

R Richardson: Patient Information
Patient Record Number:3127

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: R Richardson
External ID: 3127
DOB: 1944-08-07
Sex: Male
S.S.: 458-80-7342
Marital Status: Single

Address: 2908 Prince Hall Ln
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Annie Phynon (Sister)
Home Phone: 214-854-0109
Mobile Phone: 214-854-0109
Street Address: 2908 Prince Hall Ln
Apt/Suite/Other: 147

Family History:

Last Recorded On: 11-19-2016.
Father: Unknown..
Mother: Unknown..
Offspring: One child..

Social History:

Last Recorded On: 11-19-2016.
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 8th grade..

Tests and Exams:

Last Recorded On: 11-19-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2009-08-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 458807342M
Group Number :
Employer Name : R Richardson
Copay :
Insured ID Number : 419854701
Group Number :
Employer Name : R Richardson

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) Unknown or N/A	Inactive	2015-09-08	2015-09-30
Arthropathy, unspecified, site unspecified (ICD9:716.90 Arthropathy, unspecified, site unspecified) Unknown or N/A	Inactive	2015-09-08	2015-09-30
Constipation, unspecified (ICD9:564.00 Constipation, unspecified) Unknown or N/A	Inactive	2015-09-08	2015-09-30
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2015-09-08	2015-09-30

R Richardson: Chief Complaint
Patient Record Number:3127

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Seen by Derrick Love-Jones
Seen on 27-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, osteoarthritis/rheumatoid arthritis, chronic pain syndrome, neuropathy, constipation, and abnormal gait. Patient caregiver complains of increased dementia.

History of Present illness:

HPI Status:Finalized

Patient is a 72-year-old African American male in NAD with multiple chronic conditions including hypertension, osteoarthritis/rheumatoid arthritis, chronic pain syndrome, neuropathy, constipation, and abnormal gait. Patient caregiver states that the patient has had an increase in dementia. Patient states that his hips have pain also. Patient rates pain at 6/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-27	135	74	144.00	61.00	98.20	16.00	~	27.2	0.00

Review of Systems:

Constitutional:

Systemic/General/Endocrine:

No Weight Change
No Fatigue
No Fever
No Chills
No Night Sweats
No Changes Bowel
No Change Stool
No Change Stomach

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

HEENT:

HEENT: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue the 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 and family. Prognosis is fair and patient is stable. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Dementia, continue to monitor.
2. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.

4. Chronic pain syndrome, continue current pain medication.
5. Constipation, continue current plan.
6. Neuropathy, continue current plan.
7. Abnormal gait, continue current plan.

Medication refills as follows:

Amlodipine 10 mg q.d.
Tramadol 50 mg t.i.d.
Meloxicam 15 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Arthropathy, unspecified, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) 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	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in collagen vascular disease (ICD10:G63 Polyneuropathy in diseases classified elsewhere) Unknown or N/A	Active	2015-10-01	
Contracture of joint, hand (ICD10:M24.549 Contracture, unspecified hand) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hospitalized at Charlton Methodist for chronic pain. 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: Good Health Services

Primary Justification Medical Conditions: HTN

Additional Medical Conditions: constipation, abnormal gait, and difficulty walking.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to arthritic contractures and mobility to self medicare currently.

Certification Statement: Patient is home-bound due to chronic pain. Patient has unsteady, painful ambulation with extremely poor balance, and high fall risk.

Signed by (NP): 16

Signed On (NP): 2016-09-27 04:17

Signed By (Physician): 18

Signed on (Physician): 2016-10-04 04:17

Form_status: finalized

Procedure Order:

Patient ID	3127	Order ID	1021
Patient Name	Richardson, R	Ordered By	Love-Jones, Derrick
Order Date	2016-11-20	Print Date	2016-11-20
Order Status	complete	Encounter Date	2016-11-20
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-20		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-04**.

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