

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: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5VE51OWxWUIJVuUk>

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: 10-30-2016.
Additional Medical History: Morbid obesity, mental retardation..

Family History:

Last Recorded On: 10-30-2016.
Father: Father had skin cancer..
Mother: Mother had hypertension and hyperlipidemia..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 10-30-2016.
Chronic Conditions: Hyperlipidemia,Hypertension.
Chronic Body System Category: Diseases of the skin and subcutaneous tissue .

Social History:

Last Recorded On: 10-30-2016.
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: 10-30-2016.

TSH Thyroid-Stimulating Hormone (every year) Normal 02/04/2014

CBC Complete Blood Count (3 months) Abnormal 02/04/2014

CMP Comprehensive Metabolic Panel (3 months) Normal 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 Darolyn Perkins
Seen on 31-August-2016

Chief Complaint Status:finalized

Follow up 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.

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 does have a history of sleep apnea. Patient denies any other issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-31	128	76	200.00	66.00	98.20	18.00	~	32.3	0.00

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

SINUS:
SINUS-Within Normal Limits .
ENTOMITIES:
ENTOMITIES-Within Normal Limits .
BACK:
BACK-Within Normal Limits .
CV:
RRR-Within Normal Limits .
Murmur, Rubs,Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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	
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	

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. Hypertension with vascular complications, continue current plan.
2. Epilepsy, continue current plan.
3. Hypothyroidism, continue current plan.
4. Asthma, continue current plan.
5. Bipolar, continue current plan.
6. Hyperlipidemia, continue current plan.
7. Osteoarthritis with chronic pain, continue current plan.
8. Schizophrenia, continue current plan.
8. Depression, continue current plan.
9. Sleep apnea, continue current plan.
10. No medication refills needed this visit.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

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): 302

Signed On (NP): 2016-08-31 02:22

Signed By (Physician): 18

Signed on (Physician): 2016-09-07 02:22

Form_status: finalized

Printed:



Electronically Signed by **Darolyn Perkins** on **2016-09-07**.

Printed on 30-Oct-2016 19:26:59 pm.