

**FREDDIE Murphy: Patient Information**  
Patient Record Number:6168

**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:** FREDDIE Murphy  
**External ID:** 6168  
**DOB:** 1943-02-28  
**Sex:** Male

**Address:** 1811 South Blvd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75215  
**Country:** USA  
**Home Phone:** 214-863-8595  
**Street Address:** 1811 South Blvd  
**Apt/Suite/Other:** APT #107

## Family History:

**Last Recorded On:** 09-06-2016.  
**Father:** Father died of cerebrovascular accident, diabetes, and hypertension..  
**Mother:** Mother died of coronary artery disease, diabetes, and hypertension..  
**Siblings:** One brother who is died, two sisters, one is alive and another is died..  
**Spouse:** Five children..

## Social History:

**Last Recorded On:** 09-06-2016.  
**Tobacco:** Smokes one packet per day. **Status:** Current  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level +2 years of college..  
**Other History:** Influenza in 2015. Pneumovax in 2013..

## Tests and Exams:

**Last Recorded On:** 09-06-2016.  
**Prostate Exam** N/A Done, year unknown.

## Insurance:

### Molina Healthcare of Texas (Z1161)

**Priority :** Primary  
**Start Date :** 2016-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)  
**Priority :** Secondary  
**Start Date :** 2016-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 500000051235  
**Group Number :**  
**Employer Name :** FREDDIE Murphy  
**Copay :**  
**Insured ID Number :** 522560480  
**Group Number :**  
**Employer Name :** FREDDIE Murphy

**Immunizations:**

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Follow up home visit to prevent further decline in the following chronic medical conditions of chronic pain syndrome, hypothyroidism, diabetes mellitus type 2, anxiety, depression, schizophrenia, and hypertension. Patient complains of lower back and hip pain and lower gums hurting.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	163	114	182.00	72.00	98.20	18.00	~	24.7	0.00

Description	Status	Start Date	End Date
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Clindamycin HCl ,150 MG CAPS, TAKE 1 CAPSULE EVERY 6 HOURS DAILY, Quantity: 40, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-13
Carisoprodol ,350 MG TABS, Take 1 tablet 3 times daily, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan his previous provider. Reviewed, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on 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, accessibility, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current plan.
2. Diabetes type 2 with neuropathy, continue current plan.
3. Hypothyroidism, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Anxiety, continue current plan.
6. Depression, continue current plan.
7. Chronic pain syndrome, continue current pain medication.
8. Schizophrenia, continue current plan.

No medication refills . Clindamycin 150 mg order for gum infection.

## Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-13	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-13	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-13	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-07-13	
Idiopathic gout, unspecified site ( ICD10:M10.00 Idiopathic gout, unspecified site) 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	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-08	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-06-08	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-06	
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	2016-05-06	

Hypothyroidism, unspecified ( ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-05-06
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-06

## Allergies:

Description	Status	Start Date	End Date
Penicillin. Unknown or N/A	Active	2016-05-06	

## Surgeries:

Description	Status	Start Date	End Date
Thyroid surgery in 1985. Unknown or N/A	Active	2016-05-06	

## 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:** NO

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:**

**Primary Justification Medical Conditions:**

**Additional Medical Conditions:**

**Nursing Required:** NO

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** No skilled nursing needed at this time

**Certification Statement:**

**Signed by (NP):** 302

**Signed On (NP):** 2016-07-13 08:13

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-14 08:13

**Form\_status:** finalized

**Printed:** NO



Electronically Signed by **Darolyn Perkins** on **2016-07-20**.

Printed on 11-Sep-2016 18:57:16 pm.