

**Wilkie Walker: Patient Information**  
Patient Record Number:6213

**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:** Wilkie D Walker  
**External ID:** 6213  
**DOB:** 1925-06-10  
**Sex:** Male  
**S.S.:** 453-30-2820  
**User Defined:** (214)586-3588 Call daughter Bernadette

**Address:** 7835 Military Pkwy  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75227  
**Country:** USA  
**Mobile Phone:** 214-809-0417  
**Street Address:** 7835 Military Pkwy  
**Apt/Suite/Other:** APT#217

## Family History:

**Last Recorded On:** 10-06-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 10-06-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..

## Insurance:

### Aetna (60054)

**Priority :** Primary  
**Start Date :** 2016-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Aetna (60054)

**Copay :**  
**Insured ID Number :** MEBHD42J  
**Group Number :**  
**Employer Name :** Wilkie Walker

## Immunizations:

**Wilkie Walker: Chief Complaint**  
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**Seen by** Sumana Ketha MD  
**Seen on** 28-July-2016

**Chief Complaint Status:**finalized

New it went to service to prevent further decline of the following chronic medical conditions of hypertension, osteoarthritis, cataracts and chronic pain syndrome. Patient complains of knee pain.

## History of Present illness:

**HPI Status:**Finalized

Patient is an 91-year-old African-American male in NAD with multiple chronic conditions of the following hypertension, osteoarthritis, chronic pain syndrome, and cataracts. Patient states that he has chronic knee and joint pain for many years. Patient rates current pain at 7/10 today. Patient also states that he does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently. Reviewed labs. Reviewed medications.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-28	196	83	160.00	67.00	97.60	20.00	~	0.0	0.00

## Review of Systems:

### Constitutional:

No Weight Loss/Gain  
No Fatigue  
No Fever  
No Chills  
No Night Sweats  
No Anorexia  
No Constipation

## Physical Exam:

### HEENT:

Examination of the head, eyes, ears, nose, and throat. Within Normal Limits .

### HEENT:

Examination of the head, eyes, ears, nose, and throat. Within Normal Limits .

### CV:

Examination of the cardiovascular system. Within Normal Limits .

### RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

## Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as 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 salt, low-fat, low cholesterol diet was kind of 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 as tolerated. Full set of labs of the following ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Cataracts, continue to monitor.
4. Chronic pain syndrome, continue current pain medication.
5. Hyperlipidemia, continue current plan.
6. Benign prostatic hyperplasia, continue current plan.
7. Urinary incontinence, continue current plan.
8. Insomnia, continue current plan.

Medication refills as follows:  
 Lisinopril 20 mg q.d.  
 Combigan 0.2%-0.5% solution.

## Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-28	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-28	
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	2016-07-28	
Cortical age-related cataract, unspecified eye ( ICD10:H25.019 Cortical age-related cataract, unspecified eye) Unknown or N/A	Active	2016-07-28	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-28	

## 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:** Proximal HHC INC

**Primary Justification Medical Conditions:** Mobility\_Impairments,Hyperplasia,hyperlipidemia,Rheumatoid Arthritis\_Osteoarthr,HTN

**Additional Medical Conditions:** Urinary Incontinence

**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 mobility issues, chronic pain, and the inability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to the inability to self medicate correctly, and the uncontrolled pain.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-28 06:05

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-08-02 06:05

**Form\_status:** finalized

**Printed:**

## Procedure Order:

Patient ID	6213	Order ID	776
Patient Name	Walker, Wilkie D	Ordered By	Love-Jones, Derrick
Order Date	2016-10-06	Print Date	2016-10-06

Order Status	complete	Encounter Date	2016-10-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-06		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

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