

**Tyree Durant: Patient Information**  
Patient Record Number:5828

**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:** Tyree P Durant

**External ID:** 5828

**DOB:** 1948-12-06

**Sex:** Male

**Marital Status:** Widowed

**Patient Drive Folder:** [https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd\\_SfCaGJd0Y1RTB4bUk](https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCaGJd0Y1RTB4bUk)

**Address:** 623 Oak Creek Drive

**City:** Cedarhill

**State:** Texas

**Postal Code:** 75104

**Country:** USA

**Mobile Phone:** 214-232-0289

**Street Address:** 623 Oak Creek Drive

**Apt/Suite/Other:** House

## Past Medical History:

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

**Risk Factors:** Chronic Pain,Degenerative Joint Disease,Lumbago,Neuropathy,Severe Migraine.

**Additional Medical History:** Disk injury..

## Family History:

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

**Father:** Father with ETOH abuse..

**Mother:** Mother with end-stage renal disease, diabetes mellitus type 2, and hypertension..

**Siblings:** 11 brothers 8 alive and healthy and 1 sister is healthy..

**Offspring:** Four boys, are all healthy and one boy died with blood disease..

## Primary Family Med Conditions:

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

**Chronic Conditions:** Chronic Kidney Disease,Diabetes,Hypertension.

## Social History:

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

**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 college..

**Other History:** Influenza November 2015..

## Tests and Exams:

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

**Sigmoid/Colonoscopy** N/A Done 2 years ago.

**Prostate Exam** N/A Done 2 years ago.

**Insurance:**

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2004-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2014-10-27  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** APWU Health Plan (All States Except USVI) (62308)

**Copay :**  
**Insured ID Number :** 562745698A  
**Group Number :**  
**Employer Name :** Tyree Durant  
**Copay :**  
**Insured ID Number :** 910885855  
**Group Number :**  
**Employer Name :** Tyree Durant

**Immunizations:**

**Tyree Durant: Chief Complaint**  
Patient Record Number:5828

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**Seen by** Derrick Love-Jones  
**Seen on** 26-October-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hypertension, chronic pain, asthma, lumbago, peripheral vascular disease, diabetes mellitus type 2, osteoarthritis, anxiety, chronic obstructive pulmonary disease, neuropathy, depression and tachycardia. Patient complains of back and feet pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 67-year-old AA male in NAD with multiple chronic conditions of hypertension, chronic pain, asthma, lumbago, peripheral vascular disease, diabetes mellitus type 2, osteoarthritis, anxiety, chronic obstructive pulmonary disease, neuropathy, depression and tachycardia. Patient complains of severe pain, numbness and tingling in both feet and lower back pain. Patient rates at 7/10 which is relieved with current pain medications. Patient denies any chest pain, headache, or nausea or vomiting.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-26	119	62	193.00	60.00	97.80	16.00	~	37.7	0.00

**Review of Systems:**

**Constitutional:**

**General/Endocrine/Metabolic:**

No Weight Loss

No Weight Gain

No Fever

No Chills

No Night Sweats

No Increased Thirst

No Increased Hunger

No Increased Urine

No Decreased Urine

No Increased Motion

No Decreased Motion

No Bleeding

No Bruising

No Rash

No Sores

No Use Of Dentures

**Physical Exam:**

**HEENT:**

Head: Within Normal Limits .

**EYES:**

Visual Acuity: Within Normal Limits .

**CV:**

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Acetaminophen-Codeine #3, 300-30 MG TABS, TAKE ONE TABLET BY MOUTH 4 TIMES A DAY, Quantity: 120, Refill Quantity: 0	Active	2016-10-14	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE ONE TABLET  
BY MOUTH 4 TIMES A DAY, Quantity: 120, Refill Quantity: 0

Unknown or N/A

Active

2016-09-15

by Jones, Derrick - MJ3217331

Texas Physician House Calls

## 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 this visit. 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.

1. Lumbago with chronic pain, continue current medication.
2. Hypertension with vascular complications, continue current plan.
3. Diabetes mellitus type 2 with neuropathy, continue current plan.
4. Peripheral vascular disease, continue current plan.
5. Neuropathy, continue current plan.
6. Anxiety, continue current plan.
7. Depression, continue current plan.
8. Chronic obstructive pulmonary disease/asthma, continue current plan.
9. Osteoarthritis with chronic pain, continue current medication.

Medication refills as follows:

Tylenol 3 t.i.d.

Soma 350 mg b.i.d.

Gabapentin 100 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, with (acute) exacerbation ( ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Lumbago ( ICD10:M54.5 Low back pain) 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	
Migraine, unspecified, with intractable migraine, so stated, with status migrainosus ( ICD10:G43.911 Migraine, unspecified, intractable, with status migrainosus) Unknown or N/A	Active	2015-10-01	
Mononeuritis of unspecified site ( ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Peripheral vascular disease, unspecified ( ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	

Idiopathic peripheral autonomic neuropathy, unspecified ( ICD10:G90.09 Other idiopathic peripheral autonomic neuropathy) Unknown or N/A	Active	2015-10-01
Tachycardia, unspecified ( ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-01
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled ( ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) 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
Coronary atherosclerosis of unspecified type of vessel, native or graft ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified ( ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active	
Chronic airway obstruction, not elsewhere classified ( ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active	
Anxiety state, unspecified ( ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Active	
Epilepsy, unspecified, without mention of intractable epilepsy ( ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy) Unknown or N/A	Active	

## 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:** NO

**Does Patient have reliable other Primary Care Physician:** NO

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:**

**Primary Justification Medical Conditions:**

**Additional Medical Conditions:**

**Nursing Required:** NO

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** No SN needed at this time.

**Certification Statement:**

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-26 07:27

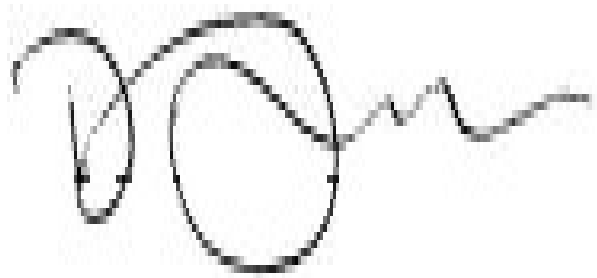
**Signed By (Physician):** 18

Signed on (Physician): 2016-11-02 07:27  
Form\_status: finalized

Procedure Order:

Patient ID	5828	Order ID	1051
Patient Name	Durant, Tyree P	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-11-02**.

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