

**Bobbie Rice: Patient Information**  
Patient Record Number:6217

**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:** Bobbie J Rice  
**External ID:** 6217  
**DOB:** 1947-10-20  
**Sex:** Female  
**S.S.:** 451-84-3917  
**Marital Status:** Single

**Address:** 8630 Tonawanda Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75217  
**Country:** USA  
**Guardian's Name:** Debra ( Daughter)  
**Emergency Phone:** 469-671-4602  
**Mobile Phone:** 940-703-3065  
**Street Address:** 8630 Tonawanda Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 11-24-2016.  
**Father:** Father is died, complains of prostate cancer, coronary artery disease, and diabetes mellitus 3..  
**Mother:** Mother is died, complains of coronary artery disease..  
**Siblings:** One brother is died. One sister died with complains of CVA and hypertension. .  
**Other Family Relative:** One boy and two girls..

## Social History:

**Last Recorded On:** 11-24-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drugs. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.  
**Other History:** Influenza in 2015. Pneumovax 5 years ago..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1994-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 451843917A  
**Group Number :**  
**Employer Name :** Bobbie Rice  
**Copay :**  
**Insured ID Number :** 511173066  
**Group Number :**  
**Employer Name :** Bobbie Rice

**Immunizations:**

**Bobbie Rice: Chief Complaint**  
Patient Record Number:6217

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**Seen by** Derrick Love-Jones  
**Seen on** 13-October-2016

**Chief Complaint Status:**finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypothyroidism, chronic kidney disease stage-3, Hodgkin's disease, gastroesophageal reflux disease, hypertension with vascular complications, chronic pain syndrome, vitamin D deficiency, depression, insomnia, anxiety, chronic obstructive pulmonary disease, and osteoarthritis with chronic pain. Patient complains of back pain and knee pain.

**History of Present illness:**

**HPI Status:**Finalized

A 69-year-old African-American female in NAD with multiple chronic medical conditions of the following, hypothyroidism, chronic kidney disease stage-3, Hodgkin's disease, gastroesophageal reflux disease, hypertension with vascular complications, chronic pain syndrome, Vitamin D deficiency, depression, insomnia, anxiety, chronic obstructive pulmonary disease, and osteoarthritis with chronic pain. Patient complains of knee pain and lower back pain. Patient has a history chronic knee pain due to osteoarthritis. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting at this time.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-13	131	71	305.00	72.00	97.80	16.00	~	41.4	0.00

**Review of Systems:**

**Constitutional:**

**Weight** 305.00 lbs

**Temperature** 97.80 F

**No** 131/71 mmHg

**No** 131/71 mmHg

**No** 131/71 mmHg

**No** 131/71 mmHg

**No** 131/71 mmHg

**No** 131/71 mmHg

**No** 131/71 mmHg

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**No** 131/71 mmHg

**No** 131/71 mmHg

**No** 131/71 mmHg

**Physical Exam:**

**HEENT:**

**Head** 305.00 lbs

**HEENT:**

**Head** 305.00 lbs

**HEENT:**

**Head** 305.00 lbs

**HEENT:**

**Head** 305.00 lbs

Respirator Effort Unlabored-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
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Simvastatin ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
BuPROPion HCl ER (SR) ,150 MG TB12, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Clonazepam ,2 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-04
Doxepin HCl ,10 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-04
Hydrochlorazepam HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-04
Levothyroxine Sodium ,25 MCG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-04
Simvastatin ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-04
Trazodone HCl ,100 MG TABS, TAKE 1/2 TO 2 TABS AT BEDTIME, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-04

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. 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. Reviewed recent labs with patient. No labs need at this visit. The patient verbalized 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. Osteoarthritis with chronic pain, continue current plan.
2. Chronic kidney disease stage-3, continue current plan.
3. Chronic obstructive pulmonary disease/asthma, continue current plan.
4. Anxiety continue current plan
5. Lumbago with chronic pain, continue current plan.
6. Chronic pain syndrome, continue current pain medication.
7. Hypothyroidism, continue current plan.
8. Hodgkin's disease, continue current plan.
9. Gastroesophageal reflux disease, continue current plan.
10. Hypertension with vascular complications, continue current plan.
11. Hyperlipidemia, continue current plan.
12. Gout, continue current plan.
13. Vitamin D deficiency, continue current plan.
14. Depression, continue current plan.
15. Insomnia, continue current plan.
16. Coronary artery disease, continue current plan.
17. Visual impairment, continue to monitor.

Medication refills as follows:

Carvideol 25 mg b.i.d.  
Tramadol 50 mg t.i.d.  
Vitamin D 50,000 q weekly.  
Trazodone 100 mg 1/2-2 tabs q.h.s.  
Hydralizine 50 mg b.i.d.  
Doxepin 10 mg q.h.s.  
Simvastatin 20 mg q.d.  
Clonazepam 2 mg q.h.s.  
Zolpidem 10 mg q.h.s.  
Levothyroxin 25 mcg q.d.  
Symbicort 2 puff q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Chronic kidney disease, stage 3 (moderate) ( ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-10-13	
Chronic obstructive pulmonary disease, unspecified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-10-13	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-10-13	
Idiopathic gout, unspecified site ( ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-09-07	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-03	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-30	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-30	
Hypothyroidism, unspecified ( ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-06-30	
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	2016-06-30	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-30	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-28	
Low vision, both eyes ( ICD10:H54.2 Low vision, both eyes) Unknown or N/A	Active	2016-05-28	
Difficulty in walking, not elsewhere classified ( ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2016-05-28	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-28	

## Allergies:

Description	Status	Start Date	End Date
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Codiene, ASA, and Penicillin  
Unknown or N/A

Active

## Surgeries:

Description	Status	Start Date	End Date
Tubal surgery age unknown. Unknown or N/A	Active		
Throat Surgery in 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:** LG Charity Home Health

**Primary Justification Medical Conditions:** Hypothyroidism,Asthma,Kidney\_Disease,COPD,Depression,hyperlipidemia,HTN

**Additional Medical Conditions:** Hodgkin's Dz, Insomnia, GERD, Vit D Deficiency

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Patient is homebound due to severe depression and severe pain.

**Certification Statement:** Skilled nursing is needed due to severe depression and then ability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-13 04:42

**Signed By (Physician):** 18

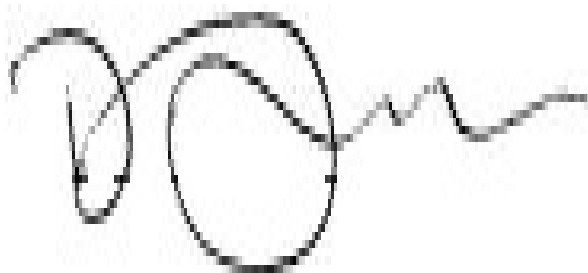
**Signed on (Physician):** 2016-10-20 04:42

**Form\_status:** finalized

## Procedure Order:

Patient ID	6217	Order ID	1116
Patient Name	Rice, Bobbie J	Ordered By	Love-Jones, Derrick
Order Date	2016-11-24	Print Date	2016-11-24
Order Status	complete	Encounter Date	2016-11-24
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-24		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-20**.

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