**Billy Conner: Patient Information** 

Patient Record Number:4990

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: Billy Conner External ID: 4990 **DOB**: 1943-07-30 Sex: Male S.S.: 460-72-2216 Marital Status: Widowed

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0AwTMa8jPNANmlva3ZLYVdVckk

Address: 1418 Claude St

City: Dallas State: Texas Postal Code: 75203 Country: USA

Home Phone: 214-941-4919 Street Address: 1418 Claude St Apt/Suite/Other: House

## **Past Medical History:**

Last Recorded On: 07-14-2016.

Risk Factors: GERD, Urinary Tract Infections. Additional Medical History: Bone marrow cancer..

## **Family History:**

Last Recorded On: 07-14-2016.

Father: Heart disease..

Mother: Breast cancer, hypertension, and type II diabetes..

Siblings: Brother had pancreas cancer, hypertension, and hyperlipidemia...

Other Family Relative: Grandmother had Alzheimer disease. Grandfather had pancreas cancer..

## **Primary Family Med Conditions:**

Last Recorded On: 07-14-2016.

Chronic Conditions: Alzheimers, Diabetes, Hyperlipidemia, Hypertension, Ischemic Heart Disease, Female/Male Breast Cancer.

## **Social History:**

Last Recorded On: 07-14-2016.

Tobacco: Current every day smoker Marijuana use Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

## **Tests and Exams:**

Last Recorded On: 07-14-2016.

# Insurance:

# **Medicare B Texas (SMTX0)**

Priority: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A
Payer: Medicare B Texas (SMTX0)

Copay : Insured ID Number : 460722216A Group Number : Employer Name : Billy Conner

# Immunizations:

**Billy Conner: Chief Complaint** Patient Record Number:4990

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> Seen by Darolyn Perkins Seen on 01-August-2016

#### Chief Complaint Status: finalized

Followup home visit for management of bone malignancy cancer, hypertension, gastroesophageal reflux disease, hyperlipidemia, paraplegia, and edema in both feet. Patient has fever blisters in corner of mouth.

# **History of Present illness:**

### **HPI Status:**Finalized

Patient is a 72-year-old male in NAD with multiple chronic conditions of hypertension, hyperlipidemia, and paraplegia. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any hypoglycemia and foot check revealed no issues. Patient denies any CP, HA, or N/V. Patient is wheelchair bound.

#### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-08-01	116	71	0.00	63.00	8.20	18.00	~	0.0	0.00

## **Review of Systems:**

#### Constitutional:

#### **Mikish**th@liaingat:

No Spanistration Sission
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No Minany glesseth Mentation

No Apnea

No Bloomydiang Gums

No Obatsertiess

No Use Of Dentures

# **Physical Exam:**

#### SETTING MITTES:

## PSYCH:

Before State (Michigan State S

Change In Sleeping Habit-Within Normal Limits .

## **Medication:**

Description	Status	Start Date	End Date
Omeprazole ,20 MG CPDR, TAKE 1 CAPSULE DAILY EVERY			
MORNING BEFORE BREAKFAST, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-01-08	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Bicalutamide ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31
Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31
Omeprazole ,20 MG CPDR, TAKE 1 CAPSULE DAILY EVERY MORNING BEFORE BREAKFAST, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31

## **Plan Note:**

## Plan Note Status:Finalized

Continue same treatment plan. 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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Followup in 4-6 weeks. Patient is to continue followup with cancer doctor.

- 1. Continue current plan for hypertension.
- 2. Continue current plan for bone cancer.
- 3 Continue current plan for chronic pain
- 4. Continue current plan for GERD.
- 5. Continue current plan for hyperlipidemia.
- 6. Continue current plan for paraplegia.

No refills at this time.

## **Medical Problem:**

Description	Status	Start Date	End Date
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Malignant neoplasm of prostate (ICD10:C61 Malignant neoplasm of prostate) Unknown or N/A	Active	2015-10-01	
Secondary malignant neoplasm of bone and bone marrow (ICD10:C79.51 Secondary malignant neoplasm of bone) (ICD10:C79.52 Secondary malignant neoplasm of bone marrow) 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	
Late effects of acute poliomyelitis ( ICD10:B91 Sequelae of poliomyelitis) Unknown or N/A	Active	2015-10-01	
Difficulty in walking ( ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01	
Pain in joint, pelvic region and thigh (ICD10:M25.559 Pain in unspecified hip) 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
Tobacco use disorder ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01
Acute paralytic poliomyelitis specified as bulbar, poliovirus, unspecified type ( ICD10:A80.39 Other acute paralytic poliomyelitis) Unknown or N/A	Active	2015-10-01
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Malignant neoplasm of bone and articular cartilage, site unspecified (ICD10:C41.9 Malignant neoplasm of bone and articular cartilage, unspecified) Unknown or N/A	Active	2015-10-01
Paraplegia ( ICD10:G82.20 Paraplegia, unspecified) Unknown or N/A	Active	2015-10-01
Polio Surgery Unknown or N/A	Active	

# **Allergies:**

	Description	Status	Start Date	End Date
No known drug allerigies		Active		
Unknown or N/A		7101170		

# Surgeries:

Description	Status	Start Date	End Date	
Open heart surgery 2010 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: YES

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Novel Home health care agency

Primary Justification Medical Conditions: Mobility\_Impairments,hyperlipidemia,HTN

Additional Medical Conditions: Bone cancer, GERD.

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: Patient needs closely monitoring for vital signs, skin check, and medication

administration.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 302

**Signed On (NP):** 2016-08-01 05:17 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-08 05:17

Form\_status: finalized

Printed:



Electronically Signed by **Darolyn Perkins** on **2016-08-08**.

Printed on 25-Sep-2016 19:51:46 pm.