

Marcus Shaw: Patient Information
Patient Record Number:5497

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: Marcus Shaw
External ID: 5497
DOB: 1987-01-04
Sex: Male

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 12-03-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Spouse: Unknown..

Social History:

Last Recorded On: 12-03-2016.
Tobacco: No smoking. **Status:**
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: Nicotine drug abuse. **Status:** Current
Nutrition History: Well..
Developmental History: Good..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 629094428A
Group Number :
Employer Name : Marcus Shaw

Immunizations:

Marcus Shaw: Chief Complaint
Patient Record Number:5497

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Seen by Derrick Love-Jones
Seen on 24-October-2016

Chief Complaint Status:finalized

Follow-up home visit for the decline of the following chronic medical conditions of hypertension, hyperlipidemia, bipolar, manic disorder, schizophrenia, and drug abuse. Patient complains of not sleeping well at night.

History of Present illness:

HPI Status:Finalized

A 29-year-old AA male in NAD with multiple chronic conditions of the following: hypertension, hyperlipidemia, bipolar, manic disorder, schizophrenia, and drug abuse. Patient states that he has not sleeping well at night. Patient states he is able to fall asleep but awakes after 3-4 hours and is not able to fall back to sleep. Patient does have a history of drug abuse, but denies this is the cause of his insomnia. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-24	114	67	234.00	76.00	97.80	16.00	~	28.5	0.00

Review of Systems:

Constitutional:

General: No weight loss

No fever

No chills

No fatigue

No anorexia

No night sweats

No pain in joints

No pain in muscles

No limitation in range of motion

Physical Exam:

HEENT:

HEENT: Normal. No abnormalities noted. Within Normal Limits.

BNPH:

BNPH: Normal. No abnormalities noted. Within Normal Limits.

CVSC:

CVSC: Normal. No abnormalities noted. Within Normal Limits.

ROM:

ROM: Normal. No abnormalities noted. Within Normal Limits.

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Review to 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 or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs ordered this visit. The patient verbalize 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. Insomnia continue, current plan.
2. Bipolar continue current plan.

3. Manic Disorder , continue current plan.
4. Hyperlipidemia, continue current plan.
5. Hypertension w/vascular complications continue current plan.
6. Schizophrenia, continue current plan.

No medications needed this visit.

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	2016-10-24	
Major depressive disorder, recurrent, unspecified (ICD10:F33.9 Major depressive disorder, recurrent, unspecified) Unknown or N/A	Active	2016-09-26	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-09-16	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-16	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-09-16	
Manic episode, unspecified (ICD10:F30.9 Manic episode, unspecified) Unknown or N/A	Active	2016-06-17	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-06-17	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-06-17	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Open wound(s) (multiple) of unspecified site(s), without mention of complication (ICD10:S31.000A Unspecified open wound of lower back and pelvis without penetration into retroperitoneum, initial encounter) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Other, mixed, or unspecified drug abuse, continuous (ICD10:F18.10 Inhalant abuse, uncomplicated) Unknown or N/A	Active	2015-10-01	
Manic affective disorder, recurrent episode, unspecified (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01	

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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Prosperity Health Services

Primary Justification Medical Conditions: bipolar, Depression, HTN, hyperlipidemia, Schizophrenia

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: Patient is homebound due to schizophrenia , manic disorder and then ability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to schizophrenia, manic disorder and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-10-24 06:41

Signed By (Physician): 18

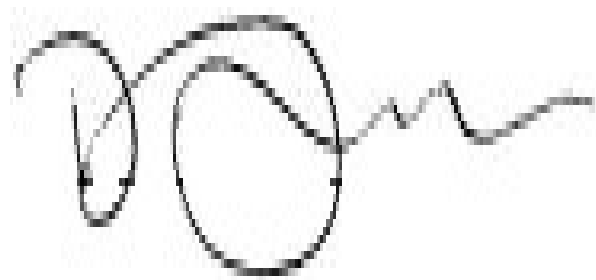
Signed on (Physician): 2016-10-31 06:41

Form_status: finalized

Procedure Order:

Patient ID	5497	Order ID	1039
Patient Name	Shaw, Marcus	Ordered By	Love-Jones, Derrick
Order Date	2016-12-03	Print Date	2016-12-03
Order Status	complete	Encounter Date	2016-12-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-03		Final ✓								



Electronically Signed by **Derrick Love-Jones** on **2016-10-31**.

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