

Stephen Frank: Patient Information
Patient Record Number:5968

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: Stephen Frank
External ID: 5968
DOB: 1954-11-02
Sex: Male
S.S.: 458-27-0954
Marital Status: Single
Patient Drive Folder:
https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfntjcGkxRkhrRWlxRjNRUERGWepJUVNjNFJiZVZVaVFOSjNHatIiQ05TU3c

Address: 2555 Webb Chapel Extension
City: Dallas
State: Texas
Postal Code: 75220
Country: USA
Home Phone: 469-828-1245
Street Address: 2555 Webb Chapel Extension
Apt/Suite/Other: 105

Family History:

Last Recorded On: 10-01-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Current smoker **Status:** Current
Alcohol: Denies alcohol **Status:** Never
Recreational Drugs: Denies drugs **Status:** Never
Nutrition History: Good.
Developmental History: Well.
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 458270954A
Group Number :
Employer Name : Stephen Frank

Immunizations:

Stephen Frank: Chief Complaint
Patient Record Number:5968

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Seen by Darolyn Perkins
Seen on 28-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, and cerebral palsy, urinary incontinence, wheelchair bound status, and smoker. Patient continues to complain of not sleeping through the night.

History of Present illness:

HPI Status:Finalized

A 61-year-old caucasian male in NAD with chronic conditions of hypertension, cerebral palsy, and urinary incontinence. Patient complains of not sleeping through the night x 2-3 weeks. Patient is wheelchair dependent. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-28	126	90	0.00	0.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No ~~FOIA(b)(7)(C)~~ Exemption

No ~~Exemption~~ Of Death

Medication Management

Non-Blended ☐ Blended ☒ Other ☐ **YES**

North American Sentinels Of Urine

No Blood in Stool

No Bleeding Gums

No Objections

No Use Of Dentures

Physical Exam:

REMARKS:

[illegible]

EXTRAEMITITIES:

SEMI-REPRESENTATION OF THE MEAN AND NORMAL LIMITS.

CV:

Reference: Within Normal Limits .

RESP:

Respirator Effort Unlabored-Within Normal Limits .

Gl:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Atenolol ,25 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-02-23	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Atenolol ,25 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED,
Quantity: 30, Refill Quantity: 3
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Active

2016-01-20

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 to exercise daily. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable.

1. Insomnia, continue current OTC medication.
2. Hypertension with vascular complications, continue current plan.
3. Urinary incontinence, continue current plan.
4. Coronary artery disease, continue current plan.
5. Constipation, continue current plan.
6. Cerebral palsy, continue current plan.

Medication refills as follows: Atenolol 25 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-07-28	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-05-11	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-05-11	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-11	
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	2016-05-11	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-02-23	
Other reduced mobility (ICD10:Z74.09 Other reduced mobility) Unknown or N/A	Active	2015-12-15	
Dependence on wheelchair (ICD10:Z99.3 Dependence on wheelchair) Unknown or N/A	Active	2015-11-11	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-11-11	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-11-11	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	

Infantile cerebral palsy, unspecified (ICD10:G80.9 Cerebral palsy, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active	2015-08-17	
Strawberry Unknown or N/A	Active	2015-08-17	

Surgeries:

Description	Status	Start Date	End Date
Gallbladder Surgery in 1996 at St. Paul. Unknown or N/A	Active	2015-08-17	

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Bonyl Home healthcare

Primary Justification Medical Conditions: Cerebral_Palsy,HTN,Mobility_Impairments

Additional Medical Conditions: Cerbal Palsy, Urinary Incontinence

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to cerebral palsy, wheelchair bound and inability to self medicate correctly.

Certification Statement: Patient is home bound due to cerebral palsy and wheelchair bound. Patient is weak with poor balance and has an increased risk for falls.

Signed by (NP): 302

Signed On (NP): 2016-07-28 06:55

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 06:55

Form_status: finalized

Printed on 01-Oct-2016 15:18:55 pm.