

**William Hudnall Jr: Patient Information**  
Patient Record Number:6266

**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:** William Hudnall Jr  
**External ID:** 6266  
**DOB:** 1964-03-03  
**Sex:** Male  
**S.S.:** 464277783  
**Marital Status:** Married  
**User Defined:** 214-881-6872

**Address:** 12061 Galva Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75243  
**Country:** USA  
**Home Phone:** 214-881-6872  
**Mobile Phone:** 469-508-3714  
**Street Address:** 12061 Galva Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-30-2016.  
**Father:** Father was murdered at the age between 79-80..  
**Mother:** Mother is alive with hypertension. .  
**Siblings:** One brother and one sister are died. Two sisters are alive..  
**Offspring:** Three boys and four girls..

## Social History:

**Last Recorded On:** 12-30-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..  
**Developmental History:** Education level is 12th grade..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2016-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 464277783A  
**Group Number :**  
**Employer Name :** William Hudnall Jr  
**Copay :**  
**Insured ID Number :** 529174219  
**Group Number :**  
**Employer Name :** William Hudnall Jr

**Immunizations:**



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, excessive headache, blurred vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with sciatica, continue current plan.
2. Hyperlipidemia, continue current plan.
3. Temporomandibular joint, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows,  
Cyclobenzaprine 10 mg x 15 days.  
Norco 10/325 mg t.i.d.

## Medical Problem:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Temporomandibular joint disorder, unspecified<br>( ICD10:M26.60 Temporomandibular joint disorder, unspecified)<br>Unknown or N/A   | Active | 2016-10-20 |          |
| Chronic pain syndrome<br>( ICD10:G89.4 Chronic pain syndrome)<br>Unknown or N/A  | Active | 2016-10-20 |          |
| Encounter for general adult medical examination without abnormal findings<br>( ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings)<br>Unknown or N/A | Active | 2016-09-14 |          |
| Lumbago with sciatica, right side<br>( ICD10:M54.41 Lumbago with sciatica, right side)<br>Unknown or N/A   | Active | 2016-08-17 |          |
| Primary generalized (osteo)arthritis<br>( ICD10:M15.0 Primary generalized (osteo)arthritis)<br>Unknown or N/A  | Active | 2016-08-17 |          |
| Polyosteoarthritis, unspecified<br>( ICD10:M15.9 Polyosteoarthritis, unspecified)<br>Unknown or N/A  | Active | 2016-08-17 |          |
| Other chronic pain<br>( ICD10:G89.29 Other chronic pain)<br>Unknown or N/A   | Active | 2016-08-17 |          |
| Arthralgia of temporomandibular joint<br>( ICD10:M26.62 Arthralgia of temporomandibular joint)<br>Unknown or N/A   | Active | 2016-08-17 |          |
| Other hyperlipidemia<br>( ICD10:E78.4 Other hyperlipidemia)<br>Unknown or N/A  | Active | 2016-08-17 |          |
| Hyperlipidemia, unspecified<br>( ICD10:E78.5 Hyperlipidemia, unspecified)<br>Unknown or N/A  | Active | 2016-08-17 |          |

## Allergies:

| Description                                | Status | Start Date | End Date |
|--|--------|------------|----------|
| No known drug allergies.<br>Unknown or N/A | Active |            |          |

## Surgeries:

| Description                               | Status | Start Date | End Date |
|---|--------|------------|----------|
| Cornea surgery in 2001.<br>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:** hyperlipidemia,Rheumatoid Arthritis\_Osteoarthr

**Additional Medical Conditions:** Lumbago, Chronic Pain Syndrome, TMJ.

**Nursing Required:** NO

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to chronic pain, limited mobility.

**Certification Statement:** No skilled nurse she needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-11-29 02:22

**Signed By (Physician):** 18

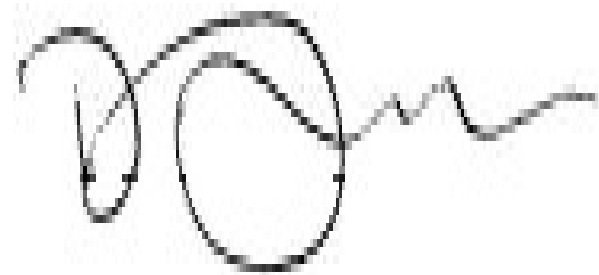
**Signed on (Physician):** 2016-12-06 02:22

**Form\_status:** finalized

## Procedure Order:

|              |                     |                |                     |
|--------------|---------------------|----------------|---------------------|
| Patient ID   | 6266                | Order ID       | 1378                |
| Patient Name | Hudnall Jr, William | Ordered By     | Love-Jones, Derrick |
| Order Date   | 2016-12-31          | Print Date     | 2016-12-31          |
| Order Status | complete            | Encounter Date | 2016-12-31          |
| Lab          | .HH Agency          | Specimen Type> |                     |

| Ordered Procedure   | Report     |          |         |      | Results |                |     |       |             |       |      |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
|                     | Reported   | Specimen | Status  | Note | Code    | Name           | Abn | Value | Range       | Units | Note |
| 026: Pulse Oximetry | 2016-12-31 |          | Final ✓ |      | 0097    | Pulse Oximetry | No  | 99%   | 97% to 100% |       |      |



Electronically Signed by **Derrick Love-Jones** on **2016-12-06**.

Printed on 31-Dec-2016 15:20:57 pm.