

**Arthur Herod: Patient Information**  
Patient Record Number:5944

**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:** Arthur Herod

**External ID:** 5944

**DOB:** 1960-09-01

**Sex:** Male

**S.S.:** 450-21-2966

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfmJYSUYyTUIYeC1aNzJnLXpmQIBUOGluRmNKbC1BUDViMmE3b2pJcDdvaGM](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmJYSUYyTUIYeC1aNzJnLXpmQIBUOGluRmNKbC1BUDViMmE3b2pJcDdvaGM)

**Address:** 3928 Kingsford Ave

**City:** Dallas

**State:** Texas

**Postal Code:** 75227

**Country:** USA

**Guardian's Name:** Serrail Patrick

**Emergency Phone:** 469-328-6558

**Home Phone:** 214-275-3990

**Street Address:** 3928 Kingsford Ave

**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-04-2016.

**Father:** Father died..

**Mother:** Mother alive..

**Offspring:** Patient is single and has no children..

## Social History:

**Last Recorded On:** 12-04-2016.

**Tobacco:** Current every day smoker Smokes 1/2 packet per day. **Status:** Current

**Coffee:** Drinks one cup a day. **Status:** Current

**Alcohol:** No alcohol. **Status:** Never

**Recreational Drugs:** No drugs. **Status:** Never

**Counseling:**

**Exercise Patterns:**

**Hazardous Activities:**

**Nutrition History:** Well..

**Developmental History:** Good..

**Other History:** Denies flu shot and pneumonia..

## Tests and Exams:

**Last Recorded On:** 12-04-2016.

**Vitamin D (6 mo if on pills)** Abnormal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.  
**HbA, C Hemoglobin (if DM every 3 mo)** Abnormal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

**TSH Thyroid-Stimulating Hormone (every year)** Normal Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.

**CBC Complete Blood Count (3 months)** Normal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 06/21/2016 at HealthCore Lab, Ordered by Dr. Ketha.

**LIPIDS (once year unless chol meds)**&nbsp;&nbsp; Normal&nbsp;&nbsp; Done on 02/18/2016 at HealthCore Lab, Ordered by Dr. Ketha.

## **Insurance:**

### **Medicare B Texas (SMTX0)**

**Priority :** Primary

**Start Date :** 2009-01-12

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2010-01-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Secondary

**Start Date :** 2013-10-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Copay :**

**Insured ID Number :** 450212966A

**Group Number :**

**Employer Name :** Arthur Herod

**Copay :**

**Insured ID Number :** 450212966A

**Group Number :**

**Employer Name :** Arthur Herod

**Copay :**

**Insured ID Number :** 527907979

**Group Number :**

**Employer Name :** Arthur Herod

## **Immunizations:**

Arthur Herod: Chief Complaint  
Patient Record Number:5944

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**Seen by** Derrick Love-Jones  
**Seen on** 02-November-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of depression, hypertension, rheumatoid arthritis/osteoarthritis, insomnia, epilepsy, neuropathy, schizophrenia and other psychotic disorder. Patient complains of lower back pain and knee pain.

**History of Present illness:**

**HPI Status:**Finalized

A 56-year-old male in NAD with multiple chronic conditions of depression, hypertension, rheumatoid arthritis/osteoarthritis, insomnia, epilepsy, neuropathy, schizophrenia and other psychotic disorder. Patient states that he has lower back pain and knee pain. Patient rates current pain at 7/10 today. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-02	120	82	180.00	64.00	97.80	16.00	~	30.9	0.00

**Review of Systems:**

**Constitutional:**

**Systemic/General/Constitutional:**

No Weight Loss  
No Fever  
No Night Sweats  
No Fatigue  
No Change in Appetite  
No Change in Mentation  
No Anemia  
No Bleeding Gums  
No Bleeding  
No Use Of Dentures

**Physical Exam:**

**HEENT:**

ENT: Within Normal Limits .

**EXAMINATIONS:**

ENT: Within Normal Limits .

**CV:**

ENT: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-09-05	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Hydrocodone-Acetaminophen ,10-325 MG TABS, Take One Tablet Twice A Day As Needed For Pain, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-01
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
TraZODone HCl ,100 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
TraZODone HCl ,100 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-29
Folic Acid ,1 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-10
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE 1 CAPSULE AT BEDTIME NIGHTLY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
Fenofibrate Micronized ,134 MG CAPS, TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
Haloperidol ,5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
TraZODone HCl ,100 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-14
Aldara ,5 % CREA, APPLY TO AFFECTED AREA IN THE EVENING ON TUESDAY, THURSDAY, AND SATURDAY WASH OFF IN THE MORNING, Quantity: 36, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

Desonide ,0.05 % CREA, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 45, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE 1 CAPSULE AT BEDTIME NIGHTLY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Fenofibrate Micronized ,134 MG CAPS, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Folic Acid ,1 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Haloperidol ,5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Ibuprofen ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

## 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 time. 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.

RA/OA w/chronic pain continue current plan  
HTN w/vascular complications continue current plan  
Epilepsy continue current plan  
Neuropathy continue current plan  
Chronic Pain Syndrome continue current pain medication  
Depression continue current plan  
Insomnia continue current plan  
Schizophrenia continue current plan

Other Psychiatric Disorders continue current plan

Medication refills as follows:

Lisinopril/HCTZ 20/12.5 mg q.d.

Tramadol 50 mg t.i.d.

Trazodone 100 mg q.h.s.

Fenibrate 134mg qd

Citalopram 20mg qd

Diphenhydramine 50mg qd

Haloperidol 5mg qd

VIT D 50,000 q weekly

## Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with hyperglycemia ( ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-10	
Complex regional pain syndrome I of other specified site ( ICD10:G90.59 Complex regional pain syndrome I of other specified site) Unknown or N/A	Active	2015-10-10	
Tachycardia, unspecified ( ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-10	
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-05	
Rheumatoid arthritis, unspecified ( ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-05	
Unspecified osteoarthritis, unspecified site ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-05	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-05	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-05	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) 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	
Chest pain, unspecified ( ICD10:R07.9 Chest pain, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, other specified sites ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) 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	
Unspecified schizophrenia, chronic ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	

Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis ( ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified ( ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	2015-09-03
Contact dermatitis and other eczema, unspecified cause ( ICD9:692.9 Contact dermatitis and other eczema, unspecified cause) Unknown or N/A	Active	2015-09-03
Generalized nonconvulsive epilepsy, without mention of intractable epilepsy ( ICD9:345.00 Generalized nonconvulsive epilepsy, without mention of intractable epilepsy) Unknown or N/A	Active	2015-09-03
Pressure ulcer, unspecified site ( ICD9:707.00 Pressure ulcer, unspecified site) Unknown or N/A	Active	2015-09-03
Abnormality of gait ( ICD9:781.2 Abnormality of gait) Unknown or N/A	Active	2015-09-03

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Knee surgery in 2000 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:** Bonyl Home healthcare

**Primary Justification Medical Conditions:** Depression,Epilepsy,HTN,Schizophrenia

**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 mental disorder and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-11-02 05:17

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-09 05:17

**Form\_status:** finalized

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