

Charles Staas: Patient Information
Patient Record Number:6075

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: Charles Staas
External ID: 6075
DOB: 1942-10-21
Sex: Male

Address: 1237 E Pentagon Pkwy
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: CJ (Care giver)
Emergency Phone: 214-646-4729
Mobile Phone: 469-878-5157
Street Address: 1237 E Pentagon Pkwy
Apt/Suite/Other: House

Family History:

Last Recorded On: 10-01-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Diabetic diet..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2007-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 450680822A
Group Number :
Employer Name : Charles Staas
Copay :
Insured ID Number : 609032855
Group Number :
Employer Name : Charles Staas

Immunizations:

Charles Staas: Chief Complaint
Patient Record Number:6075

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Seen by Darolyn Perkins
Seen on 10-August-2016

Chief Complaint Status:finalized

Followup home visit to services for prevention and control of chronic conditions of hypertension, diabetes 2, prolapse bladder, decubitus on back.

History of Present illness:

HPI Status:Finalized

Patient is a 73-year-old male with multiple chronic conditions of hypertension, diabetes 2, perforated bladder, and cough. Patient states has been having trouble staying asleep at night. Patient denies any other issues upon examination. Patient denies pain at this time. Patient denies CP, HA, and N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-10	158	79	0.00	72.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight 158 lbs

No weight loss

No weight gain

No change in appetite

No change in appetite

No change in appetite

No change in appetite

No change in appetite

No change in appetite

No change in appetite

No change in appetite

No change in appetite

No change in appetite

Physical Exam:

GENRO:

Normal eyes, normal ears, normal nose, normal mouth, normal throat, normal lungs, normal heart, normal abdomen, normal extremities. Lesion on back.

ENT:

Normal eyes, normal ears, normal nose, normal mouth, normal throat, normal lungs, normal heart, normal abdomen, normal extremities. Lesion on back.

ENT:

Normal eyes, normal ears, normal nose, normal mouth, normal throat, normal lungs, normal heart, normal abdomen, normal extremities. Lesion on back.

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:

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

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Ranitidine HCl ,150 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME AS NEEDED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-30	
Vitamin B-12 ,1000 MCG TABS, TAKE 1 TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-09	
Lisinopril ,10 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-18	
Protonix ,40 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-18	
Lisinopril ,10 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-29	
Ranitidine HCl ,150 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-29	

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 those so, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath from excessive headache, blurry vision or a systolic blood pressure greater than 200. Patient encouraged to exercise daily. No labs needed this visit. 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. Hypertension, continue current plan.
2. Gastroesophageal reflux disease, continue current plan.
3. Urinary incontinence, on incontinence supplies.
4. Chronic cough, continue current plan.
5. Diabetes, check HbA1c.

Medication refills as follows, Lisinopril 10 mg b.i.d., ranitidine 150 mg q.d., and clonidine 0.1 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Non-pressure chronic ulcer of back with fat layer exposed (ICD10:L98.422 Non-pressure chronic ulcer of back with fat layer exposed) Unknown or N/A	Active	2016-06-03	
Encounter for attention to cystostomy (ICD10:Z43.5 Encounter for attention to cystostomy) Unknown or N/A	Active	2016-06-03	
Other retention of urine (ICD10:R33.8 Other retention of urine) Unknown or N/A	Active	2016-06-03	

Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-28
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-30
Basal cell carcinoma of skin of other part of trunk (ICD10:C44.519 Basal cell carcinoma of skin of other part of trunk) Unknown or N/A	Active	2016-02-05
Pressure ulcer of unspecified part of back, unstageable (ICD10:L89.100 Pressure ulcer of unspecified part of back, unstageable) Unknown or N/A	Active	2016-02-04
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-12-29
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-12-29
Pressure ulcer of unspecified part of back, stage 2 (ICD10:L89.102 Pressure ulcer of unspecified part of back, stage 2) Unknown or N/A	Active	2015-12-29
Cough (ICD10:R05 Cough) Unknown or N/A	Active	2015-12-29
Other specified local infections of the skin and subcutaneous tissue (ICD10:L08.89 Other specified local infections of the skin and subcutaneous tissue) Unknown or N/A	Active	2015-12-06
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-12-06

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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Toro Home Helath Services

Primary Justification Medical Conditions: diabetes,HTN

Additional Medical Conditions: Decubitus , prolapse bladder

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 to wound care and perforated bladder and inability to self medicate.

Certification Statement: Patient is home bound due to weakness and poor balance and increase risk of falling.

Signed by (NP): 302

Signed On (NP): 2016-08-10 07:25

Signed By (Physician): 18

Signed on (Physician): 2016-08-12 07:25

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-08-17**.

