David Otis: Patient Information

Patient Record Number:5708

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: David Otis External ID: 5708 **DOB**: 1949-11-02 Sex: Male

Marital Status: Single

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXZmNCbkJRc19yUzQ

Address: 3200 South Lancaster Road

City: Dallas State: Texas Postal Code: 75216 Country: USA

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 10-27-2016.

Risk Factors: GERD, Lumbago, Neuropathy.

Additional Medical History: CAD.

Family History:

Last Recorded On: 10-27-2016.

Father: Father died.. Mother: Mother died..

Siblings: Brother has DM II. Sister had HTN and DM II..

Offspring: One son..

Primary Family Med Conditions:

Last Recorded On: 10-27-2016.

Chronic Conditions: Diabetes, Hypertension.

Social History:

Last Recorded On: 10-27-2016.

Tobacco: Former smoker Quit smoking 20 yrs ago

Alcohol: Status: Never Nutrition History: ADA diet..

Developmental History: Educational level is 8th grade..

Tests and Exams:

Last Recorded On: 10-27-2016.

Sigmoid/Colonoscopy N/A done

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2015-04-01 Relationship to Insured: Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Priority: Primary Start Date: 2015-06-01 Relationship to Insured: Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Priority: Primary Start Date: 2015-10-01 Relationship to Insured: Self

Type: N/A

Payer: Advantage by Superior HealthPlan (68069)

Priority: Secondary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Priority : Secondary Start Date : 2015-06-01 Relationship to Insured : Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay:

Insured ID Number: 587039035A

Group Number :

Employer Name: David Otis

Copay:

Insured ID Number: 507743271

Group Number :

Employer Name : David Otis

Copay:

Insured ID Number: 507743271

Group Number:

Employer Name: David Otis

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Insured ID Number: C0007543401

Group Number :

Employer Name : David Otis

Copay:

Insured ID Number: 507743271

Group Number :

Employer Name : David Otis

Copay:

Insured ID Number: 507743271

Group Number :

Employer Name : David Otis

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD9:250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled) Unknown or N/A	Inactive	2015-08-28	2015-09-30
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD9:414.00 Coronary atherosclerosis of unspecified type of vessel, native or graft) Unknown or N/A	Inactive	2015-07-24	2015-09-30
Other specified idiopathic peripheral neuropathy (ICD9:356.8 Other specified idiopathic peripheral neuropathy) Unknown or N/A	Inactive	2015-04-10	2015-09-30
Chronic kidney disease, Stage III (moderate) (ICD9:585.3 Chronic kidney disease, Stage III (moderate)) Unknown or N/A	Inactive	2015-03-06	2015-09-30

David Otis: Chief Complaint Patient Record Number:5708 Texas Physician House Calls (H) 2925 Skyway Circle North, Irving, TX, USA, 75038-3510

2925 Skyway Circle North, Irving, 1A, USA, 75038-3510 www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310, Email:hhsupport@texashousecalls.com

Seen by Sumana Ketha MD Seen on 16-September-2016

Chief Complaint Status: finalized

Follow up home visit for management of neuropathy, hyperlipidemia, coronary artery disease, chronic obstructive pulmonary disease, chronic kidney disease stage 3, gastroesophageal reflux disease, diabetes mellitus type 2, hypertension, and lumbago. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 66-year-old AA male in NAD with multiple chronic conditions of hyperlipidemia, coronary artery disease, chronic obstructive pulmonary disease, chronic kidney disease stage 3, diabetes mellitus type 2, and hypertension. Patient complains of pain in his lower back. Patient rates the pain at 7/10. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-09-16	150	84	162.00	72.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

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Nicy Property issists

Section YES

No Eiji Eiji Bayeating

No **Material State**

No Bliming the tige of Motion

Note: The control of the control of

No Hijouanyseness

No Ha

No Coryza

No Obstruction

Physical Exam:

GENER:

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EXMERSE MITIES:

Supply appropries to the second supply and the second substitute of the second second

CV:

RETRIFATIVITIES Limits.

 $\hbox{Murmur, Rubs,} Gallops\hbox{-}Within Normal Limits .$

Medication:

Description	Status	Start Date	End Date	
Comfort EZ Pen Needles ,33G X 4 MM MISC, USE AS DIRECTED, Quantity: 270, Refill Quantity: 3				
Unknown or N/A	Active	2016-03-14		
by Jones, Derrick - MJ3217331				
Texas Physician House Calls				

TRUEtest Test , STRP, TEST TWICE DAILY, Quantity: 200, Refill Quantity: 10
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

NovoLIN 70/30 ,(70-30) 100 UNIT/ML SUSP, 55 Units in the am, 45
units in pm, Quantity: 30, Refill Quantity: 3
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. 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 200. No labs needed this visit. 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 patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Chronic kidney disease stage-3, continue current pain.
- 2. Diabetes mellitus type 2 with neuropathy, continue current plan.
- 3. Hypertension with vascular complications, continue current plan.
- 4. Lumbago with chronic pain, continue current plan.
- 5. Coronary artery disease, continue current plan.
- 6. Gastroesophageal reflux disease, continue current plan.
- 7. Hyperlipidemia, continue current plan.
- 8. Neuropathy, continue current plan.
- 9. Glaucoma, continue current plan.
- 10. Inguinal hernia followup with Parkland.
- 11. Debility, continue to monitor.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-09	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-09	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-09	
Chronic kidney disease, stage 3 (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-09	
Hereditary and idiopathic neuropathy, unspecified (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-09	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-09	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-09	
Other hereditary and idiopathic neuropathies (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-09	

Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of native coronary artery (ICD10:125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris)	Active	2015-10-01
Unknown or N/A		
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Chronic kidney disease, Stage III (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-01
Gastroesophageal reflux disease (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Debility, unspecified (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:125.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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

Allergies:

Descrip	otion	Status	Start Date	End Date
No known drug allergies		Active		
Unknown or N/A		Active		

Surgeries:

	Description	Status	Start Date	End Date
Fall		Active		
Unknown or N/A		Active		
Rib fracture		Anthro		
Unknown or N/A		Active		
Tuberculosis		Antivo		
Unknown or N/A		Active		
Colonoscopy in 2010		Anthon		
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: No SN needed at this time.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-09-16 09:22 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-23 09:22

Form_status: finalized

Procedure Order:

Patient ID	5708	Order ID	944
Patient Name	Otis, David	Ordered By	Love-Jones, Derrick
Order Date	2016-10-28	Print Date	2016-10-28
Order Status	complete	Encounter Date	2016-10-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report			Results							
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-28		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2016-09-23.

Printed on 28-Oct-2016 09:56:31 am.