

Larry Thames: Patient Information
Patient Record Number:6381

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Larry Thames
External ID: 6381
DOB: 1960-08-01
Sex: Male
S.S.: 463-08-3887
Patient Drive Folder: 0B0x_t bqdBPhdEctSIIPUkhiWUE

Address: 3105 Peavy Rd
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Emergency Phone: 214-489-1193
Mobile Phone: 214-625-3376
Street Address: 3105 Peavy Rd
Apt/Suite/Other: APT#617

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-11-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 508366884
Group Number :
Employer Name : Larry Thames

Immunizations:

Larry Thames: Chief Complaint
Patient Record Number:6381

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Seen by Sumana Ketha MD
Seen on 21-December-2016

Chief Complaint Status:finalized

New home visit to prevent further decline of the following chronic medical conditions of asthma, hypertension, major depression, lumbago with sciatica, osteoarthritis, diabetes mellitus 2, hypothyroidism, constipation, and chronic pain syndrome. Patient complains of shoulder pain and lower back pain.

History of Present illness:

HPI Status:Finalized

A 56-year-old African-American male in no acute distress with multiple chronic conditions of asthma, hypertension, major depression, lumbago with sciatica, osteoarthritis, diabetes mellitus 2, hypothyroidism, constipation, and chronic pain syndrome. Patient complains of lower back pain and shoulder pain that is chronic and patient has had for several years. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-21	149	80	197.00	74.00	97.80	16.00	~	25.3	0.00

Review of Systems:

Constitutional:

Example 1: The Target:

Play BY THE BOOKS **ENTERTAINMENT WEEKLY**

Non-Exhaustive Listing of ES

Non-Interference

No Difference

No Copyright Infringement Intended

No Elastic Potential Energy Range Of Motion

No Constipation

Physical Exam:

DEFICIENCIES:

[illegible]

BRUNSKH:

Overall Findings: The patient's nasal cavity is clear, with no evidence of obstruction, polyps, or significant inflammation. The nasal turbinates are within normal limits.

CV:

REPLACEMENT OF MATERIAL WITHIN NO LIMITS.

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Enalapril Maleate ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-12-21	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Ibuprofen ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-21
Lantus ,100 UNIT/ML SOLN, INJECT 42 UNITS IN THE EVENING, Quantity: 40, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-21
Levothyroxine Sodium ,150 MCG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-21
Lyrica ,300 MG CAPS, TAKE 1 CAPSULE TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-21
Phenytoin Sodium Extended ,100 MG CAPS, TAKE 4 CAPSULES AT BEDTIME, Quantity: 120, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-21
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 51, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-21

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. 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. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. Patient verbalize understanding of the above plan I 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. Diabetes mellitus 2 with neuropathy, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medications.
5. Asthma, continue current plan, continue current plan.
6. Major depression, continue current plan.
7. Lumbago with sciatica, continue current plan.
8. Hypothyroidism, continue current plan.
9. Constipation, continue current plan.

Medication refills as follows,

Albuterol INH.

Amlodipine 10 mg q.d.

Enalapril 10 mg q.d.

IBU 800 mg q.12.h.

Lantus 42 units q.hs.

Metformin 500 mg b.i.d.

Levothyroxine 150 mcg q.d.

Lyrica 300 mg b.i.d.

Viagra 100 mg q.d.

Dilantin 100 mg 4 tabs q.hs.

(Fluoxetine and Quetiapine received from Metro Care)

Medical Problem:

Description	Status	Start Date	End Date
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Primary osteoarthritis, unspecified shoulder (ICD10:M19.019 Primary osteoarthritis, unspecified shoulder) Unknown or N/A	Active	2016-12-21
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-12-21
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	2016-12-21
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-21

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
1. Thyroid removal in 2015. Unknown or N/A	Active		
2. Biopsy in 2016. 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: Bonyl Home healthcare

Primary Justification Medical Conditions: Hypothyroidism,Asthma,Depression,diabetes,Epilepsy,HTN,Rheumatoid Arthritis_Osteoarthr,Schizophrenia

Additional Medical Conditions: ED

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness.

Certification Statement: Skilled nursing is needed due to mental illness and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-12-21 03:57

Signed By (Physician): 18

Signed on (Physician): 2016-12-28 03:57

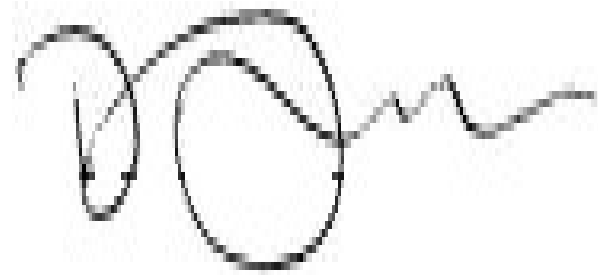
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6381	Order ID	1485
Patient Name	Thames, Larry	Ordered By	Love-Jones, Derrick
Order Date	2016-12-21 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	2016-12-21 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-28**.

Printed on 12-Feb-2017 16:08:10 pm.