

Bobby Pearson: Patient Information
Patient Record Number:6115

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: Bobby Pearson
External ID: 6115
DOB: 1957-12-17
Sex: Male
S.S.: 437049532
User Defined: 469-416-2240
Patient Drive Folder: 0B0x_tbqdBDPha0x0czlEaGdzcjQ

Address: 7326 Harold Walker Dr
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Emergency Phone: 469-416-2240
Home Phone: 469-416-2240
Mobile Phone: 469-781-3700
Street Address: 7326 Harold Walker Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 01-21-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 01-21-2017.
Tobacco: Never smoker **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2014-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 437049532A
Group Number :
Employer Name : Bobby Pearson

Immunizations:

Bobby Pearson: Chief Complaint
Patient Record Number:6115

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Seen by Derrick Love-Jones
Seen on 23-November-2016

Chief Complaint Status:finalized

Followup home visit for the management of hypertension, stroke affect, weakness, dizziness, and mobility impairment. Patient complains of lower extremity weakness.

History of Present illness:

HPI Status:Finalized

Patient is a 58-year-old male in no acute distress with multiple chronic conditions of hypertension, stroke, dizziness and mobility impairment. Patient states he falls once a week due to his weakness in his lower extremities. Patient states he is very weak in his legs and would like to start PT.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-23	178	100	195.00	71.00	97.60	16.00	~	27.2	0.00

Review of Systems:

Constitutional:

Weight Loss: No

Unintentional Weight Loss: No

Unintentional Weight Gain: No

Unintentional Weight Loss: No

Unintentional Weight Gain: No

Unintentional Weight Loss: No

Unintentional Weight Gain: No

Unintentional Weight Loss: No

Physical Exam:

HEENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

HEENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

ENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

CV:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

RESP:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

GI:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29
Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2016-06-28
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-12
Carvedilol ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-12

Plan Note:

Plan Note Status:Finalized

Continue with treatment and medication adherence. Will increase hypertension medication due to elevated blood pressure and complains of dizziness. 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. Prognosis is fair and stable.

1. Hypertension with vascular complications, continue current plan.
2. Chronic vertigo, continue current plan.
3. Generalized weakness, start PT and continue to monitor.
4. Cerebrovascular accident effects, continue to monitor.
5. Mobility impairment, continue to monitor.

Medication refills as follows,
Meclizine 25 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-11-23	
Other peripheral vertigo, unspecified ear (ICD10:H81.399 Other peripheral vertigo, unspecified ear) Unknown or N/A	Active	2016-11-23	
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2016-11-23	
Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side (ICD10:I69.359 Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side) Unknown or N/A	Active	2016-11-23	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-03-18	
Other paralytic syndrome following cerebral infarction affecting right dominant side (ICD10:I69.361 Other paralytic syndrome following cerebral infarction affecting right dominant side) Unknown or N/A	Active	2016-03-18	

Other speech and language deficits following cerebral infarction (ICD10:I69.328 Other speech and language deficits following cerebral infarction) Unknown or N/A	Active	2016-03-18
Other abnormalities of gait and mobility (ICD10:R26.89 Other abnormalities of gait and mobility) Unknown or N/A	Active	2016-03-18
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-09
Other sequelae of cerebral infarction (ICD10:I69.398 Other sequelae of cerebral infarction) Unknown or N/A	Active	2016-03-09
Dizziness and giddiness (ICD10:R42 Dizziness and giddiness) Unknown or N/A	Active	2016-03-09
Weakness (ICD10:R53.1 Weakness) Unknown or N/A	Active	2016-03-09
Other reduced mobility (ICD10:Z74.09 Other reduced mobility) Unknown or N/A	Active	2016-03-09

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Bonyl Home healthcare

Primary Justification Medical Conditions: Heart_Failure,HTN,Mobility_Impairments,Stroke

Additional Medical Conditions: Dizziness.

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 uncontrolled hypertension and frequent falls and inability to self medicate.

Certification Statement: Patient is home bound due to post stroke and uncontrolled hypertension. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-11-23 01:16

Signed By (Physician): 18

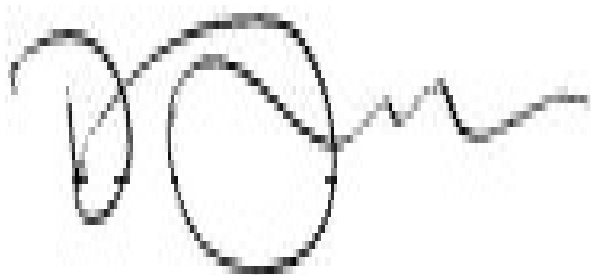
Signed on (Physician): 2016-11-30 01:16

Form_status: finalized

Procedure Order:

Patient ID	6115	Order ID	1257
Patient Name	Pearson, Bobby	Ordered By	Love-Jones, Derrick
Order Date	2017-01-22	Print Date	2017-01-22
Order Status	complete	Encounter Date	2017-01-22
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-22		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-11-30**.

Printed on 22-Jan-2017 19:55:45 pm.