

Willie Young: Patient Information
Patient Record Number:5213

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: Willie Young
External ID: 5213
DOB: 1942-06-30
Sex: Male
S.S.: 461-66-6486
User Defined: Mary L will also live with him
Patient Drive Folder: 0B0x_tbqdBdPhTHZwYTJteWVHa0k

Address: 2719 E Illinois Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-207-6002
Street Address: 2719 E Illinois Ave
Apt/Suite/Other: Pythian Manor Apt#118

Past Medical History:

Last Recorded On: 01-21-2017.
Risk Factors: Insomnia,Lumbago.
Additional Medical History: Allergic rhinitis..

Family History:

Last Recorded On: 01-21-2017.
Father: Father with deceased hypertension..
Mother: Mom-deceased with diabetes mellitus and hypertension..
Offspring: Patient has four children..

Primary Family Med Conditions:

Last Recorded On: 01-21-2017.
Chronic Conditions: Diabetes,Hypertension.

Social History:

Last Recorded On: 01-21-2017.
Tobacco: Current every day smoker Smokes 1-2 cigars/day **Status:** Current
Coffee: **Status:** N/A
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Well maintained..
Developmental History: N/A..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 01-21-2017.
Vitamin D (6 mo if on pills) Abnormal Done on 1/14/2015, at Evolution health laboratory services,

ordered by Dr. Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

Urine Culture (prn) Normal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

PSA (over 50 yrs) Abnormal Done on 1/14/2015, at Evolution health laboratory services, ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2007-06-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2010-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 461666426A

Group Number :

Employer Name : Willie Young

Copay :

Insured ID Number : 617645370

Group Number :

Employer Name : Willie Young

Immunizations:

Willie Young: Chief Complaint
Patient Record Number:5213

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Seen by Derrick Love-Jones
Seen on 13-December-2016

Chief Complaint Status:finalized

Follow up home visit for management of diabetes mellitus type 2, hypertension, chronic pain, hyperlipidemia, low back pain, allergic rhinitis, benign prostatic hyperplasia, osteoarthritis, insomnia, peripheral neuropathy, and cataract. Patient complains of foot pain.

History of Present illness:

HPI Status:Finalized

A 74-year-old African-American male in no acute distress with multiple chronic conditions including diabetes mellitus type 2, hypertension, chronic pain, and hyperlipidemia. Patient complains of foot pain that is chronic and he has had for many years. Patient rates current pain at 6/10. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-13	119	61	170.00	67.00	97.40	16.00	~	26.6	0.00

Review of Systems:

Constitutional:

Genetic Engineering Technology:

No. [REDACTED] / SS \$087

No. 11-1233-01

Red Pigment In Urine

No ~~Mobile~~ ~~Devices~~ ~~Permitted~~

No Significant Change Of Motion

No Change in Bidder Assets

No Bleeding Counters

No Abstracts

No Use Of Dentures

Physical Exam:

SECRET

[illegible]

EXTREMITIES:

Subsequent to the completion of the 2015-2016 season, the following limits will apply:

CV:

RE: Within Nominal Limits

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
<p>Amlopidine Besylate-Valsartan ,5-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-12-17	

Exforge ,5-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-15
Exforge ,5-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-06
Janumet ,50-1000 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-05
Exforge ,5-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-14
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-28
Crestor ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-08
Janumet ,50-1000 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-08
Lisinopril-Hydrochlorothiazide ,20-25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-08
Crestor ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-02

Plan Note:

Plan Note Status:Finalized

Continue 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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. 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. Prognosis is fair and patient is stable.

1. Neuropathy, continue current plan.
2. Benign prostate hyperplasia, continue current plan.
3. Lumbago with chronic pain, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Chronic pain syndrome, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.
7. Hypertension with vascular complications, continue current plan.
8. Diabetes mellitus 2 with neuropathy, continue current plan.
9. Allergic rhinitis, continue current plan.
10. Constipation, continue current plan.

Medication refills are as follows,
Norco 10/325 mg t.i.d.

Amlodipine/Valsartan 5/160 mg q.d.
Polyethylene Glycol 3350
Docusate 100 mg b.i.d.
Janumet 50/1000 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
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	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Chronic pain due to trauma (ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS) (ICD10:N40.1 Enlarged prostate with lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01	
Cellulitis and abscess of oral soft tissues (ICD10:K12.2 Cellulitis and abscess of mouth) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Active		
Bilateral cataracts (ICD9:366.9 Unspecified cataract) Unknown or N/A	Active		
Low back pain (ICD9:724.2 Lumbago) Unknown or N/A	Active		
Allergic rhinitis (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Active		

Chronic pain syndrome (ICD9:338.29 Other chronic pain) Unknown or N/A	Active
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Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Cataract surgery both eyes (2010) Unknown or N/A	Active		
prostate exam Unknown or N/A	Active		
colonoscopy Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO

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

Primary Justification Medical Conditions: Hyperplasia,Cataract,diabetes,hyperlipidemia,HTN

Additional Medical Conditions: Chronic pain, lower back pain, allergic rhinitis, insomnia, peripheral neuropathy.

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.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-12-13 02:02

Signed By (Physician): 18

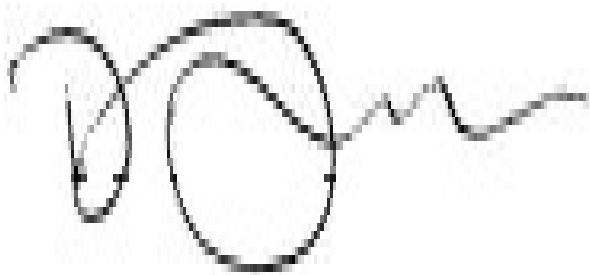
Signed on (Physician): 2016-12-20 02:02

Form_status: finalized

Procedure Order:

Patient ID	5213	Order ID	1342
Patient Name	Young, Willie	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 **2016-12-20**.

Printed on 22-Jan-2017 17:54:16 pm.