

**Micheal Anderson: Patient Information**  
Patient Record Number:6136

**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:** Micheal Anderson  
**External ID:** 6136  
**DOB:** 1957-11-01  
**Sex:** Male  
**S.S.:** 457211446  
**User Defined:** 214-576-6979

**Address:** 3946 West Kiest Boulevard  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75233  
**Country:** USA  
**Home Phone:** 469-510-3058  
**Work Phone:** 469-254-5614  
**Mobile Phone:** 214-576-6979  
**Street Address:** 3946 West Kiest Boulevard  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 11-03-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 11-03-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1996-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2015-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 457211446A  
**Group Number :**  
**Employer Name :** Micheal Anderson  
**Copay :**  
**Insured ID Number :** 511228263  
**Group Number :**  
**Employer Name :** Micheal Anderson

**Immunizations:**

**Micheal Anderson: Chief Complaint**  
Patient Record Number:6136

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**Seen by** Derrick Love-Jones  
**Seen on** 04-August-2016

**Chief Complaint Status:**finalized

Home visit to prevent further decline of the following chronic conditions of hypertension, diabetes, hyperlipidemia, tobacco user, osteoporosis in spine, gastroesophageal reflux, heart disease. Patient complains of lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 58-year-old AA male with multiple chronic conditions of hypertension, diabetes, osteoporosis in spine, hyperlipidemia, tobacco user, gastroesophageal reflux, and heart disease. Patient states that he has chronic knee pain that is relieved with current pain medication. Patient denies chest pain, headache or nausea and vomiting recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-04	140	75	146.00	64.00	97.40	20.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Penyakit yang ditularkan: TBC**

**Onychomycosis** Sporosis in spine Joint Pain YES

9. Do you have any other comments? YES

No ~~disturbance~~ ~~over~~

**Neat** ~~Disruptive~~ **YES**

## No Blame Agency

No Incontinence

### Physical Exam:

**GENRO:**

**Notes to the Financial Statements**

**FRISCH:**

**Sphenoid - Normal. Ethmoid - Within Normal Limits. Maxillary - Maxillary Osteomas - 3. Within Normal Limits. Nasal Turbinates - Within Normal Limits.**

**ENT:**

**Butler, M. A. E. S. Ed. Rest. Ctr. N. J. 1954. Normal Limits.**

**NECK:**

Supple,Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs Clear,Rales,Rhonchi,Wheezes-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
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Zolpidem Tartrate ,5 MG TABS, TAKE 1 OR 2 TABLETS AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 45, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-08
Losartan Potassium ,50 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-19
Naproxen ,500 MG TABS, TAKE ONE (1) TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-19
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-19
Simvastatin ,40 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-19

## Plan Note:

### Plan Note Status:Finalized

Continue treatment plan as previously. No new medications noted this visit, medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical conditions. 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 as tolerated. Reviewed recent labs with patient. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Insomnia, continue current plan.
4. Chronic pain syndrome, continue current pain medication
5. Lumbago with chronic pain, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Coronary artery disease, continue current plan.
9. OA with chronic pain, continue current plan.
10. Insomnia, continue current plan.

Medication refills as follows:  
Zolpidem 5 mg q.h.s. 1-2 tabs.

## Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-04	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-30	
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	2016-06-30	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-30	

Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-26
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	2016-03-26
Unilateral primary osteoarthritis, right knee ( ICD10:M17.11 Unilateral primary osteoarthritis, right knee) Unknown or N/A	Active	2016-03-26
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-03-26
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-03-26
Age-related osteoporosis without current pathological fracture ( ICD10:M81.0 Age-related osteoporosis without current pathological fracture) Unknown or N/A	Active	2016-03-26
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-03-26
Shortness of breath ( ICD10:R06.02 Shortness of breath) Unknown or N/A	Active	2016-03-26
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-03-21
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-03-21
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-21

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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:** JK Home health

**Primary Justification Medical Conditions:** diabetes,hyperlipidemia,HTN,Heart\_Disease

**Additional Medical Conditions:** Chronic pain

**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 chronic pain and inability to self medicate.

**Certification Statement:** Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall.

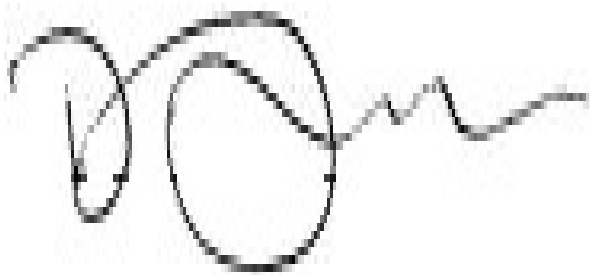
**Signed by (NP):** 16

**Signed On (NP):** 2016-08-04 07:41

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-08-11 07:41

**Form\_status:** finalized

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-08-11**.

Printed on 03-Nov-2016 22:16:46 pm.