Clarence Wiley: Patient Information

Patient Record Number:6263

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

Name: Clarence Wiley External ID: 6263 DOB: 1951-05-07 Sex: Male S.S.: 450966771 Marital Status: Divorced

Address: 4327 Marshall St

City: Dallas State: Texas Postal Code: 75210 Country: USA

Mobile Phone: 469-714-7578 Street Address: 4327 Marshall St

Apt/Suite/Other: House

Family History:

Last Recorded On: 08-19-2016.

Father: Father died of hypertension, myocardial infarction, diabetes mellitus 2, and hyperlipidemia. .

Mother: Father is alive with hypertension and hyperlipidemia..

Siblings: Five brothers and one sister are alive and one brother died with diabetes and hypertension..

Offspring: Three children..

Social History:

Last Recorded On: 08-19-2016. Tobacco: No smoking. <u>Status</u>: Never Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level is 12th grade..

Other History: Influenza in 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2016-05-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 450966771M

Group Number:

Employer Name: Clarence Wiley

Immunizations:

Clarence Wiley: Chief Complaint Patient Record Number:6263 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 10-August-2016

Chief Complaint Status: finalized

New admit to service to prevent further decline of the following chronic medical conditions of chronic obstructive pulmonary disease/asthma, chronic pain syndrome, hypertension, rheumatoid arthritis/osteoarthritis, anxiety, depression, abnormal gait, cerebrovascular effects, and gout. Patient complains of knee and hip pain.

History of Present illness:

HPI Status:Finalized

A 65-year-old African-American male in NAD with multiple chronic conditions of the following chronic obstructive pulmonary disease/asthma, chronic pain syndrome, hypertension, rheumatoid arthritis/osteoarthritis, anxiety, depression, abnormal gait, cerebrovascular effects, and gout. Patient states he has a history of a hernia, but was not able to remember the date of surgery. Patient denies any other surgeries or hospitalization. Patient denies any other issues or complaints at this time. Patient denies any chest pain, headache, nausea/vomiting.

Past Medical History:

Family History: Social History:

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|-----|-----------|
| 2016-08-10 | 116 | 72 | 120.00 | 69.00 | 97.60 | 20.00 | ~ | 0.0 | 0.00 |

Review of Systems:

Constitutional:

Spylificity by My Glat (Plaingat:

November 1

No.

Me#By::William Recene

No partitionce

No **Otration State** State Stat

No Miagitalities In Range Of Motion

No Constipation

Physical Exam:

NEBRO:

Belgiste Beliating in the literal Medital in the Community of the Communit

BSYCH:

REPRESENTATION OF THE PROPERTY OF THE PROPERTY

RESP:

 $\textbf{\textbf{Nonngra} CATA-Cast} \ \textit{Visited g-None metablished on Alert and Oriented X3-Within Normal Limits .}$

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

Medication:

| Description | Status | Start Date | End Date |
|-------------|--------|------------|----------|

Allopurinol ,100 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity:

60, Refill Quantity: 0

Unknown or N/A

by Jones, Derrick - MJ3217331

Texas Physician House Calls

DiazePAM ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY

EVENING, Quantity: 30, Refill Quantity: 0

Unknown or N/A

by Jones, Derrick - MJ3217331

Texas Physician House Calls

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 systolic blood for sure 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. The patient verbalize understanding of the above plan and was given the office in the front questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Gout, continue current plan.
- 4. Chronic obstructive pulmonary disease/asthma, continue current plan.
- 5. Chronic pain syndrome, continue current pain medication.
- 6. Anxiety, continue current plan.
- 7. Depression, continue current plan.
- 8. CVA effects, continue to monitor.
- 9. Abnormal gait, continue to monitor.

Medication refills as follows:

Diazepam 10 mg q.d. Norco 10/325 mg t.i.d. Allopurinol 40 mg q.d.

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A | Active | 2016-08-10 | |
| Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2016-08-10 | |
| Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A | Active | 2016-08-10 | |
| Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A | Active | 2016-08-10 | |
| Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A | Active | 2016-08-10 | |
| Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A | Active | 2016-08-10 | |

Allergies:

| Description | Status | Start Date | End Date |
|-------------|--------|------------|----------|

Surgeries:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Hernia surgery year unknown. 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

Primary Justification Medical Conditions: Asthma, COPD, Depression, HTN, Mobility_Impairments, Rheumatoid

Arthritis_Osteoarthr,Stroke

Additional Medical Conditions: Chronic Pain Syndrome, Gout,

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to chronic COPD, chronic pain, limited mobility and the

inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to CVA effects, uncontrolled chronic pain in the inability to self medicate

correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-10 08:01 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-16 08:01

Form_status: finalized

Procedure Order:

| Patient ID | 6263 | Order ID | 816 |
|--------------|-----------------|----------------|---------------------|
| Patient Name | Wiley, Clarence | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-09-18 | Print Date | 2016-09-18 |
| Order Status | complete | Encounter Date | 2016-09-18 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-09-18 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |



Electronically Signed by Derrick Love-Jones on 2016-08-17.

Printed on 18-Sep-2016 20:43:50 pm.