

**Robert Love: Patient Information**  
Patient Record Number:5582

**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:** Robert Love

**External ID:** 5582

**DOB:** 1933-07-25

**Sex:** Male

**Marital Status:** Married

**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXeHpzT1NzcVZiU3M>

**Address:** 3200 S Lancaster

**City:** Dallas

**State:** Texas

**Postal Code:** 75216

**Country:** USA

**Street Address:** 3200 S Lancaster

## Family History:

**Last Recorded On:** 12-03-2016.

**Father:** Unknown..

**Mother:** Unknown..

**Siblings:** Unknown..

**Offspring:** Patient has two boys and two girls..

## Social History:

**Last Recorded On:** 12-03-2016.

**Tobacco:** Never smoker No smoking history **Status:** Never

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

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

**Nutrition History:** Good..

**Developmental History:** Educational level is 8th grade..

**Other History:** Influenza in 2014..

## Tests and Exams:

**Last Recorded On:** 12-03-2016.

**Sigmoid/Colonoscopy**&nbsp;&nbsp; N/A&nbsp;&nbsp; done

**Prostate Exam**&nbsp;&nbsp; Normal&nbsp;&nbsp; done

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 1998-08-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Copay :**

**Insured ID Number :** 453545762A

**Group Number :**

**Employer Name :** Robert Love

**Immunizations:**

**Robert Love: Chief Complaint**  
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**Seen by** Derrick Love-Jones  
**Seen on** 28-October-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of osteoarthritis, lumbago, hypertension, chronic pain to prevent further decline. Patient complains of pain in his lower back.

**History of Present illness:**

**HPI Status:**Finalized

An 83-year-old African American male in NAD with multiple chronic conditions of osteoarthritis, lumbago, hypertension, and chronic pain. Patient has a history of back pain that comes and goes. He currently uses over-the-counter pain medication with some relief. Patient states that the pain has traveled to his lower extremity. Patient rates pain 4/10. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-28	141	67	133.00	66.00	97.80	16.00	~	21.5	0.00

**Review of Systems:**

**Constitutional:**

**Systemic/General/Constitutional:**

No Weight Loss  
No Fever  
No Night Sweats  
No Fatigue  
No Anorexia  
No Polyuria/Polydipsia  
No Polyphagia  
No Nocturia  
No Pruritus  
No Rash  
No Bleeding Gums  
No Bruising  
No Use Of Dentures

**Physical Exam:**

**HEENT:**

Head, Eyes, Ears, Nose, Throat - Within Normal Limits .

**EXTREMITIES:**

Extremities - Within Normal Limits .

**CV:**

CV - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
AmLODIPine Besylate ,5 MG TABS, 1/2 tab once a day, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-06-05	

AmLODIPine Besylate ,5 MG TABS, 1/2 tab once a day, Quantity: 30,  
Refill Quantity: 2  
Unknown or N/A  
by Jones, Derrick - MJ3217331  
Texas Physician House Calls

Active

2015-03-29

## 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. 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 and certain food restrictions. No labs needed this visit. 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 patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

HTN w/vascular complications continue current plan  
Lumbago w/chronic pain continue current medication  
COPD/Asthma continue current plan  
Chronic Pain Syndrome continue current pain medication  
OA w/chronic pain continue current medication

No medication refills needed at this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-02	
Osteoarthritis of knee, unspecified ( ICD10:M17.9 Osteoarthritis of knee, unspecified) Unknown or N/A	Active	2015-10-02	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-02	
Panniculitis affecting regions of neck and back, thoracolumbar region ( ICD10:M54.05 Panniculitis affecting regions of neck and back, thoracolumbar region) Unknown or N/A	Active	2015-10-02	
Osteoarthritis, localized, primary, lower leg ( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Dermatophytosis of nail ( ICD10:B35.1 Tinea unguium) 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	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Umbilical hernia repair x2 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

**Primary Justification Medical Conditions:** HTN

**Additional Medical Conditions:** Chronic Pain

**Nursing Required:** NO

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** No SN needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-28 02:57

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-04 03:00

**Form\_status:** finalized

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