

**David Hawkins: Patient Information**  
Patient Record Number:5934

**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:** David Hawkins

**External ID:** 5934

**DOB:** 1961-12-13

**Sex:** Male

**S.S.:** 453332338

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfmIGR2VuLWFGNWNha0ZOMzIJbm9nYWwwSUljRUJYSIBXeGZ3SldwNmllIRDQ](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmIGR2VuLWFGNWNha0ZOMzIJbm9nYWwwSUljRUJYSIBXeGZ3SldwNmllIRDQ)

**Address:** 5021 Leameadow Dr

**City:** Garland

**State:** Texas

**Postal Code:** 75043

**Country:** USA

**Emergency Phone:** 469-620-3336

**Mobile Phone:** 469-650-3580

**Street Address:** 5021 Leameadow Dr

**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 07-26-2016.

**Father:** Mother died of MI..

**Mother:** Father died of.

**Siblings:** Patient has 1 brother and 4 sisters whose medical conditions are unknown..

**Offspring:** Patient is single with one child who is healthy..

## Social History:

**Last Recorded On:** 07-26-2016.

**Tobacco:** Current every day smoker 1 ppd    **Status:** Current

**Alcohol:** No alcohol    **Status:** Never

**Recreational Drugs:** No drugs    **Status:** Never

**Nutrition History:** Regular.

**Developmental History:** Well.

**Other History:** Denies flu shot and pneumonia..

## Tests and Exams:

**Last Recorded On:** 07-26-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 2006-07-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Primary  
**Start Date** : 2007-11-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Primary  
**Start Date** : 2014-10-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Secondary  
**Start Date** : 2014-04-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicaid Texas (SKTX0)

**Copay** :  
**Insured ID Number** : 453332338A  
**Group Number** :  
**Employer Name** : David Hawkins  
**Copay** :  
**Insured ID Number** : 453332338A  
**Group Number** :  
**Employer Name** : David Hawkins  
**Copay** :  
**Insured ID Number** : 453332338A  
**Group Number** :  
**Employer Name** : David Hawkins  
**Copay** :  
**Insured ID Number** : 514855075  
**Group Number** :  
**Employer Name** : David Hawkins

## **Immunizations:**

David Hawkins: Chief Complaint  
Patient Record Number:5934

#### Texas Physician House Calls (H)

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

Seen by Derrick Love-Jones  
Seen on 14-July-2016

#### Chief Complaint Status:finalized

Followup home visit for management of hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient complains of lower back pain into legs.

### History of Present illness:

#### HPI Status:Finalized

A 54-year-old AS male in NAD with multiple chronic conditions including hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient states that he has pain in his lower back that travels into his lower legs. Patient states that sometimes he has to take more than prescribed because of the pain, but admits that his current pain medication does help. Patient complains of low back pain rated as 8/10. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V. Patient rates pain 8/10. Patient states that he runs out of pain medication before it is due. Educated patient to use Tylenol pain between prescribed pain medication to help make pain medication last longer. Reviewed labs. Reviewed medications.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-14	151	94	197.00	68.00	97.60	20.00		30.0	0.00

### Review of Systems:

#### Constitutional:

#### Endocrine/Metabolic:

No Polydipsia  
No Polyuria  
No Polyphagia  
No Weight Change  
No Heat/Cold Intolerance  
No Diarrhea/Constipation  
No Coryza  
No Obstruction

### Physical Exam:

#### HEENT:

ENT - Within Normal Limits .

#### HEENT:

ENT - Within Normal Limits .

#### CV:

RR - Within Normal Limits ..

Murmur, Rubs, Gallops - Within Normal Limits .

### Medication:

Description	Status	Start Date	End Date
Viagra ,50 MG TABS, TAKE 1 TABLET DAILY 1 HOUR BEFORE NEEDED, Quantity: 10, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-14	

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-07
BuPROPion HCl ER (Smoking Det) ,150 MG TB12, q am, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Norco ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-08-03

## Plan Note:

### Plan Note Status:Finalized

1. Lumbago with sciatica, continue medications.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Erectile dysfunction, continue medications.
4. Chronic pain syndrome, continue current plan.
5. Osteoarthritis, continue PT/OT.
6. Gastroesophageal reflux disesae, continue medications.
7. Depression, monitor.
8. No medication refills needed this visit.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
10. Reviewed old records of the patient.
11. Follow up appointment in 4-6 weeks.

## 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	2016-07-14	
Lumbago with sciatica, unspecified side ( ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-07-14	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-14	
Male erectile dysfunction, unspecified ( ICD10:N52.9 Male erectile dysfunction, unspecified) Unknown or N/A	Active	2016-06-14	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-19	
Sciatica, unspecified side ( ICD10:M54.30 Sciatica, unspecified side) Unknown or N/A	Active	2016-01-14	

Male erectile disorder ( ICD10:F52.21 Male erectile disorder) Unknown or N/A	Active	2016-01-14
Felty's syndrome, unspecified site ( ICD10:M05.00 Felty's syndrome, unspecified site) Unknown or N/A	Active	2016-01-14
Bilateral primary osteoarthritis of knee ( ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2015-12-23
Major depressive disorder, recurrent, unspecified ( ICD10:F33.9 Major depressive disorder, recurrent, unspecified) Unknown or N/A	Active	2015-12-23
Tobacco use ( ICD10:Z72.0 Tobacco use) Unknown or N/A	Active	2015-12-23
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-12-07
Dorsalgia, unspecified ( ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-20
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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
Lumbago ( ICD10:M54.5 Low back pain) 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
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, multiple sites ( ICD9:715.09 Osteoarthritis, generalized, multiple sites) Unknown or N/A	Active	2015-07-31
Sciatica ( ICD9:724.3 Sciatica) Unknown or N/A	Active	2015-07-31
Esophageal reflux ( ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	2015-07-31
Depressive disorder, not elsewhere classified ( ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	2015-07-31

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
MVA (broken back) 1990 Unknown or N/A	Active		
MVA 2006 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

**Primary Justification Medical Conditions:** Depression,HTN,Rheumatoid Arthritis\_Osteoarthr

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Patient home bound due to uncontrolled HTN and uncontrolled chronic pain syndrome and the inability to self medicate correctly.

**Certification Statement:** Skill Nursing needed due to uncontrolled HTN, uncontrolled pain and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-14 17:51

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-15 17:51

**Form\_status:** finalized

## Procedure Order:

Patient ID	5934	Order ID	723
Patient Name	Hawkins, David	Ordered By	Love-Jones, Derrick
Order Date	2016-08-25	Print Date	2016-08-25
Order Status	complete	Encounter Date	2016-08-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

Printed on 25-Aug-2016 22:18:20 pm.