

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_SfCfnlUV0VWMIVINWZfT3ZINGZTcmIBRXpGa2NKUzBzRlFleVpfMmZDLVk5OGs

Address: 3035 E Ledbetter Dr, Dallas

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 469-955-4712

Work Phone: (682) 812-4846

Mobile Phone: 469-427-7165

Street Address: 3035 E Ledbetter Dr, Dallas

Apt/Suite/Other: 1310

Family History:

Last Recorded On: 01-11-2017.

Father: Unknown .

Mother: Unknown..

Siblings: Unknown..

Spouse: Unknown..

Social History:

Last Recorded On: 01-11-2017.

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
Patient Record Number:5980

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Seen by Derrick Love-Jones
Seen on 05-January-2017

Chief Complaint Status:finalized

Followup home visit for management of chronic obstructive pulmonary disease/asthma, hypertension, anxiety, chronic pain, depression, visual impairment, bipolar, and insomnia. Patient complain of lower back pain and a chronic cough.

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 lower back pain. Patient rates pain at 7/10. Patient also complained of a chronic cough that has persisted for 1-2 weeks with no relief. Patient is a smoker and educated on smoking cessation program. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2017-01-05 | 156 | 76 | 215.00 | 65.00 | 97.80 | 16.00 | | 35.8 | 0.00 |

Review of Systems:

Constitutional:

Weight: Stable
Appetite: Stable
Energy: Stable
Stress: Stable
Insomnia: Stable
Depression: Stable
Anxiety: Stable
Headache: Stable
Nausea: Stable
Vomiting: Stable
Diarrhea: Stable
Constipation: Stable

Physical Exam:

HEENT:
S1, S2, S3, S4, S5, S6, S7, S8, S9, S10, S11, S12, S13, S14, S15, S16, S17, S18, S19, S20, S21, S22, S23, S24, S25, S26, S27, S28, S29, S30, S31, S32, S33, S34, S35, S36, S37, S38, S39, S40, S41, S42, S43, S44, S45, S46, S47, S48, S49, S50, S51, S52, S53, S54, S55, S56, S57, S58, S59, S60, S61, S62, S63, S64, S65, S66, S67, S68, S69, S70, S71, S72, S73, S74, S75, S76, S77, S78, S79, S80, S81, S82, S83, S84, S85, S86, S87, S88, S89, S90, S91, S92, S93, S94, S95, S96, S97, S98, S99, S100, S101, S102, S103, S104, S105, S106, S107, S108, S109, S110, S111, S112, S113, S114, S115, S116, S117, S118, S119, S120, S121, S122, S123, S124, S125, S126, S127, S128, S129, S130, S131, S132, S133, S134, S135, S136, S137, S138, S139, S140, S141, S142, S143, S144, S145, S146, S147, S148, S149, S150, S151, S152, S153, S154, S155, S156, S157, S158, S159, S160, S161, S162, S163, S164, S165, S166, S167, S168, S169, S170, S171, S172, S173, S174, S175, S176, S177, S178, S179, S180, S181, S182, S183, S184, 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S2014, S2015, S2016, S2017, S2018, S2019, S2020, S2021, S2022, S2023, S2024, S2025, S2026, S2027, S2028, S2029, S2030, S2031, S2032, S2033, S2034, S2035, S2036, S2037, S2038, S2039, S2040, S2041, S2042, S2043, S2044, S2045, S2046, S2047, S2048, S2049, S2050, S2051, S2052, S2053, S2054, S2055, S2056, S2057, S2058, S2059, S2060, S2061, S2062, S2063, S2

| | | |
|--|--------|------------|
| Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-10-07 |
| ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-06-21 |
| 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Chronic Bronchitis, start Robitussin DM and monitor.
2. Bipolar, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Lumbago with chronic pain, continue current pain medications.
5. Chronic pain syndrome, continue current plan.
6. Chronic obstructive pulmonary disease/asthma, continue current plan.
7. Anxiety, continue current plan.
8. Depression, continue to monitor.
9. Insomnia, continue current plan.
10. Visual impairment, continue to monitor.

Medication refills as follows:

Tylenol 3 t.i.d.

Alprazolam 1 mg t.i.d.

Robutussin DM 5 ml q.6.h.

Medical Problem:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A | Active | 2017-01-05 | |
| Unspecified chronic bronchitis (ICD10:J42 Unspecified chronic bronchitis) Unknown or N/A | Active | 2016-11-09 | |
| 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 | 2016-10-06 | |
| End stage renal disease (ICD10:N18.6 End stage renal disease) Unknown or N/A | Active | 2016-10-06 | |
| 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 |

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: 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

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): 16

Signed On (NP): 2017-01-05 03:36

Signed By (Physician): 18

Signed on (Physician): 2017-01-12 03:36

Form_status: finalized

Procedure Order:

| | | | |
|--------------|--------------|----------------|---------------------|
| Patient ID | 5980 | Order ID | 1445 |
| Patient Name | Bowens, Mike | Ordered By | Love-Jones, Derrick |
| Order Date | 2017-01-12 | Print Date | 2017-01-12 |
| Order Status | complete | Encounter Date | 2017-01-12 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2017-01-12 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |



Electronically Signed by **Derrick Love-Jones** on **2017-01-12**.

Printed on 12-Jan-2017 19:43:37 pm.