

Rick Camp: Patient Information
Patient Record Number:6329

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: Rick D Camp
External ID: 6329
DOB: 1958-05-13
Sex: Male
S.S.: 461-19-4888

Address: 2423 Fort Worth Ave
City: Dallas
State: Texas
Postal Code: 75211
Country: USA
Guardian's Name: Angela (care giver)
Emergency Phone: 469-274-9884
Mobile Phone: 214-760-0246
Street Address: 2423 Fort Worth Ave
Apt/Suite/Other: APT#503

Family History:

Last Recorded On: 12-31-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 12-31-2016.
Tobacco: Never smoker **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2003-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 461194888A
Group Number :
Employer Name : Rick Camp

Immunizations:

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New admit to services for the management and prevention of chronic conditions chronic pain in ribs, chronic obstructive pulmonary disease, hypertension, benign prostatic hyperplasia, and gastroesophageal reflux disease.

History of Present illness:

HPI Status:Finalized

Patient is a 58-year-old male with multiple chronic conditions of chronic pain in ribs, chronic obstructive pulmonary disease, hypertension, benign prostate hyperplasia, and gastroesophageal reflux disease. Patient states his pain makes it hard for him to breath sometimes. His pain level is 7/10 on pain scale. Patient denies any chest pains, headache or nausea and vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-26	144	99	94.60	68.00	97.60	18.00	~	14.4	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

No other persons

No Significant Difference

No Electronic Submission

Moisture Sorption

Physical Exam:

SEMI-O:

Other Environmental and Social Limits:

REMARKS:

Normal Limits

EYE:

Serum Vitamin B12 and Folate Levels: Within Normal Limits.

RESP:

ComisCTA Bleeding Time Normal Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Tamsulosin HCl ,0.4 MG CAPS, 1 TAB DAILY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-11-30	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Omeprazole ,20 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-11-03	
by Jones, Derrick - MJ3217331			
DFW Primary Care PLLC			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. 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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 180. 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 and stable.

1. Chronic pain, continue current pain medications.
2. Chronic obstructive pulmonary disease, continue current plan..
3. Hypertension, continue current plan..
4. Benign prostatic hyperplasia, continue current plan..
5. Gastroesophageal reflux disease, continue current plan..

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-26	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-10-26	
Enlarged prostate without lower urinary tract symptoms (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2016-10-26	
Bilateral primary osteoarthritis of hip (ICD10:M16.0 Bilateral primary osteoarthritis of hip) Unknown or N/A	Active	2016-10-09	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-10-09	
Emphysema, unspecified (ICD10:J43.9 Emphysema, unspecified) Unknown or N/A	Active	2016-10-09	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-10-09	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-10-09	

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: LG Charity Home Health

Primary Justification Medical Conditions: Hyperplasia,COPD,HTN

Additional Medical Conditions: Gastroesophageal reflux disease, chronic pain.

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 patient with multiple chronic diseases and patient lack of knowledge of the disease process and medication. Skilled nursing needed to assess and observe patient condition and medication administration.

Certification Statement: Patient is home bound due to fatigue and shortness of breath limits ambulation and deconditioned with increased weakness.

Signed by (NP): 302
Signed On (NP): 2016-10-26 11:38
Signed By (Physician): 18
Signed on (Physician): 2016-11-02 11:39
Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-11-02**.

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