### Kenneth Ivy: Patient Information

Patient Record Number:5457

Texas Physician House Calls (H)

2925 Skyway Circle North, Irving, TX, USA, 75038-3510 www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310, Email:hhsupport@texashousecalls.com

Name: Kenneth Ivy External ID: 5457 DOB: 1938-11-20 Sex: Male S.S.: 426-86-5755

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXZWRRaFVFd2h2X3c

Address: 3200 South Lancaster Road

City: Dallas State: Texas Postal Code: 75216 Country: USA

**Home Phone:** 214-428-8183 **Work Phone:** 972-904-2309

Street Address: 3200 South Lancaster Road

# **Past Medical History:**

Last Recorded On: 07-14-2016.

Risk Factors: GERD.

## **Family History:**

Last Recorded On: 07-14-2016.

Father: Unknown.

## **Social History:**

Last Recorded On: 07-14-2016.

Tobacco: Current every day smoker 10 cigarettes a day. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

## **Tests and Exams:**

Last Recorded On: 07-14-2016.

Vitamin D (6 mo if on pills)&nbsp&nbsp Abnormal&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year)&nbsp&nbsp Abnormal&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

**CBC Complete Blood Count (3 months)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

**CMP Comprehensive Metabolic Panel (3 months)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

**LIPIDS (once year unless chol meds)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

**UA - Urinalysis - (Yearly - HH primary responsibility)**&nbsp&nbsp Abnormal&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

**Urine Culture (prn)**&nbsp&nbsp Normal&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha **PSA (over 50 yrs)**&nbsp&nbsp N/A&nbsp&nbsp Done on 08/08/2014, at Evolution Health, Ordered by Sumana Ketha

## Insurance:

# Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1977-02-01 Relationship to Insured: Self

Type: N/A
Payer: Medicare B Texas (SMTX0) Priority: Secondary
Start Date: 2015-03-19

Relationship to Insured : Self

Type: N/A

Payer : Tricare South Region (TRICS)

Copay : Insured ID Number : 426865755A

Group Number : Employer Name : Kenneth Ivy Copay : Insured ID Number : 595035649

**Group Number:** 

Employer Name : Kenneth Ivy

# **Immunizations:**

Kenneth Ivy: Chief Complaint Patient Record Number:5457

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> Seen by Derrick Love-Jones Seen on 22-July-2016

### Chief Complaint Status: finalized

Followup home visit for management of benign prostatic hyperplasia, chronic kidney disease, abnormal gait, gastroesophageal reflux disease, hypertension, and blindness. Patient continues to complain of not sleeping well at night.

# **History of Present illness:**

### **HPI Status:**Finalized

An 77-year-old AA male in NAD with multiple chronic conditions of benign prostatic hyperplasia, chronic kidney disease stage 3, abnormal gait, blindness, and hypertension. Patient complains of getting up in the middle of the night to use bathroom and not able to fall back to sleep. Patient denies any other issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-22	145	86	142.00	72.00	97.60	20.00	~	0.0	0.00

# **Review of Systems:**

### Constitutional:

No Balantant/ssion

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**Maid**ongess

No Bilining has been seen as a control of the second secon

No Whangled What patited of Urine

No Apnea

No Bloorsyctiong Gums

No Obatsertiess

No Use Of Dentures

# **Physical Exam:**

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### BETOREMITIES:

**Managadelisia Melidrita de la compa**lidrita ita .

CV:

Pleymil/Microsofts of Principle Conjector Individuality Advide at the Individual Individual Conjector Individual Advided Advided Individual Conjector Individual Advided Individual Individual Conjector Individual Individu

Murmur, Rubs, Gallops-Within Normal Limits .

### **Medication:**

Description	Status	Start Date	End Date
Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET AT BEDTIME,			
Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-03-14	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

NovilliM 40 MC CDDD TAKE 4 CADCIII E DAILY Overthy 20 Defil		
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 1		
Unknown or N/A	Active	2016-03-14
by Jones, Derrick - MJ3217331  Texas Physician House Calls		
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0		
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-29
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1	Active	2016-02-29
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6		
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2016-02-19
Texas Physician House Calls		
CIONIDine HCI ,0.3 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 270, Refill Quantity: 1 Unknown or N/A	Active	2016-02-19
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6		
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-15
Lisinopril-Hydrochlorothiazide ,20-25 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 2		
Unknown or N/A by Jones, Derrick - MJ3217331	Active	2015-10-15
Texas Physician House Calls		
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2	Active	2015-03-31
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2013-00-01
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0		
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2015-03-31
Texas Physician House Calls  Atenolol ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill		
Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2015-03-31
Texas Physician House Calls		
CloNIDine HCI ,0.3 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 270, Refill Quantity: 0		
Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-31
Lisinopril-Hydrochlorothiazide ,20-25 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 0		
Unknown or N/A by ketha, Dr sumana - BK6230281	Active	2015-03-31
Aspirin ,325 MG TBEC, TAKE 1 TABLET DAILY AS DIRECTED,		
Quantity: 30, Refill Quantity: 3 Unknown or N/A	Active	2015-01-23
by Jones, Derrick - MJ3217331 Texas Physician House Calls		
Atenolol ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1	Active	2015 01 22
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-23
, /		

Atenolol ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1

Unknown or N/A Active 2014-12-19

by Jones, Derrick - MJ3217331 Texas Physician House Calls

## Plan Note:

### Plan Note Status: Finalized

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.

HTN w/vascular complications continue current plan CKD-3 continue current plan GERD continue current plan BPH continue current plan INSOMNIA continue current plan ABNORMAL GAIT continue to monitor

No medication refills needed this visit.

# **Medical Problem:**

Description	Status	Start Date	End Date
Abnormality of gait ( ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Shortness of breath (ICD10:R06.02 Shortness of breath) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified ( ICD10:112.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) ( ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, Stage III (moderate) ( ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01	
Personal history of tobacco use (ICD10:Z87.891 Personal history of nicotine dependence) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, Stage I (ICD10:N18.1 Chronic kidney disease, stage 1) Unknown or N/A	Active	2015-10-01	
Legal blindness, as defined in U.S.A. (ICD9:369.4 Legal blindness, as defined in U.S.A.) Unknown or N/A	Active		_

# **Allergies:**

Description	St	atus S	Start Date	End Date
No known drug allergies.	Δα	ctive		
Unknown or N/A	7.0	Silve		

## **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: Prosperity Health Services

Primary Justification Medical Conditions: blindness, HTN, Hyperplasia, Kidney\_Disease

Additional Medical Conditions: GERD, Abnormal Gait

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: SN needed due to blindness and inability to self medicate currently.

Certification Statement: Patient is home bound due to abnormal gait. Patient has unsteady, painful ambulation with extremely

poor balance and increased risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-22 07:47

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 07:47

Form\_status: finalized

## DME:

Description	Status	Start Date	End Date
Gloves			
Unknown or N/A	Active		
by Dr. Sumana Ketha			
Thermometer Coveres			
Unknown or N/A	Active		
by Dr. Sumana Ketha			

## **Procedure Order:**

Patient ID	5457	Order ID	757
Patient Name	Ivy, Kenneth	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-27		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

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