

William Hodge: Patient Information
Patient Record Number:5585

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Name: William F Hodge

External ID: 5585

DOB: 1954-10-26

Sex: Male

S.S.: 461-19-5005

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXMXA5NFpoNFo2UmM>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 01-14-2017.

Risk Factors: Insomnia.

Family History:

Last Recorded On: 01-14-2017.

Father: Father had hypertension..

Mother: Mother had hypertension..

Offspring: Sibling had hypertension..

Other Family Relative: Grandfather had hypertension..

Primary Family Med Conditions:

Last Recorded On: 01-14-2017.

Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 01-14-2017.

Tobacco: Never smoker Does not smoke **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Well..

Tests and Exams:

Last Recorded On: 01-14-2017.

Vitamin D (6 mo if on pills) Normal Done on 02/08/2016, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 02/08/2016, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/08/2016, at Evolution Health

Laboratories Services, Ordered By Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 02/08/2016, at Evolution Health

Laboratories Services, Ordered By Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 11/20/2014, at Evolution

Health Laboratories Services, Ordered By Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 02/08/2016, at Evolution Health Laboratories

Services, Ordered By Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 02/08/2016, at Evolution

Health Laboratories Services, Ordered By Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2003-06-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2014-11-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 461195005A

Group Number :

Employer Name : William Hodge

Copay :

Insured ID Number : 524232116

Group Number :

Employer Name : William Hodge

Immunizations:

William Hodge: Chief Complaint
Patient Record Number:5585

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Seen by Derrick Love-Jones
Seen on 09-December-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, cerebrovascular effects, chronic pain, lumbago, difficulty walking, abnormal gait, and insomnia. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

A 62-year-old African-American male in no acute distress with multiple chronic conditions of hypertension, cerebrovascular effects, chronic pain, lumbago, difficulty walking, abnormal gait, and insomnia. Patient states that his chronic lower back pain that has persisted for years. Patient states he has been taking over-the-counter pain medication to relieve the pain. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-09	149	86	190.00	70.00	97.60	16.00	~	27.3	0.00

Review of Systems:

Constitutional:

Disposisi/Keputusan/Perintah/Perintah:

No. 86-1150

No ~~ENTRUSTED~~ Bath

Need For Urine Of Urine

Modelling the risk

No ~~Double-Edged~~ Swords

No Elasticity/Compliance of Motion

No Hoarseness

No Distal Difficulties

No Use Of Dentures

Physical Exam:

REMARKS:

[illegible]

EXTREMITIES:

NEEDS-BASED APPROACH TO THE MANAGEMENT OF COMMUNITARIAN LIMITS.

CV:

Reference Values for Normal Limits:

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

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

1. Hypertension with vascular complications, continue current plan.
2. Insomnia, continue current plan.
3. Lumbago with chronic pain, continue current plan.
4. Chronic pain syndrome, continue current OTC medications.
5. Cerebrovascular accident effects, continue current plan.
6. Difficulty walking, continue to monitor.
7. Abnormal gait, continue to monitor.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Dermatophytosis of nail (ICD10:B35.1 Tinea unguium) Unknown or N/A	Active	2015-10-01	
Late effects of cerebrovascular disease, cognitive deficits (ICD10:I69.30 Unspecified sequelae of cerebral infarction) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Late effects of cerebrovascular disease, aphasia (ICD10:I69.920 Aphasia following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01	
Hypopotassemia (ICD10:E87.6 Hypokalemia) 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Dermatophytosis of other specified sites (ICD10:B35.8 Other dermatophytoses) Unknown or N/A	Active	2015-10-01	
Other fluid overload (ICD10:E87.79 Other fluid overload) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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	
Lumbago (ICD10:M54.5 Low back pain) 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	
Late effects of cerebrovascular disease, monoplegia of upper limb affecting unspecified side (ICD10:I69.939 Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side) Unknown or N/A	Active	2015-10-01	
Other late effects of cerebrovascular disease (ICD10:I69.998 Other sequelae following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01	

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: YES

Next Visit Duration (in days): 31

Current home health agency: Prosperity Health Services

Primary Justification Medical Conditions: HTN,Stroke

Additional Medical Conditions: abnormal gait and insomnia.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to CVA effects and inability to self medicate correctly. Patient need vital monitoring and medication management for blood pressure. Patient requires teaching/training to keep/maintain stable blood pressure.

Certification Statement: Patient is home bound due to CVA effects and abnormal gait. Patient has unsteady painful ambulation with extremely poor balance and increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-12-09 01:16

Signed By (Physician): 18

Signed on (Physician): 2016-12-16 01:17

Form_status: finalized

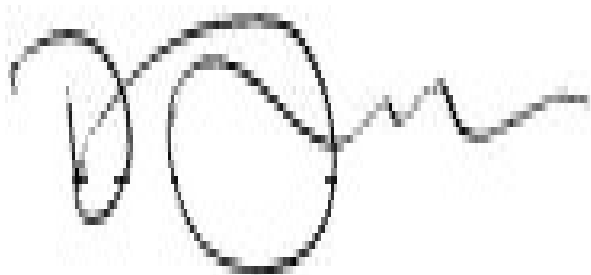
DME:

Description	Status	Start Date	End Date
Gloves			
Unknown or N/A	Active		
by Dr. Sumana Ketha			
Probe Thermometer			
Unknown or N/A	Active		
by Dr. Sumana Ketha			
B/P Cuff			
Unknown or N/A	Active		
by Dr. Sumana Ketha			
HAN			
Unknown or N/A	Active		
by Dr. Sumana Ketha			

Procedure Order:

Patient ID	5585	Order ID	1330
Patient Name	Hodge, William F	Ordered By	Love-Jones, Derrick
Order Date	2017-01-16	Print Date	2017-01-16
Order Status	complete	Encounter Date	2017-01-16
Lab	.HH Agency	Specimen Type>	

[illegible]

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-12-16**.

Printed on 16-Jan-2017 12:14:13 pm.