

**Candy Henderson: Patient Information**  
Patient Record Number:6130

**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:** Candy Henderson  
**External ID:** 6130  
**DOB:** 1955-09-01  
**Sex:** Female  
**S.S.:** 452066077  
**Marital Status:** Single  
**User Defined:** 214-772-8122

**Address:** 3200 S Lancaster Rd  
**City:** Dallas  
**State:** Texas  
**Country:** USA  
**Emergency Contact:** Sister  
**Emergency Phone:** 214-284-0175  
**Home Phone:** 214-881-0001  
**Work Phone:** 214-772-8122  
**Mobile Phone:** 214-371-6080  
**Street Address:** 3200 S Lancaster Rd

## Family History:

**Last Recorded On:** 08-25-2016.  
**Father:** Unknown.  
**Mother:** Unknown.  
**Siblings:** Unknown.

## Social History:

**Last Recorded On:** 08-25-2016.  
**Tobacco:** No smoking **Status:**  
**Alcohol:** No Alcohol **Status:**  
**Recreational Drugs:** No drugs **Status:**  
**Nutrition History:** Regular.  
**Developmental History:** Well.

## Insurance:

### Molina Healthcare of Texas (Z1161)

**Priority :** Primary  
**Start Date :** 2016-03-02  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 242411603  
**Group Number :**  
**Employer Name :** Candy Henderson

## Immunizations:

**Candy Henderson: Chief Complaint**  
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**Seen by** Sumana Ketha MD  
**Seen on** 01-July-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of polio, hypertension, hyperlipidemia, diabetes mellitus 2, asthma, Vitamin D deficiency, and urinary incontinence. Patient complains of numbness and tingling in both feet.

**History of Present illness:**

**HPI Status:**Finalized

A 60-year old-African American female in NAD with multiple chronic conditions of the following of polio, hypertension, hyperlipidemia, diabetes mellitus 2, asthma, Vitamin D deficiency, and urinary incontinence. Patient does have a history of chronic pain from osteoarthritis. Patient states that she has numbness and tingling pain in both feet. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and a foot check revealed no other major issues. Patient denies any chest pain, headache, nausea vomiting upon examination.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-01	122	74	230.00	61.00	97.60	20.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**Weight loss:** No  
**Appetite:** No  
**Fatigue:** No  
**Weakness:** No  
**Change Of Motion:** No  
**Diarrhea:** No  
**Constipation:** No

**Physical Exam:**

**EXTREMITIES:**

**Upper Extremities:** No  
**Lower Extremities:** No

**HEENT:**

**Head:** No  
**Eyes:** No  
**Ears:** No  
**Nose:** No  
**Throat:** No

**HEENT:**

**Head:** No  
**Eyes:** No  
**Ears:** No  
**Nose:** No  
**Throat:** No

**PSYCH:**

**Mood:** No  
**Thoughts:** No

**RESP:**

**Respiratory Effort:** No  
**Respiratory Sound:** No

Respirator Effort Unlabored-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29	

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-16
NovoLIN 70/30 ,(70-30) 100 UNIT/ML SUSP, 50 Units in the am, 45 units in pm, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-23
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-10
Acyclovir ,400 MG TABS, TAKE 2 TABLETS EVERY 4 HOURS, 5 TIMES DAILY, Quantity: 70, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-22
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-12
Gabapentin ,300 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	2016-04-12
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-12
TRUEtest Test , STRP, USE 1 STRIP TWICE DAILY, Quantity: 60, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
Atorvastatin Calcium ,20 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-23

## 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 those so, 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. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

HTN w/vascular complications continue current plan  
DM2 w/neuropathy continue current plan  
ASTHMA continue current plan  
GERD continue current plan  
VIT D DEFICIENCY continue current plan  
HLD continue current plan  
CVA EFFECTS continue to monitor  
URINARY INCONTINENCE continue current plan

Medication refills as follows:  
Metformin 500mg bid

## Medical Problem:

Description	Status	Start Date	End Date
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	2016-07-01	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-01	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-07-01	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-18	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-18	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-03-18	
Vitamin D deficiency, unspecified ( ICD10:E55.9 Vitamin D deficiency, unspecified) Unknown or N/A	Active	2016-03-18	

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-03-18	

## Surgeries:

Description	Status	Start Date	End Date
Right Leg Fracture in 2015. Unknown or N/A	Active	2016-03-18	

## 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:** We care daycare

**Primary Justification Medical Conditions:** diabetes,hyperlipidemia,HTN,Mobility\_Impairments

**Additional Medical Conditions:** Polio, Asthma, 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 home-bound due to mobility issues and requires home visits.

**Certification Statement:** Patient requires skilled nursing due to uncontrolled diabetes type two and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-01 04:33

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-05 04:33

Form\_status: finalized

Procedure Order:

Patient ID	6130	Order ID	681
Patient Name	Henderson, Candy	Ordered By	Love-Jones, Derrick
Order Date	2016-08-27	Print Date	2016-08-27
Order Status	complete	Encounter Date	2016-08-27
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-27		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

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