

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: 12-03-2016.
Additional Medical History: Right shoulder pain.

Family History:

Last Recorded On: 12-03-2016.
Mother: Sister had HTN. Brother had HTN..
Siblings: Two childrens..
Other Family Relative: Grandparents had HTN..

Primary Family Med Conditions:

Last Recorded On: 12-03-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 12-03-2016.
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: 12-03-2016.

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

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Seen by Sumana Ketha MD
Seen on 14-October-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of : gastroesophageal reflux disease, osteoarthritis, anxiety, chronic obstructive pulmonary disease, schizophrenia, depression, and hypertension. Patient complains of foot pain, shoulder pain and neck pain.

History of Present illness:

HPI Status:Finalized

A 59-year-old male in NAD with multiple chronic conditions. Patient complains of pain, shoulder pain and neck pain has persisted without any relief for the last several days. Patient rates current pain at 7/10. Patient denies any new issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-14	125	65	129.00	71.00	97.80	16.00	~	18.0	0.00

Review of Systems:

Constitutional:

Disiplin Mengajar dan Mengajar Disiplin:

No ~~FOIA~~ b7(D) Exemption

No [REDACTED] Of Breath

No Bacteria In Urine

No Binding Or Range Of Motion

No Sampled Appetite

No Apnea

No Bleeding Gums

No Observations

No Use Of Dentures

Physical Exam:

REDACTED

[illegible]

EXTREMITIES:

BOUNDARY LAYER PROFILES OF VELOCITY AND TEMPERATURE LIMITS.

CV:

Return on Assets With Break-Even Limits

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2015-05-10	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

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. 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 patient is stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Anxiety, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Depression, continue current plan.
5. Chronic obstructive pulmonary disease, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Schizophrenia, continue current plan.

No medication refills needed this 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	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active		
Depressive disorder, not elsewhere classified (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active		
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active		
Chronic schizophrenia (ICD9:295.92 Unspecified schizophrenia, chronic) Unknown or N/A	Active		

Chronic obstructive lung disease (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active
Shoulder pain (ICD9:719.41 Pain in joint, shoulder region) Unknown or N/A	Active

Surgeries:

Description	Status	Start Date	End Date
Colonoscopy in 2013 Unknown or N/A	Active		
Right ankle fracture Unknown or N/A	Active		
Left femur fracture 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: 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): 2016-10-14 03:03

Signed By (Physician): 18

Signed on (Physician): 2016-10-21 03:03

Form_status: finalized

Procedure Order:

Patient ID	5707	Order ID	1160
Patient Name	Bell, Bruce	Ordered By	Love-Jones, Derrick
Order Date	2016-12-03	Print Date	2016-12-03
Order Status	complete	Encounter Date	2016-12-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-03		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-10-21**.

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