

Kenneth Gadberry: Patient Information
Patient Record Number:6227

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: Kenneth A Gadberry
External ID: 6227
DOB: 1958-09-22
Sex: Male
S.S.: 456-98-2482
User Defined: Gate code 2013
Patient Drive Folder: 0B0x_tbqdBdPhaEUyY18zTDYwNDA

Address: 6712 Patrol Way
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Home Phone: 469-348-1541
Mobile Phone: 214-397-9972
Street Address: 6712 Patrol Way
Apt/Suite/Other: APT#2203, Gate Code 2013

Past Medical History:

Last Recorded On: 01-21-2017.
Risk Factors: Chronic Pain,High Cholesterol,GERD,Neuropathy.

Family History:

Last Recorded On: 01-21-2017.
Father: Father had hypertension..
Mother: Mother had diabetes and hypertension..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-21-2017.
Tobacco: Former smoker **Status:** Quit
Coffee:
Alcohol: Drinks dailly. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Sleep Patterns: 4-5 hours.
Seatbelt Use: Yes.
Nutrition History: Regular..
Work Status: Disabled.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2006-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 456982482A
Group Number :
Employer Name : Kenneth Gadberry

Immunizations:

Kenneth Gadberry: Chief Complaint
Patient Record Number:6227

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Seen by Derrick Love-Jones
Seen on 06-December-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of the following medical conditions like chronic pain, neuropathy, hyperlipidemia, asthma, depression, and insomnia. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 58-year-old male in no acute distress with multiple chronic conditions of chronic pain, neuropathy, hyperlipidemia, asthma, depression, and insomnia. Patient was shot in his left leg and has chronic pain in both knees and back. Patient rates his pain level is 7/10. He denies any new issues upon examination. Patient denies any chest pain, headache, nausea vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-06	152	71	159.00	71.00	97.40	16.00	~	22.2	0.00

Review of Systems:

Constitutional:

Weight loss: No
Appetite: No
Energy: No
Stress: No
Depression: No
Insomnia: No
Headache: No
Nausea/Vomiting: No
Diarrhea: No
Constipation: No
Blood in stool: No

Physical Exam:

HEENT:

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

ENT:

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

ENT:

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

NECK:

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

CV:

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

RESP:

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

GI:

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

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

Medication:

Description	Status	Start Date	End Date
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Doxepin HCl ,10 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
FLUoxetine HCl ,40 MG CAPS, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
Naproxen ,375 MG TABS, TAKE 1 TABLET TWICE DAILY AFTER MEALS AS NEEDED, Quantity: 180, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
Simvastatin ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-13

Plan Note:

Plan Note Status:Finalized

Continue current treatment. No new medications. 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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. Ordered full set of labs. 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 stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current plan.
2. Neuropathy, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Depression, continue current plan.
5. Chronic pain syndrome, continue current pain medications.
6. Osteoarthritis with chronic pain, continue current plan.
7. Asthma, continue current plan .
8. Hyperlipidemia, continue current plan.
9. Insomnia, continue current plan.

Medication refills are,
Naproxen 375 mg b.i.d.
Norco 10/325 b.i.d.
Doxepin 100 mg nightly.
Gabapentin 300 mg t.i.d.
Seroquel 100 mg daily.
Simvastatin 20 mg daily.
Prozac 40 mg daily.
Ventolin inhaler.
Albuterol sulfate solution.
Alprazolam 0.5 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-12-06	
Other polyosteoarthritis (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2016-11-11	

Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-18
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	2016-10-18
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) 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
Moderate persistent asthma with status asthmaticus (ICD10:J45.42 Moderate persistent asthma with status asthmaticus) Unknown or N/A	Active	2016-07-14
Major depressive disorder, recurrent, moderate (ICD10:F33.1 Major depressive disorder, recurrent, moderate) Unknown or N/A	Active	2016-07-14
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-13
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-07-13
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-13
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-07-13
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-07-13
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-07-13

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: Promise Home Health,Inc

Primary Justification Medical Conditions: Depression,hyperlipidemia,HTN

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 multiple complex diseases and patient lack of knowledge on how to manage the disease process and medications. Skilled nursing needed to assess and observe patient condition and medication administration.

Certification Statement: Patient is home bound due to chronic pain and neuropathy. Patient experienced weakness and diminished sensation in legs which increases his risk for falls.

Signed by (NP): 16

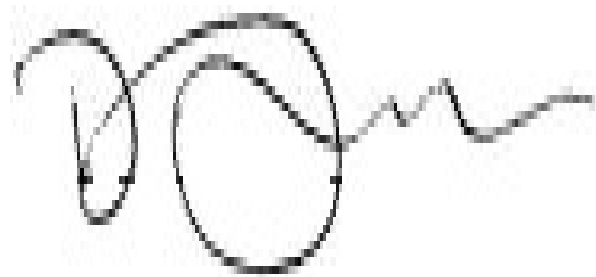
Signed On (NP): 2016-12-06 03:46

Signed By (Physician): 18
Signed on (Physician): 2016-12-13 03:46
Form_status: finalized

Procedure Order:

Patient ID	6227	Order ID	1314
Patient Name	Gadberry, Kenneth A	Ordered By	Love-Jones, Derrick
Order Date	2017-01-22	Print Date	2017-01-22
Order Status	complete	Encounter Date	2017-01-22
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-22		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-13**.

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