

Maurice Neal: Patient Information
Patient Record Number:6169

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: Maurice Neal
External ID: 6169
DOB: 1954-08-31
Sex: Male

Address: 1924 Earnhardt Way
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Guardian's Name: Chris moore
Emergency Contact: 214-244-8896
Mobile Phone: 214-309-9124
Street Address: 1924 Earnhardt Way
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-06-2017.
Additional Medical History: Hypotension..

Family History:

Last Recorded On: 01-06-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-06-2017.
Tobacco: Current some day smoker Smokes daily. **Status:** Current
Alcohol: Drinks occasionally. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Good..
Work Status: Disabled.
Pets: None..
Other History: Influenza November 2015 .

Tests and Exams:

Last Recorded On: 01-06-2017.
Vitamin D (6 mo if on pills) Normal Done on 06/29/2016 at HealthCore Lab, Ordered by Dr. Ketha.
HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 06/29/2016 at HealthCore Lab, Ordered by Dr. Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 06/29/2016 at HealthCore Lab, Ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 06/29/2016 at HealthCoreLab, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/29/2016 at HealthCore Lab, Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 06/29/2016 at HealthCore Lab, Ordered by Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 06/30/2016 at HealthCore Lab, Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2009-05-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 452986583A

Group Number :

Employer Name : Maurice Neal

Immunizations:

Maurice Neal: Chief Complaint
Patient Record Number:6169

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Seen by Derrick Love-Jones
Seen on 22-November-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of the following chronic conditions of dementia, debility, abnormal gait, alcohol dependence, and hypotension. Patient complains of leg pain from a recent fall.

History of Present illness:

HPI Status:Finalized

Patient is a 62-year-old African-American male in no acute distress following chronic conditions of dementia, debility, abnormal gait, alcohol dependence, and hypotension. Patient states her knees hurt. Patient has fallen and couple of times due to dizziness. He states he has hypotension. Patient's gait is unsteady and he uses a rolling walker. Patient also is having trouble sleeping at night. Patient denies chest pain, headache or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-22	115	66	130.00	68.00	97.40	16.00	~	19.8	0.00

Review of Systems:

Constitutional:

Disruptive Technology: Disrupting the Logic:

On the Possibility of a Non-Patentable

No Bystander Duty to Intervene

North American Clearing

No Electronic Filing

No Changes In Mentation

No Constipation

No Obstruction

Physical Exam:

SUMMARY:[illegible]

ENEMITIES:

SEPARATION OF CONCERN: Separation of Concerns Limits.

CV:

Reserve Withdrawal Not a Claim Limit

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Midodrine HCl ,5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-10-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue current treatment plan as previous. Reviewed and continue with current medication. 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. No labs needed 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypotension continue to monitor
2. Debility continue to monitor
3. Dementia continue to monitor.
4. Abnormal Gait continue to monitor.
5. Alcohol Dependence continue to monitor.

Medication refills as follows,

Midodrine 5 mg t.i.d.
Donepezil 10 mg q.h.s.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-06-30	
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-05-18	
Tobacco use (ICD10:Z72.0 Tobacco use) Unknown or N/A	Active	2016-05-18	
Unspecified abnormalities of gait and mobility (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2016-05-18	
Alcohol dependence, uncomplicated (ICD10:F10.20 Alcohol dependence, uncomplicated) Unknown or N/A	Active	2016-05-18	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-09	
Other malaise (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2016-05-09	

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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Prosperity Health Services

Primary Justification Medical Conditions: Mobility_Impairments

Additional Medical Conditions: Dementia, hypotension.

Nursing Required: YES

Clinical Findings To Justify Home Health: Skilled nursing needed due to dementia, fall history, unsteady gait and inability to self medicate correctly.

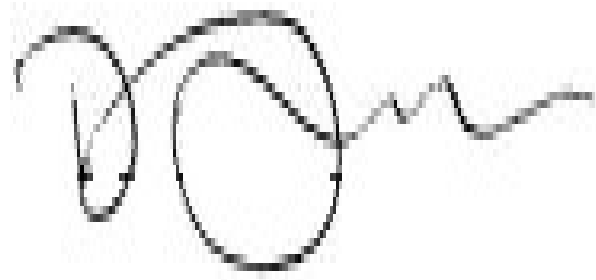
Certification Statement: Patient is home bound due to dementia and impaired mobility. He is unsafe to leave home alone, tires easily and uses assistive device for ambulation. He has poor balance and gets short of breath. He also has history of falling.

Signed by (NP): 16
Signed On (NP): 2016-11-22 03:14
Signed By (Physician): 18
Signed on (Physician): 2016-11-29 03:14
Form_status: finalized

Procedure Order:

Patient ID	6169	Order ID	1236
Patient Name	Neal, Maurice	Ordered By	Love-Jones, Derrick
Order Date	2017-01-06	Print Date	2017-01-06
Order Status	complete	Encounter Date	2017-01-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-29**.

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