

**John Matthews Sr: Patient Information**  
Patient Record Number:6178

**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:** John Matthews Sr  
**External ID:** 6178  
**DOB:** 1950-04-14  
**Sex:** Male  
**S.S.:** 451845099  
**User Defined:** Tue and Thur dialysis  
**genericval1:** 972-904-9207

**Address:** 5329 Ashbrook Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75227  
**Country:** USA  
**Home Phone:** 214-388-1005  
**Mobile Phone:** 972-904-9207  
**Street Address:** 5329 Ashbrook Rd  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-07-2016.  
**Father:** Father died with throat cancer..  
**Mother:** Mother died with diabetes mellitus type 2 and heart failure. .  
**Siblings:** Sister is alive with complains of osteoarthritis, breast reduction, and diabetes..  
**Offspring:** Two children, one boy and girl who are alive and healthy..

## Social History:

**Last Recorded On:** 12-07-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level is 12th grade..  
**Other History:** Influenza 2015. Tetanus 2015. Pneumovax 2015. PPD 2015..

## Tests and Exams:

**Last Recorded On:** 12-07-2016.  
**Sigmoid/Colonoscopy** N/A&nbsp;&nbsp;  Colonoscopy 2014.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2003-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 451845099A  
**Group Number :**  
**Employer Name :** John Matthews Sr

**Immunizations:**

**John Matthews Sr: Chief Complaint**  
Patient Record Number:6178

**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

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

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension with vascular complications, neuropathy, gastroesophageal reflux disease, diabetes mellitus type 2 with neuropathy, insomnia, end-stage renal disease, and abnormal gait. Patient complains of pain in his hands.

**History of Present illness:**

**HPI Status:**Finalized

A 66-year-old African-American male in NAD with multiple chronic conditions of the following of hypertension with vascular complications, neuropathy, gastroesophageal reflux disease, diabetes mellitus type 2 with neuropathy, insomnia, end-stage renal disease, and abnormal gait. Patient is a pleasant male with a long history of end-stage renal disease. Patient complains today that he has pain in both hands. Patient states that this pain had been in his hands for many years. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and a foot checked revealed no major issues. Patient denies any chest pain, headache, nausea vomiting up on examination. Reviewed medication. Reviewed labs.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-02	149	89	176.00	68.00	97.80	16.00	~	26.8	0.00

## Review of Systems:

**Constitutional:**

**Genetic Engineering Technology:**

**No ~~Discussions~~ Wikitors**

**No. ~~11111111~~ Of Boys** **sath**

**No ~~Discretionary~~ Proceeding**

## No Disruption Science

**No Electronic Submissions**

Not Directed At People Of Motion

No Constipation

No Obstruction

### Physical Exam:

**REMARKS:**

**Diagnosis: Endometriosis-Within Normal Limits.**

**MEMO:**

**Rostrum:** Good. **Orbits:** Within Normal Limits. **External Ears:** Glands pink, Bilateral Nasal Turbinates-Within Normal Limits.

**PSYCH:**

**RRR/AFEC/With in Normal Limits, Alert and Oriented X3-Within Normal Limits.**

**RESP:**

**Drugs & Tablets Withing Normal Limits. Insomnia .**

Respirator Effort Unlabored-Within Normal Limits .

**Plan Note:**

**Plan Note Status:**Finalized

Continue same treatment plan as previous. 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 so, 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 I was giving the office number for any questions or concerns. Prognosis is fair and patient is stable.

Neuropathy continue current plan  
DM2 w/neuropathy continue current plan  
HTN w/vascular complications continue current plan  
GERD continue current plan  
Chronic Pain Syndrome continue current pain medication  
ESRD continue current plan  
Insomnia continue current plan  
Abnormal Gait continue to monitor

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-11-02	
Encounter for general adult medical examination without abnormal findings ( ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-10-26	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-09-28	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-28	
Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease ( ICD10:I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) Unknown or N/A	Active	2016-07-21	
Bilateral primary osteoarthritis of knee ( ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2016-07-21	
Diabetes mellitus due to underlying condition with diabetic chronic kidney disease ( ICD10:E08.22 Diabetes mellitus due to underlying condition with diabetic chronic kidney disease) Unknown or N/A	Active	2016-07-21	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-20	
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	2016-07-20	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-07-20	
End stage renal disease ( ICD10:N18.6 End stage renal disease) Unknown or N/A	Active	2016-07-20	

Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Left leg abscess. Unknown or N/A	Active		
Right leg CVC for dialysis. Unknown or N/A	Active		
Fluid overload. Unknown or N/A	Active		
Cataract surgery 2015. Unknown or N/A	Active		
Circumcision 1980. 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:** Promise Home Health, Inc

**Primary Justification Medical Conditions:** Kidney\_Disease, HTN, Cataract, diabetes

**Additional Medical Conditions:** Gastroesophageal reflux disease, Neuropathy, abnormal gait.

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to the issues in the inability to self medicate correctly.

**Certification Statement:** Skilled nursing needed due to the inability to self medicate correctly

**Signed by (NP):** 16

**Signed On (NP):** 2016-11-02 02:18

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-09 02:20

**Form\_status:** finalized

Printed on 10-Dec-2016 15:17:29 pm.