

Bruce Bell: Patient Information
Patient Record Number:5707

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: Bruce Bell
External ID: 5707
DOB: 1957-03-24
Sex: Male
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXOFpocy1QTXZmTFU>

Address: 3200 S Lancaster Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 10-16-2016.
Additional Medical History: Right shoulder pain.

Family History:

Last Recorded On: 10-16-2016.
Mother: Sister had HTN. Brother had HTN..
Siblings: Two childrens..
Other Family Relative: Grandparents had HTN..

Primary Family Med Conditions:

Last Recorded On: 10-16-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 10-16-2016.
Tobacco: Current every day smoker Smokes 1 ppd for 42 yrs **Status:** Current
Alcohol: Drinks 4 glasses a day. **Status:** Current
Recreational Drugs: **Status:** Never
Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 10-16-2016.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2014-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 512783973
Group Number :
Employer Name : Bruce Bell

Immunizations:

Bruce Bell: Chief Complaint
Patient Record Number:5707

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Sumana Ketha MD
Seen on 09-October-2015

Chief Complaint Status:finalized

Follow up home visit for management of GERD, OA, anxiety, COPD, schizophrenia, depression, and HTN. C/O back, should, and neck pain times several months. Not relieved with OTC pain medication

History of Present illness:

HPI Status:Finalized

A 58-year-old male in NAD with multiple chronic conditions. Patient denies any new issues or complaints upon examination. 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
2015-10-09	127	68	135.00	71.00	98.20	16.00	~	18.8	0.00

Review of Systems:

Constitutional:

General:

- No Weight Loss
- No Fever
- No Night Sweats
- No Change In Range Of Motion
- No Change In Appetite
- No Anemia
- No Bleeding Gums
- No Bruises
- No Use Of Dentures

Physical Exam:

HEENT:

ENT: Within Normal Limits .

EXTRERMITIES:

ENT: Within Normal Limits .

CV:

ENT: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0	Inactive		2015-10-12
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

; Notes: ; Notes: Continue same treatment plan. 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 180. 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. Continue current plan for HTN.
2. Continue current plan for COPD.
3. Continue current plan for OA.
4. Continue current plan for depression.
5. Continue current plan for GERD.

Refill Tramadol 50mg BID. No changes in current medications since last visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-09	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-09	
Unspecified osteoarthritis, unspecified site (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-09	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-09	

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: YES
Is House Visit Needed: YES
Next Visit Duration (in days): 31
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): 2015-10-09 12:53
Signed By (Physician): 18
Signed on (Physician): 2015-10-16 12:53
Form_status: finalized
Printed: NO

Printed on 16-Oct-2016 22:20:33 pm.