

Alfonzo Reese: Patient Information
Patient Record Number:6049

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: Alfonzo Reese
External ID: 6049
DOB: 1945-12-16
Sex: Male
S.S.: 461920777

Address: 2255 N Washington Ave
City: Dallas
State: Texas
Postal Code: 75204
Country: USA
Mobile Phone: 214-200-1340
Street Address: 2255 N Washington Ave
Apt/Suite/Other: #307

Family History:

Last Recorded On: 08-12-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.

Social History:

Last Recorded On: 08-12-2016.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Well.
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-08-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 461920777A
Group Number :
Employer Name : Alfonzo Reese
Copay :
Insured ID Number : 522707496
Group Number :
Employer Name : Alfonzo Reese

Immunizations:

Alfonzo Reese: Chief Complaint
Patient Record Number:6049

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 29-July-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline in chronic conditions of the following chronic Pain, gastroesophageal reflux disease, insomnia, allergic rhinitis, and lumbago. Patient complains of pain in his lower back and muscle spasms.

History of Present illness:

HPI Status:Finalized

A 70-year-old African American male in NAD with multiple chronic conditions of gastroesophageal reflux disease, chronic pain, insomnia, lumbago and allergic rhinitis. Patient complains of and continues to have lower back pain and muscle spasms that is relieved with current medication. Patient denies any other issues upon examination at this time. Patient rates pain at 7/10. Patient denies CP, HA, and N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-29	111	79	224.00	70.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Genetic Engineering Technology:

No ~~CONFIDENTIAL~~ DISSEMINATIONS

Notwithstanding to the contrary

Next Steps: Funding

No ~~landless~~ peasants

Is anything in the center of motion YES

Notable Difficulties

No Change In Appetite

Physical Exam:

EXHIBIT:

Diagnosis: Congenital hypothyroidism. Management: 100 mcg of levothyroxine daily. Prognosis: Normal development. Follow-up: Normal limits.

EXTREMITIES:

Supernasal Endoscopy: Bilateral Middle Nasal Turbinate - Enlarged, Glands pink, Bilateral Nasal Turbinates-Within Normal Limits .

CV:

BERNARDI, E. and M. N. B. 1993. *Journal of the Royal Microscopical Society*, 113, 1-10.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
<p>Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 6, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-03-21	
<p>Hydrocodone-Acetaminophen ,7.5-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-02-24	

Hydrocodone-Acetaminophen ,7.5-325 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-11-06
Omeprazole ,20 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-06
Ranitidine HCl ,75 MG TABS, take 2 tablets daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-06

Plan Note:

Plan Note Status:Finalized

1. Lumbago with sciatica, continue PT/OT.
2. Muscle spasms, on medications.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic pain syndrome, continue pain medications.
5. Gastroesophageal reflux disease, stable.
6. Insomnia, well controlled with medications.
7. Osteoarthritis with chronic pain, stable.
8. Medication refills are as follows, Norco 10/325 mg t.i.d., Cyclobenzaprine 10 mg t.i.d.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-07-29	
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	2016-06-22	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-22	
Other specific arthropathies, not elsewhere classified, other specified site (ICD10:M12.88 Other specific arthropathies, not elsewhere classified, other specified site) Unknown or N/A	Active	2016-05-14	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-14	
Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites (ICD10:M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites) Unknown or N/A	Active	2016-05-14	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-04-06	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-24	
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-01-19	

Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-12-15
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-12-15
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-05
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-11-05

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

Primary Justification Medical Conditions: Mobility_Impairments

Additional Medical Conditions: Chronic pain and GERD

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain and inability to self medicate

Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall

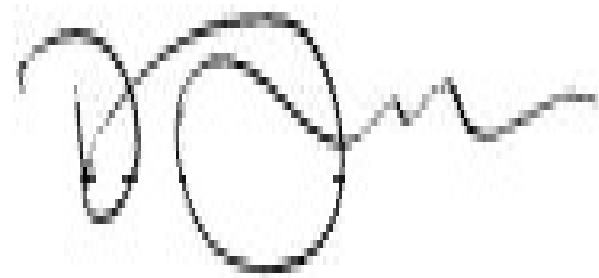
Signed by (NP): 16

Signed On (NP): 2016-07-29 04:27

Signed By (Physician): 18

Signed on (Physician): 2016-08-03 04:27

Form_status: finalized



Electronically Signed by **Derrick Love-Jones** on **2016-08-08**.

Printed on 02-Sep-2016 09:26:11 am.