

Arthur Herod: Patient Information
Patient Record Number:5944

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: Arthur Herod

External ID: 5944

DOB: 1960-09-01

Sex: Male

S.S.: 450-21-2966

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfmJYSUYyTUIYeC1aNzJnLXpmQIBUOGluRmNKbC1BUDViMmE3b2pJcDdvaGM

Address: 3928 Kingsford Ave

City: Dallas

State: Texas

Postal Code: 75227

Country: USA

Guardian's Name: Serrail Patrick

Emergency Phone: 469-328-6558

Home Phone: 214-275-3990

Street Address: 3928 Kingsford Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 07-22-2016.

Father: Father died..

Mother: Mother alive..

Offspring: Patient is single and has no children..

Social History:

Last Recorded On: 07-22-2016.

Tobacco: Current every day smoker Smokes 1/2 packet per day. **Status:** Current

Coffee: Drinks one cup a day. **Status:** Current

Alcohol:

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

Counseling:

Exercise Patterns:

Hazardous Activities:

Nutrition History: Well.

Developmental History: Good.

Other History: Denies flu shot and pneumonia..

Tests and Exams:

Last Recorded On: 07-22-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2009-01-12
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 450212966A
Group Number :
Employer Name : Arthur Herod
Copay :
Insured ID Number : 450212966A
Group Number :
Employer Name : Arthur Herod
Copay :
Insured ID Number : 527907979
Group Number :
Employer Name : Arthur Herod

Immunizations:

Arthur Herod: Chief Complaint
Patient Record Number:5944

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Seen by Derrick Love-Jones
Seen on 06-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of depression, hypertension, rheumatoid arthritis/osteoarthritis, insomnia, epilepsy, schizophrenia and other psychotic disorder. Patient complains of pain in his right knee.

History of Present illness:

HPI Status:Finalized

An 55-year-old male in NAD with multiple chronic conditions of depression, hypertension, rheumatoid arthritis/osteoarthritis, insomnia, epilepsy, schizophrenia and other psychotic disorder. Patient complains of pain mostly in his right knee today. Patient does have a history of OA in both knees. Patient rates pain at 7/10, but states he gets relief from current pain medication. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-06	125	77	170.00	64.00	97.40	20.00	~	29.2	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

No ~~SECRET~~ ~~CONFIDENTIAL~~ ~~TOP SECRET~~

Need a copy of this report?

No ~~Relevant~~ Conflicts

No ~~Displacement~~ No Storage Of Motion

No Distraction Mentation

No Dilated Bowel

No Bleeding Gums

No Objections

No Use Of Dentures

Physical Exam:

SECRET

Overall Results: All Parameters Within Normal Limits.

EXTREMITIES:

DEVELOPMENT OF A NEW TYPE OF NEWLY INVENTED INTRINSICALLY NORMAL LIMITS.

CV:

RR-White Nominal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan. Continue PT/OT.
2. Hypertension with vascular complications, continue current plan. Educated the patient to have low-salt, low-fat, and low-cholesterol diet.
3. Epilepsy, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Depression, continue current plan.
6. Abnormal gait, on medications.

7. Epilepsy, stable.
8. Schizophrenia, continue current plan.
9. Insomnia, continue current plan.
10. Medication refills as follows; Tramadol 50 mg t.i.d., Lisinopril/HCTZ 20/12.5 mg q.d., Amlodipine 5 mg q.d., Folic Acid 1 mg q.d.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Bonyl Home healthcare

Primary Justification Medical Conditions: Depression, Epilepsy, HTN, Schizophrenia

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 mental disorder and inability to self medicate correctly.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-07-06 04:08

Signed By (Physician): 18

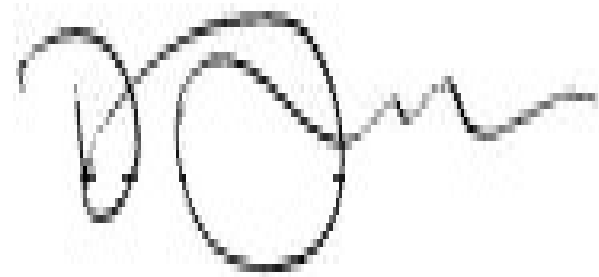
Signed on (Physician): 2016-07-13 04:08

Form_status: finalized

Procedure Order:

Patient ID	5944	Order ID	694
Patient Name	Herod, Arthur	Ordered By	Love-Jones, Derrick
Order Date	2016-09-03	Print Date	2016-09-03
Order Status	complete	Encounter Date	2016-09-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-03		Final ✓		0097	Pulse Oximetry	Yes	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-12**.

Printed on 03-Sep-2016 13:50:50 pm.