

Andrew Thomas: Patient Information
Patient Record Number:1243

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: Andrew Thomas
External ID: 1243
DOB: 1967-06-01
Sex: Male
S.S.: 256-19-4529
Marital Status: Single
User Defined: Lives with Debora Smith
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NmJkSEZEQ3I0ams>

Address: 2269 Aspen Drive
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Home Phone: 214-845-1309
Mobile Phone: 214-641-7087
Street Address: 2269 Aspen Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-04-2016.
Risk Factors: Chronic Pain,Constipation,Insomnia.

Family History:

Last Recorded On: 10-04-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Four children.

Social History:

Last Recorded On: 10-04-2016.
Tobacco: Current every day smoker Smokes 2 cigarettes a day **Status:** Current
Alcohol: **Status:** Never
Recreational Drugs: Social drinker **Status:** Current
Nutrition History: Regular diet..
Developmental History: Educational level is 11th grade..

Tests and Exams:

Last Recorded On: 10-04-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 01/02/2014, at MetroStat

Diagnostic Services, ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.

LDL / HDL Abnormal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.

PSA (over 50 yrs) Normal Done on 01/02/2014, at MetroStat Diagnostic Services, ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2010-05-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2012-09-13

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 256194529A

Group Number :

Employer Name : Andrew Thomas

Copay :

Insured ID Number : 525088403

Group Number :

Employer Name : Andrew Thomas

Immunizations:

Andrew Thomas: Chief Complaint
Patient Record Number:1243

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Seen by Derrick Love-Jones
Seen on 04-August-2016

Chief Complaint Status:finalized

Followup home visit for management of chronic obstructive pulmonary disease, osteoarthritis, chronic pain, vitamin D deficiency, neuropathy, hyperlipidemia, lumbago, and hypertension. Patient complains of pain in his knees, back and shortness of breath.

History of Present illness:

HPI Status:Finalized

A 48-year-old AA male in NAD with multiple chronic conditions of chronic obstructive pulmonary disease, osteoarthritis, chronic pain, vitamin D deficiency, neuropathy, hyperlipidemia, lumbago, and hypertension. Patient has a history of chronic knee pain and back pain and states both are in pain. Patient also is complaining of SOB today as well. Patient denies any other issues or complaints upon examination. Patient denies any hypoglycemia and foot check revealed no major issues. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-04	117	80	192.00	72.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

No Blowing Of Air Through The Nose

No Drinking From A Cup Or Glass

No Eating Of Hard Foods

No Excessive Talking

No Forceful Coughing

No Forceful Sneezing

No Forceful Straining

No Heavy Lifting

No Hot Baths

No Hot Drinks

No Hot Spices

No Irrigating The Bowels

No Jarring Motion

No Kissing

No Lying Down

No Nausea

No Noisy Gums

No Obstruction

No Overeating

No Prolonged Standing

No Running

No Severe Pain

No Smoking

No Strenuous Exercise

No Sweating

No Tearing

No Throat Irritation

No Vomiting

No Walking On Uneven Surfaces

No Wearing High Heeled Shoes

No Yawning

No Zzz's

Physical Exam:

HEENT:
 Eyes, Ears, Nose, Throat-Within Normal Limits .
SKIN/HEENTITIES:
 Skin, Hair, Nails-Within Normal Limits .
CV:
 Blood Pressure, Heart Rate, Rhythm, Murmur, Gallops-Within Normal Limits .
 Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 3			
Unknown or N/A	Active	2016-06-13	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			

Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-14
Lisinopril ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-14
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-14

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medication noted. 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 to exercise daily. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago w/sciatica continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Diabetes mellitus type 2 with neuropathy, continue current plan.
5. Chronic obstructive pulmonary disease/Asthma, continue current plan.
6. Neuropathy, continue current plan.
7. Bipolar, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Hyperlipidemia, continue current plan.
10. Abnormal gait, continue to monitor.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) 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 hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) 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	
Migraine with aura, without mention of intractable migraine without mention of status migrainosus (ICD10:G43.109 Migraine with aura, not intractable, without status migrainosus) Unknown or N/A	Active	2015-10-01	

Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Chest pain, unspecified (ICD10:R07.9 Chest pain, unspecified) Unknown or N/A	Active	2015-10-01
Constipation (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01
Bipolar disorder (ICD10:F30.10 Manic episode without psychotic symptoms, unspecified) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A	Active	2015-02-09	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Signed by (NP): 16

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

Signed By (Physician): 18

Signed on (Physician): 2016-08-11 07:06

Form_status: finalized

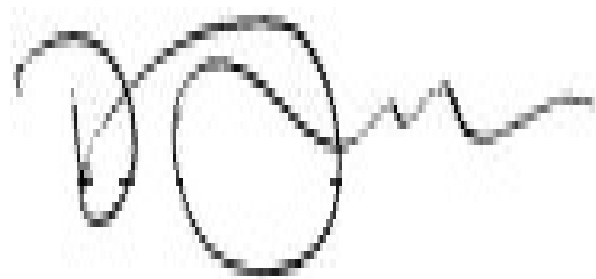
DME:

Description	Status	Start Date	End Date
Gloves, Cane, Walker, Wheel chair Unknown or N/A	Active		

Procedure Order:

Patient ID	1243	Order ID	795
Patient Name	Thomas, Andrew	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06
Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-08-11**.

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