

Andrew Thomas: Patient Information
Patient Record Number:1243

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: Andrew Thomas
External ID: 1243
DOB: 1967-06-01
Sex: Male
S.S.: 256-19-4529
Marital Status: Single
User Defined: Lives with Debora Smith
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NmJkSEZEQ3I0ams>

Address: 2269 Aspen Drive
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Home Phone: 214-845-1309
Mobile Phone: 214-641-7087
Street Address: 2269 Aspen Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-10-2016.
Risk Factors: Chronic Pain,Constipation,Insomnia.

Family History:

Last Recorded On: 11-10-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Four children.

Social History:

Last Recorded On: 11-10-2016.
Tobacco: Current every day smoker Smokes 2 cigarettes a day **Status:** Current
Alcohol: **Status:** Never
Recreational Drugs: Social drinker **Status:** Current
Nutrition History: Regular diet..
Developmental History: Educational level is 11th grade..

Tests and Exams:

Last Recorded On: 11-10-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 01/02/2014, at MetroStat

Diagnostic Services, ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.

LDL / HDL Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.

PSA (over 50 yrs) Normal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2010-05-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2012-09-13

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 256194529A

Group Number :

Employer Name : Andrew Thomas

Copay :

Insured ID Number : 525088403

Group Number :

Employer Name : Andrew Thomas

Immunizations:

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Description	Status	Start Date	End Date
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 3			
Unknown or N/A	Active	2016-06-13	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			

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 Texas Physician House Calls	Active	2015-05-14
Lisinopril ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-14
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-14

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medication noted. 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 to exercise daily. 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. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

HTN w/vascular complications continue current plan
DM2 w/neuropathy continue current plan
GERD continue current plan
Chronic Pain Syndrome continue current pain medication
COPD continue current plan
HLD continue current plan
OA w/chronic pain continue current plan
Neuropathy continue current plan
Lumbago w/chronic pain continue current plan
VIT D Deficiency continue current plan
Bipolar continue current plan
Abnormal Gait continue to monitor

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) 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	

Migraine with aura, without mention of intractable migraine without mention of status migrainosus (ICD10:G43.109 Migraine with aura, not intractable, without status migrainosus) 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
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) 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
Chest pain, unspecified (ICD10:R07.9 Chest pain, unspecified) Unknown or N/A	Active	2015-10-01
Constipation (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01
Bipolar disorder (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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
Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) 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

Allergies:

Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A	Active	2015-02-09	

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: YES
Is House Visit Needed: YES
Next Visit Duration (in days): 31
Nursing Required: NO
Physical Therapy: NO
Occupational Therapy Required: NO
Speech-language Pathology Required: NO
Clinical Findings To Justify Home Health: No SN needed at this time.
Signed by (NP): 16
Signed On (NP): 2016-10-04 08:40
Signed By (Physician): 18
Signed on (Physician): 2016-10-11 08:40

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Gloves, Cane, Walker, Wheel chair Unknown or N/A	Active		

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