

**Mark Hahn: Patient Information**  
Patient Record Number:5604

**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:** Mark Hahn  
**External ID:** 5604  
**DOB:** 1972-04-21  
**Sex:** Male  
**S.S.:** 463-87-8042  
**Marital Status:** Single  
**genericval1:** 469-826-8932  
**Patient Drive Folder:** 0B0x\_tbqdBDPhaGswaDQzXzFzUlk

**Address:** 1327 W Wheatland Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75232  
**Country:** USA  
**Mother's Name:** Miss turner  
**Emergency Phone:** 469-826-8932  
**Home Phone:** 214-779-2106  
**Mobile Phone:** 214-874-5249  
**Street Address:** 1327 W Wheatland Rd  
**Apt/Suite/Other:** APT#228

## Past Medical History:

**Last Recorded On:** 01-21-2017.  
**Additional Medical History:** Morbid obesity, mental retardation..

## Family History:

**Last Recorded On:** 01-21-2017.  
**Father:** Father had skin cancer..  
**Mother:** Mother had hypertension and hyperlipidemia..  
**Offspring:** No children..

## Primary Family Med Conditions:

**Last Recorded On:** 01-21-2017.  
**Chronic Conditions:** Hyperlipidemia,Hypertension.  
**Chronic Body System Category:** Diseases of the skin and subcutaneous tissue .

## Social History:

**Last Recorded On:** 01-21-2017.  
**Tobacco:** Never smoker No smoking    **Status:** Never  
**Alcohol:** No alcohol    **Status:** Never  
**Recreational Drugs:** No drugs    **Status:** Never  
**Nutrition History:** Good..  
**Developmental History:** Normal..

## Tests and Exams:

**Last Recorded On:** 01-21-2017.

**TSH Thyroid-Stimulating Hormone (every year)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  02/04/2014

**CBC Complete Blood Count (3 months)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  02/04/2014

**CMP Comprehensive Metabolic Panel (3 months)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  02/04/2014

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2013-01-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Secondary

**Start Date :** 2013-09-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Copay :**

**Insured ID Number :** 463878042A

**Group Number :**

**Employer Name :** Mark Hahn

**Copay :**

**Insured ID Number :** 615912464

**Group Number :**

**Employer Name :** Mark Hahn

## Immunizations:

**Mark Hahn: Chief Complaint**  
Patient Record Number:5604

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**Seen by** Derrick Love-Jones  
**Seen on** 11-November-2016

**Chief Complaint Status:**finalized

Followup home visit for the management of chronic conditions of seizures, osteoarthritis with chronic pain, mental retardation, asthma, hypertension with vascular complications, hyperlipidemia, urinary incontinence, depression, schizophrenia, bipolar, hypothyroidism, and sleep apnea. Patient complains of uncontrollable tremors.

**History of Present illness:**

**HPI Status:**Finalized

A 44-year-old Caucasian male in no acute distress with multiple chronic conditions of seizures, osteoarthritis with chronic pain, mental retardation, asthma, hypertension with vascular complications, hyperlipidemia, urinary incontinence, depression, schizophrenia, bipolar, hypothyroidism, and sleep apnea. Patient has a history of mental illness and retardation. Patient is still able to communicate any health related issues. Patient states that he has tremors that he can not stop. This is causing patient to have some anxiety. Patient denies any other issues or complaints upon examination. Patient rates his current pain at 5/10. Patient denies any chest pain, headache, or nausea, or vomiting recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-11	132	78	207.00	66.00	97.40	16.00	~	33.4	0.00

## Review of Systems:

**Constitutional:**

[illegible]

### Physical Exam:

**STETH:**  
S1-S2, P1-P2, T1-T2, T3-T4, T5-T6, T7-T8, T9-T10, T11-T12, T13-T14, T15-T16, T17-T18, T19-T20, T21-T22, T23-T24, T25-T26, T27-T28, T29-T30, T31-T32, T33-T34, T35-T36, T37-T38, T39-T40, T41-T42, T43-T44, T45-T46, T47-T48, T49-T50, T51-T52, T53-T54, T55-T56, T57-T58, T59-T60, T61-T62, T63-T64, T65-T66, T67-T68, T69-T70, T71-T72, T73-T74, T75-T76, T77-T78, T79-T80, T81-T82, T83-T84, T85-T86, T87-T88, T89-T90, T91-T92, T93-T94, T95-T96, T97-T98, T99-T100, T101-T102, T103-T104, T105-T106, T107-T108, T109-T110, T111-T112, T113-T114, T115-T116, T117-T118, T119-T120, T121-T122, T123-T124, T125-T126, T127-T128, T129-T130, T131-T132, T133-T134, T135-T136, T137-T138, T139-T140, T141-T142, T143-T144, T145-T146, T147-T148, T149-T150, T151-T152, T153-T154, T155-T156, T157-T158, T159-T160, T161-T162, T163-T164, T165-T166, T167-T168, T169-T170, T171-T172, T173-T174, T175-T176, T177-T178, T179-T180, T181-T182, T183-T184, T185-T186, T187-T188, T189-T190, T191-T192, T193-T194, T195-T196, T197-T198, T199-T200, T201-T202, T203-T204, T205-T206, T207-T208, T209-T210, T211-T212, T213-T214, T215-T216, T217-T218, T219-T220, T221-T222, T223-T224, T225-T226, T227-T228, T229-T230, T231-T232, T233-T234, T235-T236, T237-T238, T239-T240, T241-T242, T243-T244, T245-T246, T247-T248, T249-T250, T251-T252, T253-T254, T255-T256, T257-T258, T259-T260, T261-T262, T263-T264, T265-T266, T267-T268, T269-T270, T271-T272, T273-T274, T275-T276, T277-T278, T279-T280, T281-T282, T283-T284, T285-T286, T287-T288, T289-T290, T291-T292, T293-T294, T295-T296, T297-T298, T299-T300, T301-T302, T303-T304, T305-T306, T307-T308, T309-T310, T311-T312, T313-T314, T315-T316, T317-T318, T319-T320, T321-T322, T323-T324, T325-T326, T327-T328, T329-T330, T331-T332, T333-T334, T335-T336, T337-T338, T339-T340, T341-T342, T343-T344, T345-T346, T347-T348, T349-T350, T351-T352, T353-T354, T355-T356, T357-T358, T359-T360, T361-T362, T363-T364, T365-T366, T367-T368, T369-T370, T371-T372, T373-T374, T375-T376, T377-T378, T379-T380, T381-T382, T383-T384, T385-T386, T387-T388, T389-T390, T391-T392, T393-T394, T395-T396, T397-T398, T399-T400, T401-T402, T403-T404, T405-T406, T407-T408, T409-T410, T411-T412, T413-T414, T415-T416, T417-T418, T419-T420, T421-T422, T423-T424, T425-T426, T427-T428, T429-T430, T431-T432, T433-T434, T435-T436, T437-T438, T439-T440, T441-T442, T443-T444, T445-T446, T447-T448, T449-T450, T451-T452, T453-T454, T455-T456, T457-T458, T459-T460, T461-T462, T463-T464, T465-T466, T467-T468, T469-T470, T471-T472, T473-T474, T475-T476, T477-T478, T479-T480, T481-T482, T483-T484, T485-T486, T487-T488, T489-T490, T491-T492, T493-T494, T495-T496, T497-T498, T499-T500, T501-T502, T503-T504, T505-T506, T507-T508, T509-T510, T511-T512, T513-T514, T515-T516, T517-T518, T519-T520, T521-T522, T523-T524, T525-T526, T527-T528, T529-T530, T531-T532, T533-T534, T535-T536, T537-T538, T539-T540, T541-T542, T543-T544, T545-T546, T547-T548, T549-T550, T551-T552, T553-T554, T555-T556, T557-T558, T559-T560, T561-T562, 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T745-T746, T747-T748, T749-T750, T751-T752, T753-T754, T755-T756, T757-T758, T759-T760, T761-T762, T763-T764, T765-T766, T767-T768, T769-T770, T771-T772, T773-T774, T775-T776, T777-T778, T779-T780, T781-T782, T783-T784, T785-T786, T787-T788, T789-T790, T791-T792, T793-T794, T795-T796, T797-T798, T799-T800, T801-T802, T803-T804, T805-T806, T807-T808, T809-T810, T811-T812, T813-T814, T815-T816, T817-T818, T819-T820, T821-T822, T823-T824, T825-T826, T827-T828, T829-T830, T831-T832, T833-T834, T835-T836, T837-T838, T839-T840, T841-T842, T843-T844, T845-T846, T847-T848, T849-T850, T851-T852, T853-T854, T855-T856, T857-T858, T859-T860, T861-T862, T863-T864, T865-T866, T867-T868, T869-T870, T871-T872, T873-T874, T875-T876, T877-T878, T879-T880, T881-T882, T883-T884, T885-T886, T887-T888, T889-T890, T891-T892, T893-T894, T895-T896, T897-T898, T899-T900, T901-T902, T903-T904, T905-T906, T907-T908, T909-T910, T911-T912, T913-T914, T915-T916, T917-T918, T919-T920, T921-T922, T923-T924, T925-T926, T927-T928, T929-T93

**Medication:**

Description	Status	Start Date	End Date
Divalproex Sodium ,250 MG TBEC, TAKE 1 & 1/2 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-11-02	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Phenytoin Sodium Extended ,100 MG CAPS, TAKE ONE TABLET BY MOUTH THREE TIMES A DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-02
Simvastatin ,20 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-02
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-18
Divalproex Sodium ,250 MG TBEC, TAKE 1 AND 1/2 TABLETS TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11
Lisinopril ,20 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11
Phenytoin Sodium Extended ,100 MG CAPS, ONE TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11
Divalproex Sodium ,250 MG TBEC, TAKE 1 AND 1/2 TABLETS TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06
Lisinopril ,20 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06
Phenytoin Sodium Extended ,100 MG CAPS, ONE TAB THREE TIMES A DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06
Advair Diskus ,250-50 MCG/DOSE AEPB, INHALE 1 PUFF TWICE DAILY, Quantity: 1, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06

## 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 and the 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. 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. Prognosis is fair and patient is stable.

1. Tremors, continue current plan.
2. Hypothyroidism, continue current plan.
3. Bipolar, continue current plan.
4. Hyperlipidemia,continue current plan.

5. Osteoarthritis with chronic pain, continue current plan.
6. Epilepsy, continue current plan.
7. Asthma, continue current plan.
8. Depression, continue current plan.
9. Sleep apnea, continue current plan.
10. Schizophrenia, continue current plan.

Medication refills as follows,  
 Lisinopril 20 mg q.d.  
 Divalproex 250 mg 1 1/2 tab b.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, unspecified ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Paranoid type schizophrenia, unspecified ( ICD10:F20.0 Paranoid schizophrenia) Unknown or N/A	Active	2015-10-01	
Unspecified schizophrenia, unspecified ( ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01	
Abnormality of gait ( ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Morbid obesity ( ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Extrinsic asthma, unspecified ( ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Epilepsy, unspecified, without mention of intractable epilepsy ( ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) 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	
Obstructive sleep apnea (adult)(pediatric) ( ICD10:G47.33 Obstructive sleep apnea (adult) (pediatric)) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism ( ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified ( ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified ( ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	

Unspecified mental retardation ( ICD9:319 Unspecified mental retardation) Unknown or N/A	Active
Urinary tract infection, site not specified ( ICD9:599.0 Urinary tract infection, site not specified) Unknown or N/A	Active
Pain in joint involving ankle and foot ( ICD9:719.47 Pain in joint, ankle and foot) Unknown or N/A	Active

## 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:** NO

**Next Visit Duration (in days):** 31

**Current home health agency:** LG Charity Home Health

**Primary Justification Medical Conditions:** Schizophrenia,bipolar

**Additional Medical Conditions:** Seizures

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Group home/boarding house. Patient has multiple complex disease with lack of knowledge of the disease process and medication administration

**Certification Statement:** Patient mentally not capable of self care. Patient needs 24 hours supervision. Patient has mental disorder that prevents him from being productive and leaving facility independently.

**Signed by (NP):** 16

**Signed On (NP):** 2016-11-11 03:19

**Signed By (Physician):** 18

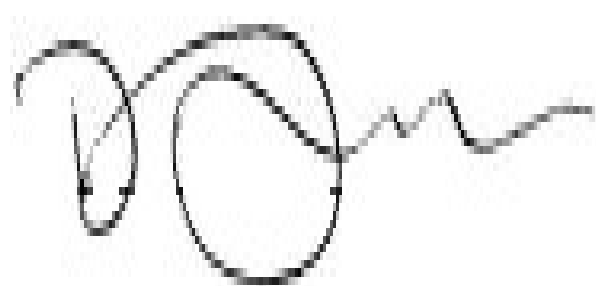
**Signed on (Physician):** 2016-11-18 03:20

**Form\_status:** finalized

## Procedure Order:

Patient ID	5604	Order ID	1146
Patient Name	Hahn, Mark	Ordered By	Love-Jones, Derrick
Order Date	2017-01-21	Print Date	2017-01-21
Order Status	complete	Encounter Date	2017-01-21
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-21		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-18**.

Printed on 21-Jan-2017 21:46:34 pm.