

David Scroggins: Patient Information
Patient Record Number:6102

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: David Scroggins
External ID: 6102
DOB: 1963-09-25
Sex: Male
S.S.: 463194097

Address: 1427 Oriole Blvd
City: Duncanville
State: Texas
Postal Code: 75116
Country: USA
Emergency Contact: Jeremy
Emergency Phone: 469-203-6063
Mobile Phone: 214-406-0203
Street Address: 1427 Oriole Blvd
Apt/Suite/Other: House

Family History:

Last Recorded On: 07-26-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 07-26-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Work Status: Disabled.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2003-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 463194097A
Group Number :
Employer Name : David Scroggins

Immunizations:

David Scroggins: Chief Complaint
Patient Record Number:6102

Texas Physician House Calls (H)

2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Darolyn Perkins
Seen on 11-July-2016

Chief Complaint Status:finalized

Followup home visit to service for the prevention and control of chronic conditions of diabetes 2, hypertension, hyperlipidemia, gastroesophageal reflux disease, heart disease, herniated disc, asthma, and left wrist pain.

History of Present illness:

HPI Status:Finalized

Patient is a 52-year-old male with multiple chronic conditions of diabetes 2, hypertension, gastroesophageal reflux disease, hyperlipidemia, heart disease, herniated disc, asthma and left wrist pain. Patient states he has pain in his back and wrist at 7/10 on pain scale. Patient complains of shortness of breath for couple of days due to weather. Patient denies CP. HA, and NV.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-11	152	101	230.00	69.00	98.20	18.00	~	34.0	0.00

Review of Systems:

Constitutional:

~~Weight loss/gain~~ **Weight:**

~~No~~ **No** dependence

~~No~~ **No** changes

~~No~~ **No** changes

~~No~~ **No** change Of Motion YES

~~No~~ **No** change

Physical Exam:

ENTRO:

~~Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.~~ **Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.**

ENTRO:

~~Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.~~ **Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.**

ENTRO:

~~Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.~~ **Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.**

ENTRO:

~~Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.~~ **Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.**

ENTRO:

~~Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.~~ **Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.**

ENTRO:

~~Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.~~ **Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.**

~~Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.~~ **Thyroid gland, Cervical lymph nodes, and tonsils are within normal limits. No masses, tenderness, or enlargement.**

Medication:

Description	Status	Start Date	End Date
Insulin Syringe ,28G X 1/2" 0.5 ML MISC, USE AS DIRECTED, Quantity: 90, Refill Quantity: 3			
Unknown or N/A	Active	2016-02-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lantus ,100 UNIT/ML SOLN, 150 units in am, Quantity: 15, Refill Quantity: 5 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Nitrostat ,0.4 MG SUBL, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 DOSES AS NEEDED FOR CHEST PAIN, Quantity: 270, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Nortriptyline HCl ,50 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Pravastatin Sodium ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17
Ranitidine HCl ,150 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-17

Plan Note:

Plan Note Status:Finalized

Continue with treatment and medication adherence. 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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes 2 is stable.
2. Hypertension is stable.
3. Hyperlipidemia is stable.
4. Chronic pain is stable.
5. Heart disease is stable.

Refills are Lantus 150 units daily and lisinopril 40 mg daily.

Medical Problem:

Description	Status	Start Date	End Date
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-03-09	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-03-09	
Major depressive disorder, recurrent, in remission, unspecified (ICD10:F33.40 Major depressive disorder, recurrent, in remission, unspecified) Unknown or N/A	Active	2016-03-09	

Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-02-17
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-17
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-02-17
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-02-17
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-17
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-02-17

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: Aaron Home Health

Primary Justification Medical Conditions: diabetes,Heart_Disease,HTN,hyperlipidemia

Additional Medical Conditions: Asthma, chronic pain

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 chronic pain and asthma and inability to self medicate correct

Certification Statement: Patient is home bound due to chronic pain and asthma. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 302

Signed On (NP): 2016-07-11 05:25

Signed By (Physician): 18

Signed on (Physician): 2016-07-14 05:25

Form_status: finalized

Printed: NO



Electronically Signed by **Darolyn Perkins** on **2016-07-18**.

Printed on 16-Sep-2016 23:55:32 pm.