

Mariangela White: Patient Information
Patient Record Number:5929

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: Mariangela White

External ID: 5929

DOB: 1948-09-27

Sex: Female

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfnVLbXcySmhKeFZtREFzei1vVW02b2QzNDBZWwtJc0ZBaW1BQ1B6aUJPM00

Address: 2541 Lands End Drive

City: Carrollton

State: Texas

Postal Code: 75006

Country: USA

Home Phone: 469-305-9229

Street Address: 2541 Lands End Drive

Apt/Suite/Other: House

Family History:

Last Recorded On: 11-09-2016.

Father: Father died with lung cancer..

Mother: Mother died with coronary artery disease and myocardial infarction..

Siblings: One brother died..

Offspring: One son, healthy..

Social History:

Last Recorded On: 11-09-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Good..

Developmental History: Well..

Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2002-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Physicians Mutual Insurance Company (47027)
Priority : Secondary
Start Date : 2015-12-03
Relationship to Insured : Self
Type : N/A
Payer : Mutual of Omaha Insurance Company (71412)
Priority : Secondary
Start Date : 2016-06-01
Relationship to Insured : Self
Type : N/A
Payer : Physicians Mutual Insurance Company (47027)

Copay :
Insured ID Number : 479621826A
Group Number :
Employer Name : Mariangela White
Copay :
Insured ID Number : 100119334
Group Number :
Employer Name : MARIANGELA WHITE
Copay :
Insured ID Number : 100119334
Group Number :
Employer Name : MARIANGELA WHITE
Copay :
Insured ID Number : 100119334
Group Number :
Employer Name : MARIANGELA WHITE

Immunizations:

Mariangela White: Chief Complaint
Patient Record Number:5929

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Seen by Darolyn Perkins
Seen on 08-September-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline in chronic conditions of epilepsy, hypertension, cerebrovascular effects, urinary incontinence, chronic pain, osteoarthritis, and neuropathy. Patient complains of growth around peg tube.

History of Present illness:

HPI Status:Finalized

A 68-year-old white female in NAD with multiple chronic conditions of epilepsy, hypertension, cerebrovascular effects, urinary incontinence, chronic pain, osteoarthritis, and neuropathy. Patient complains of growth around peg tube. Growth is new. It is not painful. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-08			0.00	0.00	0.00	0.00		0.0	0.00

Review of Systems:

Constitutional:

General/History/Analogic:

No Change in Weight
No Change in Appetite
No Change in Breath
No Change in Sleep
No Change in Energy
No Change in Dependence
No Change in Thoughts
No Change in Feelings
No Change in Interests
No Change in Appetite
No Change in Urine
No Change in Range Of Motion
No Change in Bowel
No Change in Difficulties
No Change in Menses

Physical Exam:

HEENT:

HEENT-Within Normal Limits .

ENT:

ENT-Within Normal Limits .

CV:

CV-Within Normal Limits .

Murmur, Rubs,Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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LevETIRAcetam ,100 MG/ML SOLN, Take 1 teaspoon ,5 ML, twice daily, Quantity: 473, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-13
LevETIRAcetam ,100 MG/ML SOLN, Take 1 teaspoon ,5 ML, twice daily, Quantity: 473, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-13
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
CloNIDine HCl ,0.1 MG TABS, 1 tab a daily, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
CloNIDine HCl ,0.1 MG TABS, 1 tab a daily, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 1, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 1, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ipratropium-Albuterol ,0.5-2.5 (3) MG/3ML SOLN, BID, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ipratropium-Albuterol ,0.5-2.5 (3) MG/3ML SOLN, BID, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
LevETIRAcetam ,100 MG/ML SOLN, 75ml qd, Quantity: 300, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
LevETIRAcetam ,100 MG/ML SOLN, 75ml qd, Quantity: 300, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06

Lisinopril ,5 MG TABS, PLACE 1 TABLET ON THE TONGUE AND ALLOW TO DISSOLVE TWO TIMES DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Lisinopril ,5 MG TABS, PLACE 1 TABLET ON THE TONGUE AND ALLOW TO DISSOLVE TWO TIMES DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ondansetron ,4 MG TBDP, TID, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ondansetron ,4 MG TBDP, TID, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 180, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 180, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue doing medications, Medication adherence education was given to the patient and the patient educated on the benefits of those salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, excessive shortness of breath, excessive headache, blurry vision or a systolic blood pressure greater than 200. Patient encouraged to have physical therapy daily. No labs needed this visit. The patient verbalize understanding of the above playing and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Referred patient to see primary care physician for growth.

1. Shortness of breath, continue to monitor.
2. Hypertension with vascular complications, continue current plan.
3. Epilepsy, continue current plan.
4. Urinary incontinence, continue current plan.
5. Cerebrovascular effects, continue to monitor.
6. Osteoarthritis, continue current plan.
7. Neuropathy, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Shortness of breath (ICD10:R06.02 Shortness of breath) Unknown or N/A	Active	2016-09-08	
Wheezing (ICD10:R06.2 Wheezing) Unknown or N/A	Active	2016-08-17	
Urge incontinence (ICD10:N39.41 Urge incontinence) Unknown or N/A	Active	2016-08-17	
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	2016-07-14	

Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-03-29
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-03-29
Epilepsy, unspecified, not intractable, with status epilepticus (ICD10:G40.901 Epilepsy, unspecified, not intractable, with status epilepticus) Unknown or N/A	Active	2016-02-17
Acute vaginitis (ICD10:N76.0 Acute vaginitis) Unknown or N/A	Active	2016-02-17
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-02-17
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-12-15
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-12
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01
Other late effects of cerebrovascular disease (ICD10:I69.998 Other sequelae following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) 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
Epilepsy, unspecified, without mention of intractable epilepsy (ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
Peanuts, fish, sulphur, bean Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
No fracture. 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

Primary Justification Medical Conditions: Epilepsy,HTN

Additional Medical Conditions: cerebrovascular accident effects, dysphagia, seizures, urinary incontinence, bed bound, abnormal gait.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to uncontrolled seizures, CVA effects, bed bound, and inability to self medicate currently.

Certification Statement: Patient is home bound due to CVA effects, and uncontrolled seizures. Patient requires the assistance of another person at all times to leave home.

Signed by (NP): 302

Signed On (NP): 2016-09-08 05:18

Signed By (Physician): 18

Signed on (Physician): 2016-09-15 05:18

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-09-15**.

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