

Jimmie Williams: Patient Information
Patient Record Number:6062

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: Jimmie Williams
External ID: 6062
DOB: 1936-03-12
Sex: Male
User Defined: 469-955-6071
genericval1: Care Taker
genericname2: 940-399-4943
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCdFVsLU9FcDA1bzQ

Address: 928 Lambert St
City: Dallas
State: Texas
Postal Code: 75203
Country: USA
Emergency Contact: 469-955-6071
Home Phone: 310-404-1122
Mobile Phone: 214-434-4094
Street Address: 928 Lambert St
Apt/Suite/Other: House

Family History:

Last Recorded On: 08-09-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 08-09-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 08-09-2016.
UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 03/04/2016, at Evolution Lab,
Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2001-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 452521707A
Group Number :
Employer Name : Jimmie Williams

Immunizations:

Jimmie Williams: Chief Complaint
Patient Record Number:6062

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Seen by Derrick Love-Jones
Seen on 21-July-2016

Chief Complaint Status:finalized

Follow up home visit for the prevention and control of chronic conditions of hypertension, heart failure, and urinary incontinence.
Patient complains of swelling in feet and lower extremities.

History of Present illness:

HPI Status:Finalized

Patient is a 80-year-old African American male in NAD with multiple chronic conditions including urinary incontinence, hypertension and heart failure. Patient states that his feet have been swollen and his has swelling in his lower extremities. Patient states that this has been going on for several months. Patient does have a history of PVD. Patient denies any other issues upon examination. Patient admits that he has some pain in his feet. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications. Patient to hospital and all cardiac test performed came back negative. Patient states that he does have pain and rates it at 7/10.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-21	145	59	180.00	69.00	97.60	20.00	~	26.6	0.00

Review of Systems:

Constitutional:

General: No Change In Weight

No Change In Appetite

No Change In Energy

No Change In Sleep

No Change In Hydration

No Change In Hunger

No Change In Thirst

No Change In Cognition

No Change In Mood

No Change In Behavior

No Change In Personality

No Change In Interests

No Change In Values

No Change In Beliefs

No Change In Attitudes

No Change In Opinions

No Change In Preferences

No Change In Habits

No Change In Rituals

No Change In Customs

No Change In Traditions

No Change In Superstitions

No Change In Myths

No Change In Legends

No Change In Fables

No Change In Tales

No Change In Stories

No Change In Anecdotes

No Change In轶事

No Change In趣闻

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Physical Exam:

HEENT:

Head - Within Normal Limits .

EYES:

Visual acuity - Within Normal Limits .

CV:

Heart - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Edema of lower extremity, continue to monitor.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Neuropathy, continue current plan.
4. Hyperlipdemia, monitor lipids.
5. Urinary incontinence, continue current plan and monitor.
6. Depression, continue current plan.
7. Congestive heart failure with systolic complications, stable.
8. Limited mobility, continue to monitor.

9. No medication refills needed at this visit.
10. Medication adherence was given to the patient. Continue treatment as planned.
11. 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.
12. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Edema, unspecified (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2016-07-21	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-21	
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	2016-06-07	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-26	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-03-08	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-02-24	
Other obesity (ICD10:E66.8 Other obesity) Unknown or N/A	Active	2016-02-24	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-12-26	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-24	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-11-24	
Other malaise (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-11-24	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-11-24	
Other reduced mobility (ICD10:Z74.09 Other reduced mobility) Unknown or N/A	Active	2015-11-24	
Idiopathic progressive neuropathy (ICD10:G60.3 Idiopathic progressive neuropathy) Unknown or N/A	Active	2015-10-27	
Other depressive episodes (ICD10:F32.8 Other depressive episodes) Unknown or N/A	Active	2015-10-27	

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Restorative Care Home Health

Primary Justification Medical Conditions: Heart_Failure,HTN,Mobility_Impairments

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: Skilled nursing needed due to debility and inability to self medicate.

Certification Statement: Patient is home bound due to debility and mobility impairment. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-07-21 05:56

Signed By (Physician): 18

Signed on (Physician): 2016-07-28 05:56

Form_status: finalized

Procedure Order:

Patient ID	6062	Order ID	751
Patient Name	Williams, Jimmie	Ordered By	Love-Jones, Derrick
Order Date	2016-09-25	Print Date	2016-09-25
Order Status	complete	Encounter Date	2016-09-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-25		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-27**.

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