

Clarence Wiley: Patient Information
Patient Record Number:6263

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: Clarence Wiley
External ID: 6263
DOB: 1951-05-07
Sex: Male
S.S.: 450966771
Marital Status: Divorced
Patient Drive Folder: 0B0x_tbqdBDPhTTNZdk1ZTmJ6Z0E

Address: 4327 Marshall St
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Mobile Phone: 469-714-7578
Street Address: 4327 Marshall St
Apt/Suite/Other: House

Family History:

Last Recorded On: 02-03-2017.
Father: Father died of hypertension, myocardial infarction, diabetes mellitus 2, and hyperlipidemia. .
Mother: Father is alive with hypertension and hyperlipidemia..
Siblings: Five brothers and one sister are alive and one brother died with diabetes and hypertension..
Offspring: Three children..

Social History:

Last Recorded On: 02-03-2017.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level is 12th grade..
Other History: Influenza in 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2016-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-06-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 450966771M
Group Number :
Employer Name : Clarence Wiley
Copay :
Insured ID Number : 519936127
Group Number :
Employer Name : Clarence Wiley

Immunizations:

Clarence Wiley: Chief Complaint
Patient Record Number:6263

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Seen by Darolyn Perkins
Seen on 21-December-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of the following chronic medical conditions of chronic obstructive pulmonary disease/asthma, chronic pain syndrome, hypertension, rheumatoid arthritis/osteoarthritis, anxiety, depression, abnormal gait, cerebrovascular effects, and gout.

History of Present illness:

HPI Status:Finalized

A 65-year-old African-American male in no acute distress with multiple chronic conditions of the following chronic obstructive pulmonary disease/asthma, chronic pain syndrome, hypertension, rheumatoid arthritis/osteoarthritis, anxiety, depression, abnormal gait, cerebrovascular effects, and gout. Patient states he has been having very painful feet. Patient does have a history of gout and chronic pain. Patient denies any other issues or complaints at this time. Patient denies any chest pain, headache, nausea/vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-21	135	91	123.00	69.00	98.20	8.00	~	18.2	0.00

Review of Systems:

Constitutional:

Weight: 123.00 lbs
Energy: No
Appetite: No
History: No
Decline: No
Fatigue: No
Fevers: No
Chills: No
Diaphoresis: No
Range Of Motion: No
Constipation: No

Physical Exam:

HEENT:

Eyes: No redness, no tearing, no discharge, no conjunctivitis, no ptosis, no strabismus, no diplopia, no nystagmus, no abnormal head position, no abnormal eye movements, no abnormal eye reflexes, no abnormal eye findings. Within Normal Limits .

HEENT:

Nose: No redness, no discharge, no crusting, no bleeding, no abnormal color, no abnormal shape, no abnormal size, no abnormal position, no abnormal movement, no abnormal function, no abnormal findings. Bilateral Nasal Turbinates-Within Normal Limits .

PSYCH:

Mood: No
Anxiety: No
Depression: No
Hallucinations: No
Paranoia: No
Suicidal thoughts: No
Self-harm: No
Abuse: No
Substance use: No
Alcohol use: No
Drugs: No
Tobacco: No
Cocaine: No
Heroin: No
Marijuana: No
Prescription drugs: No
Over-the-counter drugs: No
Herbal supplements: No
Vitamins: No
Minerals: No
Other: No
Within Normal Limits .

RESP:

Normal CXR, Wt, Height, and Mood, Alert and Oriented X3-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
Uloric ,40 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2017-01-16	

HydrOXYzine HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-15
Uloric ,40 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-15
Metoprolol Tartrate ,25 MG TABS, TAKE ONE TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-15
Allopurinol ,100 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Metoprolol Tartrate ,25 MG TABS, TAKE ONE TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Allopurinol ,100 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-15
DiazePAM ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY EVENING, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-15

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the 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 systolic blood for sure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office in the front questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Rheumatoid arthritis/osteoarthritis with chronic pain.
2. Hypertension with vascular complications.
3. Chronic obstructive pulmonary disease/asthma.
4. Chronic pain syndrome.
5. Gout.
6. Anxiety constipation.
7. Cerebrovascular accident effects.
8. Depression.
9. Abnormal gait.

Medication refills as follows,
Norco 10/325 mg t.i.d.
Allopurinol 40 mg q.d.
Polyethylene glycol 3350.
Metoprolol 25 mg q.d.
Pro-Air INH
Alprozolam 0.5 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
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Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-12-21
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-11-15
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-15
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-09-15
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-15
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-10
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-10
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	2016-08-10
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-08-10
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-08-10
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-08-10

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hernia surgery year unknown. 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

Primary Justification Medical Conditions: Asthma,COPD,Depression,HTN,Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr,Stroke

Additional Medical Conditions: Chronic Pain Syndrome, Gout.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to chronic COPD, chronic pain, limited mobility and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to CVA effects, uncontrolled chronic pain in the inability to self medicate

correctly.

Signed by (NP): 302

Signed On (NP): 2016-12-21 00:29

Signed By (Physician): 18

Signed on (Physician): 2016-12-28 00:29

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-12-28**.

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