

**Bobby Pearson: Patient Information**  
Patient Record Number:6115

**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:** Bobby Pearson  
**External ID:** 6115  
**DOB:** 1957-12-17  
**Sex:** Male  
**S.S.:** 437049532  
**User Defined:** 469-416-2240

**Address:** 7326 Harold Walker Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75241  
**Country:** USA  
**Emergency Phone:** 469-416-2240  
**Home Phone:** 469-416-2240  
**Mobile Phone:** 469-781-3700  
**Street Address:** 7326 Harold Walker Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 11-26-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..

## Social History:

**Last Recorded On:** 11-26-2016.  
**Tobacco:** **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:**

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2014-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 437049532A  
**Group Number :**  
**Employer Name :** Bobby Pearson

## Immunizations:

**Bobby Pearson: Chief Complaint**  
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**Seen by** Darolyn Perkins  
**Seen on** 29-June-2016

**Chief Complaint Status:**finalized

Followup home visit for the management of hypertension, stroke affect, weakness, dizziness, and mobility impairment. Patient continue to complain of dizziness.

## History of Present illness:

**HPI Status:**Finalized

Patient is a 58-year-old male with multiple chronic conditions of hypertension, stroke, dizziness and mobility impairment. Patient states he falls once a week due to his weakness and dizziness. Premiers and pain at this time.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-29	132	92	180.00	71.00	98.20	18.00	~	25.1	0.00

## Review of Systems:

**Constitutional:**

**Weight Loss:** No  
**Unintentional Weight Gain:** No  
**Appetite:** Decreased  
**Diets:** No  
**Thirst:** No  
**Weakness:** No  
**Fatigue:** No  
**Blurred Vision:** No  
**Blurred Speech:** No  
**Blurred Hearing:** No  
**Blurred Smell:** No  
**Blurred Taste:** No  
**Blurred Touch:** No  
**Blurred Pain:** No  
**Blurred Itch:** No  
**Blurred Incontinence:** No

## Physical Exam:

**GENRO:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**ENT:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**ENT:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**NECK:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

**GI:**

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

Bowel Sounds present in all four quadrants-Within Normal Limits .

## Medication:

Description	Status	Start Date	End Date
Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29	

Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2016-06-28
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-12
Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-12

## Plan Note:

### Plan Note Status:Finalized

Continue with treatment and medication adherence. Will increase hypertension medication due to elevated blood pressure and complains of dizziness. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Hypertension, stable.
2. Cerebrovascular affects, stable.
3. Dizziness, stable.
4. Weakness, stable.
5. Mobility impairment, stable.

Meclizine 25 mg p.o. ordered for dizziness.

## Medical Problem:

Description	Status	Start Date	End Date
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-03-18	
Other paralytic syndrome following cerebral infarction affecting right dominant side ( ICD10:I69.361 Other paralytic syndrome following cerebral infarction affecting right dominant side) Unknown or N/A	Active	2016-03-18	
Other speech and language deficits following cerebral infarction ( ICD10:I69.328 Other speech and language deficits following cerebral infarction) Unknown or N/A	Active	2016-03-18	
Other abnormalities of gait and mobility ( ICD10:R26.89 Other abnormalities of gait and mobility) Unknown or N/A	Active	2016-03-18	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-09	
Other sequelae of cerebral infarction ( ICD10:I69.398 Other sequelae of cerebral infarction) Unknown or N/A	Active	2016-03-09	
Dizziness and giddiness ( ICD10:R42 Dizziness and giddiness) Unknown or N/A	Active	2016-03-09	
Weakness ( ICD10:R53.1 Weakness) Unknown or N/A	Active	2016-03-09	
Other reduced mobility ( ICD10:Z74.09 Other reduced mobility) Unknown or N/A	Active	2016-03-09	

## 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:** YES

**Does Patient have reliable other Primary Care Physician:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:** Bonyl Home healthcare

**Primary Justification Medical Conditions:** Heart\_Failure,HTN,Mobility\_Impairments,Stroke

**Additional Medical Conditions:** Dizziness.

**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 uncontrolled hypertension and frequent falls and inability to self medicate.

**Certification Statement:** Patient is home bound due to post stroke and uncontrolled hypertension. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 302

**Signed On (NP):** 2016-06-29 05:51

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-03 05:51

**Form\_status:** finalized

**Printed:** NO



Electronically Signed by **Darolyn Perkins** on **2016-07-05 at 00:36**.

Printed on 27-Nov-2016 16:16:08 pm.