	135.00	67.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight Loss/Gain:

No Weight Loss/Gain

No Chest Pain

No Shortness of Breath

No Change in Appetite

No Change in Energy

No Change in Sleep

No Anemia

No Bleeding Gums

No Bruises

No Use Of Dentures

Physical Exam:

HEENT:

Head, Eyes, Ears, Nose, Throat - Within Normal Limits .

SKIN:

Skin - Within Normal Limits .

CV:

Cardiovascular - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 180. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and stable.

1. Continue current plan for hypertension.
2. Continue current plan for diabetes-
3. Continue treatment plan for asthma

4. Continue current plan for hyperlipidemia.
5. Continue current plan for gastroesophageal reflux disease.
6. Continue current plan for allergic rhinitis.

No refills needed in this visit.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Obstructive chronic bronchitis without exacerbation (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Surgeries:

Description	Status	Start Date	End Date
Cataract Unknown or N/A	Active	2015-07-29	
Hearing aids Unknown or N/A	Active	2015-07-29	
Prostate surgery 18 years ago Unknown or N/A	Active		
Prostate surgery 18 years ago 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):

Current home health agency: Bonyl Healthcare Services, Inc.

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

Additional Medical Conditions:

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 debility and inability to self medicate correctly.

Certification Statement: Patient is home-bound due to debility to ambulate more than a few minutes or few feet without falling due to poor balance and extreme fatigue/weakness.

Signed by (NP): 302

Signed On (NP):

Signed By (Physician):

Signed on (Physician):

Form_status: finalized

Printed:

Printed on 25-Aug-2016 21:19:56 pm.