

Patient Record Number:6271

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: Lloyd W Thompson

External ID: 6271

DOB: 1938-07-31

Sex: Male

S.S.: 461-58-2193

Marital Status: Single

Address: 3200 S Lancaster

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Guardian's Name: Brernda Jackson(Sister)

Emergency Contact: 214-354-6563

Home Phone: 214-714-0732

Street Address: 3200 S Lancaster

Family History:

Last Recorded On: 12-18-2016.

Father: Father died of diabetes mellitus type 2..

Mother: Mother died of breast cancer..

Siblings: One sister is alive with diabetes mellitus. One sister and one brother had died..

Offspring: Four daughters and three girls. One boy was murdered..

Social History:

Last Recorded On: 12-18-2016.

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

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

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Well..

Developmental History: Education level is 12th grade...

Tests and Exams:

Last Recorded On: 12-18-2016.

Prostate Exam N/A Done in 2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2016-12-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Secondary
Start Date : 2016-08-01
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 500000023104
Group Number :
Employer Name : Lloyd Thompson
Copay :
Insured ID Number : 15010649
Group Number :
Employer Name : Lloyd Thompson
Copay :
Insured ID Number : 511335851
Group Number :
Employer Name :

Immunizations:

Lloyd Thompson: Chief Complaint
Patient Record Number:6271

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Seen by Sumana Ketha MD
Seen on 24-October-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, benign prostatic hyperplasia, hyperlipidemia, allergic rhinitis, diabetes mellitus 2, lumbago, and chronic pain syndrome. Patient complains of pain in his lower back.

History of Present illness:

HPI Status:Finalized

A 78-year-old African-American male in NAD with multiple chronic conditions of the following hypertension, benign prostatic hyperplasia, hyperlipidemia, allergic rhinitis, diabetes mellitus 2, lumbago, and chronic pain syndrome. Patient states he has had lower back pain for years. Patient rates his current pain at 7/10. Patient states he has chronic knee and shoulder pain from arthritis and has had this pain for many years. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently in 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
2016-10-24	156	85	147.00	69.00	97.80	16.00	~	21.7	0.00

Review of Systems:

Constitutional:

Appetite: No Change

No Change

No Change

No Change

No Change

No Change

No Change

No Change

Physical Exam:

ENT:

No Change

EYE:

No Change

RESP:

No Change

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-10-27	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

MetFORMIN HCl ,1000 MG TABS, Once a day, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
MetFORMIN HCl ,1000 MG TABS, Once a day, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27
Pravastatin Sodium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-27

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. 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. No labs needed this visit. Patient verbalized understanding of the above plan that was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with chronic pain, continue current plan.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Benign prostatic hypertrophy, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Hypertension with vascular complications, continue current plan.
6. Coronary artery disease, continue current plan.
7. Peripheral vascular disease, continue current plan.
8. Hyperlipidemia, continue current plan.
9. Allergic rhinitis, continue current plan.
10. Odontogenic infection, continue to monitor.

Medication refills as follows:

Tamsulosin 0.4 mg q.d.
Norco 10/325 mg t.i.d.
Metformin 1000 mg q.d.
Pravastatin 20 mg q.d.
Cetirizine 10 mg q.d.
Lisinopril 5 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-10-24	
Enlarged prostate with lower urinary tract symptoms (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2016-10-24	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-10-24	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-16	

Inflammatory conditions of jaws (ICD10:M27.2 Inflammatory conditions of jaws) Unknown or N/A	Active	2016-09-16
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-19
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-19
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	2016-08-19
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-08-19
Enlarged prostate without lower urinary tract symptoms (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2016-08-19

Allergies:

Description	Status	Start Date	End Date
Pork. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hernia 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: We care daycare

Primary Justification Medical Conditions: Hyperplasia,diabetes,hyperlipidemia,HTN

Nursing Required: YES

Clinical Findings To Justify Home Health: SN needed due to chronic pain and inability to self medicate currently.

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

Signed by (NP): 16

Signed On (NP): 2016-10-24 06:50

Signed By (Physician): 18

Signed on (Physician): 2016-10-31 06:50

Form_status: finalized

Procedure Order:

Patient ID	6271	Order ID	1041
Patient Name	Thompson, Lloyd W	Ordered By	Love-Jones, Derrick
Order Date	2016-12-18	Print Date	2016-12-18
Order Status	complete	Encounter Date	2016-12-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-18		Final ✓								



Electronically Signed by **Sumana Ketha, MD** on **2016-10-31**.

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