

Dianne Gipson: Patient Information
Patient Record Number:2287

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: Dianne Gipson
External ID: 2287
DOB: 1946-04-25
Sex: Female
S.S.: 450-74-2889
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5Y18xam5tVjZwNW8>

Address: 12245 Galva Sreet
City: Dallas
State: Texas
Postal Code: 75243
Country: USA
Home Phone: 214-859-2173
Mobile Phone: 214-407-3129
Street Address: 12245 Galva Sreet
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-11-2017.
Risk Factors: Degenerative Joint Disease,Gout.
Additional Medical History: Congestive heart failure, obesity, bronchitis, and edema..

Family History:

Last Recorded On: 01-11-2017.
Mother: Mother has hypertension..
Offspring: Has one son..

Primary Family Med Conditions:

Last Recorded On: 01-11-2017.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 01-11-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol abuse. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Work Status: Disabled.
Other History: Patient uses cane..

Tests and Exams:

Last Recorded On: 01-11-2017.
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 05/05/2014, at MetroStat Diagnostic

Services ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 05/05/2014, at MetroStat Diagnostic

Services ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 05/05/2014, at MetroStat

Diagnostic Services ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 05/05/2014, at MetroStat Diagnostic Services
ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2011-04-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-08-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Primary

Start Date : 2015-11-04

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2013-07-09

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Secondary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Secondary

Start Date : 2015-09-02

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 450742689B

Group Number :

Employer Name : Dianne Gipson

Copay :

Insured ID Number : 500000043738

Group Number :

Employer Name : Dianne Gipson

Copay :

Insured ID Number : 450742689B

Group Number :

Employer Name : Dianne Gipson

Copay :

Insured ID Number : 508837632

Group Number :

Employer Name : Dianne Gipson

Copay :

Insured ID Number : 508837632

Group Number :

Employer Name : Dianne Gipson

Copay :

Insured ID Number : 508837632

Group Number :

Employer Name : Dianne Gipson

Immunizations:

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Followup home visit for management of osteoarthritis, congestive heart failure, neuropathy, gastroesophageal reflux disease, coronary artery disease, chronic obstructive pulmonary disease, asthma, gout, chronic pain, morbid obesity, and atrial fibrillation. Patient complains of knee and hip pain.

Patient is a 70-year-old African-American female in no acute distress with multiple chronic conditions of osteoarthritis, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, asthma, and atrial fibrillation. Patient complains of knee and hip pain and rates her current pain today at 7/10 on pain scale, some relief with pain medication. Patient denies any new issues upon examination.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-29	139	78	282.00	66.00	97.60	16.00	~	45.5	0.00

No **Thought Content**

Respiratory Effort Unloaded Good With No Wall Limits.

Description	Status	Start Date	End Date
Lisinopril .5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-11-29	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lasix ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
Warfarin Sodium ,3 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-01
Xanax ,0.5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY WITH FOOD, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-01
Amoxicillin ,500 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-26
Warfarin Sodium ,3 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-26
Albuterol Sulfate ,(2.5 MG/3ML) 0.083% NEBU, USE 1 UNIT DOSE IN NEBULIZER EVERY 4 HOURS AS NEEDED, Quantity: 1080, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-12
Warfarin Sodium ,5 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-12
Albuterol Sulfate ,(2.5 MG/3ML) 0.083% NEBU, USE 1 UNIT DOSE IN NEBULIZER EVERY 4 HOURS AS NEEDED, Quantity: 1080, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-19
Promethazine-DM ,6.25-15 MG/5ML SYRP, TAKE 1 TO 2 TEASPOONSFUL EVERY 6 HOURS AS NEEDED, Quantity: 1200, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-19
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	2015-05-12
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-16
Amoxicillin ,500 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-16
Allopurinol ,300 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-13

Lasix ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-13
Potassium Chloride ER ,10 MEQ TBCR, TAKE 1 TABLET DAILY WITH FOOD, Quantity: 90, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-13
Warfarin Sodium ,3 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-13
Lasix ,20 MG TABS, 1 TAB DAILY IN THE EVENING, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-02-16

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with same medications. No new medications noted at this visit. Medication adherence education was given to the patient and the patient was educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to the 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. Patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Discussed treatment plan with the patient. Prognosis is fair and patient is stable at this time. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Neuropathy, continue current plan.
2. Congestive heart failure with systolic complications, continue current plan.
3. Coronary artery disease, continue current plan.
4. Chronic pain syndrome, continue current pain medications.
5. Osteoarthritis with chronic pain, continue current plan.
6. Chronic obstructive pulmonary disease/asthma, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Gout, continue current plan.
9. Urinary incontinence, continue current plan.
10. Morbid obesity, continue current plan.
11. Atrial fibrillation, continue current plan.

Medication refills as follows,
Allopurinol 300 mg t.i.d.
Lasix 40 mg q.d.
Lisinopril 5 mg q.d.
Norco 10/325 mg t.i.d.
Xanax 0.5 mg t.i.d.
Potassium Cl 10 mEq q.d.
Symbicort.

Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, lower leg (ICD10:M17.9 Osteoarthritis of knee, 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	

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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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 essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Edema (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-10-01
Atrial fibrillation (ICD10:I48.91 Unspecified atrial fibrillation) 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
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01
Other malaise and fatigue (ICD10:R53.81 Other malaise) (ICD10:R53.83 Other fatigue) 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
Pain in joint, pelvic region and thigh (ICD10:M25.559 Pain in unspecified hip) 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
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Benign hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) 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
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD9:428.0 Congestive heart failure, unspecified) Unknown or N/A	Active	

Allergies:

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

Description	Status	Start Date	End Date
colonoscopy in 2012 Unknown or N/A	Active		

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: NO

Next Visit Duration (in days): 31

Current home health agency: Promise Home Health, Inc

Primary Justification Medical Conditions: Atrial_Fibrillation,COPD,Heart_Failure,Heart_Disease

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is home bound due to limited mobility issues and morbid obesity

Certification Statement: No SN needed at this time

Signed by (NP): 16

Signed On (NP): 2016-11-29 02:19

Signed By (Physician): 18

Signed on (Physician): 2016-12-06 02:19

Form_status: finalized

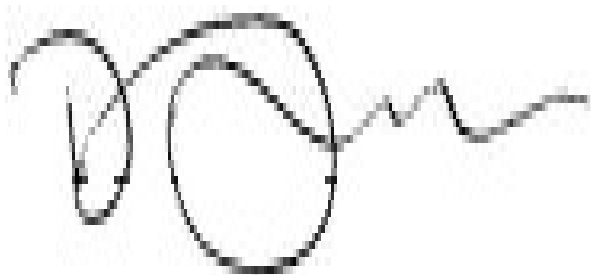
DME:

Description	Status	Start Date	End Date
XL Protective Underwear Unknown or N/A 2015-05-07 by Dr. Sumana Ketha	Active	2015-05-07	
Disposable underpads Unknown or N/A 2015-05-07 by Dr. Sumana Ketha	Active	2015-05-07	
Aloetouch Wipes Unknown or N/A 2015-05-07 by Dr. Sumana Ketha	Active	2015-05-07	
Soothe & Cool Moisture Barrier Cream Unknown or N/A 2015-05-07 by Dr. Sumana Ketha	Active	2015-05-07	

Procedure Order:

Patient ID	2287	Order ID	1376
Patient Name	Gipson, Dianne	Ordered By	Love-Jones, Derrick
Order Date	2017-01-12	Print Date	2017-01-12
Order Status	complete	Encounter Date	2017-01-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-12		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-12-06**.

Printed on 12-Jan-2017 21:39:50 pm.