

Tyree Durant: Patient Information
Patient Record Number:5828

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: Tyree P Durant

External ID: 5828

DOB: 1948-12-06

Sex: Male

Marital Status: Widowed

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCaGJd0Y1RTB4bUk

Address: 623 Oak Creek Drive

City: Cedarhill

State: Texas

Postal Code: 75104

Country: USA

Mobile Phone: 214-232-0289

Street Address: 623 Oak Creek Drive

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-25-2016.

Risk Factors: Chronic Pain,Degenerative Joint Disease,Lumbago,Neuropathy,Severe Migraine.

Additional Medical History: Disk injury..

Family History:

Last Recorded On: 07-25-2016.

Father: Father with ETOH abuse..

Mother: Mother with end-stage renal disease, diabetes mellitus type 2, and hypertension..

Siblings: 11 brothers 8 alive and healthy and 1 sister is healthy..

Offspring: Four boys, are all healthy and one boy died with blood disease..

Primary Family Med Conditions:

Last Recorded On: 07-25-2016.

Chronic Conditions: Chronic Kidney Disease,Diabetes,Hypertension.

Social History:

Last Recorded On: 07-25-2016.

Tobacco: Never smoker No smoking. **Status:** Never

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

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular..

Developmental History: Education level is college..

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-25-2016.

Sigmoid/Colonoscopy N/A Done 2 years ago.

Prostate Exam N/A Done 2 years ago.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2004-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-10-27
Relationship to Insured : Self
Type : N/A
Payer : APWU Health Plan (All States Except USVI) (62308)

Copay :
Insured ID Number : 562745698A
Group Number :
Employer Name : Tyree Durant
Copay :
Insured ID Number : 910885855
Group Number :
Employer Name : Tyree Durant

Immunizations:

Tyree Durant: Chief Complaint
Patient Record Number:5828

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Seen by Derrick Love-Jones
Seen on 13-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, chronic pain, asthma, lumbago, peripheral vascular disease, diabetes mellitus type 2, osteoarthritis, anxiety, chronic obstructive pulmonary disease, neuropathy, depression and tachycardia. Patient complains of pain, numbness and tingling in both feet.

History of Present illness:

HPI Status:Finalized

Patient is a 67-year-old AA male in NAD with multiple chronic conditions of hypertension, chronic pain, asthma, lumbago, peripheral vascular disease, diabetes mellitus type 2, osteoarthritis, anxiety, chronic obstructive pulmonary disease, neuropathy, depression and tachycardia. Patient complains of severe pain, numbness and tingling in both feet. Patient rates pain at 7/10 today. Patient denies any CP or N/V recently. Patient denies any chest pain, headache, or nausea or vomiting. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	152	78	188.00	66.00	97.60	20.00	~	30.3	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Change

No Polyphagia

No Polydipsia

No Nocturia

No Excessive Thirst

No Excessive Hunger

No Excessive Fatigue

No Excessive Sweating

No Excessive Heat

No Excessive Cold

No Use Of Dentures

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

NECK:

NECK: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Neuropathy, continue current plan.
2. Lumbago with chronic pain, continue current plan.
3. Anxiety, continue current plan.
4. Chronic pain syndrome, continue pain medication.
5. Borderline diabetes mellitus type 2, continue to monitor.
6. Osteoarthritis with chronic pain, continue PT/OT.

7. Peripheral vascular disease, continue current plan.
8. Hypertension with vascular complications, continue medications and educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
9. Chronic obstructive pulmonary disease/asthma, continue current plan.
10. Epilepsy, continue current plan.
11. Chronic kidney disease stage-3, continue current plan.
12. Depression, continue current plan.
13. Medication refills as follows; Tylenol 3 t.i.d., Soma 350 mg t.i.d., Gabapentin 100 mg t.i.d.
14. Medication adherence was given to the patient. Continue treatment as planned.
15. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
16. Reviewed old records of the patient.
17. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) 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	
Migraine, unspecified, with intractable migraine, so stated, with status migrainosus (ICD10:G43.911 Migraine, unspecified, intractable, with status migrainosus) 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	
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) 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	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Idiopathic peripheral autonomic neuropathy, unspecified (ICD10:G90.09 Other idiopathic peripheral autonomic neuropathy) Unknown or N/A	Active	2015-10-01	
Tachycardia, unspecified (ICD10:R00.0 Tachycardia, 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	
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	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active	
Chronic airway obstruction, not elsewhere classified (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active	
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Active	
Epilepsy, unspecified, without mention of intractable epilepsy (ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy) Unknown or N/A	Active	

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: 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 SN needed at this time.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-07-13 03:09

Signed By (Physician): 18

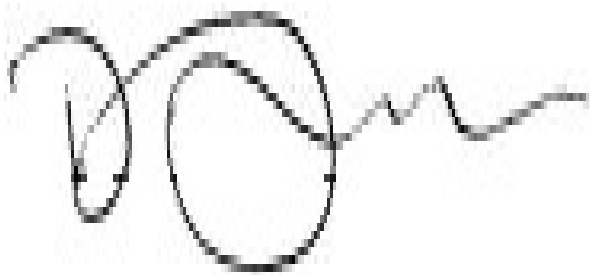
Signed on (Physician): 2016-07-19 03:09

Form_status: finalized

Procedure Order:

Patient ID	5828	Order ID	713
Patient Name	Durant, Tyree P	Ordered By	Love-Jones, Derrick
Order Date	2016-09-16	Print Date	2016-09-16
Order Status	complete	Encounter Date	2016-09-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-16		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-07-19**.

Printed on 16-Sep-2016 23:33:29 pm.