

**Gary Rutherford: Patient Information**  
Patient Record Number:5872

**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:** Gary Rutherford  
**External ID:** 5872  
**DOB:** 1971-11-16  
**Sex:** Male  
**Marital Status:** Single

**Address:** 3305 Mojave Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75241  
**Country:** USA  
**Emergency Contact:** 469-348-1541  
**Street Address:** 3305 Mojave Dr  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 12-30-2016.  
**Risk Factors:** Chronic Pain,GERD.  
**Additional Medical History:** Chronic migraine.

## Family History:

**Last Recorded On:** 12-30-2016.  
**Father:** Unknown..  
**Siblings:** Patient has one brother..  
**Offspring:** No children..

## Social History:

**Last Recorded On:** 12-30-2016.  
**Tobacco:** Smokes 1/2 pack per day. **Status:** Current  
**Alcohol:** Social drinker **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Educational level is 12th grade..  
**Other History:** Influenza in 2014.

## Tests and Exams:

**Last Recorded On:** 12-30-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 2003-05-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Secondary  
**Start Date** : 2016-03-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicaid Texas (SKTX0)

**Copay** :  
**Insured ID Number** : 465593916A  
**Group Number** :  
**Employer Name** : Gary Rutherford  
**Copay** :  
**Insured ID Number** : 625378152  
**Group Number** :  
**Employer Name** : Gary Rutherford

## **Immunizations:**

**Gary Rutherford: Chief Complaint**  
Patient Record Number:5872

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**Seen by** Derrick Love-Jones  
**Seen on** 12-October-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of anxiety, gastroesophageal reflux disease, chronic pain, schizophrenia, insomnia, osteoarthritis, chronic migraines, bell palsy, tobacco use, and tachycardia. Patient complains of knee pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 45-year-old male seen for medical management of anxiety, gastroesophageal reflux disease, chronic pain, schizophrenia, insomnia, osteoarthritis, chronic migraines, bell palsy, tobacco use, and tachycardia. Patient states that he has knee pin that has been chronic for many years. Patient rates current pin at 7/10 and states he does get relief from current pain medication. Patient denies any new issues or complaints upon examination. Patient denies any CP, HA, or N/V.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-12	136	88	199.00	70.00	97.80	16.00	~	28.6	0.00

## Review of Systems:

**Constitutional:**

**Penyakit yang ditularkan melalui makanan:**

**No** **Yes**

**No** ☒ **Yes** ☐

**Neptis - GYMNASIUM Beach**

### No Time In Range Of Motion

No Hemoptysis

No Asthmatic

### Physical Exam:

**BENCH:**

[illegible]

**NEISK:**

**Normal Limits**

**EVERO:**

6.5.2. With and Without Limits Normality tests.

RESP:

Pharynx- Pale. Tonsils- (1/2) Discoloration/No Enlargement. Gums pink. Bilateral Nasal Turbinates-Within Normal Limits.

**GI:**

### Organomegaly-Within Normal Limits .

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
<p>Doxycycline Hyclate ,100 MG TABS, TAKE 1 TABLET DAILY UNTIL FINISHED, Quantity: 10, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-05-12	

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 by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-12
Divalproex Sodium ,500 MG TBEC, TAKE 1 TABLET IN THE MORNING AND 2 TABLETS AT BEDTIME, Quantity: 270, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-18
Gabapentin ,600 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 270, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-18

## Plan Note:

### Plan Note Status:Finalized

Continue with 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 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, blurred vision or systolic blood pressure greater than 200. Patient encouraged to exercise a day. No labs needed this visit. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Anxiety, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Insomnia, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Chronic migraines, continue current plan.
7. Bell's palsy, continue to monitor.
8. Tachycardia, continue to monitor.

Medication refills as follows:

Xanax 0.5 mg t.i.d.

Norco 10/325 mg t.i.d.

Invega.

## Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-10-12	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-06	
Anxiety state, unspecified ( ICD10:F41.9 Anxiety disorder, 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	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus ( ICD10:G43.909 Migraine, unspecified, not intractable, without status migrainosus) Unknown or N/A	Active	2015-10-01	

Bell's palsy ( ICD10:G51.0 Bell's palsy) Unknown or N/A	Active	2015-10-01
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Tachycardia, unspecified ( ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-01
Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus ( ICD10:G43.709 Chronic migraine without aura, not intractable, without status migrainosus) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Migraine with aura, without mention of intractable migraine without mention of status migrainosus ( ICD10:G43.109 Migraine with aura, not intractable, without status migrainosus) Unknown or N/A	Active	2015-10-01

## Allergies:

Description	Status	Start Date	End Date
trazadone Unknown or N/A	Active		
seroquel Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Appendectomy Unknown or N/A	Active	2015-06-10	
Right elbow surgery. Unknown or N/A	Active	2015-06-10	

## 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

**Current home health agency:** Kingdom Home

**Primary Justification Medical Conditions:** agoraphobia,Rheumatoid Arthritis\_Osteoarthr,Schizophrenia

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to Schizophrenia and inability to self medicate correctly.

**Certification Statement:** Patient is homebound due to Schizophrenia. Patient experiences periods of confusion and unable to leave the home alone safely.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-12 04:05

**Signed By (Physician):** 18

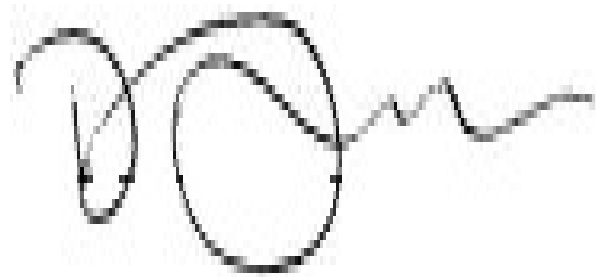
**Signed on (Physician):** 2016-10-19 04:05

**Form\_status:** finalized

## Procedure Order:

Patient ID	5872	Order ID	1107
Patient Name	Rutherford, Gary	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											

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending from the end.

Electronically Signed by **Derrick Love-Jones** on **2016-10-19**.

Printed on 31-Dec-2016 15:30:17 pm.