

David Hawkins: Patient Information
Patient Record Number:5934

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: David Hawkins

External ID: 5934

DOB: 1961-12-13

Sex: Male

S.S.: 453332338

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmIGR2VuLWFGNWNha0ZOMzIJbm9nYWwwSUljRUJYSIBXeGZ3SldwNmllRDQ

Address: 5021 Leameadow Dr

City: Garland

State: Texas

Postal Code: 75043

Country: USA

Emergency Phone: 469-620-3336

Mobile Phone: 469-650-3580

Street Address: 5021 Leameadow Dr

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-23-2016.

Father: Mother died of MI..

Mother: Father died of.

Siblings: Patient has 1 brother and 4 sisters whose medical conditions are unknown..

Offspring: Patient is single with one child who is healthy..

Social History:

Last Recorded On: 10-23-2016.

Tobacco: Current every day smoker Smokes 1 packer per day. **Status:** Current

Alcohol: No alcohol **Status:** Never

Recreational Drugs: No drugs **Status:** Never

Nutrition History: Regular..

Developmental History: Well..

Other History: Denies flu shot and pneumonia..

Tests and Exams:

Last Recorded On: 10-23-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2006-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2007-11-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2014-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)
Priority : Secondary
Start Date : 2014-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 453332338A
Group Number :
Employer Name : David Hawkins
Copay :
Insured ID Number : 453332338A
Group Number :
Employer Name : David Hawkins
Copay :
Insured ID Number : 453332338A
Group Number :
Employer Name : David Hawkins
Copay :
Insured ID Number : 514855075
Group Number :
Employer Name : David Hawkins
Copay :
Insured ID Number : 514855075
Group Number :
Employer Name : David Hawkins

Immunizations:

David Hawkins: Chief Complaint
Patient Record Number:5934

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Seen by Derrick Love-Jones
Seen on 25-August-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient complains of back pain and knee pain.

History of Present illness:

HPI Status:Finalized

A 54-year-old AS male in NAD with multiple chronic conditions including hypertension, back pain, major depression, tobacco abuse, and osteoarthritis of the knees. Patient denies any new issues upon examination. Patient denies any CP, HA, or N/V. Patient complains of low back pain rated as 8/10. Patient states that his pain is better when he takes his pain medication. Patient states that sometimes he has to take more than prescribed because of the pain.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-25	106	77	200.00	86.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight 200.00 lbs

No Weight Loss

No Fever

No Night Sweats

No Change In Urine

No Change In Appetite

No Change In Mentation

No Anemia

No Bleeding Gums

No Bleeding

No Use Of Dentures

Physical Exam:

HEENT:

Head - Within Normal Limits .

EYES:

Visual Acuity - Within Normal Limits .

NEURO:

Motor - Within Normal Limits .

Physiology - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Viagra ,50 MG TABS, TAKE 1 TABLET DAILY 1 HOUR BEFORE NEEDED, Quantity: 10, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-14	

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 0	Unknown or N/A	Active	2016-04-07
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2016-03-07
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
BuPROPion HCl ER (Smoking Det) ,150 MG TB12, q am, Quantity: 30, Refill Quantity: 0	Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3	Unknown or N/A	Active	2015-08-03
by Jones, Derrick - MJ3217331 Texas Physician House Calls			
Norco ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Unknown or N/A	Active	2015-08-03
by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA			

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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension, continue current plan.
2. Erectile dysfunction, continue to monitor.
3. Sciatica continue, current pain medication.
4. Chronic pain, continue current pain medication.
5. Osteoarthritis, continue current plan.
6. GERD, continue current plan.
7. Depression, continue current plan.

No refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-07-14	
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-07-14	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-14	
Male erectile dysfunction, unspecified (ICD10:N52.9 Male erectile dysfunction, unspecified) Unknown or N/A	Active	2016-06-14	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-19	

Sciatica, unspecified side (ICD10:M54.30 Sciatica, unspecified side) Unknown or N/A	Active	2016-01-14
Male erectile disorder (ICD10:F52.21 Male erectile disorder) Unknown or N/A	Active	2016-01-14
Felty's syndrome, unspecified site (ICD10:M05.00 Felty's syndrome, unspecified site) Unknown or N/A	Active	2016-01-14
Bilateral primary osteoarthritis of knee (ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2015-12-23
Major depressive disorder, recurrent, unspecified (ICD10:F33.9 Major depressive disorder, recurrent, unspecified) Unknown or N/A	Active	2015-12-23
Tobacco use (ICD10:Z72.0 Tobacco use) Unknown or N/A	Active	2015-12-23
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-12-07
Dorsalgia, unspecified (ICD10:M54.9 Dorsalgia, unspecified) Unknown or N/A	Active	2015-10-20
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Lumbago (ICD10:M54.5 Low back pain) 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
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, multiple sites (ICD9:715.09 Osteoarthritis, generalized, multiple sites) Unknown or N/A	Active	2015-07-31
Sciatica (ICD9:724.3 Sciatica) Unknown or N/A	Active	2015-07-31
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	2015-07-31
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active	2015-07-31

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
MVA (broken back) 1990 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: V-Care Home Health

Primary Justification Medical Conditions: Depression, HTN

Additional Medical Conditions: Sciatica, Chronic Pain, Lumbago, ED

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient requires closely monitoring for vital signs, skin check, and medication administration.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 16

Signed On (NP): 2016-08-25 04:15

Signed By (Physician): 18

Signed on (Physician): 2016-08-31 04:15

Form_status: finalized

Procedure Order:

Patient ID	5934	Order ID	888
Patient Name	Hawkins, David	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-23		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-01**.

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