#### Otis Spicer: Patient Information

Patient Record Number:1273

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: Otis Spicer External ID: 1273 **DOB**: 1950-07-25 Sex: Male **S.S.**: 456-84-9833 Marital Status: Married

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5M2RpLU1mOGlkQnM

Address: 4826 Burnside Avenue

City: Dallas State: Texas Postal Code: 75216 Country: USA

Emergency Contact: Do Not Schedule Tuesday & Thursday (Dialysis)

**Emergency Phone:** 972-904-3424 Home Phone: 214-966-5207 Mobile Phone: 214-376-3870

Street Address: 4826 Burnside Avenue

Apt/Suite/Other: House

# **Past Medical History:**

Last Recorded On: 01-07-2017. Risk Factors: GERD, Neuropathy.

# **Family History:**

Last Recorded On: 01-07-2017.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown...

Offspring: Two children living in Houston and Alaska...

# **Primary Family Med Conditions:**

Last Recorded On: 01-07-2017. Risk Factors: Unknown.

# **Social History:**

Last Recorded On: 01-07-2017.

**Tobacco:** Never smoker Does not smoke. Status: Never

Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug use. Status: Never

Nutrition History: Meals on wheels.. Developmental History: Well..

Other History: Patient lives with his wife, who is mute and deaf. Influenza November 2015...

## **Tests and Exams:**

Last Recorded On: 01-07-2017.

Vitamin D (6 mo if on pills)&nbsp&nbsp Abnormal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year)&nbsp&nbsp Normal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

**CBC Complete Blood Count (3 months)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

**CMP Comprehensive Metabolic Panel (3 months)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

**LIPIDS (once year unless chol meds)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

**UA - Urinalysis - (Yearly - HH primary responsibility)**&nbsp&nbsp Normal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

**Urine Culture (prn)**&nbsp&nbsp Normal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

**PSA (over 50 yrs)**&nbsp&nbsp Normal&nbsp&nbsp Done on 06/24/2014, at MetroStat Diagnostic Services, ordered by Dr. Sumana Ketha

## Insurance:

## **Medicare B Texas (SMTX0)**

Priority: Primary Start Date: 1989-09-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 456849833A

Group Number:

Employer Name: Otis Spicer

## Immunizations:

Otis Spicer: Chief Complaint Patient Record Number: 1273

**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

Seen by Derrick Love-Jones Seen on 09-November-2016

#### Chief Complaint Status: finalized

Follow up home visit for management of hypertension, osteoarthritis/rheumatoid arthritis, gastroesophageal reflux disease, neuropathy, mobility impairment, mutism, neuropathy, congestive heart failure, peripheral vascular disease, hemiplegia, cerebrovascular affects, abnormal gait, deaf/mute impairment. Patient complains of foot pain.

# **History of Present illness:**

## **HPI Status:**Finalized

A 66-year-old African-American male in no acute distress with multiple chronic conditions including of hypertension, congestive heart failure, gastroesophageal reflux disease, peripheral vascular disease, and neuropathy. Patient states through an interpreter that his feet have been hurting for 3-4 days. Patient also has chronic pain in his hands and knees. Patient states that he has chronic pain in both most of the time and he gets some relief from current pain medication. Patient denies any other issues upon examination. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea, or vomiting recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-11-09	127	68	220.00	74.00	97.80	16.00	~	28.2	0.00

# **Review of Systems:**

#### Constitutional:

inoat:

No line Of Urine

**Madataka State** 

Nor Bliefeld Strict Control of the C

No Blandstillekistation

No Bilionida Spots Range Of Motion

No Bheetdiphgo@iams

No Bibarsemass

No Cata@fcDentures

No Injury

No Ha

No Coryza

No Obstruction

# **Physical Exam:**

Makinak Visibilitista (Bilminte e piolokia (Bika Weintelin Neksan Taurbin mättees - Within Normal Limits.

## EMITIES:

**MATHOLISH SET OF THE PARTY OF** 

Bestain Bhithichthice thain in the common of the common of

Murmur, Rubs, Gallops-Within Normal Limits .

## **Medication:**

Descri	otion Status	Start Date	End Date

Omeprazole, 40 MG CPDR, TAKE ONE CAPSULE BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A Active 2016-04-25 by ketha, Dr sumana - BK6230281 Texas Physician House Calls Spironolactone ,50 MG TABS, TAKE 2 TABLETS BY MOUTH DAILY, Quantity: 60, Refill Quantity: 3 Active 2016-03-23 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Furosemide, 20 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A Active 2015-04-22 by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA TraMADol HCI ,50 MG TABS, 1 Tablet By mouth Every Day, Quantity: 60, Refill Quantity: 0 2015-03-30 Unknown or N/A Active by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Carvedilol, 3.125 MG TABS, TAKE ONE TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 2 Active 2015-03-25 Unknown or N/A by ketha. Dr sumana - BK6230281 Sumana Ketha MDPA Spironolactone ,50 MG TABS, TAKE 2 TABLETS BY MOUTH DAILY STOP Hydrochlorothiazide, Quantity: 60, Refill Quantity: 2 Active 2015-03-25 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Gabapentin, 300 MG CAPS, TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY, Quantity: 90, Refill Quantity: 3 Active 2015-03-02 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA Omeprazole, 40 MG CPDR, takle ONE CAPSULE BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 3 Active 2015-03-02 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA

## **Plan Note:**

## Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and stable.

- 1. Hypertension with vascular complications, continue current plan.
- 2. Peripheral vascular disease, continue current plan.
- ${\it 3. Congestive heart failure with systolic complications, continue current plan.}\\$
- 4. Cerebrovascular accident affects, continue to monitor.
- 5. Chronic pain syndrome, continue current plan.
- 6. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
- 7. Neuropathy, continue current plan.
- 8. Gastroesophageal reflux disease, continue current plan.
- 9. Hemiplegia, continue to monitor.
- 10. Abnormal gait, continue to monitor.

 $\label{eq:medication} \textit{Medication refills as follows: Carvedilol 3.125 mg b.i.d. and spironolactone 50 mg q.d.}$ 

## **Medical Problem:**

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

Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, localized, primary, pelvic region and thigh (ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip) Unknown or N/A	Active	2015-10-01
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2015-10-01
Flaccid hemiplegia and hemiparesis affecting dominant side (ICD10:G81.01 Flaccid hemiplegia affecting right dominant side) (ICD10:G81.02 Flaccid hemiplegia affecting left dominant side) Unknown or N/A	Active	2015-10-01
Abnormality of gait ( ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Other specified arthropathy, lower leg ( ICD10:M12.869 Other specific arthropathies, not elsewhere classified, 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
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) 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
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	
Hereditary edema of legs (ICD9:757.0 Hereditary edema of legs) Unknown or N/A	Active	
Open wound of hip and thigh, complicated (ICD9:890.1 Open wound of hip and thigh, complicated) Unknown or N/A	Active	
Constipation, unspecified (ICD9:564.00 Constipation, unspecified) Unknown or N/A	Active	
Unspecified late effects of cerebrovascular disease (ICD9:438.9 Unspecified late effects of cerebrovascular disease) Unknown or N/A	Active	
Difficulty in walking ( ICD9:719.7 Difficulty in walking) Unknown or N/A	Active	
Unspecified hearing loss (ICD9:389.9 Unspecified hearing loss) Unknown or N/A	Active	
Mutism ( ICD9:784.3 Aphasia) Unknown or N/A	Active	
Congenital deafness ( ICD9:389.9 Unspecified hearing loss) Unknown or N/A	Active	

# **Allergies:**

Description	Status	Start Date	End Date	
No known drug allergies	Active			
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: Emrick Services INC

Primary Justification Medical Conditions: Heart\_Failure,HTN,Mobility\_Impairments

**Additional Medical Conditions:** 

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to deaf/mute and inability to self medicate correctly.

Certification Statement: Patient is home bound due to congestive heart failure and osteoarthritis. Patient is unable to ambulate for more than a few minutes or few feet without falling due to poor balance and extreme fatigue/weakness and shortness of breath with minimal exertion.

Signed by (NP): 16

**Signed On (NP):** 2016-11-09 03:12 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-16 03:13

Form\_status: finalized

## DME:

Description	Status	Start Date	End Date
Walker, folding with wheels Unknown or N/A	Active		
Walker with seat attachment (rollator) Unknown or N/A	Active		

# **Procedure Order:**

Patient ID	1273	Order ID	1144
Patient Name	Spicer, Otis	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 **2016-11-16**.

Printed on 07-Jan-2017 20:09:03 pm.