

**Maurice Neal: Patient Information**  
Patient Record Number:6169

**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:** Maurice Neal  
**External ID:** 6169  
**DOB:** 1954-08-31  
**Sex:** Male

**Address:** 1924 Earnhardt Way  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75217  
**Country:** USA  
**Guardian's Name:** Chris moore  
**Emergency Contact:** 214-244-8896  
**Mobile Phone:** 214-309-9124  
**Street Address:** 1924 Earnhardt Way  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 08-08-2016.  
**Additional Medical History:** hptension.

## Family History:

**Last Recorded On:** 08-08-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 08-08-2016.  
**Tobacco:** Current some day smoker Smokes daily. **Status:** Current  
**Alcohol:** Drinks occasionally. **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Good.  
**Work Status:** Disabled.  
**Pets:** None..  
**Other History:** Influenza November 2015 .

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2009-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 452986583A  
**Group Number :**  
**Employer Name :** Maurice Neal

**Immunizations:**

**Maurice Neal: Chief Complaint**  
Patient Record Number:6169

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**Seen by** Derrick Love-Jones  
**Seen on** 19-July-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic conditions of dementia, debility, abnormal gait, alcohol dependence, and hypotension. Patient complains of elevated blood pressure and headaches.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 61-year-old African-American male in NAD following chronic conditions of dementia, debility, abnormal gait, alcohol dependence and hypotension. Patient has fallen and couple of times due to dizziness. His blood pressure has been elevated since running out of hypertension medication 3-4 days ago. His gait is unsteady and he uses a rolling walker. Patient denies CP, HA or N/V recently. Reviewed medications. Reviewed labs. Monitor blood pressure for hypotension and drink plenty of fluids.

**Vitals:**

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-07-19   | 189 | 52  | 129.00 | 68.00 | 97.60       | 20.00 | ~    | 19.6 | 0.00      |

**Review of Systems:**

**Constitutional:**

**General/Neurologic:**

No Change in Weight  
No Change in Appetite  
No Change in Sleep  
No Change in Energy  
No Change in Mood  
No Change in Behavior  
No Change in Cognition  
No Change in Personality  
No Change in Social Interaction  
No Change in Hydration  
No Change in Bowel Function  
No Change in Urinary Function  
No Change in Reproductive Function  
No Change in Menstrual Function  
No Change in Sexual Function  
No Change in Libido  
No Change in Ejaculation  
No Change in Orgasm  
No Change in Pregnancy  
No Change in Fertility  
No Change in Contraception  
No Change in Abortion  
No Change in Miscarriage  
No Change in Stillbirth  
No Change in Delivery  
No Change in Postpartum  
No Change in Lactation  
No Change in Breastfeeding  
No Change in Child Development  
No Change in Child Health  
No Change in Child Behavior  
No Change in Child Cognition  
No Change in Child Personality  
No Change in Child Social Interaction  
No Change in Child Hydration  
No Change in Child Bowel Function  
No Change in Child Urinary Function  
No Change in Child Reproductive Function  
No Change in Child Menstrual Function  
No Change in Child Sexual Function  
No Change in Child Libido  
No Change in Child Ejaculation  
No Change in Child Orgasm  
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No Change in Child Child Delivery  
No Change in Child Child Postpartum  
No Change in Child Child Lactation  
No Change in Child Child Breastfeeding

**Physical Exam:**

**General:**

Appearance-Within Normal Limits .

**HEENT:**

Head-Within Normal Limits .

**CV:**

Heart-Within Normal Limits .

Murmur, Rubs,Gallops-Within Normal Limits .

**Plan Note:**

**Plan Note Status:**Finalized

1. Hypertension with vascular complications, continue medications. Educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
2. Dementia, continue current plan.
3. Hyperlipidemia, continue medications.
4. Abnormal gait, uses walker.
5. Insomnia, controlled on medications.
6. Debility, well controlled with medications.
7. No medication refills needed at this visit.
8. Medication adherence was given to the patient. Continue treatment as planned.

9. 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.
10. Reviewed old records of the patient.
11. Follow up appointment in 4-6 weeks.

## Medical Problem:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A   | Active | 2016-06-30 |          |
| Unspecified dementia without behavioral disturbance<br>( ICD10:F03.90 Unspecified dementia without behavioral disturbance)<br>Unknown or N/A | Active | 2016-05-18 |          |
| Tobacco use<br>( ICD10:Z72.0 Tobacco use)<br>Unknown or N/A  | Active | 2016-05-18 |          |
| Unspecified abnormalities of gait and mobility<br>( ICD10:R26.9 Unspecified abnormalities of gait and mobility)<br>Unknown or N/A            | Active | 2016-05-18 |          |
| Alcohol dependence, uncomplicated<br>( ICD10:F10.20 Alcohol dependence, uncomplicated)<br>Unknown or N/A                                     | Active | 2016-05-18 |          |
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A   | Active | 2016-05-09 |          |
| Other malaise<br>( ICD10:R53.81 Other malaise)<br>Unknown or N/A   | Active | 2016-05-09 |          |

## Allergies:

| Description                                | Status | Start Date | End Date |
|--|--------|------------|----------|
| No known drug allergies.<br>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:** NO

**Is House Visit Needed:** YES

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

**Current home health agency:** Prosperity Health Services

**Primary Justification Medical Conditions:** Mobility\_Impairments

**Additional Medical Conditions:** Dementia, hypotension

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to dementia, fall history, unsteady gait and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to dementia and impaired mobility. HE is unsafe to leave home alone, tires easily and uses assistive device for ambulation. He has poor balance and gets short of breath. He also has history of falling.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-19 05:05

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-25 05:05

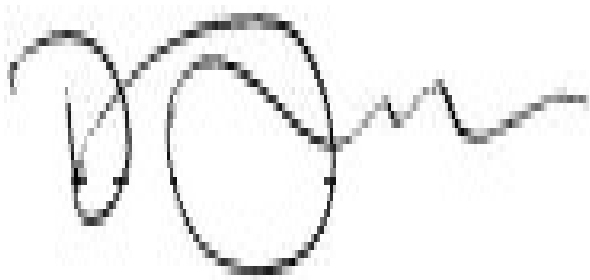
**Form\_status:** finalized

## Procedure Order:

|              |               |            |                     |
|--------------|---------------|------------|---------------------|
| Patient ID   | 6169          | Order ID   | 734                 |
| Patient Name | Neal, Maurice | Ordered By | Love-Jones, Derrick |
| Order Date   | 2016-09-09    | Print Date | 2016-09-09          |

|              |            |                |            |
|--------------|------------|----------------|------------|
| Order Status | complete   | Encounter Date | 2016-09-09 |
| Lab          | .HH Agency | Specimen Type> |            |

| Ordered Procedure   | Report     |          |         |      | Results |                |      |       |             |       |      |
|---------------------|------------|----------|---------|------|---------|----------------|------|-------|-------------|-------|------|
|                     | Reported   | Specimen | Status  | Note | Code    | Name           | Abn  | Value | Range       | Units | Note |
| 026: Pulse Oximetry | 2016-09-09 |          | Final ✓ |      | 0097    | Pulse Oximetry | High | 96%   | 97% to 100% |       |      |



Electronically Signed by **Derrick Love-Jones** on **2016-07-25**.

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