

LD Stevenson: Patient Information
Patient Record Number:2559

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: LD Stevenson

External ID: 2559

DOB: 1936-06-24

Sex: Male

S.S.: 465-50-1923

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5VFInbjNfQW11Rk0>

Address: 2011 Idaho Avenue

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Emergency Contact: Nurse

Emergency Phone: 469-503-8008

Home Phone: 214-272-7970

Street Address: 2011 Idaho Avenue

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-09-2016.

Father: Father died of old age..

Mother: Mother died of old age at 84 years..

Siblings: Sister died of lung and throat cancer..

Offspring: One child..

Primary Family Med Conditions:

Last Recorded On: 10-09-2016.

Chronic Conditions: Lung Cancer.

Social History:

Last Recorded On: 10-09-2016.

Tobacco: Former smoker Quit smoking 40 years ago **Status:** Quit

Alcohol: Quit drinking 40 years ago **Status:** Quit

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Diabetic..

Developmental History: Normal..

Other History: Lives with wife. Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-09-2016.

PT/INR (if no HH) N/A Done on 06/11/2015, at Guardian Angles At Home Inc, ordered by Dr. Sumana Ketha patient's Patient PT/INR is 13.1/1.1

Vitamin D (6 mo if on pills) Normal Done on 02/19/2016, at Evolution Health Laboratories, ordered by Dr. Sumana Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 02/19/2016, at Evolution Health Laboratories, ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/19/2016, at Evolution Health

Laboratories, ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Normal Done on 02/19/2016, at Evolution Health Laboratories, ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/19/2016, at Evolution Health Laboratories, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Normal Done on 02/19/2016, at Evolution Health Laboratories, ordered by Dr. Sumana Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) N/A Done on 02/19/2016, at Evolution Health Laboratories, ordered by Dr. Sumana Ketha.

PT Physical Therapy Abnormal Done on 08/11/2014.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2001-09-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 465501923A

Group Number :

Employer Name : LD Stevenson

Immunizations:

LD Stevenson: Chief Complaint
Patient Record Number:2559

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Seen by Derrick Love-Jones
Seen on 24-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of constipation, atrial fibrillation, dementia, insomnia, diabetes-2, osteoarthritis, chronic pain, benign prostatic hyperplasia, hypertension, polyneuropathy, heart disease, hypothyroidism, gastroesophageal reflux disease, pain in joint, hematuria and dysuria. Patient complains of cold, numbness and tingling in both feet.

History of Present illness:

HPI Status:Finalized

An 79-year-old male in NAD with multiple chronic conditions of constipation, atrial fibrillation, dementia, insomnia, diabetes-2, osteoarthritis, chronic pain, benign prostatic hyperplasia, hypertension, polyneuropathy, heart disease, hypothyroidism, gastroesophageal reflux disease, pain in joint, hematuria and dysuria. Patient states that his feet stay cold and that he has numbness and tingling in both feet. Patient rates current pain 7/10 today. Patient continues to experience memory problems. Patient rates current pain today at 7/10. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-24	137	81	240.00	67.00	98.40	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

No Use Of Inhalant
 No Use Of Tobacco
 No Use Of Mouth Breath
 No Use Of Mouth Warts
 No Use Of Mouth Of Urine
 No Use Of Mouth Of Motion
 No Use Of Mouth Of Mentation
 No Use Of Mouth YES
 No Use Of Mouth Gums
 No Use Of Mouth
 No Use Of Dentures

Physical Exam:

RESULTS:

Overall mean age was 60 years (range 47-89). Mean duration of disease was 10 years (range 1-30). The majority of patients were male (n=14; 70%). All patients had been treated with at least one antiepileptic drug (AED) prior to presentation. The most common AEDs used were carbamazepine (n=10), phenytoin (n=8), valproic acid (n=7), lamotrigine (n=6), and topiramate (n=5). The majority of patients (n=12; 60%) had been treated with two or more AEDs. The most common combination of AEDs was carbamazepine and phenytoin (n=6).

RATINGS:

CV:

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Namenda ,10 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 180, Refill Quantity: 0			
Unknown or N/A	Active	2016-06-16	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Warfarin Sodium ,5 MG TABS, TAKE 2 TABS BY MOUTH ONE TIME A DAY DOSE PER INR CHECK, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-27
Atorvastatin Calcium ,40 MG TABS, Take 1 Tab by mouth daily at bedtime, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-05
Tamsulosin HCl ,0.4 MG CAPS, TAKE 1 CAPSULE DAILY EVERY MORNING BEFORE BREAKFAST, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
Tamsulosin HCl ,0.4 MG CAPS, TAKE 1 CAPSULE DAILY EVERY MORNING BEFORE BREAKFAST, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-25
Atenolol ,50 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	2015-03-04
MetFORMIN HCl ,500 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 Sumana Ketha MDPA	Active	2015-03-02
Furosemide ,20 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23
Ranitidine HCl ,150 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY FOR GERD, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23
Warfarin Sodium ,7.5 MG TABS, ONE TAB QPM HOLD MEDS IF INR is less than 28, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23

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. 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 patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Neuropathy, continue current plan.
2. Diabetes mellitus with neuropathy, continue current plan.
3. Benign prostatic hyperplasia, continue current plan.
4. Dementia, continue current plan.
5. Hypertension with vascular complications, continue current plan.
6. Atrial fibrillation, continue current plan.
7. Constipation, continue current plan.
8. Insomnia, continue current plan.
9. Osteoarthritis with chronic pain, continue current plan.
10. Gastroesophageal reflux disease, continue current plan.
11. Hypothyroidism, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
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 with hyperosmolarity, type II or unspecified type, not stated as uncontrolled (ICD10:E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)) Unknown or N/A	Active	2015-10-01	
Senile dementia, uncomplicated (ICD10:F03.90 Unspecified dementia without behavioral disturbance) 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	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) 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	
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	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Pain in joint, lower leg (ICD10:M25.569 Pain in unspecified knee) Unknown or N/A	Active	2015-10-01	
Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled (ICD10:E11.51 Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene) Unknown or N/A	Active	2015-10-01	
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01	
Atrial fibrillation (ICD9:427.31 Atrial fibrillation) Unknown or N/A	Active		
Organic disorders of initiating and maintaining sleep (ICD9:327.00 Organic insomnia, unspecified) Unknown or N/A	Active		
Constipation, unspecified (ICD9:564.00 Constipation, unspecified) Unknown or N/A	Active		

Dementia, unspecified, without behavioral disturbance (ICD9:294.20 Dementia, unspecified, without behavioral disturbance) Unknown or N/A	Active
Dementia, unspecified, without behavioral disturbance (ICD9:294.20 Dementia, unspecified, without behavioral disturbance) Unknown or N/A	Active
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active
Hematuria, unspecified (ICD9:599.70 Hematuria, unspecified) Unknown or N/A	Active
Dysuria (ICD9:788.1 Dysuria) Unknown or N/A	Active
Osteoarthritis (ICD9:715.90 Osteoarthritis, unspecified whether generalized or localized, site unspecified) Unknown or N/A	Active
Neuropathy (ICD9:355.9 Mononeuritis of unspecified site) Unknown or N/A	Active
Chronic pain syndrome (ICD9:338.29 Other chronic pain) Unknown or N/A	Active

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Cataract Unknown or N/A	Active		
Disabled-NIDDM Unknown or N/A	Active		
Hospitalized in 2009 for boil on arm. 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: Guardian Angels AtHome Inc

Primary Justification Medical Conditions: Hypothyroidism,Atrial_Fibrillation,Hyperplasia,diabetes,HTN

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 physical descending, congestive heart failure and inability to self medicate.

Certification Statement: Patient is home bound due to dementia. Patient cannot be left unattended due to wandering behavior and extremely poor cognition.

Signed by (NP): 16

Signed On (NP): 2016-08-24 04:09

Signed By (Physician): 18

Signed on (Physician): 2016-08-31 04:09

Form_status: finalized

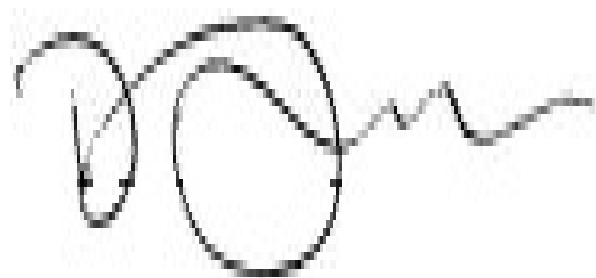
DME:

Description	Status	Start Date	End Date
Knee orthosis brace with adjustable knee joints (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A 2015-10-01 by Dr. Sumana Ketha	Active	2015-10-01	
Walker Unknown or N/A by Dr. Sumana Ketha	Active		

Procedure Order:

Patient ID	2559	Order ID	881
Patient Name	Stevenson, LD	Ordered By	Love-Jones, Derrick
Order Date	2016-10-09	Print Date	2016-10-09
Order Status	complete	Encounter Date	2016-10-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-09		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-31**.

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