Freddie Miller Jr: Patient Information

Patient Record Number:6265

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: Freddie Miller Jr External ID: 6265 **DOB**: 1966-03-14 Sex: Male

Patient Drive Folder: 0B0x_tbqdBDPhUXVXR2tsd052ckk

Address: 3200 S Lancaster Rd

City: Dallas State: Texas Postal Code: 75216 Country: USA

Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 02-11-2017.

Father: Father died of liver cancer disease and chronic obstructive pulmonary disease. .

Mother: Mother is alive and healthy..

Siblings: One brother and one sister is alive and one brother and one sister is died..

Offspring: None..

Social History:

Last Recorded On: 02-11-2017.

Tobacco: Smokes one packet per day. Status: Current

Alcohol: No alochol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular..

Developmental History: Education level is 12th grade..

Other History: Influenza 2015. Tetanus 2015..

Tests and Exams:

Last Recorded On: 02-11-2017.

Insurance:

Superior Health Plan Texas (39188)

Priority: Primary **Start Date : 2016-08-01** Relationship to Insured: Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay:

Insured ID Number: 702377955

Group Number:

Employer Name: Freddie Miller Jr

Immunizations:

Freddie Miller Jr: Chief Complaint Patient Record Number:6265 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD **Seen on** 30-December-2016

Chief Complaint Status: finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypertension, schizophrenia, insomnia, coronary artery disease, and osteoarthritis. Patient complains of shoulder pain.

History of Present illness:

HPI Status:Finalized

A 50-year-old African-American male in no acute distress with multiple chronic conditions of the following hypertension, schizophrenia, insomnia, coronary artery disease, and osteoarthritis. Patient states that he has had chronic pain in both shoulders and knees for several years. Patient rates pain at 6/10 today and states he does get relief from OTC pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-30	101	63	148.00	66.00	97.40	16.00	~	23.9	0.00

Review of Systems:

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Physical Exam:

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PartigatCAppreRealeSopRhentclSpMdeHeaed-Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-09-19	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Continue same treatment plan as previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Osteoarthritis with chronic pain, continue current plan.
- 2. Coronary artery disease, continue current plan.
- 3. Insomnia, continue current plan.
- 4. Chronic pain syndrome, continue current plan.
- 5. Gastroesophageal reflux disease, continue current plan.
- 6. Hypertension with vascular complications, continue current plan.
- 7. Schizophrenia, continue current plan.

Medication refills as follows, Pantoprazole 40 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-30	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-11-18	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-09-16	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-09-16	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-09-16	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-16	
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	2016-08-05	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:l25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-08-05	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-05	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-08-05	

Allergies:

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

Surgeries:

Description	Status Start Date	End Date

Colostomy placed in 2013. Unknown or N/A	Active
No longer have twisted intestine. 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: We care daycare

Primary Justification Medical Conditions: Schizophrenia, Rheumatoid Arthritis_Osteoarthr, HTN

Additional Medical Conditions: Insomnia, CAD.

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 chronic pain and mental health issues.

Certification Statement: Skilled nursing needed due to mental health issues, chronic pain, and in the billeted to self medicate

correctly.

Signed by (NP): 16

Signed On (NP): 2016-12-30 03:52 **Signed By (Physician):** 18

Signed on (Physician): 2017-01-03 03:52

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6265	Order ID	1625
Patient Name	Miller Jr, Freddie	Ordered By	Love-Jones, Derrick
Order Date	2016-12-30 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-30 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by Sumana Ketha, MD on 2017-01-06.

Printed on 12-Feb-2017 20:05:49 pm.