

Maurice Smith: Patient Information
Patient Record Number:1994

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: Maurice Smith
External ID: 1994
DOB: 1939-08-16
Sex: Male
S.S.: 454-60-6271
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NmNJcUZ1WHNXUGM>

Address: 3550 East Overton Rd #2243, Bldng #4
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: Mary (Call To This # Only For Confirmation)
Emergency Phone: 214-779-1404
Home Phone: 214-337-0984
Mobile Phone: 214-861-8777 Wrng#
Street Address: 3550 East Overton Rd
Apt/Suite/Other: Apt #2243, Bldng #4

Past Medical History:

Last Recorded On: 12-15-2016.
Risk Factors: Incontinence.

Family History:

Last Recorded On: 12-15-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 12-15-2016.
Tobacco: Current every day smoker Smokes 5 cigarettes daily. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drugs. **Status:** Never
Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 12-15-2016.
TSH Thyroid-Stimulating Hormone (every year) Abnormal Done on 02/06/2014 by MetroStat Diagnostics ordered by SumanaKetha.
CBC Complete Blood Count (3 months) Abnormal Done on 02/06/2014 by MetroStat Diagnostics ordered by SumanaKetha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/06/2014 by MetroStat Diagnostics ordered by SumanaKetha.

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 : 2015-00-01
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 : Advantage by Superior HealthPlan (68069)
Priority : Primary
Start Date : 2016-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2011-12-02
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 : 454606271M
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : 514572873
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : C0008687801
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : 454606271M
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : 514572873
Group Number :
Employer Name : Maurice Smith
Copay :
Insured ID Number : 514572873
Group Number :
Employer Name : Maurice Smith

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Inactive	2015-09-15	2015-09-30
Contact dermatitis and other eczema due to detergents (ICD9:692.0 Contact dermatitis and other eczema due to detergents) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Senile dementia, uncomplicated (ICD9:290.0 Senile dementia, uncomplicated) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Iron deficiency anemia secondary to blood loss (chronic) (ICD9:280.0 Iron deficiency anemia secondary to blood loss (chronic)) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled (ICD9:250.01 Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Periapical abscess without sinus (ICD9:522.5 Periapical abscess without sinus) Unknown or N/A	Inactive	2015-03-16	2015-09-30

Contact dermatitis and other eczema due to other specified agents (ICD9:692.89 Contact dermatitis and other eczema due to other specified agents) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Iron deficiency anemia, unspecified (ICD9:280.9 Iron deficiency anemia, unspecified) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Inactive	2015-03-16	2015-09-30
Osteoarthritis, generalized, site unspecified (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Inactive	2015-02-11	2015-09-30
Simple type schizophrenia, unspecified (ICD9:295.00 Simple type schizophrenia, unspecified) Unknown or N/A	Inactive	2015-02-11	2015-09-30

DME:

Description	Status	Start Date	End Date
Diabetic Testing Supplies (ICD9:250.02 Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled) Unknown or N/A 2015-07-02 by Dr. Sumana Ketha	Inactive	2015-07-02	2015-09-30
Adult size pull on SM (ICD9:401.1 Benign essential hypertension) (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A 2013-11-08 by Dr. Sumana Ketha	Inactive	2013-11-08	2015-09-30

Maurice Smith: Chief Complaint
Patient Record Number:1994

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Seen by Derrick Love-Jones
Seen on 01-November-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, allergic rhinitis, diabetes mellitus, schizophrenia, depression, neuropathy, dementia, osteoarthritis, chronic pain syndrome, and urinary incontinence. Patient complains of the pain in his knees and feet.

History of Present illness:

HPI Status:Finalized

A 77-year-old male in no acute distress with multiple chronic conditions of hypertension, allergic rhinitis, diabetes mellitus type 2, schizophrenia, urinary incontinence, dementia, neuropathy and depression. Patient states that his knees and the bottom of his feet continues to hurt. Patient caregiver admits that current pain medication does relieve pain medication. Patient rates current pain at 7/10. Patient denies any other issues or complaints upon examination. Patient denies any hypoglycemia and foot check revealed no major issues.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-01	101	55	134.00	71.00	97.80	16.00	~	18.7	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Weight Loss

No Weight Gain

No Polyphagia

No Polydipsia

No Nocturia

No Heat Intolerance

No Cold Intolerance

No Excessive Thirst

No Excessive Hunger

No Excessive Sweating

No Use Of Dentures

Physical Exam:

General:

Well developed, well nourished, no acute distress, no significant findings on physical exam.

HEENT:

Head: No tenderness, no swelling, no deformity.

CV:

Heart: No murmurs, no rubs, no gallops.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Donepezil HCl ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2	Active	2016-09-30	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Haloperidol ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-30
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-30
Donepezil HCl ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Haloperidol ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
MetFORMIN HCl ,500 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	2016-09-19
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-07
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-30
Donepezil HCl ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-18
Haloperidol ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-18
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-13
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-13
FLUoxetine HCl ,20 MG CAPS, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-04

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 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 need it this visit. The patient verbalized understanding of the above planet 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. Neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Osteoarthritis with chronic pain, continue current plan.
6. Urinary incontinence, continue current plan.
7. Dementia, continue current plan.
8. Allergic rhinitis, continue current plan.
9. Depression, continue current plan.
10. Schizophrenia, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Fluoxetine 20 mg q.d.

Metformin 500 b.i.d.

Haloperidol 10 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Simple type schizophrenia, chronic (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Malignant hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01	
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
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	

Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Contact dermatitis and other eczema, unspecified cause (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) 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
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01
Contact dermatitis and other eczema due to detergents (ICD10:L25.9 Unspecified contact dermatitis, unspecified cause) Unknown or N/A	Active	2015-10-01
Senile dementia, uncomplicated (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia secondary to blood loss (chronic) (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled (ICD10:E10.9 Type 1 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Periapical abscess without sinus (ICD10:K04.7 Periapical abscess without sinus) Unknown or N/A	Active	2015-10-01
Contact dermatitis and other eczema due to other specified agents (ICD10:L25.8 Unspecified contact dermatitis due to other agents) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia, unspecified (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, 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: Senai Home Health

Primary Justification Medical Conditions: Depression,diabetes,HTN,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 needs assistance with ADLs. Patient requires closely monitoring for vital signs, DFS check, and medication administration.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 16

Signed On (NP): 2016-11-01 04:08

Signed By (Physician): 18

Signed on (Physician): 2016-11-08 04:08

Form_status: finalized

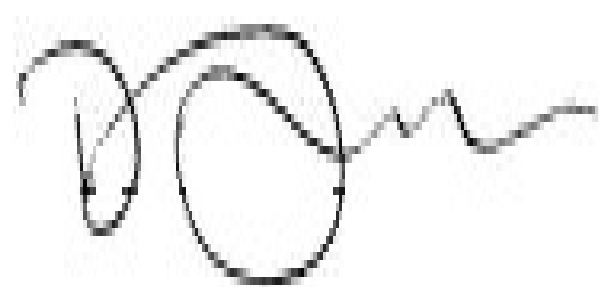
DME:

Description	Status	Start Date	End Date
Adult size pull on SM (ICD10:I10 Essential (primary) hypertension) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Adult size pull on SM (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Diabetic Testing Supplies (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	

Procedure Order:

Patient ID	1994	Order ID	1291
Patient Name	Smith, Maurice	Ordered By	Love-Jones, Derrick
Order Date	2016-12-16	Print Date	2016-12-16
Order Status	complete	Encounter Date	2016-12-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-16		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-08**.

Printed on 16-Dec-2016 21:36:27 pm.