

Sylvester Henderson: Patient Information
Patient Record Number:6033

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: Sylvester Henderson
External ID: 6033
DOB: 1946-12-21
Sex: Male

Address: 2519 John West Rd
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Guardian's Name: Sister
Mobile Phone: 214-560-7144
Street Address: 2519 John West Rd
Apt/Suite/Other: 18105 Gate Code 4444

Past Medical History:

Last Recorded On: 11-05-2016.
Risk Factors: Arthritis,High Cholesterol,Heart Burn, Reflux,Neuropathy,Chronic Pain.

Family History:

Last Recorded On: 11-05-2016.
Father: Deceased. .
Mother: Deceased. .
Siblings: Sister with diabetes..

Social History:

Last Recorded On: 11-05-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Coffee: 1 cup a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Nutrition History: Good..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 11-05-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1975-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 455728809A
Group Number :
Employer Name : Sylvester Henderson
Copay :
Insured ID Number : 416665201
Group Number :
Employer Name : Sylvester Henderson

Immunizations:

Sylvester Henderson: Chief Complaint
Patient Record Number:6033

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Seen by Derrick Love-Jones
Seen on 23-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of further decline of chronic conditions of hypertension, diabetes, hyperlipidemia, gastroesophageal reflux disease, osteoarthritis, lumbago and chronic pain syndrome. Patient complains of back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 69-year-old African American male with multiple chronic conditions of hypertension, diabetes, hyperlipidemia, gastroesophageal reflux disease, osteoarthritis, lumbago and chronic pain syndrome. Patient states he has pain in his lower back that is chronic. Patient rates pain at 7/10. Patient denies any other issues upon examination. Patient denies CP, HA, and N/V recently.

Past Medical History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-23	146	83	204.00	74.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

General:

No Weight Loss
No Fatigue
No Anorexia
No Cachexia
No Fever
No Night Sweats
No Excessive Thirst
No Excessive Sweating
No Excessive Hunger
No Back Pain
No Paresthesia
Muscle Pain YES
No Limitation In Range Of Motion

Physical Exam:

HEENT:

Head - Within Normal Limits .

EYES:

Visual Acuity - Within Normal Limits .

ENT:

Throat - Within Normal Limits .

MUSC:

Strength - Within Normal Limits .

ROM - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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HumuLIN N ,100 UNIT/ML SUSP, Inject SQ per sliding scale Hold if blood sugar is less than or equal to 90, Quantity: 50, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
FreeStyle Lite Test , STRP, Test blood sugars three times a day, Quantity: 300, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-21
CareFine Pen Needles ,32G X 4 MM MISC, USE AS DIRECTED, Quantity: 100, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
HumuLIN N ,100 UNIT/ML SUSP, Inject SQ per sliding scale Hold if blood sugar is less than or equal to 90, Quantity: 50, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2015-12-10
Atenolol-Chlorthalidone ,50-25 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-04
HumuLIN N ,100 UNIT/ML SUSP, USE AS DIRECTED, Quantity: 50, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-04

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous. Reviewed and continue same medications, No new medications noted this visit and medication adherence education was given to the patient. Patient educated on the benefits of low-salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurred vision or systolic blood pressure greater than 200. No labs need it this visit. Patient verbalize on the standing of the above plan and was given the office number for any questions or concerns. Prognosis is this fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Gastroesophageal reflux disease, continue current plan.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-07-28	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-07-20	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-07-20	

Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-16
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-05-12
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-12
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-12-22
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-23
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-11-23
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-11-23
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-11-23
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-11-23
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-11-23

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: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: Asthma,diabetes,Heart_Failure,HTN,hyperlipidemia

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No SN needed

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-08-23 05:57

Signed By (Physician): 18

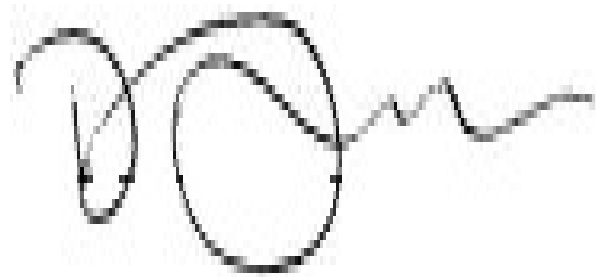
Signed on (Physician): 2016-08-30 05:57

Form_status: finalized

Procedure Order:

Patient ID	6033	Order ID	875
Patient Name	Henderson, Sylvester	Ordered By	Love-Jones, Derrick
Order Date	2016-11-06	Print Date	2016-11-06
Order Status	complete	Encounter Date	2016-11-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-06		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-30 at 06:34**.

Printed on 06-Nov-2016 16:11:31 pm.