

Bruce Bell: Patient Information
Patient Record Number:5707

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: Bruce Bell
External ID: 5707
DOB: 1957-03-24
Sex: Male
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXOFpocy1QTXZmTFU>

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 10-16-2016.
Additional Medical History: Right shoulder pain.

Family History:

Last Recorded On: 10-16-2016.
Mother: Sister had HTN. Brother had HTN..
Siblings: Two childrens..
Other Family Relative: Grandparents had HTN..

Primary Family Med Conditions:

Last Recorded On: 10-16-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 10-16-2016.
Tobacco: Current every day smoker Smokes 1 ppd for 42 yrs **Status:** Current
Alcohol: Drinks 4 glasses a day. **Status:** Current
Recreational Drugs: **Status:** Never
Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 10-16-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2014-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 512783973
Group Number :
Employer Name : Bruce Bell

Immunizations:

Bruce Bell: Chief Complaint
Patient Record Number:5707

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Seen by Sumana Ketha MD
Seen on 26-June-2015

Chief Complaint Status:pending

Follow up home visit for management of GERD, OA, anxiety, COPD, schizophrenia, depression, and HTN.

History of Present illness:

HPI Status:Pending

A 58-year-old male in NAD with multiple chronic conditions. Patient denies any new issues or complaints upon examination.
Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2015-06-23	139	67	135.00	71.00	98.20	18.00		18.8	0.00

Review of Systems:

Constitutional:

Weight 135.00 lbs

No Significant Weight Change

No Significant Change in Vision

No Significant Change in Breath

No Significant Change in Urine

No Significant Change in Motion

No Significant Change in Appetite

No Significant Change in Gums

No Significant Change in Swelling

No Significant Change in Dentures

Physical Exam:

HEENT:

Head - Within Normal Limits .

EXTREMITIES:

Extremities - Within Normal Limits .

CV:

Cardiovascular - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-10	

Plan Note:

Plan Note Status:Pending

Continue same treatment plan. 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 180. 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. Continue current plan for HTN.
2. Continue current plan for COPD.
3. Continue current plan for OA.
4. Continue current plan for depression.
5. Continue current plan for GERD.

No refills needed in this visit. No changes in current medications since last visit.

Medical Problem:

Description	Status	Start Date	End Date
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, 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	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active		
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active		
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active		
Chronic schizophrenia (ICD9:295.92 Unspecified schizophrenia, chronic) Unknown or N/A	Active		
Chronic obstructive lung disease (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active		
Shoulder pain (ICD9:719.41 Pain in joint, shoulder region) Unknown or N/A	Active		
Osteoarthritis, generalized, site unspecified (ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Inactive	2015-05-08	2015-09-30
Other chronic pain (ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2015-05-08	2015-09-30
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD9:715.90 Osteoarthritis, unspecified whether generalized or localized, site unspecified) Unknown or N/A	Inactive	2015-01-14	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-01-14	2015-09-30
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Inactive	2015-01-14	2015-09-30

Surgeries:

Description	Status	Start Date	End Date
Colonoscopy in 2013 Unknown or N/A	Active		
Right ankle fracture Unknown or N/A	Active		
Left femur fracture Unknown or N/A	Active		

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

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

Form_status: pending

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