

James Jones: Patient Information
Patient Record Number:6106

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: James Jones
External ID: 6106
DOB: 1958-07-29
Sex: Male

Address: 12209 GALVA DR
City: DALLAS
State: Texas
Postal Code: 75243
Country: USA
Emergency Phone: 214-562-6623
Home Phone: 972-788-2420
Mobile Phone: 972-235-6719
Street Address: 12209 GALVA DR
Apt/Suite/Other: House

Family History:

Last Recorded On: 12-17-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 12-17-2016.
Tobacco: Never smoker Nonsmoker. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 12-17-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 518267372
Group Number :
Employer Name : James Jones

Immunizations:

James Jones: Chief Complaint
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Seen by Darolyn Perkins
Seen on 10-November-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of chronic medical conditions of osteoarthritis, with chronic pain, chronic pain syndrome, depression, hypertension, lumbago and anxiety.

History of Present illness:

HPI Status:Finalized

Patient is a 58-year-old African-American male with multiple chronic conditions of chronic pain, osteoarthritis, lumbago, hypertension, depression, and anxiety. Patient states that he has increased anxiety. Patient denies any chest pain, headache, and nausea recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-10	157	78	160.00	68.00	98.20	18.00	~	24.3	0.00

Review of Systems:

Constitutional:

General: No weight loss or gain

Feeding: No difficulty

Energy: No fatigue

Sleep: No difficulty

Appetite: No change

Thirst: No change

Motion: No difficulty

Physical Exam:

HEENT:

Head: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality. Eyes: No redness, no swelling, no discharge, no abnormality. Ears: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality. Nose: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality. Throat: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality.

EXTREMITIES:

Upper extremities: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality. Lower extremities: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality.

CVSC:

Heart: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality.

ROM: No tenderness, no swelling, no deformity, no pain, no redness, no discharge, no abnormality.

Medication:

Description	Status	Start Date	End Date
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	2016-03-08	
Xanax ,1 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-08	

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. 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 to exercise daily as tolerated. No labs needed at this time. Patient was instructed to go to the ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision orthostatic blood pressure greater than 200. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. 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. Hypertension with vascular complications, continue current plan.
3. Anxiety, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Osteoarthritis with chronic pain, continue current plan.
6. Depression, continue current plan.

Medication refills as follows,

Norco 10/325 mg t.i.d.

Alprazolam 1 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-09-01	
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	2016-09-01	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-08	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-08	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-08	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-03	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-03-03	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-03-03	

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: Rheumatoid Arthritis_Osteoarthr,HTN,Depression

Additional Medical Conditions: Anxiety, chronic pain.

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

Certification Statement:

Signed by (NP): 302

Signed On (NP): 2016-11-10 06:47

Signed By (Physician): 18

Signed on (Physician): 2016-11-17 06:47

Form_status: finalized

Printed:



Electronically Signed by **Darolyn Perkins** on **2016-11-17**.

Printed on 17-Dec-2016 22:05:45 pm.