

Patient Record Number:5582

### 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:** Robert Love

**External ID:** 5582

**DOB:** 1933-07-25

**Sex:** Male

**Marital Status:** Married

**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXeHpzT1NzcVZiU3M>

**Address:** 3200 S Lancaster

City: Dallas

**State:** Texas

**Postal Code: 75216**

Country: USA

**Street Address:** 3200 S Lancaster

## Family History:

**Last Recorded On: 07-26-2016.**

**Father:** Unknown.

**Mother:** Unknown.

**Siblings:** Unknown.

**Offspring:** Patient has two boys and two girls..

### Social History:

**Last Recorded On: 07-26-2016.**

**Tobacco:** Never smoker No smoking history      **Status:** Never

**Alcohol:** No alcohol. **Status:** Never

**Recreational Drugs:** No drug abuse. **Status:** Never

**Nutrition History:** Good..

**Developmental History:** Educational level is 8th grade...

**Other History:** Influenza in 2014..

## Tests and Exams:

**Last Recorded On: 07-26-2016.**

**Sigmoid/Colonoscopy** N/A done

**Prostate Exam** Normal done

**Insurance:**

## Medicare B Texas (SMTX0)

**Priority : Primary**

**Start Date :** 1998-08-01

**Relationship to Insured : Self**

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Copay :**

**Insured ID Number : 453545762A**

**Group Number :**

**Employer Name :** Robert Love

**Immunizations:**

**Robert Love: Chief Complaint**  
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**Seen by** Derrick Love-Jones  
**Seen on** 15-July-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of osteoarthritis, lumbago, hypertension, chronic pain to prevent further decline. Patient complains of pain in his knees.

**History of Present illness:**

**HPI Status:**Finalized

An 82-year-old African American male in NAD with multiple chronic conditions of osteoarthritis, lumbago, hypertension, and chronic pain. Patient has a history of back pain that comes and goes. Today patient states that he has pain in his knees. He currently uses over-the-counter pain medication with some relief. Patient states that the pain has traveled to his lower extremity. Patient rates pain 5/10 today. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-15	157	76	135.00	66.00	97.40	20.00	~	21.8	0.00

## Review of Systems:

**Constitutional:**

**Geometric Algebraic Topology:**

[illegible]

### Physical Exam:

**REMARKS:**

[illegible]

**EXTREMITIES:**

**Subsidiary Information: Non-Consolidated Nominal Limits.**

**CV:**

**BRS, Vitals, Neurological Exams:** Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
AmLODIPine Besylate ,5 MG TABS, 1/2 tab once a day, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2015-06-05	
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			

AmLODIPine Besylate ,5 MG TABS, 1/2 tab once a day, Quantity: 30,  
Refill Quantity: 2  
Unknown or N/A  
by Jones, Derrick - MJ3217331  
Texas Physician House Calls

Active

2015-03-29

## Plan Note:

### Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue medications.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-cholesterol diet and exercise.
3. Chronic obstructive pulmonary disease, on nebulizers.
4. Chronic pain syndrome, stable.
5. Lumbago with sciatica, continue medications.
6. No medication refills needed at this visit.
7. Medication adherence was given to the patient. Continue treatment as planned.
8. 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.
9. Reviewed old records of the patient.
10. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-02	
Osteoarthritis of knee, unspecified ( ICD10:M17.9 Osteoarthritis of knee, unspecified) Unknown or N/A	Active	2015-10-02	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-02	
Panniculitis affecting regions of neck and back, thoracolumbar region ( ICD10:M54.05 Panniculitis affecting regions of neck and back, thoracolumbar region) Unknown or N/A	Active	2015-10-02	
Osteoarthritis, localized, primary, lower leg ( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Lumbago ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Dermatophytosis of nail ( ICD10:B35.1 Tinea unguium) Unknown or N/A	Active	2015-10-01	
Chronic airway obstruction, not elsewhere classified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Umbilical hernia repair x2 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

**Primary Justification Medical Conditions:** HTN

**Additional Medical Conditions:** Chronic Pain

**Nursing Required:** NO

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** No SN needed at this time.

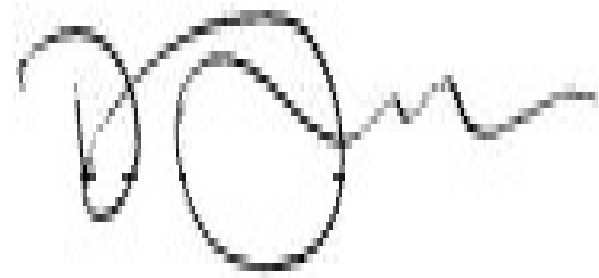
**Signed by (NP):** 16

**Signed On (NP):** 2016-07-15 03:31

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-21 03:31

**Form\_status:** finalized



Electronically Signed by **Derrick Love-Jones** on **2016-07-21**.

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