

Robert Love: Patient Information
Patient Record Number:5582

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: 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: 01-07-2017.

Father: Unknown..

Mother: Unknown..

Siblings: Unknown..

Offspring: Patient has two boys and two girls..

Social History:

Last Recorded On: 01-07-2017.

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: 01-07-2017.

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
Patient Record Number:5582

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Seen by Derrick Love-Jones
Seen on 28-November-2016

Chief Complaint Status:finalized

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

History of Present illness:

HPI Status:Finalized

An 83-year-old African American male in NAD with multiple chronic conditions of osteoarthritis, lumbago, hypertension, and chronic pain. Patient complains of having shortness of breathe over the last 2-3 days. Patient also complains of back pain that comes and goes. 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 6/10. Patient denies any other 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
2016-11-28	168	77	130.00	66.00	97.60	16.00	~	21.0	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

[illegible]

Physical Exam:

REMARKS:

Displacement - Within Normal Limits .

EXTREMITIES:

DISBURSEMENT OF FUNDS TO THE STATE OF NEW YORK: \$1,000,000.00

CV:

RRR-Miles-Wahima-Noimits 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

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 this visit. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Chronic obstructive pulmonary disease/asthma, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current OTC pain medication.
5. Lumbago with chronic pain, continue current plan.

No medication refills needed at this visit.

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): 2016-11-28 01:44

Signed By (Physician): 18

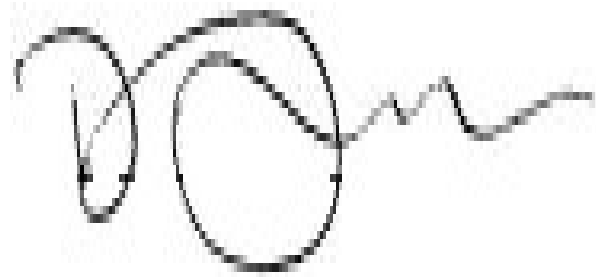
Signed on (Physician): 2016-12-05 01:44

Form_status: finalized

Procedure Order:

Patient ID	5582	Order ID	1262
Patient Name	Love, Robert	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	2017-01-07		Final ✓		0097	Pulse Oximetry	No	99%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-05**.

Printed on 07-Jan-2017 22:08:12 pm.