

Billie Piggee: Patient Information
Patient Record Number:5640

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: Billie R Piggee
External ID: 5640
DOB: 1945-09-24
Sex: Female
Marital Status: Widowed
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5OGdkWXYtaXEtbjQ>

Address: 2255 North Washington Ave #212
City: Dallas
State: Texas
Postal Code: 75204
Country: USA
Home Phone: 214-264-9146
Mobile Phone: 214-777-3830
Street Address: 2255 North Washington Ave
Apt/Suite/Other: 212

Past Medical History:

Last Recorded On: 12-24-2016.
Risk Factors: Chronic Pain,GERD,Lumbago,Neuropathy.

Family History:

Last Recorded On: 12-24-2016.
Father: Father also died had DM2 and HTN.
Mother: Mother died with DM2, MI, CKD, and CVA..
Siblings: No siblings.
Offspring: Patient has 5 children, 4 boys and 1 girl. All healthy..
Other Family Relative: Grandfather had throat cancer and grandmother had leukemia..

Primary Family Med Conditions:

Last Recorded On: 12-24-2016.
Chronic Conditions: Acute Myocardial Infarction,Chronic Kidney Disease,Diabetes,Hypertension,Stroke / Transient Ischemic Attack.

Social History:

Last Recorded On: 12-24-2016.
Tobacco: Never smoker No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug abuse **Status:** Never
Nutrition History: Good..
Developmental History: Good..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-24-2016.

LIPIDS (once year unless chol meds) Normal Done on 02/05/2016 at Evolution Lab, Ordered by Dr. Ketha.

Mammogram (>40yrs, Yearly) N/A Done on August 25th.

Sigmoid/Colonoscopy N/A Done.

Prostate Exam N/A Not done.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1987-12-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 457761881A

Group Number :

Employer Name : Billie Piggee

Immunizations:

Billie Piggee: Chief Complaint
Patient Record Number:5640

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Seen by Derrick Love-Jones
Seen on 14-November-2016

Chief Complaint Status:finalized

Followup home visit for management of cataracts, peripheral neuropathy, schizophrenia, asthma, lumbago, bipolar, glaucoma, osteoarthritis, gastroesophageal reflux disease, hypertension, chronic pain, mononeuritis, and hyponatremia. Patient complains of sinus pain, cough, runny nose, chills and lower back pain.

History of Present illness:

HPI Status:Finalized

A 71-year-old African-American female in no acute distress with multiple chronic conditions including neuropathy, hypertension, cataract, and osteoarthritis. Patient has had nasal drainage for about 3-4 days. Patient also states she has been having chronic low back pain that is relieved with current pain medication. Patient rates her current pain today at 7/10. Patient denies any chest pain, headache, or nausea or vomiting. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-14	143	78	217.00	67.00	97.40	16.00	~	34.0	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

NO DISCLOSURE TO BE MADE

Not Intended for Release

Department of Business

No. ~~2014-117~~ 117-1000 **State of Tennessee**

No Change in Time Perception

No FD Angled Braces Y

No Blame for Student

No Bledin Gums

No Hoarseness

No Use Of Dentures

Physical Exam:

REMARKS:

[illegible]

EXTREMITIES:

Subsequent to the completion of the 2008 Annual Meeting, the Board of Directors has not adopted any new or amended policies or procedures relating to the limits on directorships.

CV:

ROB: Within Nominal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
RisperidONE ,1 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-11-15	
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 encouraged to continue weight loss efforts via daily exercise as tolerated. No labs needed this visit. 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. The patient verbalized understanding of the above plan, and was given the office number for any questions or concern. Prognosis is fair and patient is stable. Medication adherence was given to the patient. Continue treatment as planned. Patient was given card with number to the office for any questions or concerns. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular complications, continue current plan.
2. Anxiety, continue current plan.
3. Asthma, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Lumbago with chronic pain, continue current plan.
6. Neuropathy, continue current plan.
7. Bipolar, continue current plan.
8. Cataracts, continue current plan.
9. Glaucoma, continue current plan.
10. Osteoarthritis with chronic pain, continue current plan.
11. Gastroesophageal reflux disease, continue current plan.
12. Allergic rhinitis, continue current plan.
13. Schizophrenia, continue current plan.

Medication refills as follows:

Lisinopril q.d.

Norco 10/325 mg t.i.d.

Alprozolam.

ASA 81 mg q.d.

ProAir INH

Surgeries:

Description	Status	Start Date	End Date
Gallbladder 1988 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: Promise Home Health Inc

Primary Justification Medical Conditions: Asthma,bipolar,Cataract,Depression,Glaucoma,HTN,Osteoporosis,Schizophrenia

Additional Medical Conditions:

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: Skilled nursing needed due to schizophrenia and unable to self medicate.

Certification Statement: Patient is home-bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-11-14 03:37

Signed By (Physician): 18

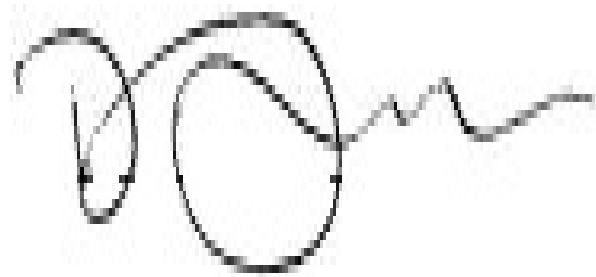
Signed on (Physician): 2016-11-21 03:37

Form_status: finalized

Procedure Order:

Patient ID	5640	Order ID	1154
Patient Name	Piggee, Billie R	Ordered By	Love-Jones, Derrick
Order Date	2016-12-25	Print Date	2016-12-25
Order Status	complete	Encounter Date	2016-12-25
Lab	.HH Agency	Specimen Type>	

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

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending from the end.

Electronically Signed by **Derrick Love-Jones** on **2016-11-21**.

Printed on 25-Dec-2016 13:16:51 pm.