

**Carl Lloyd: Patient Information**

Patient Record Number:6182

**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:** Carl Lloyd**External ID:** 6182**DOB:** 1956-09-29**Sex:** Male**S.S.:** 450-087-357**User Defined:** Patient don't have phone**genericval1:** we can go directly**Address:** 7460 Chesterfield Dr**City:** Dallas**State:** Texas**Postal Code:** 75237**Country:** USA**Mother's Name:** Patient don't have phone**Guardian's Name:** Stephanie**Mobile Phone:** 214-497-1540**Street Address:** 7460 Chesterfield Dr**Apt/Suite/Other:** APT# B**Past Medical History:****Last Recorded On:** 11-23-2016.**Risk Factors:** Chronic Pain,Insomnia.**Family History:****Last Recorded On:** 11-23-2016.**Father:** Unknown..**Mother:** Unknown..**Social History:****Last Recorded On:** 11-23-2016.**Tobacco:** Current every day smoker Smokes one packet per day. **Status:** Current**Alcohol:** Occasionally **Status:** Current**Recreational Drugs:** No drug abuse. **Status:** Never**Nutrition History:** Good..**Developmental History:** Well..**Work Status:** Disabled.**Pets:** None..**Insurance:****Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 1984-08-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Secondary  
**Start Date** : 2016-05-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Molina Healthcare of Texas (Z1161)

**Copay** :  
**Insured ID Number** : 450087357A  
**Group Number** :  
**Employer Name** : Carl Lloyd  
**Copay** :  
**Insured ID Number** : 518269200  
**Group Number** :  
**Employer Name** : Carl Lloyd

## **Immunizations:**

**Carl Lloyd: Chief Complaint**  
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**Seen by** Darolyn Perkins  
**Seen on** 13-October-2016

**Chief Complaint Status:**finalized

Followup home visit services for the prevention and control of chronic conditions of depression, paranoid schizophrenia, osteoarthritis with chronic pain, chronic pain syndrome, coronary artery disease, abnormal gait, hypertension with vascular complications and blindness in right eye. Patient complains of pain (phantom) on both hands that have had fingers removed. Patient also states that he has had some shortness of breath recently.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 60-year-old African-American male in NAD with multiple chronic conditions of depression, paranoid schizophrenia, osteoarthritis with chronic pain, chronic pain syndrome, coronary artery disease, abnormal gait, hypertension with vascular complications, and blindness in right eye. Patient has 4 fingers on both hand, missing due to accident in 2007. He also was stabbed in his right eye and its missing. Patient c/o pain (phantom) on both hands that have had fingers removed. Patient rates pain 7/10. Patient also states that he has had some shortness of breath recently. Patient smokes one packet per day of cigarettes. He denies chest pain, headaches and nausea/vomiting recently.

**Vitals:**

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-10-13   | 103 | 67  | 215.00 | 70.00 | 98.20       | 18.00 | ~    | 30.8 | 0.00      |

**Review of Systems:**

**Constitutional:**

**General/Endocrine/Metabolic:**

No Weight Loss

No Hypertension

No Diabetes Mellitus

No Hypothyroidism

No Hyperthyroidism

No Anemia

No Cachexia

No Edema

No Night Sweats

No Fever

No Chills

No Fatigue

No Malaise

No Anorexia

No Nausea

No Vomiting

No Diarrhea

No Constipation

No Abdominal Pain

No Hemorrhoids

No Hematuria

No Hemoptysis

No Hemorrhage

No Hemiparesis

No Hemiplegia

No Hemiparesis

No Hemiplegia

No Hemiparesis

No Hemiplegia

No Hemiparesis

No Hemiplegia

No Hemiparesis

No Hemiplegia

No Hemiparesis

**Physical Exam:**

**HEENT:**

Head: Within Normal Limits. Eyes: Within Normal Limits. Ears: Within Normal Limits. Nose: Within Normal Limits. Throat: Within Normal Limits.

**EXAMINATIONS:**

Cardiovascular: Within Normal Limits. Lungs: Within Normal Limits. Abdomen: Within Normal Limits. Extremities: Within Normal Limits. Skin: Within Normal Limits. Genitals: Within Normal Limits.

**CV:**

Heart: Within Normal Limits. Lungs: Within Normal Limits. Abdomen: Within Normal Limits. Extremities: Within Normal Limits. Skin: Within Normal Limits. Genitals: Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

**Plan Note:**

**Plan Note Status:**Finalized

Continue current treatment plan as previous. Reviewed and continue with current medication. No new medications noted this visit. Medication adherence education was given to patient. Patient 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 to exercise daily. No labs need it this visit. The patient verbalized understanding of the above plan and was given the office number to call with questions or concerns. Prognosis is fair and patient is stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Coronary artery disease, continue current plan.
4. Depression, continue current plan.
5. Blindness, continue current plan.
6. Paranoid schizophrenia, continue current plan.
7. Abnormal gait, monitor.
8. No medication refills needed this visit.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

## Medical Problem:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Polyosteoarthritis, unspecified<br>( ICD10:M15.9 Polyosteoarthritis, unspecified)<br>Unknown or N/A  | Active | 2016-06-22 |          |
| Chronic ischemic heart disease, unspecified<br>( ICD10:I25.9 Chronic ischemic heart disease, unspecified)<br>Unknown or N/A  | Active | 2016-06-22 |          |
| Paranoid schizophrenia<br>( ICD10:F20.0 Paranoid schizophrenia)<br>Unknown or N/A  | Active | 2016-05-17 |          |
| Major depressive disorder, single episode, unspecified<br>( ICD10:F32.9 Major depressive disorder, single episode, unspecified)<br>Unknown or N/A  | Active | 2016-05-17 |          |
| Other chronic pain<br>( ICD10:G89.29 Other chronic pain)<br>Unknown or N/A   | Active | 2016-05-17 |          |
| Unspecified visual loss<br>( ICD10:H54.7 Unspecified visual loss)<br>Unknown or N/A  | Active | 2016-05-17 |          |
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A   | Active | 2016-05-06 |          |
| Atherosclerotic heart disease of native coronary artery without angina pectoris<br>( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris)<br>Unknown or N/A | Active | 2016-05-06 |          |
| Blindness, one eye, low vision other eye, unspecified eyes<br>( ICD10:H54.10 Blindness, one eye, low vision other eye, unspecified eyes)<br>Unknown or N/A   | Active | 2016-05-06 |          |
| Primary generalized (osteo)arthritis<br>( ICD10:M15.0 Primary generalized (osteo)arthritis)<br>Unknown or N/A  | Active | 2016-05-06 |          |
| Difficulty in walking, not elsewhere classified<br>( ICD10:R26.2 Difficulty in walking, not elsewhere classified)<br>Unknown or N/A  | Active | 2016-05-06 |          |

## 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:** LG Charity Home Health

**Primary Justification Medical Conditions:** Schizophrenia,HTN,blindness

**Additional Medical Conditions:**

**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:** Patient is home bound due to paranoid schizophrenia and visual impairment. Patient experiences periods of confusion and is unsafe to leave home alone.

**Certification Statement:** Skilled nursing needed due to patient having multiple complex diseases and patient

**Signed by (NP):** 302

**Signed On (NP):** 2016-10-13 04:24

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-10-20 04:24

**Form\_status:** finalized

**Printed:**



Electronically Signed by **Darolyn Perkins** on **2016-10-20**.

Printed on 24-Nov-2016 14:32:34 pm.