Moroco Conerly: Patient Information

Patient Record Number:5894

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: Moroco Conerly External ID: 5894 **DOB**: 1966-06-02 Sex: Male S.S.: 433258670A

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCM1ByeFZWUHBOb1U

Address: 3501 North Buckner Boulevard Apt #1509

City: Dallas State: Texas Postal Code: 75228 Country: USA

Emergency Phone: 214-710-9951 Work Phone: 214-321-8048 Mobile Phone: 214-710-9951

Street Address: 3501 North Buckner Boulevard

Apt/Suite/Other: 1509

Family History:

Last Recorded On: 08-16-2016. Siblings: Daughter died of colon cancer..

Social History:

Last Recorded On: 08-16-2016.

Tobacco: Never smoker No smoking Status: Never

Alcohol: No alcohol Status: Quit

Recreational Drugs: Occasional marijuana Status: Current

Nutrition History: Regular. Developmental History: Well.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1999-06-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Secondary Start Date: 2012-01-01 Relationship to Insured: Self Type: N/A

Payer: Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 433258670A

Group Number:

Employer Name: Moroco Conerly

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Insured ID Number: 511343414

Group Number:

Employer Name: Moroco Conerly

Immunizations:

Moroco Conerly: Chief Complaint

Patient Record Number:5894

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Seen by Derrick Love-Jones Seen on 28-June-2016

Chief Complaint Status: finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypertension, gastroesophageal reflux disease, allergic rhinitis, ED, hyperlipidemia, bipolar, anemia, chronic pain syndrome, constipation, and neuropathy. Patient complains of pain in back and feet.

History of Present illness:

HPI Status:Finalized

A 49-year-old African-American male in NAD with multiple chronic conditions of the following: hypertension, gastroesophageal reflux disease, allergic rhinitis, ED, hyperlipidemia, bipolar, anemia, chronic pain syndrome, constipation, and neuropathy. Patient complains of pain in back and in his feet for several weeks. Patient does admit that current pain medication does relieved pain. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-28	167	99	172.00	72.00	97.80	20.00	~	0.0	0.00

Review of Systems:

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Physical Exam:

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Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-08-09	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Viagra ,100 MG TABS, TAKE 1 TABLET BY MOUTH 45 MINUTES BEFORE INTERCOURSE, Quantity: 2, Refill Quantity: 0			
Unknown or N/A	Active	2016-08-09	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Megestrol Acetate ,40 MG/ML SUSP, TAKE 5 ML BY MOUTH EVERY DAY IN THE MORNING, Quantity: 150, Refill Quantity: 1

Unknown or N/A by ketha, Dr sumana - BK6230281

by ketha, Dr sumana - BK6230281 Texas Physician House Calls Active 2016-07-14

Plan Note:

Plan Note Status: Finalized

Continue 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 so, 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 need at this visit. Patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Osteoarthritis with chronic pain continue current plan.
- 2. Hypertension with vascular complications continue current plan.
- 3. Gastroesophageal reflux disease, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- 5. Allergic rhinitis, continue current plan.
- 6. Bipolar disorder, continue current plan.
- 7. Constipation, continue current plan.
- 8. Neuropathy, continue current plan.
- 9. Schizophrenia, continue current plan.
- 10. Medication refills as follows; Norco 10/325mg t.i.d., Singular 10 mg 2 tabs q.d.
- 11. Medication adherence was given to the patient. Continue treatment as planned.
- 12. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
- 13. Reviewed old records of the patient.
- 14. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active	2016-08-05	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active	2016-08-05	
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Active	2016-08-05	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-28	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-28	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-28	
Benign essential hypertension (ICD10:110 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-12	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-05-12	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-12	

Unknown or N/A

Active

2016-05-12

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: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31 Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO 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 chronic pain and mental health issues.

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-06-28 16:00

Form_status: finalized



Electronically Signed by Derrick Love-Jones on 2016-07-05.

Printed on 16-Aug-2016 22:10:24 pm.