

Thomas Mathai: Patient Information
Patient Record Number:930

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: Thomas Mathai
External ID: 930
DOB: 1947-03-15
Sex: Male
S.S.: 450-75-8997
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5QTFYOWFxxX2VIUGc>

Address: 1731 East Branch Hollow Drive
City: Carrollton
State: Texas
Postal Code: 75007
Country: USA
Home Phone: 972-394-4951
Mobile Phone: 214-773-2308
Street Address: 1731 East Branch Hollow Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-11-2017.
Risk Factors: GERD.
Additional Medical History: Urinary incontinence and abnormal gait..

Family History:

Last Recorded On: 01-11-2017.
Father: Father had esophageal cancer and diabetes mellitus type 2..
Mother: Mother had arthritis and degenerative joint disease..
Offspring: One son. .

Primary Family Med Conditions:

Last Recorded On: 01-11-2017.
Risk Factors: Arthritis,Degenerative Joint Disease.
Chronic Conditions: Diabetes.

Social History:

Last Recorded On: 01-11-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Good..
Work Status: Retired.
Former Occupation: Used to work as a cashier in Parkland..
Other History: Patient lives with his wife. Influenza November 2015..

Tests and Exams:

Last Recorded On: 01-11-2017.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 05/05/2015 at MetroStat Diagnostic Services ordered by Dr. Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 05/05/2015 at MetroStat Diagnostic Services ordered by Dr. Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 05/05/2015 at MetroStat Diagnostic Services ordered by Dr. Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 05/05/2015 at MetroStat Diagnostic Services ordered by Dr. Ketha

LIPIDS (once year unless chol meds) Normal Done on 05/05/2015 at MetroStat Diagnostic Services ordered by Dr. Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2012-03-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 483069000B1

Group Number :

Employer Name : Thomas Mathai

Immunizations:

Thomas Mathai: Chief Complaint
Patient Record Number:930

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Seen by Derrick Love-Jones
Seen on 14-July-2016

Chief Complaint Status:finalized

Followup home visit for management of chronic obstructive pulmonary disease, hypertension, diabetes mellitus type 2, chronic pain, gastroesophageal reflux disease, hyperlipidemia, cerebrovascular accident, vitamin D deficiency, asthma, osteoarthritis, debility, abnormal gait, and urinary incontinence. Patient complains of back and shoulder pain.

History of Present illness:

HPI Status:Finalized

A 69-year-old male in NAD with multiple chronic conditions of chronic obstructive pulmonary disease, hypertension, diabetes mellitus type 2, and chronic pain. Patient states that his lower back and shoulders have been hurting. Patient believes it may be from sleeping funny the night before. Patient denies any other issues upon examination. Patient also states that his feet still hurt but not as bad today. Patient states that he woke up this morning with lower back and shoulder pain. Patient rates pain about 4/10 today. Patient believes that he may have slept funny during the night. Patient also continues to have pain in both feet due to neuropathy. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-14	106	69	0.00	71.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Systemic Lupus Erythematosus:

No Raynaud's phenomenon
No Myalgias
No Joint Pain
No Weight Loss
No Night Sweats
No Fatigue
No Anorexia
No Changes In Mentation
No Bleeding Gums
No Oral Lesions
No Use Of Dentures

Physical Exam:

HEENT:

ENT: Within Normal Limits .

EXAMINATIONS:

ENT: Within Normal Limits .

CV:

ENT: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2015-05-19	
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			

MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET TWICE DAILY WITH MEALS, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19
Simvastatin ,40 MG TABS, 1 TABLET(S) PO DAILY FOR CHOLESTEROL, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-19
LORazepam ,1 MG TABS, TAKE 1 TABLET AT BEDTIME AS NEEDED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-16
Albuterol Sulfate ,0.63 MG/3ML NEBU, USE 1 VIAL IN NEBULIZER 3 TIMES DAILY AS NEEDED, Quantity: 270, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-15

Plan Note:

Plan Note Status:Finalized

1. Osteoporosis, continue medications.
2. Hypertension with vascular complications, continue blood pressure medications.
3. Gastroesophageal reflux disease, continue medications.
4. Diabetes mellitus with neuropathy, monitor HbA1c.
5. Chronic obstructive pulmonary disease/asthma, continue medications.
6. Neuropathy, controlled.
7. Hyperlipidemia, check lipids regularly
8. CVA effects, continue current plan.
9. Vitamin D deficiency, on supplements.
10. Generalized weakness.
11. Debility, stable.
12. No medication refills needed this visit.
13. Medication adherence was given to the patient. Continue treatment as planned.
14. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) 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	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	

Moderate or severe impairment, both eyes, impairment level not further specified (ICD10:H54.2 Low vision, both eyes) 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
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2015-10-01
Acute, but ill-defined, cerebrovascular disease (ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Late effects of cerebrovascular disease, hemiplegia affecting unspecified side (ICD10:I69.959 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side) Unknown or N/A	Active	2015-10-01
Osteoporosis, unspecified (ICD10:M81.0 Age-related osteoporosis without current pathological fracture) 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
Debility, unspecified (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) 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
Unspecified hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2015-10-01
Other late effects of cerebrovascular disease, apraxia (ICD10:I69.990 Apraxia following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Other specified arthropathy, multiple sites (ICD10:M12.89 Other specific arthropathies, not elsewhere classified, multiple sites) Unknown or N/A	Active	2015-10-01
Dysphagia, unspecified (ICD10:R13.10 Dysphagia, unspecified) Unknown or N/A	Active	2015-10-01

Unspecified late effects of cerebrovascular disease (ICD10:I69.90 Unspecified sequelae of unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) 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
Hernia repair Unknown or N/A	Active		
CVA, left hemiplegia 1996 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: Divine Home Heath Care

Primary Justification Medical Conditions:

Asthma,COPD,diabetes,hyperlipidemia,HTN,Mobility_Impairments,Osteoporosis,Stroke

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 debility and inability to self medicate.

Certification Statement: Patient is home-bound due to chronic pain. Patient has unsteady painful ambulation with extremely poor balance.

Signed by (NP): 16

Signed On (NP): 2016-07-14 04:17

Signed By (Physician): 18

Signed on (Physician): 2016-07-19 04:17

Form_status: finalized

DME:

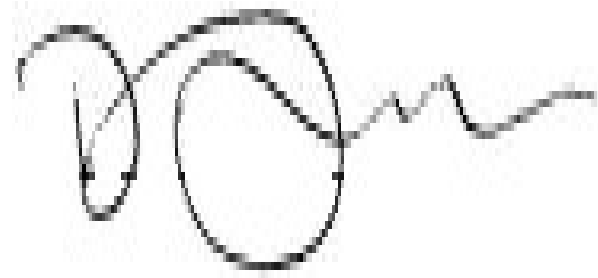
Description	Status	Start Date	End Date
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	

Procedure Order:

Patient ID	930	Order ID	718
Patient Name	Mathai, Thomas	Ordered By	Love-Jones, Derrick
Order Date	2017-01-12	Print Date	2017-01-12
Order Status	complete	Encounter Date	2017-01-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note

026: Pulse Oximetry	2017-01-12		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		
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A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending from the end.

Electronically Signed by **Derrick Love-Jones** on **2016-07-20**.

Printed on 12-Jan-2017 20:46:20 pm.