

Herman Dawson: Patient Information
Patient Record Number:5875

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: Herman Q Dawson
External ID: 5875
DOB: 1956-10-27
Sex: Male
User Defined: 972-296-0345

Address: 202 Jellison Blvd
City: Dallas
State: Texas
Postal Code: 75116
Country: USA
Emergency Phone: 214-718-0328
Home Phone: 972-217-0222
Mobile Phone: 972-296-0345
User Email: 972-572-8509
Street Address: 202 Jellison Blvd
Apt/Suite/Other: 100

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Chronic Pain, Degenerative Joint Disease, GERD, Neuropathy.
Additional Medical History: Obesity.

Family History:

Last Recorded On: 07-14-2016.
Father: HTN/MI.
Mother: Alzheimer's dementia.

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Chronic Conditions: Acute Myocardial Infarction, Hypertension.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Current every day smoker Smokes 1/3 ppd **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Well.
Developmental History: Well.

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2001-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-04-23
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 433988360A
Group Number :
Employer Name : Herman Dawson
Copay :
Insured ID Number : 500000024302
Group Number :
Employer Name : Herman Dawson

Immunizations:

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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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. No labs needed this visit. 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 patient is stable.

1. Diabetes mellitus type 2, continue current plan.
2. Hypertension, continue current plan.
3. Lumbago due to trauma, continue current plan.
4. Chronic pain, continue current pain medication.
5. Anxiety, continue current plan.
6. CVA effects, continue to monitor.
7. Coronary artery disease, continue current plan.
8. Depression, continue current plan.
9. Hyperlipidemia, continue current plan.
10. Benign prostatic hyperplasia, continue current plan.
11. Neuropathy, continue current plan.
12. Atrial fibrillation, continue current plan.

Refill the following medications are, Xanax 1 mg t.i.d., amoxicillin 500 mg t.i.d., Norco 10/325 mg Q.I.D., Monleukast 1 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-01-14	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	

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:

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 in this visit.

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-04-15 04:58

Signed By (Physician): 18

Signed on (Physician): 2016-04-19 04:58

Form_status: finalized

Procedure Order:

Patient ID	5875	Order ID	480
Patient Name	Dawson, Herman Q	Ordered By	Love-Jones, Derrick
Order Date	2016-08-19	Print Date	2016-08-19
Order Status	complete	Encounter Date	2016-08-19
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-19		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

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