

**Jimmy Davis: Patient Information**  
Patient Record Number:6388

**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:** Jimmy R Davis  
**External ID:** 6388  
**DOB:** 1954-09-17  
**Sex:** Male  
**S.S.:** 463084185  
**Marital Status:** Divorced  
**Patient Drive Folder:** 0B0x\_tbqdBPhcEstQXRvUFI0YkU

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 214-371-7728  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 01-26-2017.  
**Father:** Father died of unknown disease. .  
**Mother:** Mother died of unknown disease..  
**Siblings:** Three sisters are alive and two sisters are deceased. One brother is alive..  
**Offspring:** One daughter is alive..

## Social History:

**Last Recorded On:** 01-26-2017.  
**Tobacco:** Smoke one packet per day. **Status:**  
**Alcohol:** Drinks alcohol socially. **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level is 12th grade. .

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2007-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 463084185A  
**Group Number :**  
**Employer Name :** Jimmy Davis

## Immunizations:

**Jimmy Davis: Chief Complaint**  
Patient Record Number:6388

**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

**Seen by** Derrick Love-Jones  
**Seen on** 16-December-2016

**Chief Complaint Status:**finalized

New admit to service to prevent further decline of the following chronic medical conditions of osteoarthritis, hypertension, lumbago, paranoid schizophrenia, anxiety, and chronic pain syndrome. Patient complains of low back pain.

**History of Present illness:**

**HPI Status:**Finalized

A 62-year-old African-American male in NAD multiple chronic conditions of the following osteoarthritis, hypertension, lumbago, paranoid schizophrenia, anxiety, and chronic pain syndrome. Patient states that his lower back hurts and that it has been that way for many years. Patient rates his current pain at 7/10, and patient states he does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-16	137	82	160.00	69.00	97.60	16.00	~	23.6	0.00

## Review of Systems:

**Constitutional:**

**Revisiting the Mahatma:**

**No CHILDREN VISIBLE**

**No ENTIRE TIDY YES**

## Displacement of Children

**No or decreased appetite**

### No Discreet Efforts To Change Of Motion

## No Disinfectant

No Constipation

### Physical Exam:

**【附註】**

**NONINFECTIOUS PROGNOSTIC FACTORS** - Within Normal Limits .

**NEBK:**

**Don't Miss Our Free Trial on Demand Now! Limited Time Only!**

**PSYCH:**

RRR/AFEC/Whittemore and Monds Alert and Oriented X3-Within Normal Limits.

**RESP:**

Abuse TCTAS Wait Questions Lipids Appropriately-Within Normal Limits .

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

### Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as 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 or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. Full set of labs ordered. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular, continue current plan.
2. Lumbago with chronic pain, continue current plan.
3. Anxiety, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Paranoid schizophrenia, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.  
 Lisinopril 20 mg q.d.  
 Alprozolam 2 mg  
 Haldol injection q. monthly.

## Medical Problem:

Description	Status	Start Date	End Date
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	2016-12-16	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-12-16	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-12-16	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-12-16	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-16	
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-12-16	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Back surgery 2012. 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

**Current home health agency:**

**Primary Justification Medical Conditions:** HTN,Rheumatoid Arthritis\_Osteoarthr,Schizophrenia

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to mental illness.

**Certification Statement:** Skilled nursing is needed due to mental illness.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-16 01:51

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-23 01:52

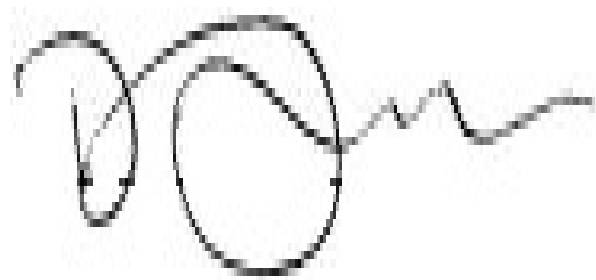
**Form\_status:** finalized

**Printed:**

## Procedure Order:

Patient ID	6388	Order ID	1369
Patient Name	Davis, Jimmy R	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-12-23**.

Printed on 28-Jan-2017 13:31:43 pm.