

**David Scroggins: Patient Information**  
Patient Record Number:6102

**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:** David Scroggins  
**External ID:** 6102  
**DOB:** 1963-09-25  
**Sex:** Male  
**S.S.:** 463194097

**Address:** 1427 Oriole Blvd  
**City:** Duncanville  
**State:** Texas  
**Postal Code:** 75116  
**Country:** USA  
**Emergency Contact:** Jeremy  
**Emergency Phone:** 469-203-6063  
**Mobile Phone:** 214-406-0203  
**Street Address:** 1427 Oriole Blvd  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-04-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 12-04-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Work Status:** Disabled.

## Insurance:

### Medicare B Texas (SMTX0)

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

**Copay :**  
**Insured ID Number :** 463194097A  
**Group Number :**  
**Employer Name :** David Scroggins

## Immunizations:

**David Scroggins: Chief Complaint**  
Patient Record Number:6102

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**Seen by** Derrick Love-Jones  
**Seen on** 13-September-2016

**Chief Complaint Status:**finalized

Followup home visit to service for the prevention and control of chronic conditions of diabetes 2, hypertension, hyperlipidemia, gastroesophageal reflux disease, heart disease, herniated disc, asthma, and left wrist pain. Patient complains of SOB upon exertion.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 53-year-old male with multiple chronic conditions of diabetes 2, hypertension, gastroesophageal reflux disease, hyperlipidemia, heart disease, herniated disc, asthma and left wrist pain. Patient states he has pain in his back and wrist at 6/10 on pain scale. Patient complains of shortness of breath for the last several days. Patient has some wheezing noted bilaterally. Patient denies CP. HA, and NV.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-13	143	82	235.00	69.00	98.20	18.00	~	34.7	0.00

**Review of Systems:**

**Constitutional:**

**Weight** 235.00 lbs  
**Dependence** No  
**Need for assistance** No  
**Loss of consciousness** No  
**Range of Motion** YES  
**Diurnal variation** YES

**Physical Exam:**

**ENT:**

**ENT** - Bilateral Nasal Turbinates-Within Normal Limits .

**ORCH:**

**ORCH** - Bilateral Testes-Within Normal Limits .

**NECK:**

**NECK** - Bilateral Thyroid Gland-Within Normal Limits .

**CV:**

**CV** - RRR-Within Normal Limits .

**RESP:**

**RESP** - Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

**GI:**

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

**GI** - Bowel Sounds present in all four quadrants-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 1, Refill Quantity: 6	Active	2016-09-15	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Insulin Syringe ,28G X 1/2" 0.5 ML MISC, USE AS DIRECTED, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Lantus ,100 UNIT/ML SOLN, 150 units in am, Quantity: 15, Refill Quantity: 5 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Nitrostat ,0.4 MG SUBL, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 DOSES AS NEEDED FOR CHEST PAIN, Quantity: 270, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Nortriptyline HCl ,50 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Pravastatin Sodium ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Ranitidine HCl ,150 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17

## Plan Note:

### Plan Note Status:Finalized

Continue with treatment as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. 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. Discussed the treatment plan with the patient. Prognosis is fair and stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Chronic obstructive pulmonary disease/asthma, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Depression, continue current plan.
5. Diabetes mellitus type 2 with neuropathy, continue current plan.
6. Hyperlipidemia, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Heart disease, continue to monitor.

Medication refills as follows:

Lantus 150 units daily.  
lisinopril 40 mg daily.  
Pro-Air INH.

## Medical Problem:

Description	Status	Start Date	End Date
Unspecified osteoarthritis, unspecified site ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2016-09-13	
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	2016-09-13	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-13	
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-09-13	
Chronic obstructive pulmonary disease, unspecified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-03-09	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-03-09	
Major depressive disorder, recurrent, in remission, unspecified ( ICD10:F33.40 Major depressive disorder, recurrent, in remission, unspecified) Unknown or N/A	Active	2016-03-09	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-02-17	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-17	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-02-17	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-02-17	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-17	
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-02-17	

## 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:** 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:** Aaron Home Health

**Primary Justification Medical Conditions:** diabetes,Heart\_Disease,HTN,hyperlipidemia

**Additional Medical Conditions:** Asthma, chronic pain

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to chronic pain and asthma and inability to self medicate correct

**Certification Statement:** Patient is home bound due to chronic pain and asthma. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-13 04:19

**Signed By (Physician):** 18

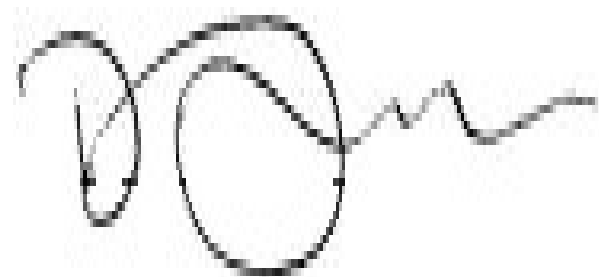
**Signed on (Physician):** 2016-09-20 04:19

**Form\_status:** finalized

## Procedure Order:

Patient ID	6102	Order ID	918
Patient Name	Scroggins, David	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-20**.

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