

Jimmie Williams: Patient Information
Patient Record Number:6062

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: Jimmie Williams
External ID: 6062
DOB: 1936-03-12
Sex: Male
User Defined: 469-955-6071
genericval1: Care Taker
genericname2: 940-399-4943
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCdFVsLU9FcDA1bzQ

Address: 928 Lambert St
City: Dallas
State: Texas
Postal Code: 75203
Country: USA
Emergency Contact: 469-955-6071
Home Phone: 310-404-1122
Mobile Phone: 214-434-4094
Street Address: 928 Lambert St
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-29-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-29-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-29-2016.
UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 03/04/2016, at Evolution Lab,
Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2001-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 452521707A
Group Number :
Employer Name : Jimmie Williams

Immunizations:

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Chief Complaint Status:finalized

Follow up home visit for the prevention and control of chronic conditions of hypertension, depression, hyperlipidemia, heart failure and urinary incontinence. Patient complains of swelling in feet and lower extremities.

HPI Status:Finalized

Patient is a 79-year-old African American male in NAD with multiple chronic conditions including urinary incontinence, hypertension and heart failure. Patient states that his feet have been swollen and his has swelling in his lower extremities. Patient denies any other issues upon examination. Patient admits that he has pain in his feet. Patient denies any CP, HA, or N/V.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-22	129	63	185.00	69.00	98.20	16.00	~	0.0	0.00

Constitutional:
 No Change In Weight
 No Change In Appetite
 No Change In Sleep
 No Change In Energy
 No Change In Heart Rate
 No Change In Blood Pressure
 No Change In Blood Sugar
 No Change In Blood Cholesterol
 No Change In Blood Urea Nitrogen
 No Change In Blood Creatinine
 No Change In Blood Calcium
 No Change In Blood Phosphorus
 No Change In Blood Magnesium
 No Change In Blood Potassium
 No Change In Blood Sodium
 No Change In Blood Chloride
 No Change In Blood Bicarbonate
 No Change In Blood Lactate
 No Change In Blood Glucose
 No Change In Blood Ketones
 No Change In Blood Ammonia
 No Change In Blood Bilirubin
 No Change In Blood Albumin
 No Change In Blood Globulin
 No Change In Blood Fibrinogen
 No Change In Blood Prothrombin Time
 No Change In Blood Partial Thromboplastin Time
 No Change In Blood Tissue Plasminogen Activator
 No Change In Blood D-Dimer
 No Change In Blood C-Reactive Protein
 No Change In Blood Interleukin-6
 No Change In Blood Tumor Necrosis Factor- α
 No Change In Blood Interleukin-1 β
 No Change In Blood Interleukin-10
 No Change In Blood Interleukin-17
 No Change In Blood Interleukin-21
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SINUSITIS:
No evidence of sinusitis seen. Maxillary sinuses - Within Normal Limits .

EUSTACHIAN TUBES:
Eustachian tubes patent bilaterally. Middle ear cavities - Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

ENTRANCE OF NASAL CAVITIES:
Entrance of nasal cavities - Normal Limits .

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed 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 come excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable at this time. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Neuropathy continue current plan
HTN w/vascular complications continue current plan
PVD continue current plan
Depression continue current plan

Chronic Pain Syndrome continue current pain medication
Heart Dz continue current plan
Edema of Lower Extremities continue to monitor
Limited Mobility continue to monitor
CHF w/systolic complications continue current plan
HLD continue current plan
Chronic Fatigue continue to monitor
Obesity continue to monitor

Medication refills as follows:

Potassium Cl 20mEq qd
Lasix 40mg qd
Metoprolol 50mg bid
Carvedilol 12.5mg bid
Amlodipine 10mg qd

Medical Problem:

Description	Status	Start Date	End Date
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-08-31	
Edema, unspecified (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2016-07-21	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-07-21	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-06-07	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-26	
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-04-24	
Other fatigue (ICD10:R53.83 Other fatigue) Unknown or N/A	Active	2016-04-24	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-03-08	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-02-24	
Other obesity (ICD10:E66.8 Other obesity) Unknown or N/A	Active	2016-02-24	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-12-26	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-24	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-11-24	
Other malaise (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-11-24	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-11-24	

Other reduced mobility (ICD10:Z74.09 Other reduced mobility) Unknown or N/A	Active	2015-11-24
Idiopathic progressive neuropathy (ICD10:G60.3 Idiopathic progressive neuropathy) Unknown or N/A	Active	2015-10-27
Other depressive episodes (ICD10:F32.8 Other depressive episodes) Unknown or N/A	Active	2015-10-27

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Restorative Care Home Health

Primary Justification Medical Conditions: Heart_Failure,HTN,Mobility_Impairments

Additional Medical Conditions:

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 debility and inability to self medicate.

Certification Statement: Patient is home bound due to debility and mobility impairment. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-09-22 03:33

Signed By (Physician): 18

Signed on (Physician): 2016-09-28 03:33

Form_status: finalized

Procedure Order:

Patient ID	6062	Order ID	965
Patient Name	Williams, Jimmie	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note

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