

Alfonzo Reese: Patient Information
Patient Record Number:6049

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: Alfonzo Reese
External ID: 6049
DOB: 1945-12-16
Sex: Male
S.S.: 461920777

Address: 2255 N Washington Ave
City: Dallas
State: Texas
Postal Code: 75204
Country: USA
Mobile Phone: 214-200-1340
Street Address: 2255 N Washington Ave
Apt/Suite/Other: #307

Family History:

Last Recorded On: 10-12-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-12-2016.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-08-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 461920777A
Group Number :
Employer Name : Alfonzo Reese
Copay :
Insured ID Number : 522707496
Group Number :
Employer Name : Alfonzo Reese

Immunizations:

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Description	Status	Start Date	End Date
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 6, Refill Quantity: 0			
Unknown or N/A	Active	2016-03-21	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Hydrocodone-Acetaminophen ,7.5-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-24
Hydrocodone-Acetaminophen ,7.5-325 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-11-06
Omeprazole ,20 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-06
Ranitidine HCl ,75 MG TABS, take 2 tablets daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-11-06

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 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. 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. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with sciatica, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Chronic pain syndrome, continue current pain medication.
4. Gastroesophageal reflux disease, continue current plan.
5. Insomnia, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.

Medication refills are as follows, Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-07-29	
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	2016-06-22	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-22	
Other specific arthropathies, not elsewhere classified, other specified site (ICD10:M12.88 Other specific arthropathies, not elsewhere classified, other specified site) Unknown or N/A	Active	2016-05-14	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-05-14	
Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites (ICD10:M05.59 Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites) Unknown or N/A	Active	2016-05-14	

Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-04-06
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-24
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-01-19
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-12-15
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-12-15
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-05
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-11-05

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: Our Savior Healthcare

Primary Justification Medical Conditions: Mobility_Impairments

Additional Medical Conditions: Chronic pain and GERD

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain and inability to self medicate

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): 2016-08-31 04:14

Signed By (Physician): 18

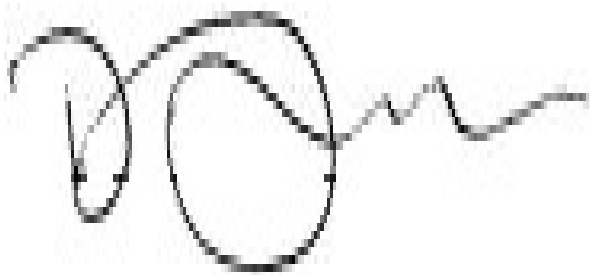
Signed on (Physician): 2016-09-07 04:14

Form_status: finalized

Procedure Order:

Patient ID	6049	Order ID	969
Patient Name	Reese, Alfonzo	Ordered By	Love-Jones, Derrick
Order Date	2016-10-12	Print Date	2016-10-12
Order Status	complete	Encounter Date	2016-10-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-12		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-09-07**.

Printed on 12-Oct-2016 11:54:03 am.