

Arthur Herod: Patient Information
Patient Record Number:5944

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: Arthur Herod

External ID: 5944

DOB: 1960-09-01

Sex: Male

S.S.: 450-21-2966

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmJYSUYyTUIYeC1aNzJnLXpmQIBUOGluRmNKbC1BUDViMmE3b2pJcDdvaGM

Address: 3928 Kingsford Ave

City: Dallas

State: Texas

Postal Code: 75227

Country: USA

Guardian's Name: Serrail Patrick

Emergency Phone: 469-328-6558

Home Phone: 214-275-3990

Street Address: 3928 Kingsford Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 11-05-2016.

Father: Father died..

Mother: Mother alive..

Offspring: Patient is single and has no children..

Social History:

Last Recorded On: 11-05-2016.

Tobacco: Current every day smoker Smokes 1/2 packet per day. **Status:** Current

Coffee: Drinks one cup a day. **Status:** Current

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

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

Counseling:

Exercise Patterns:

Hazardous Activities:

Nutrition History: Well..

Developmental History: Good..

Other History: Denies flu shot and pneumonia..

Tests and Exams:

Last Recorded On: 11-05-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Normal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2009-01-12

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2013-10-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 450212966A

Group Number :

Employer Name : Arthur Herod

Copay :

Insured ID Number : 450212966A

Group Number :

Employer Name : Arthur Herod

Copay :

Insured ID Number : 527907979

Group Number :

Employer Name : Arthur Herod

Immunizations:

Arthur Herod: Chief Complaint
Patient Record Number:5944

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Seen by Derrick Love-Jones
Seen on 04-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of depression, hypertension, rheumatoid arthritis/osteoarthritis, insomnia, epilepsy, neuropathy, schizophrenia and other psychotic disorder. Patient complains of numbness and tingling in both feet.

History of Present illness:

HPI Status:Finalized

A 56-year-old male in NAD with multiple chronic conditions of depression, hypertension, rheumatoid arthritis/osteoarthritis, insomnia, epilepsy, neuropathy, schizophrenia and other psychotic disorder. Patient states that he has numbness and tingling in both feet that comes and goes often. Patient rates current pain at 6/10 today. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently. Patient also complains of back pain.

Family History:Family history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-04	113	80	178.00	64.00	97.80	16.00	~	30.6	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Weight Loss
No Polydipsia
No Polyuria
No Nocturia
No Polyphagia
No Blurred Vision
No Changes in Mentation
No Anorexia
No Bleeding Gums
No Bruising
No Use Of Dentures

Physical Exam:

HEENT:

ENT: Within Normal Limits .

HEENT:

ENT: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1	Active	2016-09-05	
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls			

Hydrocodone-Acetaminophen ,10-325 MG TABS, Take One Tablet Twice A Day As Needed For Pain, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-01
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
TraZODone HCl ,100 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
TraZODone HCl ,100 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-29
Folic Acid ,1 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	2016-03-10
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE 1 CAPSULE AT BEDTIME NIGHTLY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
Fenofibrate Micronized ,134 MG CAPS, TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
Haloperidol ,5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
TraZODone HCl ,100 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-14
Aldara ,5 % CREA, APPLY TO AFFECTED AREA IN THE EVENING ON TUESDAY, THURSDAY, AND SATURDAY WASH OFF IN THE MORNING, Quantity: 36, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

Desonide ,0.05 % CREA, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 45, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE 1 CAPSULE AT BEDTIME NIGHTLY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Fenofibrate Micronized ,134 MG CAPS, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Folic Acid ,1 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Haloperidol ,5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Ibuprofen ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, 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: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. 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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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
Epilepsy continue current plan
Neuropathy continue current plan
Chronic Pain Syndrome continue current pain medication
Depression continue current plan
RA/OA w/chronic pain continue current plan
Insomnia continue current plan
Schizophrenia continue current plan

Other Psychiatric Disorders continue current plan

Medication refills as follows:

Lisinopril/HCTZ 20/12.5 mg q.d.

Tramadol 50 mg t.i.d.

Trazodone 100 mg q.h.s.

Fenibrate 134mg qd

Citalopram 20mg qd

Diphenhydramine 50mg qd

Haloperidol 5mg qd

VIT D 50,000 q weekly

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-10	
Complex regional pain syndrome I of other specified site (ICD10:G90.59 Complex regional pain syndrome I of other specified site) Unknown or N/A	Active	2015-10-10	
Tachycardia, unspecified (ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-10	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-05	
Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-05	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-05	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-05	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-05	
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	
Other chronic pain (ICD10:G89.29 Other chronic pain) 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	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, other specified sites (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, chronic (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	

Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	2015-09-03
Contact dermatitis and other eczema, unspecified cause (ICD9:692.9 Contact dermatitis and other eczema, unspecified cause) Unknown or N/A	Active	2015-09-03
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy (ICD9:345.00 Generalized nonconvulsive epilepsy, without mention of intractable epilepsy) Unknown or N/A	Active	2015-09-03
Pressure ulcer, unspecified site (ICD9:707.00 Pressure ulcer, unspecified site) Unknown or N/A	Active	2015-09-03
Abnormality of gait (ICD9:781.2 Abnormality of gait) Unknown or N/A	Active	2015-09-03

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Knee surgery in 2000 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Bonyl Home healthcare

Primary Justification Medical Conditions: Depression,Epilepsy,HTN,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 mental disorder and inability to self medicate correctly.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-10-04 10:37

Signed By (Physician): 18

Signed on (Physician): 2016-10-11 10:37

Form_status: finalized

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