

George Heidleberg: Patient Information
Patient Record Number:6196

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: George Heidleberg
External ID: 6196
DOB: 1932-06-16
Sex: Male
S.S.: 461-46-5630
genericval1: 214-429-5035
Patient Drive Folder: 0B0x_tbqdBDPhRjJhYW96ZnB4QWM

Address: 919 WOODVALE ST
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Home Phone: 214-253-3178
Mobile Phone: 214-552-1651
Street Address: 919 WOODVALE ST
Apt/Suite/Other: House

Family History:

Last Recorded On: 02-11-2017.
Father: Father has diabetes and hypertension..
Mother: Unknown..
Siblings: Cirrhosis, diabetes mellitus, hypertension, and hyperlipidemia..
Spouse: Complains of hypertension, hyperlipidemia, congestive heart failure, chronic obstructive pulmonary disease, and dementia..
Offspring: Patient has 5 children..
Other Family Relative: Two nephews had legs amputated due to complications from diabetes..

Social History:

Last Recorded On: 02-11-2017.
Tobacco: Current every day smoker Smokes 2-3 cigars daily. **Status:** Current
Coffee: 4-8 cups per day. **Status:** Current
Alcohol: Drinks occasionally/ 1 beer **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Exercise Patterns: 15 minutes a day, light exercise. **Status:**
Sleep Patterns: 6-8 hours a night.
Nutrition History: Poor, diabetic..
Developmental History: Educational level is 2nd grade.
Work Status: Unemployed,Disabled.
Hobbies: House work. .
Other History: Physical in 2015. Flushed on 10/2014. Never had prostate exam..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1997-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)

Copay :
Insured ID Number : 461465630A
Group Number :
Employer Name : George Heidleberg
Copay :
Insured ID Number : H48659225
Group Number :
Employer Name : George Heidleberg

Immunizations:

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Follow-up home visit due to sickness and to prevent further decline of the following chronic medical condition of diabetes mellitus 2 with neuropathy, hypertension, osteoarthritis with chronic pain, dementia, chronic pain syndrome. Patient complains of pain in his feet.

Patient is an 84-year-old Caucasian elderly male in no acute distress with multiple chronic conditions of the following diabetes mellitus 2, hypertension, dementia, osteoarthritis with chronic pain, and chronic pain syndrome. Patient states that he has been sick the last 3-4 days. Patient also complains of pain in his feet. Patient rates pain 6/10. Patient states that pain is relieved with current pain medication. Patient denies any chest pain, headache or nausea vomiting at this time. Reviewed labs. Reviewed medications.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-13	113	52	145.00	74.00	97.60	16.00	~	18.6	0.00

No ~~Diarrhea~~ Stomach
 No ~~Diarrhea~~ Cold
 No ~~Diarrhea~~ Reflux
 No ~~Diarrhea~~ Reflux
 No ~~Diarrhea~~ Reflux
 No ~~Diarrhea~~ Reflux
 No ~~Diarrhea~~ Reflux
 No Constipation

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and 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 a systolic blood pressure greater than 200. Reviewed recent labs with patient. No labs needed this visit. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Neuropathy, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Anxiety, continue current plan.
4. Coronary artery disease, continue current plan.
5. Chronic pain syndrome, continue current pain medications.
6. Diabetes mellitus 2 with neuropathy, continue current plan.
7. Hypertension with vascular complications, continue current plan.
8. Insomnia, continue current plan.
9. Dementia, continue current plan.

Medication refills as follows,
 B12 1 tab q.d.
 Norco 10/325 mg t.i.d.
 Diphenhydramine 25 mg q.h.s.
 True Matrix Test Stripes

Medical Problem:

Description	Status	Start Date	End Date
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-11-22	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-11-22	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-08-03	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-06-23	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-05	

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: VCP Home Health Agency Inc

Primary Justification Medical Conditions: diabetes,HTN,Mobility_Impairments

Additional Medical Conditions: Dementia and Chronic Pain Syndrome

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to inability to self medicate correctly in chronic pain.

Certification Statement: Skilled nursing needed due to to make Shieh in the inability to self medicate correct.

Signed by (NP): 16

Signed On (NP): 2016-12-13 01:49

Signed By (Physician): 18

Signed on (Physician): 2016-12-20 01:49

Form_status: finalized

Procedure Order:

Patient ID	6196	Order ID	1338
Patient Name	Heidleberg, George	Ordered By	Love-Jones, Derrick
Order Date	2016-12-13 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-13 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-12-20**.

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