

Kevin Marshall: Patient Information
Patient Record Number:3846

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: Kevin Marshall
External ID: 3846
DOB: 1969-05-20
Sex: Male
S.S.: 466-33-9369
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0AwTMa8jPNAVUIGeTVhbDIObEU>

Address: 2525 Players Court Apt 1408 Bldg 14
City: Dallas
State: Texas
Postal Code: 75287
Country: USA
Emergency Contact: Albert Marshall
Home Phone: 972-684-0536
Mobile Phone: 469-892-6253
Street Address: 2525 Players Court
Apt/Suite/Other: 1408 Bldg 14

Past Medical History:

Last Recorded On: 09-01-2016.
Risk Factors: Insomnia,Lumbago,Neuropathy.
Additional Medical History: Abnormal gait and bilateral knee amputation..

Family History:

Last Recorded On: 09-01-2016.
Mother: Mother has history of breast cancer..
Offspring: Patient has 3 children..
Other Family Relative: Aunt has history of breast cancer..

Primary Family Med Conditions:

Last Recorded On: 09-01-2016.
Chronic Conditions: Hypertension.
Chronic Body System Category: Diseases of the circulatory system .

Social History:

Last Recorded On: 09-01-2016.
Tobacco: Former smoker The patient is a former smoker, currently does not smoke **Status:** Quit
Alcohol: No alcohol abuse. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Low salt, low fat, and low cholesterol diet..
Developmental History: Educational level is 12th grade..
Other History: Influenza in 2014..

Tests and Exams:

Last Recorded On: 09-01-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2008-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 466339369A
Group Number :
Employer Name : Kevin Marshall

Immunizations:

Kevin Marshall: Chief Complaint
Patient Record Number:3846

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Seen by Derrick Love-Jones
Seen on 17-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, lumbago, heart disease, heart failure, anxiety, depression, insomnia, diabetes mellitus type 2, left below knee amputation, neuropathy, difficulty walking, and intellectual disabilities. Patient complains of pain in armpits due to excessive use of crutches. Patient also complains of knee pain.

History of Present illness:

HPI Status:Finalized

A 47-year-old African American male in NAD with multiple chronic conditions including osteoarthritis, lumbago, heart disease, heart failure, anxiety, depression, insomnia, diabetes mellitus type 2, left below knee amputation, neuropathy, difficulty walking, and intellectual disabilities. Patient complains of pain in armpits due to excessive use of crutches. Patient also has pain in his knees. Patient denies any new issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-17	126	72	250.00	63.00	97.80	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight 250.00 lbs

Height 63.00 in

Temperature 97.80

Heart Rate 72

Blood Pressure 126/72

Respiratory Rate 18

Head Circumference 0.00

Neck No

Antidepressants No

Current No

Series No

Use Of Dentures No

Physical Exam:

HEENT:

Head No

NEURO:

Neck No

CV:

Supple No

CV:

Range No

RESP:

Lungs CTAB-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
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Lyrica ,50 MG CAPS, Take 1 capsule twice daily Stop Gabapentin, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-18
Lyrica ,50 MG CAPS, Take 1 capsule twice daily Stop Gabapentin, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-20
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-17
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
ALPRAZolam ,1 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Methocarbamol ,500 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-19
Methocarbamol ,500 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-19

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. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Anxiety, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Hypertension with vascular complications, continue current plan.
6. Coronary artery disease, continue current plan.
7. Lumbago with chronic pain, continue current plan.

8. Insomnia, continue current plan.
9. Depression, continue current plan.
10. Intellectual disabilities, continue to monitor.

Medication refills are as follows :

Norco 10/325 mg t.i.d

Xanax 1 mg q.d.

Amlodipine 5 mg q.d.

Lyrica 50 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Other pulmonary embolism and infarction (ICD9:415.19 Other pulmonary embolism and infarction) Unknown or N/A	Active	2015-10-01	
Septic pulmonary embolism with acute cor pulmonale (ICD10:I26.01 Septic pulmonary embolism with acute cor pulmonale) Unknown or N/A	Active	2015-10-01	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Primary osteoarthritis, unspecified shoulder (ICD10:M19.019 Primary osteoarthritis, unspecified shoulder) Unknown or N/A	Active	2015-10-01	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Unspecified hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01	
Arthropathy, unspecified, other specified sites (ICD10:M12.9 Arthropathy, unspecified) Unknown or N/A	Active	2015-10-01	
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	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	

Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Unspecified intellectual disabilities (ICD10:F79 Unspecified intellectual disabilities) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01
Amputated at knee (ICD10:Z89.529 Acquired absence of unspecified knee) Unknown or N/A	Active	2015-10-01
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01
Body Mass Index 40.0-44.9, adult (ICD10:Z68.41 Body mass index (BMI) 40.0-44.9, adult) Unknown or N/A	Active	2015-10-01
Pain in joint, site unspecified (ICD10:M25.50 Pain in unspecified joint) Unknown or N/A	Active	2015-10-01
Unspecified cerebrovascular disease (ICD10:I67.9 Cerebrovascular disease, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic postoperative pain (ICD10:G89.28 Other chronic postprocedural pain) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Other specified forms of chronic ischemic heart disease (ICD10:I25.89 Other forms of chronic ischemic heart disease) Unknown or N/A	Active	2015-10-01
Osteoarthritis involving, or with mention of more than one site, but not specified as generalized, multiple sites (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2015-10-01
Polyneuropathy in collagen vascular disease (ICD10:G63 Polyneuropathy in diseases classified elsewhere) Unknown or N/A	Active	2015-10-01
Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Right above the knee amputation Unknown or N/A	Active		
chest surgery 2005 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: Gentle Care Home Health, LLC.

Primary Justification Medical Conditions: Depression,diabetes,Heart_Failure

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 left below knee amputation and inability to self medicate currently.

Certification Statement: Patient is home bound due to osteoarthritis and left below knee amputation. Patient has unsteady, painful ambulation with extremely poor balance. Requires supportive device of wheelchair and special transportation when leaving home.

Signed by (NP): 16

Signed On (NP): 2016-08-17 05:49

Signed By (Physician): 18

Signed on (Physician): 2016-08-24 05:49

Form_status: finalized

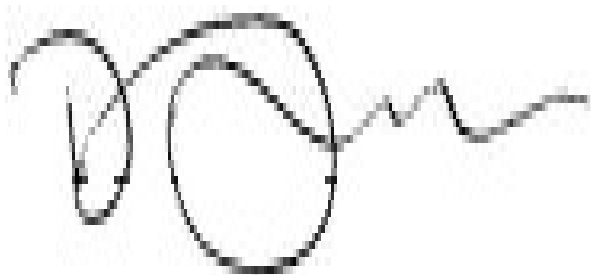
DME:

Description	Status	Start Date	End Date
crutches Unknown or N/A	Active	2015-04-07	
Patient is amputated at knee I have ordered him a Standard Wheelchair at Ace Medical Supply. (ICD9:V49.75 Below knee amputation status) Unknown or N/A	Active		
Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication ordered prosthetic left leg from Reliant Prosthetics (ICD9:897.2 Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication) Unknown or N/A	Active		

Procedure Order:

Patient ID	3846	Order ID	842
Patient Name	Marshall, Kevin	Ordered By	Love-Jones, Derrick
Order Date	2016-09-22	Print Date	2016-09-22
Order Status	complete	Encounter Date	2016-09-22
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-22		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		

A handwritten signature in black ink, featuring a large, stylized 'D' followed by a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-08-24**.

Printed on 22-Sep-2016 17:40:30 pm.