

John Deckard: Patient Information
Patient Record Number:511

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: John W Deckard
External ID: 511
DOB: 1926-01-23
Sex: Male
S.S.: 450-34-4634
Marital Status: Widowed
Patient Drive Folder: 0B0x_t bqdBPhMzhORWN0T1hKb0E

Address: 8516 Londonderry Lane
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Home Phone: 214-328-4271
Work Phone: 469-386-4926
Street Address: 8516 Londonderry Lane
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 02-03-2017.
Risk Factors: GERD.
Additional Medical History: 98 Colon Malignant polyps (chemo).

Family History:

Last Recorded On: 02-03-2017.
Father: Father died when patient is 8 yrs old..
Mother: Mother deceased with ovarian cancer in 1954..
Offspring: Patient has four children..

Social History:

Last Recorded On: 02-03-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: Drink 3-6 beers **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..

Tests and Exams:

Last Recorded On: 02-03-2017.
Vitamin D (6 mo if on pills) Abnormal Done on 11/03/2013, at Quest Diagnostic, Ordered by Dr. Sumana Ketha
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 11/01/2013, at Accurate Lab Services, Ordered by Dr. Sumana Ketha
CBC Complete Blood Count (3 months) Abnormal Done on 11/01/2013, at Accurate Lab Services, Ordered by Dr. Sumana Ketha
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 11/01/2013, at Accurate Lab Services, Ordered by Dr. Sumana Ketha
LIPIDS (once year unless chol meds) Abnormal Done on 11/01/2013, at Accurate Lab Services,

Ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 11/01/2013, at Accurate Lab Services, Ordered by Dr. Sumana Ketha.

PSA (over 50 yrs) Abnormal Done on 11/03/2013,at Quest Diagnostic, Ordered by Dr. Sumana Ketha
Sigmoid/Colonoscopy N/A Done.

Prostate Exam N/A Done.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1991-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 450344634A

Group Number :

Employer Name : John Deckard

Immunizations:

John Deckard: Chief Complaint
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Seen by Darolyn Perkins
Seen on 29-December-2016

Chief Complaint Status:finalized

Followup home visit for management of osteoarthritis, hypertension, chronic kidney disease, depression, benign prostatic hyperplasia, colon cancer, vertigo, congestive heart failure, chronic obstructive pulmonary disease, anemia, allergic rhinitis, impotence, bronchitis, and transient cerebral ischemia. Patient complains of lower back and hip pain when walking.

History of Present illness:

HPI Status:Finalized

A 90-year-old Caucasian male in no acute distress with multiple chronic conditions of hypertension, benign prostatic hyperplasia, congestive heart failure, depression, chronic obstructive pulmonary disease. Patient states that his lower back and hips have been giving him lots of problems lately and it is very painful when he walks. Patient rates pain 8/10. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea/vomiting. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-29	140	70	152.00	68.00	98.20	18.00		23.1	0.00

Review of Systems:

Constitutional:

Geometrische Modellierungstechnologien:

No ~~Blackout~~ Television

Neonatal Mortality

No Bacteriuria Of Urine

No ~~Fixed~~ Range Of Motion

No Impact on Red

No Changes in Potential

No Bleeding Gums

No Objections

No Use Of Dentures

Physical Exam:

SECRET

Table 6. Comparison of the mean values of the measured parameters between the two groups. The results are presented as mean ± SD. All parameters were within normal limits.

EXTREMITIES:

STUDY LIMITATIONS AND FUTURE RESEARCH: No limits.

CV:

BBB Services Worldwide Nominees Limited.

Peripheral Edema-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
DiphenhydramINE HCl ,25 MG CAPS, Take 1 tablet at Bed time, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-05-23	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Tamsulosin HCl ,0.4 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-15
FLUoxetine HCl ,40 MG CAPS, TAKE ONE CAPSULE EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-06-03
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14
FLUoxetine HCl ,40 MG CAPS, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14
Furosemide ,20 MG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14
HydrALAZINE HCl ,25 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14
Terazosin HCl ,5 MG CAPS, TAKE 1 CAPSULE AT BEDTIME NIGHTLY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14

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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 180. 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 and stable. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current plan.
2. Osteoarthritis with chronic pain, continue PT/OT.
3. Congestive heart failure with systolic complications, well controlled with medications.
4. Benign prostatic hypertrophy, continue current plan.
5. Chronic obstructive pulmonary disease/asthma, continue current plan, on nebulizers.
6. Chronic kidney disease stage-3, continue medications.
7. Depression, stable.
8. Colon cancer, monitor.
9. Anxiety, continue current plan.
10. No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Emphysema, unspecified (ICD10:J43.9 Emphysema, unspecified) Unknown or N/A	Active	2015-10-01	
Anemia, unspecified (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-01	
Carcinoma in situ of colon (ICD10:D01.0 Carcinoma in situ of colon) 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	
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	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) 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	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Malignant essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Carcinoma in situ of colon (ICD10:D01.0 Carcinoma in situ of colon) Unknown or N/A	Active	2015-10-01	
Vertigo of central origin (ICD10:H81.49 Vertigo of central origin, unspecified ear) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney 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	
Anemia, unspecified (ICD10:D64.9 Anemia, unspecified) 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	

Family history of colonic polyps (ICD10:Z83.71 Family history of colonic polyps) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01
Impotence of organic origin (ICD10:N52.9 Male erectile dysfunction, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified alcohol dependence, unspecified (ICD10:F10.20 Alcohol dependence, uncomplicated) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia, unspecified (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Bronchitis, not specified as acute or chronic (ICD10:J40 Bronchitis, not specified as acute or chronic) Unknown or N/A	Active	2015-10-01
Unspecified pruritic disorder (ICD10:L29.9 Pruritus, unspecified) Unknown or N/A	Active	2015-10-01
Benign hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Unspecified transient cerebral ischemia (ICD10:G45.9 Transient cerebral ischemic attack, unspecified) Unknown or N/A	Active	2015-10-01
Other emphysema (ICD10:J43.9 Emphysema, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
HPORIF, L- hip 1/2011 Unknown or N/A	Active		
creatinine 1.8 watch Unknown or N/A	Active		
Abdominal Surgery in 06/1998 Unknown or N/A	Active		
Colon polyps removal Unknown or N/A	Active		
Hospitalized at Baylor 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: Lonestar Home Health Services

Primary Justification Medical Conditions:

Anemia,Colorectal_Cancer,Depression,Heart_Failure,HTN,Hyperplasia,Kidney_Disease

Additional Medical Conditions:

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: Skilled nursing needed due to transient cerebral ischemia and inability to self medicate correctly.

Certification Statement: Patient is home-bound due to chronic airway obstruction, attempts to leave home exacerbate patients condition with extreme SOB and uncontrolled coughing.

Signed by (NP): 302

Signed On (NP): 2016-12-29 01:22

Signed By (Physician): 18

Signed on (Physician): 2017-01-05 01:23

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Bedside Commode Unknown or N/A by Dr. Sumana Ketha	Active		
Tub/Shower Bench Unknown or N/A by Dr. Sumana Ketha	Active		
Walker Unknown or N/A by Dr. Sumana Ketha	Active		
Wheelchair Unknown or N/A by Dr. Sumana Ketha	Active		



Electronically Signed by **Darolyn Perkins** on **2017-01-05**.

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