

Mike Bowens: Patient Information
Patient Record Number:5980

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: Mike Bowens

External ID: 5980

DOB: 1969-03-01

Sex: Male

S.S.: 464-35-1972

User Defined: 469-427-7165

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfnlUV0VWMIVINWZfT3ZINGZTcmIBRXpGa2NKUzBzRIFleVpfMmZDLVk5OGs

Address: 3035 E Ledbetter Dr, Dallas

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 469-955-4712

Mobile Phone: 469-427-7165

Street Address: 3035 E Ledbetter Dr, Dallas

Apt/Suite/Other: 1310

Family History:

Last Recorded On: 10-09-2016.

Father: Unknown .

Mother: Unknown.

Siblings: Unknown.

Spouse: Unknown.

Social History:

Last Recorded On: 10-09-2016.

Tobacco: No smoking **Status:** Never

Alcohol: No alcohol **Status:** Never

Recreational Drugs: No drugs **Status:** Never

Nutrition History: Regular.

Developmental History: Well.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2010-08-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2015-09-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 464351972A

Group Number :

Employer Name : Mike Bowens

Copay :

Insured ID Number : 217600309

Group Number :

Employer Name : Mike Bowens

Immunizations:

Mike Bowens: Chief Complaint
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Seen by Darolyn Perkins
Seen on 20-June-2016

Chief Complaint Status:finalized

Follow up home visit for management of asthma, hypertension, anxiety, chronic pain, depression, visual impairment and insomnia. Patient complain of cough for a couple of days and impotence.

History of Present illness:

HPI Status:Finalized

Patient is a 47-year-old African American male with multiple chronic conditions of asthma, hypertension, anxiety, chronic pain, and insomnia. Patient states he continue to have back pain. Patient rates pain at 6/10. Patient also complained of cough for a couple of days. No CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-20	122	78	210.00	65.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight Change:
No Weight Change
Appetite:
No Change
Energy:
No Change
Feet Swell:
No
Hand Swell:
No
Stomach Discomfort:
No
Constipation:
No

Physical Exam:

HEENT:

Examination of the head, eyes, nose, mouth, and throat. Normal. No nasal turbinates within normal limits.

ENT:

Examination of the ears, nose, and throat. Normal. No nasal turbinates within normal limits.

NECK:

Examination of the neck. Normal. No lymphadenopathy within normal limits.

BACK:

Examination of the back. Normal. No spinal cord compression within normal limits.

CV:

Examination of the cardiovascular system. Normal. No heart failure within normal limits.

RESP:

Examination of the respiratory system. Normal. No lung disease within normal limits.

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

Medication:

Description	Status	Start Date	End Date
ALPRAZolam, 0.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0	Active	2016-06-21	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
QUetiapine Fumarate ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
Xanax ,1 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	2016-03-23
Acetaminophen-Codeine #4 ,300-60 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
Xanax ,1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-24
Acetaminophen-Codeine #4 ,300-60 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-24
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-24
Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 60, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-18
Metoprolol Tartrate ,25 MG TABS, Take one tab every day, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-18
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-18
Advair Diskus ,100-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 60, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-12
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-12

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medication, no new medications noted this visit. Medication adherence was given to the patient the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient courage to exercise daily. No new labs need it this quarter. The patient verbalize understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Hypertension, continue current plan.
2. Anxiety, continue current plan.
3. Chronic pain, continue current plan.
4. Depression, continue current plan.
5. Lumbago, continue current plan.
6. Visual impairment, continue current plan.

Medical Problem:

Description	Status	Start Date	End Date
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-06-20	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-11	
Unspecified visual loss (ICD10:H54.7 Unspecified visual loss) Unknown or N/A	Active	2016-05-11	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-11-12	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-12	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-11-12	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) 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	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Backache, unspecified (ICD10:M54.9 Dorsalgia, unspecified) 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	

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 Days

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No skilled nursing needed

Certification Statement:

Signed by (NP): Darolyn Perkins

Signed By (Physician): Darolyn Perkins

Form_status: finalized

Printed: NO

Printed on 09-Oct-2016 21:09:04 pm.