

Gary Rutherford: Patient Information
Patient Record Number:5872

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texashousecalls.com

Name: Gary Rutherford
External ID: 5872
DOB: 1971-11-16
Sex: Male
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBDPhUUNZbmxqbThtMzA

Address: 3305 Mojave Dr
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Emergency Contact: 469-348-1541
Street Address: 3305 Mojave Dr
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-26-2017.
Risk Factors: Chronic Pain,GERD.
Additional Medical History: Chronic migraine.

Family History:

Last Recorded On: 01-26-2017.
Father: Unknown..
Siblings: Patient has one brother..
Offspring: No children..

Social History:

Last Recorded On: 01-26-2017.
Tobacco: Smokes 1/2 pack per day. **Status:** Current
Alcohol: Social drinker **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Educational level is 12th grade..
Other History: Influenza in 2014.

Tests and Exams:

Last Recorded On: 01-26-2017.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2003-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 465593916A
Group Number :
Employer Name : Gary Rutherford
Copay :
Insured ID Number : 625378152
Group Number :
Employer Name : Gary Rutherford

Immunizations:

Gary Rutherford: Chief Complaint
Patient Record Number:5872

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Seen by Derrick Love-Jones
Seen on 27-December-2016

Chief Complaint Status:finalized

Follow up home visit for management of anxiety, gastroesophageal reflux disease, chronic pain, schizophrenia, insomnia, osteoarthritis, chronic migraines, bell palsy, tobacco use, and tachycardia. Patient complains of knee and lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 45-year-old male seen for medical management of anxiety, gastroesophageal reflux disease, chronic pain, schizophrenia, insomnia, osteoarthritis, chronic migraines, bell palsy, tobacco use, and tachycardia. Patient states that he has knee and lower back pain that has been chronic for many years. Patient rates current pain at 7/10 and states he does get relief from current pain medication. Patient denies any new issues or complaints upon examination. Patient denies any chest pain, headache, or nausea/ vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-27	186	92	200.00	70.00	97.60	16.00	~	28.7	0.00

Review of Systems:

Constitutional:

Disiplin yang harus diperhatikan:

No ~~Yes~~ Yes

No **Yes**

North Beach

No Time In Range Of Motion

No Emergency

No Assistance

Physical Exam:

BENCH:

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE~~

NEISB:[illegible]

EVERO:

6.5.2. With a μ -value of 1.0, the normality test is not significant.

RESP:

Oropharyngeal Exam: Tonsils (I-II), No Exudate, No Enlargement. Gums pink, Bilateral Nasal Turbinates-Within Normal Limits.

Gl:

Oorganomegoly-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
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Lithium Carbonate ,300 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-28
Doxycycline Hyclate ,100 MG TABS, TAKE 1 TABLET DAILY UNTIL FINISHED, Quantity: 10, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-12
Hydrocodone-Acetaminophen ,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	2015-05-12
Divalproex Sodium ,500 MG TBEC, TAKE 1 TABLET IN THE MORNING AND 2 TABLETS AT BEDTIME, Quantity: 270, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-18
Gabapentin ,600 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 270, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-18

Plan Note:

Plan Note Status:Finalized

Continue with 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, blurred vision or systolic blood pressure greater than 200. Patient encouraged to exercise a day. No labs needed this visit. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

Insomnia continue current plan
GERD continue current plan
OA w/chronic pain continue current plan
Anxiety continue current plan
Chronic Pain Syndrome continue current pain medication
Lumbago w/chronic pain continue current plan
Chronic Migraines continue current plan
Bell Palsy continue current plan
Schizophrenia continue current plan

Medication refills as follows,
Xanax 0.5 mg t.i.d.
Norco 10/325 mg t.i.d.
Invega.
Gabapentin 600 mg t.i.d.
Olanzapune 20 mg q.d.
Divalpreox ER 500 mg q.d.
Lithium 450 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-11-23	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-10-12	

Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-06
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, 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
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus (ICD10:G43.909 Migraine, unspecified, not intractable, without status migrainosus) Unknown or N/A	Active	2015-10-01
Bell's palsy (ICD10:G51.0 Bell's palsy) 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
Tachycardia, unspecified (ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-01
Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus (ICD10:G43.709 Chronic migraine without aura, not intractable, without status migrainosus) 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
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

Allergies:

Description	Status	Start Date	End Date
trazadone Unknown or N/A	Active		
seroquel Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Appendectomy Unknown or N/A	Active	2015-06-10	
Right elbow surgery. Unknown or N/A	Active	2015-06-10	

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: Kingdom Home

Primary Justification Medical Conditions: agoraphobia,Rheumatoid Arthritis_Osteoarthr,Schizophrenia

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 Schizophrenia and inability to self medicate correctly.

Certification Statement: Patient is homebound due to Schizophrenia. Patient experiences periods of confusion and unable to leave the home alone safely.

Signed by (NP): 16

Signed On (NP): 2016-12-27 01:24

Signed By (Physician): 18

Signed on (Physician): 2017-01-03 01:24

Form_status: finalized

Procedure Order:

Patient ID	5872	Order ID	1411
Patient Name	Rutherford, Gary	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

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

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