

**Benjamin Sykes: Patient Information**  
Patient Record Number:5943

**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:** Benjamin Sykes

**External ID:** 5943

**DOB:** 1935-10-13

**Sex:** Male

**S.S.:** 569-44-3546

**Patient Drive Folder:**

[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCfng4b1BSTUtOX0RTWVN2MTZPNzhPRmx4Wk1XbC1vSGdvMFRxVU5xTINpb1U](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfng4b1BSTUtOX0RTWVN2MTZPNzhPRmx4Wk1XbC1vSGdvMFRxVU5xTINpb1U)

**Address:** 1720 Caddo St

**City:** Dallas

**State:** Texas

**Postal Code:** 75204

**Country:** USA

**Guardian's Name:** Norma Ross(Spouse)

**Emergency Phone:** 214-725-5585

**Home Phone:** 214-827-6595

**Street Address:** 1720 Caddo St

**Apt/Suite/Other:** Apt#1720

## Family History:

**Last Recorded On:** 07-22-2016.

**Father:** Father is alive and 99 years old..

**Mother:** Mother died of unknown cancer..

**Siblings:** Patient has one sister who is healthy and no brothers..

**Offspring:** Patient is married and has 1 boy and 4 girls who are healthy..

## Social History:

**Last Recorded On:** 07-22-2016.

**Tobacco:** Current every day smoker 1/2 ppd    **Status:** Current

**Alcohol:** Social drinker.    **Status:** Never

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

**Nutrition History:** Regular.

**Developmental History:** Well.

**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 07-22-2016.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2000-10-01

**Relationship to Insured :** Self

**Type :** N/A

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

**Copay :**

**Insured ID Number :** 569443546A

**Group Number :**

**Employer Name :** Benjamin Sykes

**Immunizations:**

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Description	Status	Start Date	End Date
<p>AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-03-10	
<p>Atenolol ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-02-04	

Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS  
DIRECTED, Quantity: 90, Refill Quantity: 0

Unknown or N/A

Active

2016-02-04

by Jones, Derrick - MJ3217331

Texas Physician House Calls

## 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. 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.

1. Osteoarthritis with chronic pain continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Congestive heart failure with systolic complications, continue current plan.
4. Debility, continue current plan.
5. Cataracts, continue current plan.
6. B12 deficiency, continue current plan.
7. Anemia, continue current plan.

No refills needed in this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Effusion of joint, ankle and foot ( ICD10:M25.473 Effusion, unspecified ankle) 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	
Nonsenile cataract, unspecified ( ICD10:H26.009 Unspecified infantile and juvenile cataract, unspecified eye) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Other vitamin B12 deficiency anemia ( ICD10:D51.8 Other vitamin B12 deficiency anemias) Unknown or N/A	Active	2015-10-01	
Other specified arthropathy, multiple sites ( ICD10:M12.89 Other specific arthropathies, not elsewhere classified, multiple sites) Unknown or N/A	Active	2015-10-01	
Anemia, unspecified ( ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-01	
Debility, unspecified ( ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01	
Unspecified cataract ( ICD9:366.9 Unspecified cataract) Unknown or N/A	Active		

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Gallbladder stones/Kidney stones-2014 (Baylor DT) Unknown or N/A	Active		
Cataract surgery 2013 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:** Bonyl Hom healthcare

**Primary Justification Medical Conditions:** Anemia,Cataract,Heart\_Failure

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:** YES

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** SN needed due to inability to self medicate correctly injury education will continue.

**Certification Statement:** Patient is home bound due to abnormal gait and debility. Patient has unsteady ambulation with very poor balance and has increased risk for falls.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-07 06:56

**Signed By (Physician):** 18

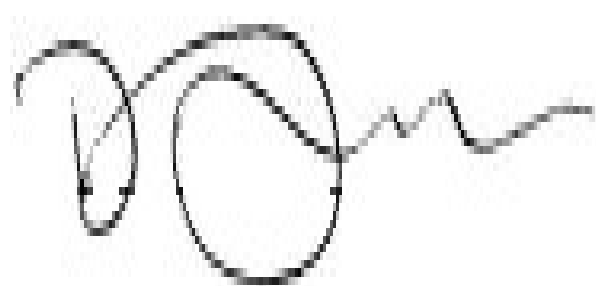
**Signed on (Physician):** 2016-07-14 06:56

**Form\_status:** finalized

## Procedure Order:

Patient ID	5943	Order ID	702
Patient Name	Sykes, Benjamin	Ordered By	Love-Jones, Derrick
Order Date	2016-09-11	Print Date	2016-09-11
Order Status	complete	Encounter Date	2016-09-11
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-11		Final ✓		0097	Pulse Oximetry	No	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-13**.

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