

Richard Harris: Patient Information
Patient Record Number:6280

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: Richard C Harris
External ID: 6280
DOB: 1952-07-22
Sex: Male
Marital Status: Single
User Defined: only fridays

Address: 4009 Hamilton Ave
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Mobile Phone: 469-335-4435
Street Address: 4009 Hamilton Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 01-11-2017.
Father: Father died with gout and arthritis..
Mother: Mother is alive with hypertension and diabetes mellitus type 2..
Siblings: Two sisters and two brothers are died in which one brother died with lung cancer. .
Offspring: Three boys and two girls which are alive and healthy..

Social History:

Last Recorded On: 01-11-2017.
Tobacco: Smokes 1/2 packet per day. **Status:** Current
Alcohol: Drinks socially. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 12+ and 2 years..
Other History: Influenza in 2015. Tetanus in 2015. Pneumovax in 2010. PPD 2015..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-08-24
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 614278321
Group Number :
Employer Name : Richard Harris

Immunizations:

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Followup visit to prevent further decline of the following chronic medical conditions of end-stage renal disease, hypertension, edema of lower extremities, osteoarthritis, gastroesophageal reflux disease, Lumbago, chronic pain syndrome, and constipation. Patient complains of back pain and chronic cough.

A 64-year-old African-American male in no acute distress with multiple chronic conditions of end-stage renal disease, hypertension, edema of lower extremities, osteoarthritis, gastroesophageal reflux disease, lumbago, chronic pain syndrome, and constipation. Patient complains of chronic back pain since having an accident at work. Patient also states he has had a chronic cough for several weeks. Patient rates current pain 6/10. Patient also complains of edema in both feet. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea vomiting recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-30	125	69	278.00	64.00	96.40	18.00	~	47.7	0.00

[illegible][illegible]

Description	Status	Start Date	End Date
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Xanax ,0.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED,
Quantity: 60, Refill Quantity: 0
Unknown or N/A
by ketha, Dr sumana - BK6230281
Texas Physician House Calls

Active

2016-10-31

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the 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, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. The following labs will be ordered: UA. Patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Chronic bronchitis, continue breathing treatments and antibiotics.
2. Hypertension with vascular complications, continue current plan.
3. Osteoarthritis with chronic pain, continue current medication.
4. Chronic pain syndrome, continue current pain medication.
5. Edema of Lower extremities continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. End-stage renal disease, continue current plan.
8. Constipation, continue current medication.
9. Anxiety, continue current plan.

Medication refills as follows,
Norco 10/325 mg t.i.d.
Xanax 0.5 mg t.i.d.
Order X-ray of right knee.
Promethazine DM

Medical Problem:

Description	Status	Start Date	End Date
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2016-11-30	
Unspecified chronic bronchitis (ICD10:J42 Unspecified chronic bronchitis) Unknown or N/A	Active	2016-10-31	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-10-31	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-31	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-22	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-22	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-09-22	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-25	
Localized edema (ICD10:R60.0 Localized edema) Unknown or N/A	Active	2016-08-25	

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	2016-08-25
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-08-25

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Stent placed back in 2016. 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:

Primary Justification Medical Conditions: Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: End-stage renal disease, Lumbago, Constipation, Chronic Pain Syndrome, gastroesophageal reflux disease, Edema of feet.

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mobility issues.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 302

Signed On (NP): 2016-11-30 00:08

Signed By (Physician): 18

Signed on (Physician): 2016-12-07 00:09

Form_status: finalized

Printed:



Electronically Signed by **Darolyn Perkins** on **2016-12-07**.

Printed on 12-Jan-2017 20:23:24 pm.