

William Hodge: Patient Information
Patient Record Number:5585

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: William F Hodge

External ID: 5585

DOB: 1954-10-26

Sex: Male

S.S.: 461-19-5005

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXMXA5NFpoNFo2Umm>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 07-14-2016.

Risk Factors: Insomnia.

Family History:

Last Recorded On: 07-14-2016.

Father: Father had hypertension..

Mother: Mother had hypertension..

Offspring: Sibling had hypertension..

Other Family Relative: Grandfather had hypertension..

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.

Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 07-14-2016.

Tobacco: Never smoker Does not smoke **Status:** Never

Alcohol: No alcohol. **Status:** Never

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

Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 07-14-2016.

Vitamin D (6 mo if on pills) Normal Done on 11/20/2014, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 11/20/2014, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 11/20/2014, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Normal Done on 11/20/2014, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 11/20/2014, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 11/20/2014, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 11/20/2014, at Evolution Health Laboratories Services, Ordered By Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2003-06-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2014-11-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 461195005A

Group Number :

Employer Name : William Hodge

Copay :

Insured ID Number : 524232116

Group Number :

Employer Name : William Hodge

Immunizations:

William Hodge: Chief Complaint
Patient Record Number:5585

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

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

Chief Complaint Status:finalized

Followup home visit for management of hypertension, cerebrovascular effects, chronic pain, lumbago, difficulty walking, abnormal gait, and insomnia. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

A 61-year-old African American male in NAD with multiple chronic conditions of hypertension, cerebrovascular effects, chronic pain, lumbago, difficulty walking, abnormal gait, and insomnia. Patient states that his chronic lower back and has pain that come and goes depending on his activity level that day. Patient states he has been taking over-the-counter pain medication to relieve the pain. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-22	103	60	185.00	70.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Disiplin Mengajar dan Mengajar Disiplin:

No. ~~100-100000~~ 100-100000

No ~~INTERESTED~~ bath

Need For Urine Culture Of Urine

Modifiable Risk Factors

No ~~Equity~~ "Bought" Bonds

No Blending of ANP with Motion

No Hoarseness

No Distal Difficulties

No Use Of Dentures

Physical Exam:

REMARKS:

Chlorophyll-a - Within Normal Limits .

EXTREMITIES:

S&P 500 INDEX

CV:

Return on Investment (ROI) and Financial Ratios: Metrics to Measure Performance Within Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue the same treatment plan as previous. Reviewed the medications and discussed with the patient. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with her medical conditions. No new medications noted this visit. 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. No new labs need at this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis was fair and patient is stable.

1. Lumbago with chronic pain, continue current plan.

2. Hypertension with vascular complications, continue current plan.
3. Insomnia, continue current plan.
4. Chronic pain syndrome, continue current over the counter medication.
5. Cerebrovascular effects, continue to monitor.
6. Cognitive deficits, continue to monitor.
7. Abnormal gait, continue to monitor.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Dermatophytosis of nail (ICD10:B35.1 Tinea unguium) Unknown or N/A	Active	2015-10-01	
Late effects of cerebrovascular disease, cognitive deficits (ICD10:I69.30 Unspecified sequelae of cerebral infarction) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Late effects of cerebrovascular disease, aphasia (ICD10:I69.920 Aphasia following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01	
Hypopotassemia (ICD10:E87.6 Hypokalemia) Unknown or N/A	Active	2015-10-01	
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Dermatophytosis of other specified sites (ICD10:B35.8 Other dermatophytoses) Unknown or N/A	Active	2015-10-01	
Other fluid overload (ICD10:E87.79 Other fluid overload) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Acute, but ill-defined, cerebrovascular disease (ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Late effects of cerebrovascular disease, monoplegia of upper limb affecting unspecified side (ICD10:I69.939 Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side) Unknown or N/A	Active	2015-10-01	
Other late effects of cerebrovascular disease (ICD10:I69.998 Other sequelae following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01	

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: Prosperity Health Services

Primary Justification Medical Conditions: HTN,Stroke

Additional Medical Conditions: abnormal gait and insomnia.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to CVA effects and inability to self medicate correctly. Patient need vital monitoring and medication management for blood pressure. Patient requires teaching/training to keep/maintain stable blood pressure.

Certification Statement: Patient is home bound due to CVA effects and abnormal gait. Patient has unsteady painful ambulation with extremely poor balance and increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-22 07:22

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 07:22

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Gloves Unknown or N/A by Dr. Sumana Ketha	Active		
Probe Thermometer Unknown or N/A by Dr. Sumana Ketha	Active		
B/P Cuff Unknown or N/A by Dr. Sumana Ketha	Active		
HAN Unknown or N/A by Dr. Sumana Ketha	Active		

Procedure Order:

Patient ID	5585	Order ID	754
Patient Name	Hodge, William F	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

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

Printed on 27-Aug-2016 20:05:41 pm.