

**Juanita Dawson: Patient Information**  
Patient Record Number:6209

**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:** Juanita Dawson  
**External ID:** 6209  
**DOB:** 1955-10-28  
**Sex:** Female  
**S.S.:** 437960444  
**Marital Status:** Divorced

**Address:** 109 Main Park Ln  
**City:** Duncanville  
**State:** Texas  
**Postal Code:** 75137  
**Country:** USA  
**Mobile Phone:** 972-217-0222  
**Street Address:** 109 Main Park Ln  
**Apt/Suite/Other:** Colonial Viallge ,Bulding#1,Apt#109,

## Family History:

**Last Recorded On:** 10-30-2016.  
**Father:** Father deceased of unknown disease..  
**Mother:** Mother deceased of unknown disease..  
**Siblings:** Two brother and one sister..  
**Offspring:** No children..

## Social History:

**Last Recorded On:** 10-30-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.  
**Other History:** Immunizations, none..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2015-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 437960444A  
**Group Number :**  
**Employer Name :** Juanita Dawson

## Immunizations:

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**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of memory issues, gastroesophageal reflux disease, chronic pain syndrome, coronary artery disease, hypertension with vascular complications, urinary incontinence, osteoarthritis with chronic pain, lumbago with sciatica, depression, anxiety, and bipolar. Patient complains of pain in her legs, knees and lower back.

**HPI Status:**Finalized

A 60-year-old African-American female in NAD with multiple chronic conditions of the following memory issues, gastroesophageal reflux disease, chronic pain syndrome, coronary artery disease, hypertension with vascular complications, urinary incontinence, osteoarthritis with chronic pain, lumbago with sciatica, depression, anxiety, and bipolar. Patient has a history of knee surgery that has left her with chronic pain. Patient also states she is having pain in both legs that starts in her back. Patient states her pain is relieved with current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-13	17	78	147.00	68.00	98.20	16.00	-	0.0	0.00

**Constitutional:**  
 No Change in Weight  
 No Change in Appetite  
 No Change in Thoughts  
 No Change in Manner of Motion  
 No Diarrhea  
 No Constipation

[illegible]

Description	Status	Start Date	End Date
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Atorvastatin Calcium ,10 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	2016-09-15
Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-15
ALPRAZolam ,0.5 MG TABS, Take 1 Tablet By Mouth Twice Daily As Needed For Anxiety, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-09-14
ALPRAZolam ,1 MG TABS, TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Tradjenta ,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	2016-07-27
VESicare ,5 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-24

## 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 was given to the patient. Educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise as tolerated. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with sciatica, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Bipolar, continue current plan.
4. Coronary artery disease, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Gastroesophageal reflux disease, continue current plan.
7. Coronary artery disease, continue current plan.
8. Anxiety, continue current plan.
9. Depression, continue current plan.
10. Memory loss, continue to monitor.
11. Urinary incontinence, continue current plan.

Medication refills of the following;

Norco 10/325 mg t.i.d.  
Metoprolol 25 mg q.d.  
Lisinopril 5 mg q.d.  
Alprozalam 1 mg t.i.d.  
Carisoprodol 350 mg b.i.d.  
Lipitor 10 mg q.h.s.  
Singular 10 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-09-13	
Chronic ischemic heart disease, unspecified ( ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-13	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-26	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-26	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-21	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-21	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-06-21	
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	2016-06-21	
Unspecified urinary incontinence ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-06-21	
Bipolar disorder, unspecified ( ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2016-06-21	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Knee surgery in 2016. Unknown or N/A	Active		
Breast Reduction in 2000. Unknown or N/A	Active		
Hysterectomy in 1997 Unknown or N/A	Active		
Hospitalized for chest pain. 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:

**Primary Justification Medical Conditions:** bipolar,Depression,HTN

**Additional Medical Conditions:** Memory Issues, Anxiety, CAD, GERD, Lumbago and Urinary Incontinence

**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:** Patient is homebound due to memory issues chronic depression in the inability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to memory issues and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-13 04:11

**Signed By (Physician):** 18

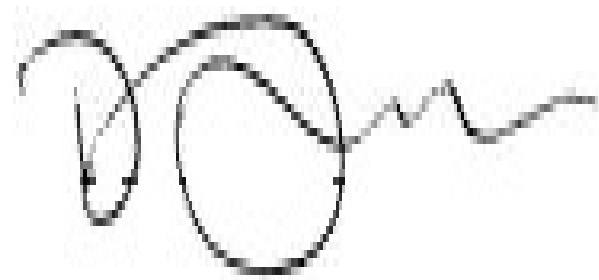
**Signed on (Physician):** 2016-09-20 04:11

**Form\_status:** finalized

## Procedure Order:

Patient ID	6209	Order ID	916
Patient Name	Dawson, Juanita	Ordered By	Love-Jones, Derrick
Order Date	2016-10-30	Print Date	2016-10-30
Order Status	complete	Encounter Date	2016-10-30
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-30		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-09-20**.

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