

Freddie Miller Jr: Patient Information
Patient Record Number:6265

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: Freddie Miller Jr
External ID: 6265
DOB: 1966-03-14
Sex: Male

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Family History:

Last Recorded On: 11-20-2016.
Father: Father died of liver cancer disease and chronic obstructive pulmonary disease. .
Mother: Mother is alive and healthy..
Siblings: One brother and one sister is alive and one brother and one sister is died..
Offspring: None..

Social History:

Last Recorded On: 11-20-2016.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza 2015. Tetanus 2015..

Tests and Exams:

Last Recorded On: 11-20-2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 702377955
Group Number :
Employer Name : Freddie Miller Jr

Immunizations:

Freddie Miller Jr: Chief Complaint
Patient Record Number:6265

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Seen by Sumana Ketha MD
Seen on 14-October-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypertension, schizophrenia, insomnia, coronary artery disease, and osteoarthritis. Patient complains of not sleeping through the night.

History of Present illness:

HPI Status:Finalized

A 50-year-old African-American male in NAD with multiple chronic conditions of the following hypertension, schizophrenia, insomnia, coronary artery disease, and osteoarthritis. Patient states that he has not been sleeping through the night. Patient also states that he has had chronic pain in both knees for several years. Patient rates pain at 6/10 today and states he does get relief from OTC pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-14	92	63	155.00	66.00	97.80	16.00	~	25.0	0.00

Review of Systems:

Constitutional:

No Weight Change
No Anorexia
No Nausea
No Vomiting
No Diarrhea
No Constipation
No Bleeding
No Change In Range Of Motion
No Migraines

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

EYES:

EYES: Within Normal Limits .

RECH:

RECH: Within Normal Limits .

Patient Appears To Be In Good Health .

Medication:

Description	Status	Start Date	End Date
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19	

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as 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 or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

Insomnia continue current plan
CAD continue current plan
OA w/chronic pain continue current plan
Schizophrenia continue current plan
HTN w/vascular complications continue current plan
GERD continue current plan

Medication refills as follows:
Pantrazole 40mg qd

Medical Problem:

Description	Status	Start Date	End Date
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-09-16	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-09-16	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-09-16	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-16	
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	2016-08-05	
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-08-05	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-05	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-08-05	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Colostomy placed in 2013. Unknown or N/A	Active		

No longer have twisted intestine.
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: We care daycare

Primary Justification Medical Conditions: Schizophrenia,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Insomnia, CAD

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: Patient is home-bound due to chronic pain and mental health issues.

Certification Statement: Skilled nursing needed due to mental health issues, chronic pain, and in the billeted to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-10-14 03:09

Signed By (Physician): 18

Signed on (Physician): 2016-10-21 03:09

Form_status: finalized

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