

**Henry Jones: Patient Information**  
Patient Record Number:6199

**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:** Henry Jones  
**External ID:** 6199  
**DOB:** 1941-01-07  
**Sex:** Male  
**S.S.:** 461-66-0324

**Address:** 1513 Richland Dr  
**City:** Richardson  
**State:** Texas  
**Postal Code:** 75081  
**Country:** USA  
**Guardian's Name:** Shelbie Robinson (Daughter)  
**Mobile Phone:** 512-239-8928  
**Street Address:** 1513 Richland Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 10-23-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 10-23-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2006-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 461660324A  
**Group Number :**  
**Employer Name :** Henry Jones

## Immunizations:

**Henry Jones: Chief Complaint**  
Patient Record Number:6199

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**Seen by** Derrick Love-Jones  
**Seen on** 08-September-2016

**Chief Complaint Status:**finalized

Followup home visit to services for the prevention and control of multiple chronic conditions of seizures, gout, heart failure, diabetes and hypertension. Patient complain of toe pain.

## History of Present illness:

**HPI Status:**Finalized

Patient is a 75-year-old male in NAD who presents multiple chronic conditions of seizures, gout, heart failure, diabetes, and hypertension. Patient states his big toe hurts today. Patient does have a history of gout. Patient rates pain today 6/10. Patient denies chest pain, severe headaches or nausea or vomiting recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-08	162	80	230.00	67.00	98.20	16.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Weight Loss:** No

**Fevers:** No

**Chills:** No

**Night Sweats:** No

**Appetite:** No

**Weight Gain:** No

**Obtundation:** No

**Obstruction Range Of Motion:** No

## Physical Exam:

**HEENT:**

Head To Neck, Oropharynx, Tongue, Throat, Larynx, Trachea, Cricoid, Thyroid, Esophagus, Salivary Glands, Nasal Turbinates, Within Normal Limits .

**ENT:**

External Ear, Middle Ear, Eustachian Tube, Tympanic Membrane, Ossicles, Cochlea, Vestibule, Semicircular Canals, Within Normal Limits .

**ENT:**

External Ear, Middle Ear, Eustachian Tube, Tympanic Membrane, Ossicles, Cochlea, Vestibule, Semicircular Canals, Within Normal Limits .

**NECK:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

**GI:**

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

## Plan Note:

**Plan Note Status:**Finalized

Continue with current treatment. Prognosis is fair. No medication refills at this time. Patient instructed to go to ER if systolic pressure over 200, experience chest pain and having severe headaches. Office number given for questions or concerns. No medication refills at this time. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Gout continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Epilepsy, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Heart disease, continue to monitor.

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-25	
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	2016-08-25	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-08-25	
Long term (current) use of insulin ( ICD10:Z79.4 Long term (current) use of insulin) Unknown or N/A	Active	2016-07-07	
Idiopathic gout, multiple sites ( ICD10:M10.09 Idiopathic gout, multiple sites) Unknown or N/A	Active	2016-07-07	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-07	
Body mass index (BMI) 32.0-32.9, adult ( ICD10:Z68.32 Body mass index (BMI) 32.0-32.9, adult) Unknown or N/A	Active	2016-07-07	
Epilepsy, unspecified, not intractable, without status epilepticus ( ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-06-14	
Idiopathic gout, unspecified site ( ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-06-14	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-06-14	
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-06-14	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-06-14	

## 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:** Med Global

**Primary Justification Medical Conditions:** diabetes,Heart\_Failure,HTN

**Additional Medical Conditions:** Seizures

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to patient complex diseases and patient lack of knowledge on how to manage the disease process and medication . Skilled nursing needed to assess and observe patient conditions and medication administration.

**Certification Statement:** Patient is home bound due to fatigue easily, experience shortness of breath, weakness and poor balance which increase his risk for falls.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-08 03:13

**Signed By (Physician):** 18

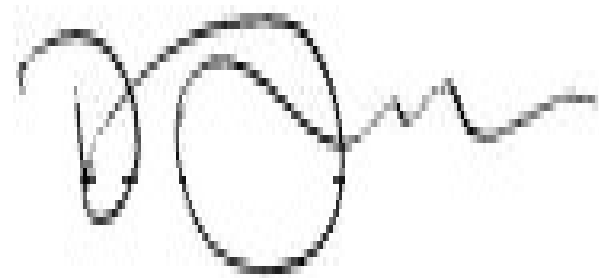
**Signed on (Physician):** 2016-09-15 03:13

**Form\_status:** finalized

## Procedure Order:

Patient ID	6199	Order ID	937
Patient Name	Jones, Henry	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-23		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-15 at 03:18**.

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