

**Clint Webb: Patient Information**  
Patient Record Number:6367

**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:** Clint Webb  
**External ID:** 6367  
**DOB:** 1956-02-26  
**Sex:** Male  
**S.S.:** 467-08-6296  
**Patient Drive Folder:** +12143717859-1121-102151-042\_Clint Webb\_Referral doc

**Address:** 3200 S Lancaster  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Home Phone:** 214-371-7331  
**Street Address:** 3200 S Lancaster

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2015-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 467086296A  
**Group Number :**  
**Employer Name :** Clint Webb

## Immunizations:

Clint Webb: Chief Complaint  
Patient Record Number:6367

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**Seen by** Derrick Love-Jones  
**Seen on** 02-December-2016

**Chief Complaint Status:**finalized

New home visit to prevent further decline of the following chronic medical conditions of diabetes mellitus, hypertension, hyperlipidemia, chronic pain, neuropathy, and major depression. Patient complains of shoulder pain.

**History of Present illness:**

**HPI Status:**Finalized

A 60-year-old African-American male in no acute distress with multiple chronic conditions of diabetes mellitus 2, hypertension, hyperlipidemia, chronic pain, neuropathy, and major depression. Patient states that he has a history of chronic joint pain. Patient states that his pain is usually in his knees shoulders or feet. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-02	180	93	110.00	71.00	97.40	16.00	~	15.3	0.00

**Review of Systems:**

**Constitutional:**

**Weight** 110.00 kg  
**Appetite** No Change  
**Energy** No Change  
**Stress** No Change  
**Insomnia** No Change  
**Depression** No Change  
**Anxiety** No Change  
**Headache** No Change  
**Neck Pain** No Change  
**Joint Pain** No Change  
**Back Pain** No Change  
**Leg Pain** No Change  
**Arm Pain** No Change  
**Hand Pain** No Change  
**Foot Pain** No Change  
**Eye Pain** No Change  
**Ear Pain** No Change  
**Nose Pain** No Change  
**Throat Pain** No Change  
**Stomach Pain** No Change  
**Intestine Pain** No Change  
**Bladder Pain** No Change  
**Sexual Pain** No Change  
**Reproductive Pain** No Change  
**Other Pain** No Change

**Physical Exam:**

**ENT/NECK:**

ENT/NECK: Within Normal Limits .

**CV:**

CV: Within Normal Limits .

**RESP:**

RESP: Within Normal Limits .

**Medication:**

Lungs CTAB-Within Normal Limits .

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,5-325 MG TABS, Take 1 Tablet By Mouth Three Times Daily, Must Last 30 days, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-12-02	

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan his previous provider. 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 so, low-fat, the restaurant 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 encouraged to exercise daily. Full set of labs of the following ordered CBC, CMP, UA, TSH, A1C, TSH, CIT D, LIPID, LDL/HDL. 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.

1. Diabetes mellitus with neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Neuropathy, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Major depression, continue to monitor.

Medication refills as follows,  
Meloxicam 7.5 mg q.d.  
Tizanidine 4 mg q.d.  
Gabapentin 300 mg t.i.d.  
Duloxetine DR 60 mg.  
Norco 10/325mg t.i.d.  
HCTZ 25 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-12-02	
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	2016-12-02	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-12-02	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-02	
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-12-02	

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Neck surgery in 2015. 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:** NO

**Is House Visit Needed:** YES

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

**Current home health agency:**

**Primary Justification Medical Conditions:** hyperlipidemia,Rheumatoid Arthritis\_Osteoarthr,HTN,diabetes,Depression

**Additional Medical Conditions:** Neuropathy, Chronic pain syndrome

**Nursing Required:** YES

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to mental health issues.

**Certification Statement:** Skilled nurse needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-02 02:02

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-09 02:02

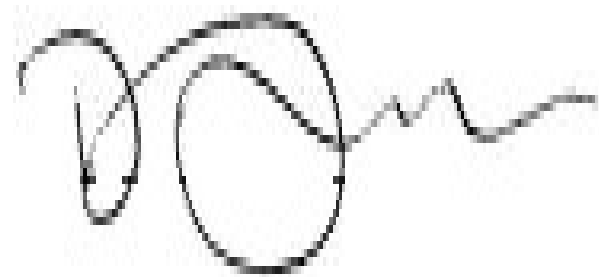
**Form\_status:** finalized

**Printed:**

## Procedure Order:

Patient ID	6367	Order ID	1425
Patient Name	Webb, Clint	Ordered By	Love-Jones, Derrick
Order Date	2017-01-07	Print Date	2017-01-07
Order Status	complete	Encounter Date	2017-01-07
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-12-09**.

Printed on 07-Jan-2017 22:11:50 pm.