

**Sylvester Henderson: Patient Information**  
Patient Record Number:6033

**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:** Sylvester Henderson  
**External ID:** 6033  
**DOB:** 1946-12-21  
**Sex:** Male

**Address:** 2519 John West Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75228  
**Country:** USA  
**Guardian's Name:** Sister  
**Mobile Phone:** 214-560-7144  
**Street Address:** 2519 John West Rd  
**Apt/Suite/Other:** 18105 Gate Code 4444

## Past Medical History:

**Last Recorded On:** 08-18-2016.  
**Risk Factors:** Arthritis,High Cholesterol,Heart Burn, Reflux,Neuropathy,Chronic Pain.

## Family History:

**Last Recorded On:** 08-18-2016.  
**Father:** Deceased .  
**Mother:** Deceased. .  
**Siblings:** Sister with diabetes..

## Social History:

**Last Recorded On:** 08-18-2016.  
**Tobacco:** Never smoker No smoking. **Status:**  
**Coffee:** 1 cup a day **Status:** Current  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Counseling:**  
**Exercise Patterns:**  
**Hazardous Activities:**  
**Nutrition History:** Good.  
**Developmental History:** Well.

## Tests and Exams:

**Last Recorded On:** 08-18-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 1975-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2015-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 455728809A  
**Group Number :**  
**Employer Name :** Sylvester Henderson  
**Copay :**  
**Insured ID Number :** 416665201  
**Group Number :**  
**Employer Name :** Sylvester Henderson

**Immunizations:**

**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

Description	Status	Start Date	End Date
-------------	--------	------------	----------

HumuLIN N ,100 UNIT/ML SUSP, Inject SQ per sliding scale Hold if blood sugar is less than or equal to 90, Quantity: 50, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
FreeStyle Lite Test , STRP, Test blood sugars three times a day, Quantity: 300, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-21
CareFine Pen Needles ,32G X 4 MM MISC, USE AS DIRECTED, Quantity: 100, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
HumuLIN N ,100 UNIT/ML SUSP, Inject SQ per sliding scale Hold if blood sugar is less than or equal to 90, Quantity: 50, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2015-12-10
Atenolol-Chlorthalidone ,50-25 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-04
HumuLIN N ,100 UNIT/ML SUSP, USE AS DIRECTED, Quantity: 50, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-04

## Plan Note:

### Plan Note Status:Finalized

1. Lumbago with chronic pain, continue current plan.
2. Neuropathy, continue Gabapentin.
3. Osteoarthritis with chronic pain, continue PT/OT.
4. Chronic pain syndrome, continue current plan.
5. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Hyperlipidemia, check lipids frequently.
8. Medication refills as follows; Atenolol/Chlorthaine, Norco 10/325 mg t.i.d., Gabapentin 600 mg t.i.d.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-07-20	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-07-20	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-16	
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	2016-05-12	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-12	

Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-12-22
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-23
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-11-23
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-11-23
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-11-23
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-11-23
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-11-23

## 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:** NO

**Does Patient have reliable other Primary Care Physician:** NO

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:**

**Primary Justification Medical Conditions:** Asthma,diabetes,Heart\_Failure,HTN,hyperlipidemia

**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 SN needed

**Certification Statement:**

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-20 02:04

**Signed By (Physician):** 18

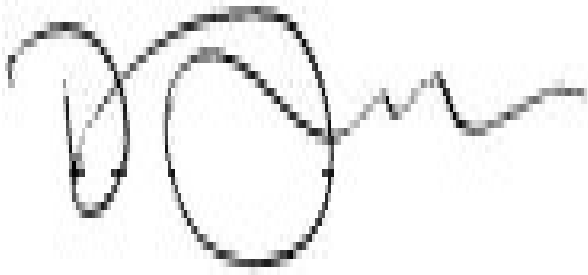
**Signed on (Physician):** 2016-07-27 02:04

**Form\_status:** finalized

## Procedure Order:

Patient ID	6033	Order ID	742
Patient Name	Henderson, Sylvester	Ordered By	Love-Jones, Derrick
Order Date	2016-08-25	Print Date	2016-08-25
Order Status	complete	Encounter Date	2016-08-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-25		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-07-26**.

Printed on 25-Aug-2016 19:29:04 pm.