Kevin Marshall: Patient Information

Patient Record Number:3846

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: Kevin Marshall External ID: 3846 **DOB**: 1969-05-20 Sex: Male S.S.: 466-33-9369

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0AwTMa8jPNAVUIGeTVhbDIObEU

Address: 2525 Players Court Apt 1408 Bldg 14

City: Dallas State: Texas Postal Code: 75287 Country: USA

Emergency Contact: Albert Marshall Home Phone: 972-684-0536 Mobile Phone: 469-892-6253 Street Address: 2525 Players Court Apt/Suite/Other: 1408 Bldg 14

Past Medical History:

Last Recorded On: 11-11-2016.

Risk Factors: Insomnia, Lumbago, Neuropathy.

Additional Medical History: Abnormal gait and bilateral knee amputation...

Family History:

Last Recorded On: 11-11-2016.

Mother: Mother has history of breast cancer..

Offspring: Patient has 3 children..

Other Family Relative: Aunt has history of breast cancer..

Primary Family Med Conditions:

Last Recorded On: 11-11-2016. Chronic Conditions: Hypertension.

Chronic Body System Category: Diseases of the circulatory system .

Social History:

Last Recorded On: 11-11-2016.

Tobacco: Former smoker The patient is a former smoker, currently does not smoke Status: Quit

Alcohol: No alcohol abuse. Status: Never

Recreational Drugs: No drug abuse. Status: Never Nutrition History: Low salt, low fat, and low cholesterol diet.. Developmental History: Educational level is 12th grade..

Other History: Influenza in 2014...

Tests and Exams:

Last Recorded On: 11-11-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2008-05-01 Relationship to Insured: Self

Type: N/A
Payer: Medicare B Texas (SMTX0)

Copay: Insured ID Number: 466339369A

Group Number :

Employer Name : Kevin Marshall

Immunizations:

Kevin Marshall: Chief Complaint Patient Record Number:3846 **Texas Physician House Calls (H)**

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Seen by Derrick Love-Jones **Seen on** 20-September-2016

Chief Complaint Status: finalized

Follow up home visit for management of osteoarthritis, lumbago, heart disease, heart failure, anxiety, depression, insomnia, diabetes mellitus type 2, left below knee amputation, neuropathy, difficulty walking, and intellectual disabilities. Patient complains of pain in his stump and numbness and tingling in his foot.

History of Present illness:

HPI Status:Finalized

A 47-year-old African American male in NAD with multiple chronic conditions including osteoarthritis, lumbago, heart disease, heart failure, anxiety, depression, insomnia, diabetes mellitus type 2, left below knee amputation, neuropathy, difficulty walking, and intellectual disabilities. Patient complains of pain in his stump and numbness and tingling in his foot. Patient does have a long history of diabetes. Patient denies any new issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-20	104	74	247.00	64.00	98.20	16.00	~	42.4	0.00

Review of Systems:

Constitutional:

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No Opografia

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No Bleensyddighd Counteent

No Obatsertiess

No Use Of Dentures

Physical Exam:

SEEREMITIES:

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Belgete Bernald Prietrie Bernald Windia Bernald Windia Bernald Bernald

NECCH:

Stoppplæl, 74/figretmægalgen@artotaldobMbed\lastaltSæpt@nje.ht/@dl K/@njV/fittdenNoprattay-W/fithish. Normal Limits.

CV:

REARCHY Within Through at Combent-Within Normal Limits.

RESP:

Lungs CTAB-Within Normal Limits .

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

Medication:

Descri	ption Status	Start Date	End Date

AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Lyrica ,50 MG CAPS, Take 1 capsule twice daily Stop Gabapentin, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls Lyrica ,50 MG CAPS, Take 1 capsule twice daily Stop Gabapentin, Quantity: 60, Refill Quantity: 0	Active Active	2016-08-18 2016-07-18
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2016-06-20
Texas Physician House Calls AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-17
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Methocarbamol ,500 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-19
Methocarbamol ,500 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-19

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 visit. 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 patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Neuropathy, continue current plan.
- 2. Diabetes mellitus type 2 with neuropathy, continue current plan.

- 3. Osteoarthritis with chronic pain, continue current plan.
- 4. Hypertension with vascular complications, continue current plan.
- 5. Lumbago with chronic pain, continue current plan.
- 6. Anxiety, continue current plan.
- 7. Depression, continue current plan.
- 8. Insomnia, continue current plan.
- 9. Neuropathy, continue current plan.
- 10. Coronary artery disease, continue current plan.
- 11. Intellectual disabilities, continue to monitor.

Medication refills are as follows:

Norco 10/325 mg t.i.d Xanax 1 mg q.d. Amlodipine 5 mg q.d. Lyrica 50 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Other pulmonary embolism and infarction (ICD9:415.19 Other pulmonary embolism and infarction) Unknown or N/A	Active	2015-10-01	
Septic pulmonary embolism with acute cor pulmonale (ICD10:l26.01 Septic pulmonary embolism with acute cor pulmonale) Unknown or N/A	Active	2015-10-01	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Primary osteoarthritis, unspecified shoulder (ICD10:M19.019 Primary osteoarthritis, unspecified shoulder) Unknown or N/A	Active	2015-10-01	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Unspecified hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01	
Arthropathy, unspecified, other specified sites (ICD10:M12.9 Arthropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:110 Essential (primary) hypertension) 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	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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	
Unspecified essential hypertension (ICD10:110 Essential (primary) hypertension) 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	

Active	2015-10-01
Active	2015-10-01
	Active Active

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Right above the knee amputation Unknown or N/A	Active		
chest surgery 2005 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: Gentle Care Home Health, LLC.

Primary Justification Medical Conditions: Depression, diabetes, Heart_Failure

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 left below knee amputation and inability to self

medicate currently.

Certification Statement: Patient is home bound due to osteoarthritis and left below knee amputation. Patient has unsteady, painful ambulation with extremely poor balance. Requires supportive device of wheelchair and special transportation when leaving home.

Signed by (NP): 16

Signed On (NP): 2016-09-20 10:24 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-27 10:24

Form_status: finalized

DME:

Description	Status	Start Date	End Date
crutches Unknown or N/A	Active	2015-04-07	
Patient is amputated at knee I have ordered him a Standard Wheelchair at Ace Medical Supply. (ICD9:V49.75 Below knee amputation status) Unknown or N/A	Active		
Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication ordered prosthetic left leg from Reliant Prosthetics (ICD9:897.2 Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication)	Active		

Procedure Order:

Patient ID	3846	Order ID	948
Patient Name	Marshall, Kevin	Ordered By	Love-Jones, Derrick
Order Date	2016-11-12	Print Date	2016-11-12
Order Status	complete	Encounter Date	2016-11-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure Report				Results							
Ordered Procedure	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-12		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-27**.

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