

Vicky Tyndall: Patient Information
Patient Record Number:5856

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: Vicky Tyndall
External ID: 5856
DOB: 1956-04-03
Sex: Female
User Defined: patient is always home
genericval1: 972-557-7888
Patient Drive Folder: 0B0x_tbqdBDPhN1N4LWR3c3BjdFE

Address: 9829 Mill Valley Lane
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Home Phone: 972-557-7888
Mobile Phone: 214-643-2324
Street Address: 9829 Mill Valley Lane
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 02-03-2017.
Risk Factors: Incontinence.
Additional Medical History: Morbid obesity, sleep apnea, and bed bound..

Family History:

Last Recorded On: 02-03-2017.
Father: Father deceased..
Mother: Mother deceased with DJD, dementia, and Alzheimer disease..
Siblings: Four sisters..
Offspring: One daughter, healthy..

Primary Family Med Conditions:

Last Recorded On: 02-03-2017.
Risk Factors: Degenerative Joint Disease.
Chronic Conditions: Alzheimers,Senile Dementia.

Social History:

Last Recorded On: 02-03-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Educational level is 12th grade..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 02-03-2017.

Vitamin D (6 mo if on pills) Normal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Normal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 02/22/2016 at Evolution Health-Lab Services , Ordered by Dr. Ketha.

Sigmoid/Colonoscopy N/A done in 2014

Insurance:

United Health Care (87726)

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : United Health Care (87726)

Priority : Primary

Start Date : 2015-09-01

Relationship to Insured : Self

Type : N/A

Payer : Humana (61101)

Copay :

Insured ID Number : 757618701

Group Number :

Employer Name : Vicky Tyndall

Copay :

Insured ID Number : H66044316

Group Number :

Employer Name : Vicky Tyndall

Immunizations:

Vicky Tyndall: Chief Complaint
Patient Record Number:5856

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Seen by Sumana Ketha MD
Seen on 22-November-2016

Chief Complaint Status:finalized

Follow up home visit for management of gastroesophageal reflux disease, cellulitis, osteoarthritis, chronic obstructive pulmonary disease, chronic pain, asthma, vitamin D deficiency, chronic kidney disease stage-3, sleep apnea, rheumatoid arthritis, bed-bound, urinary incontinence, and chronic urinary tract infection. Patient complains of shortness of breathe.

History of Present illness:

HPI Status:Finalized

Patient is a 60-year-old Caucasian female in no acute distress with multiple chronic conditions of gastroesophageal reflux disease, cellulitis, osteoarthritis, chronic obstructive pulmonary disease, chronic pain, asthma, vitamin D deficiency, chronic kidney disease stage-3, sleep apnea, rheumatoid arthritis, bed-bound, urinary incontinence, and chronic urinary tract infection. Patient states that she has had shortness of breath for several days and she has not had any relief. Patient states that it has kept her awake at night. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-22	104	78	405.00	66.00	97.60	16.00	~	65.4	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Immunologic:

No weight loss
No fatigue
No fevers/chills
No night sweats
No dry mouth
No change in hair
No body pain
No paresthesia
No change in range of motion YES

Physical Exam:

HEENT:

Oral cavity - Within Normal Limits .

EXTREMITIES:

Extremities - Within Normal Limits .

CYMPH:

Respiratory (Cardiac) - Within Normal Limits .

MUSC:

Strength - Abnormal Limits .

Stability- Abnormal Limits.Unstable .

Medication:

Description	Status	Start Date	End Date
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Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-27
Famotidine ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-27
Famotidine ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-25
Furosemide ,40 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-25
Bactrim DS ,800-160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-30
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
Lasix ,40 MG TABS, ONE TAB ONCE A DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-28
Famotidine ,20 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10
Lasix ,40 MG TABS, ONE TAB ONCE A DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-10

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan for previous diagnosis. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient educated on benefits of low salt, low-fat, low cholesterol diet with current medical issues. 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 get out of bed daily to prevent bedsores. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Patient is on home oxygen 3L via nasal cannula continuously. Patient uses CPAP nightly and is in need of continuous moisturizer due to dryness. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Chronic obstructive pulmonary disease/asthma, continue current plan.
2. Gastroesophageal reflux disease, continue current plan.
3. Sleep apnea, continue current plan.
4. Chronic kidney disease stage-3, continue current plan.
5. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
6. History of cellulitis, continue to monitor
7. Vitamin D deficiency, continue current plan.
8. Urinary incontinence, continue current plan.
9. Bed-bound, continue to monitor.

Medication refills as follows:

Lasix 40 mg 1/2 tab q.d.
Famotidine 20 mg q.d.
Vitamin D 50,000 q. weekly
Bactrim DS q.d.

Medical Problem:

Description	Status	Start Date	End Date
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-11-22	
Encounter for fitting and adjustment of unspecified left artificial arm (ICD10:Z44.002 Encounter for fitting and adjustment of unspecified left artificial arm) Unknown or N/A	Active	2016-05-12	
Vitamin D deficiency, unspecified (ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2016-04-25	
Obstructive and reflux uropathy, unspecified (ICD10:N13.9 Obstructive and reflux uropathy, unspecified) Unknown or N/A	Active	2016-04-25	
Cellulitis, unspecified (ICD10:L03.90 Cellulitis, unspecified) Unknown or N/A	Active	2016-03-29	
Chronic kidney disease, stage 3 (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-03-01	
Dry mouth, unspecified (ICD10:R68.2 Dry mouth, unspecified) Unknown or N/A	Active	2016-01-25	
Bed confinement status (ICD10:Z74.01 Bed confinement status) Unknown or N/A	Active	2016-01-13	
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-01-13	
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2015-12-18	
Sleep apnea, unspecified (ICD10:G47.30 Sleep apnea, unspecified) Unknown or N/A	Active	2015-12-18	
Edema, unspecified (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-11-16	
Other specific arthropathies, not elsewhere classified, unspecified site (ICD10:M12.80 Other specific arthropathies, not elsewhere classified, unspecified site) Unknown or N/A	Active	2015-11-16	
Encounter for fitting and adjustment of urinary device (ICD10:Z46.6 Encounter for fitting and adjustment of urinary device) Unknown or N/A	Active	2015-11-14	
Mixed incontinence (ICD10:N39.46 Mixed incontinence) Unknown or N/A	Active	2015-11-14	
Dependence on supplemental oxygen (ICD10:Z99.81 Dependence on supplemental oxygen) Unknown or N/A	Active	2015-11-14	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Apnea (ICD10:R06.81 Apnea, not elsewhere classified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) 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
Neurogenic bladder NOS (ICD10:N31.9 Neuromuscular dysfunction of bladder, unspecified) Unknown or N/A	Active	2015-10-01
Other diseases of lung, not elsewhere classified (ICD10:J98.4 Other disorders of lung) 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
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Cellulitis and abscess of trunk (ICD10:L03.319 Cellulitis of trunk, unspecified) Unknown or N/A	Active	2015-10-01
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) 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
C-Section in 1989 Unknown or N/A	Active		
Intubated x2 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Lucent Home Health, LLC

Primary Justification Medical Conditions: Asthma,COPD

Additional Medical Conditions: Obesity and sleep apnea.

Nursing Required: YES

Physical Therapy: YES

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to uncontrolled COPD, bed bound, and educating on medication adherence.

Certification Statement: Patient is bed bound and is unable to leave home due to COPD and uncontrollable coughing and extreme SOB. Patient is on home oxygen 3L via nasal cannula continuously. Patient uses CPAP nightly and is in need of continuous moisturizer due to dryness.

Signed by (NP): 16

Signed On (NP): 2016-11-22 03:32

Signed By (Physician): 18

Signed on (Physician): 2016-11-29 03:32

Form_status: finalized

Procedure Order:

Patient ID	5856	Order ID	1242
Patient Name	Tyndall, Vicky	Ordered By	Love-Jones, Derrick
Order Date	2017-02-04	Print Date	2017-02-04
Order Status	complete	Encounter Date	2017-02-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-02-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-11-29**.

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