

Henry Jones: Patient Information
Patient Record Number:6199

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: Henry Jones
External ID: 6199
DOB: 1941-01-07
Sex: Male
S.S.: 461-66-0324

Address: 1513 Richland Dr
City: Richardson
State: Texas
Postal Code: 75081
Country: USA
Guardian's Name: Shelbie Robinson (Daughter)
Mobile Phone: 512-239-8928
Street Address: 1513 Richland Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 07-26-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 07-26-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2006-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 461660324A
Group Number :
Employer Name : Henry Jones

Immunizations:

Henry Jones: Chief Complaint
Patient Record Number:6199

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Seen by Darolyn Perkins
Seen on 12-July-2016

Chief Complaint Status:finalized

Followup home visit to services for the prevention and control of multiple chronic conditions of seizures, gout, heart failure, diabetes and hypertension. Patient complain of not sleeping well.

History of Present illness:

HPI Status:Finalized

Patient is a 75-year-old male in NAD who presents multiple chronic conditions of seizures, gout, heart failure, diabetes, and hypertension. Patient states his daughter checks his blood sugar weekly, but has now moved out of town. She also sets up his medication. Patient denies chest pain, severe headaches or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-12	156	104	215.00	68.00	8.20	18.00	~	32.7	0.00

Review of Systems:

Respiratory:

~~Respiratory~~ Cough Of Breath YES
~~Cardiovascular~~ Hypertension
Musc Swelling YES
Gout YES

Physical Exam:

GENRO:

~~General~~ Alert, Oriented, Cooperative, Well Groomed, No Abnormalities Within Normal Limits .

ENT:

~~ENT~~ Nostrils Clear, No Discharge, No Deviation, No Lesions, No Nasal Turbinates-Within Normal Limits .

ENT:

~~ENT~~ Nostrils Clear, No Discharge, No Deviation, No Lesions, No Nasal Turbinates-Within Normal Limits .

NECK:

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

CV:

RRR-Within Normal Limits .

RESP:

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

GI:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

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

Plan Note:

Plan Note Status:Finalized

Continue with current treatment. Prognosis is fair. No medication refills at this time. Call 911 in case of emergency and go to ER if systolic pressure over 200, experience chest pain and having severe headaches. Office number given for questions or concerns. No medication refills at this time. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Seizures, continue treatment plan.
2. Gout, continue treatment plan
3. Hypertension, educated on low-salt intake.

4. Heart failure, continue treatment plan.
5. Diabetes, check hemoglobin A1c.

Medical Problem:

Description	Status	Start Date	End Date
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-06-14	
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-06-14	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-06-14	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-06-14	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-06-14	

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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Med Global

Primary Justification Medical Conditions: diabetes,Heart_Failure,HTN

Additional Medical Conditions: Seizures

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: Skilled nursing needed due to patient complex diseases and patient lack of knowledge on how to manage the disease process and medication . Skilled nursing needed to assess and observe patient conditions and medication administration.

Certification Statement: Patient is home bound due to fatigue easily, experience shortness of breath, weakness and poor balance which increase his risk for falls.

Signed by (NP): 302

Signed On (NP): 2016-07-12 07:08

Signed By (Physician): 18

Signed on (Physician): 2016-07-14 07:08

Form_status: finalized

Printed: NO



Electronically Signed by **Darolyn Perkins** on **2016-07-19**.

Printed on 11-Sep-2016 19:01:34 pm.