Eddie Smith III: Patient Information
Patient Record Number:6083

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: Eddie Smith III
External ID: 6083
DOB: 1948-01-08
Sex: Male
S.S.: 460722767

Address: 607 N Alexander Ave
City: Duncanville
State: Texas
Postal Code: 75116
Country: USA
Mobile Phone: 972-283-4366
Street Address: 607 N Alexander Ave
Apt/Suite/Other: Apt#132

Family History:

Last Recorded On: 08-16-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 08-16-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Copay :
Insured ID Number : 500000022033
Group Number :
Employer Name : Eddie Smith III

Priority : Secondary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Copay :
Insured ID Number : 523336507
Group Number :
Employer Name : Eddie Smith III

Immunizations:

Eddie Smith III: Chief Complaint
Patient Record Number:6083

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Seen by Sumana Ketha MD
Seen on 02-August-2016

Chief Complaint Status:finalized
Follow up home visit to prevent further decline of chronic medical conditions of the following of degenerative joint disease, hypertension, anxiety, chronic vertigo, lumbago, and chronic pain. Patient c/o knee pain and also states that he has chronic back pain.

History of Present illness:

HPI Status: Finalized
Patient is a 68-year-old AA male with multiple chronic conditions of hypertension, vertigo, anxiety, ruptured disk, chronic pain, lumbago and degenerative joint disease. Patient complain of pain in his knees. Patient also has chronic lower back pain. Patient rates pain at 7/10. Patient denies CP, HA and N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-02	138	83	251.00	75.00	97.40	20.00	~	0.0	0.00

Review of Systems:

Constitutional:
Throat:
YES
h
Decline
deprassants
No Diarrhea
No Constipation

Physical Exam:

GENERAL:
Limits .
NEURO:
Limits .
PSYCH:
Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .
ENT:
Oriented X3-Within Normal Limits .
NECK:
Supple,Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .
CV:
RRR-Within Normal Limits .
RESP:
Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .
GI:
Ogrganomegoly-Within Normal Limits .

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

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. No labs need it this visit. Reviewed recent labs with patient. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Anxiety, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Chronic vertigo, continue current plan.
6. Lumbago with sciatica, continue current plan.
7. Abnormal gait, continue to monitor.

Refill all current medications.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-06-29	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-29	
Vertigo of central origin, unspecified ear (ICD10:H81.49 Vertigo of central origin, unspecified ear) Unknown or N/A	Active	2016-05-25	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-05-25	
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-03-31	
Primary osteoarthritis, right shoulder (ICD10:M19.011 Primary osteoarthritis, right shoulder) Unknown or N/A	Active	2016-02-17	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-01-11	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-01-11	
Benign paroxysmal vertigo, bilateral (ICD10:H81.13 Benign paroxysmal vertigo, bilateral) Unknown or N/A	Active	2016-01-11	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-01-11	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-01-11	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-01-11	

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:
Primary Justification Medical Conditions: HTN
Additional Medical Conditions: Ruptured disc, vertigo and anxiety
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: Skilled nursing needed due chronic pain and inability to self medicate correct
Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall.
Signed by (NP): 16
Signed On (NP): 2016-08-02 03:06
Signed By (Physician): 18
Signed on (Physician): 2016-08-09 03:06
Form_status: finalized

Procedure Order:

Patient ID	6083	Order ID	787
Patient Name	Smith III, Eddie	Ordered By	Love-Jones, Derrick
Order Date	2016-09-16	Print Date	2016-09-16
Order Status	complete	Encounter Date	2016-09-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

Electronically Signed by **Sumana Ketha, MD** on **2016-08-09**.

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