

Sylvester Henderson: Patient Information
Patient Record Number:6033

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: Sylvester Henderson
External ID: 6033
DOB: 1946-12-21
Sex: Male

Address: 2519 John West Rd
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Guardian's Name: Sister
Mobile Phone: 214-560-7144
Street Address: 2519 John West Rd
Apt/Suite/Other: 18105 Gate Code 4444

Past Medical History:

Last Recorded On: 08-18-2016.
Risk Factors: Arthritis,High Cholesterol,Heart Burn, Reflux,Neuropathy,Chronic Pain.

Family History:

Last Recorded On: 08-18-2016.
Father: Deceased .
Mother: Deceased. .
Siblings: Sister with diabetes..

Social History:

Last Recorded On: 08-18-2016.
Tobacco: Never smoker No smoking. **Status:**
Coffee: 1 cup a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Nutrition History: Good.
Developmental History: Well.

Tests and Exams:

Last Recorded On: 08-18-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1975-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 455728809A
Group Number :
Employer Name : Sylvester Henderson
Copay :
Insured ID Number : 416665201
Group Number :
Employer Name : Sylvester Henderson

Immunizations:

Sylvester Henderson: Chief Complaint
Patient Record Number:6033

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Seen by Derrick Love-Jones
Seen on 20-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of further decline of chronic conditions of hypertension, chronic pain, heart burn, diabetes, hyperlipidemia, and osteoarthritis. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 69-year-old African American male with multiple chronic conditions of hypertension, diabetes 2, hyperlipidemia, osteoarthritis, and chronic pain. Patient states that he has chronic lower back pain. Patient also states he has pain in his knee joints and legs. Patient rates pain at 7/10. Patient denies any other issues upon examination. Patient denies CP, HA, and N/V recently. Patient states that he has chronic back pain that is hurting more than usual today. Patient also states that he has had severe knee pain for many years, but gets relief from his current pain medication. Reviewed medications. Reviewed labs.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-20	146	83	210.00	72.00	97.20	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

No Pain At Rest YES
No Pain With Walking Length YES
No Pain When Climbing YES
No Pain On Stairs YES
No Difficulty Putting On Shoes YES
No Difficulty Using Knife YES
Constipation YES
No FMS
Arthritis YES
No Gout
No Back Pain
No Paresthesia
Muscle Pain YES
No Limitation In Range Of Motion

Physical Exam:

REMARKS:

[illegible]

EXTREMITIES:

Subsequent to the 2008 financial crisis, the 1998-2000 period was used as the normal limits.

CV:

~~RR-Within Nominal Limits~~ Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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HumuLIN N ,100 UNIT/ML SUSP, Inject SQ per sliding scale Hold if blood sugar is less than or equal to 90, Quantity: 50, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
FreeStyle Lite Test , STRP, Test blood sugars three times a day, Quantity: 300, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-21
CareFine Pen Needles ,32G X 4 MM MISC, USE AS DIRECTED, Quantity: 100, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
HumuLIN N ,100 UNIT/ML SUSP, Inject SQ per sliding scale Hold if blood sugar is less than or equal to 90, Quantity: 50, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2015-12-10
Atenolol-Chlorthalidone ,50-25 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-04
HumuLIN N ,100 UNIT/ML SUSP, USE AS DIRECTED, Quantity: 50, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-04

Plan Note:

Plan Note Status:Finalized

1. Lumbago with chronic pain, continue current plan.
2. Neuropathy, continue Gabapentin.
3. Osteoarthritis with chronic pain, continue PT/OT.
4. Chronic pain syndrome, continue current plan.
5. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Hyperlipidemia, check lipids frequently.
8. Medication refills as follows; Atenolol/Chlorthaine, Norco 10/325 mg t.i.d., Gabapentin 600 mg t.i.d.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-07-20	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-07-20	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-16	
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	2016-05-12	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-05-12	

Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-12-22
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-23
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-11-23
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-11-23
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-11-23
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-11-23
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-11-23

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: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: Asthma,diabetes,Heart_Failure,HTN,hyperlipidemia

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No SN needed

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-07-20 02:04

Signed By (Physician): 18

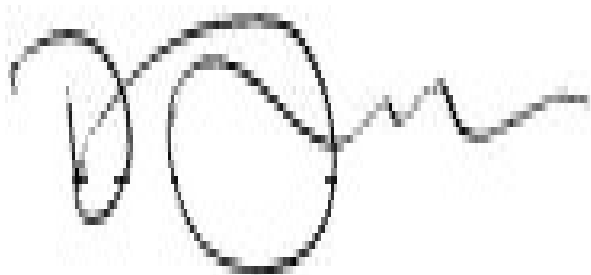
Signed on (Physician): 2016-07-27 02:04

Form_status: finalized

Procedure Order:

Patient ID	6033	Order ID	742
Patient Name	Henderson, Sylvester	Ordered By	Love-Jones, Derrick
Order Date	2016-08-25	Print Date	2016-08-25
Order Status	complete	Encounter Date	2016-08-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-25		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 **2016-07-26**.

Printed on 25-Aug-2016 19:25:12 pm.