Billy Conner: Patient Information

Patient Record Number:4990

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: Billy Conner External ID: 4990 **DOB**: 1943-07-30 Sex: Male S.S.: 460-72-2216 Marital Status: Widowed

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0AwTMa8jPNANmlva3ZLYVdVckk

Address: 1418 Claude St

City: Dallas State: Texas Postal Code: 75203 Country: USA

Home Phone: 214-941-4919 Street Address: 1418 Claude St Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-05-2016.

Risk Factors: GERD, Urinary Tract Infections. Additional Medical History: Bone marrow cancer..

Family History:

Last Recorded On: 11-05-2016.

Father: Heart disease..

Mother: Breast cancer, hypertension, and type II diabetes..

Siblings: Brother had pancreas cancer, hypertension, and hyperlipidemia...

Other Family Relative: Grandmother had Alzheimer disease. Grandfather had pancreas cancer..

Primary Family Med Conditions:

Last Recorded On: 11-05-2016.

Chronic Conditions: Alzheimers, Diabetes, Hyperlipidemia, Hypertension, Ischemic Heart Disease, Female/Male Breast Cancer.

Social History:

Last Recorded On: 11-05-2016.

Tobacco: Current every day smoker Marijuana use Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet.. Developmental History: Well..

Tests and Exams:

Last Recorded On: 11-05-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A
Payer: Medicare B Texas (SMTX0)

Copay : Insured ID Number : 460722216A Group Number : Employer Name : Billy Conner

Immunizations:

Billy Conner: Chief Complaint Patient Record Number:4990 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 22-September-2016

Chief Complaint Status: finalized

Followup home visit for management of bone malignancy cancer, hypertension, gastroesophageal reflux disease, hyperlipidemia, paraplegia, and edema in both feet. Patient complains of pain in his shoulders and feet.

History of Present illness:

HPI Status:Finalized

Patient is a 73-year-old male in NAD with multiple chronic conditions of hypertension, hyperlipidemia, and paraplegia. Patient states that he is having pain in his shoulders and feet. Patient also has some edema in his feet. Patient denies any other issues or complaints upon examination. Patient rates his pain at 6/10 today. Patient denies any chest pain, headache, or nausea or vomiting. Patient is wheelchair bound.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-22	123	62	144.00	63.00	98.20	16.00	~	25.5	0.00

Review of Systems:

Constitutional:

Classification of the Control of th

No Section Sission

No Philipping ath

No Distribution of Urine

No Blisting back and setting Of Motion

No Mips say lesse th Mentation

No Apnea

No Bloomydiang Gums

No Obatelettess

No Use Of Dentures

Physical Exam:

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PSYCH:

Bledom Substitution of the Common Limits .

Change In Sleeping Habit-Within Normal Limits .

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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. 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. Followup in 4-6 weeks. Patient is to continue followup with cancer doctor.

- 1. Edema of lower extremities, continue current plan.
- 2. Benign prostatic hyperplasia, continue current plan.

- 3. Hypertension with vascular complications, continue current plan.
- 4. Hyperlipidemia, continue current plan.
- 5. Bone cancer, continue current plan.
- 6. Chronic pain syndrome, continue current pain medication.
- 7. Gastroesophageal reflux disease, continue current plan.
- 8. Paraplegia, continue to monitor.
- 9. Prostate cancer, continue current plan.

Medication refills as follows:

Omeprazole 20 mg q.d.

Metroprolol ER 20 mg 1/2 tab q.d.

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: Novel Home health care agency

Primary Justification Medical Conditions: Mobility_Impairments,hyperlipidemia,HTN

Additional Medical Conditions: Bone cancer, GERD.

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: Patient needs closely monitoring for vital signs, skin check, and medication

administration.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 16

Signed On (NP): 2016-09-22 03:34 **Signed By (Physician):** 18

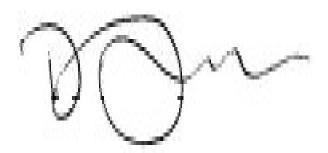
Signed on (Physician): 2016-09-28 03:34

Form_status: finalized

Procedure Order:

Patient ID	4990	Order ID	966
Patient Name	Conner, Billy	Ordered By	Love-Jones, Derrick
Order Date	2016-11-06	Print Date	2016-11-06
Order Status	complete	Encounter Date	2016-11-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results							
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note	
026: Pulse Oximetry	2016-11-06		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%			



Electronically Signed by Derrick Love-Jones on 2016-09-29.

Printed on 06-Nov-2016 15:07:21 pm.