Carol Morton: Patient Information
Patient Record Number:3140

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texashousecalls.com

Name: Carol Morton
External ID: 3140
DOB: 1960-12-19
Sex: Female
S.S.: 451-29-5104
Marital Status: Married
User Defined: 214-580-6722
Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0AwTMa8jPNALTdtWkxEOGI2QVU

Address: 3729 Dunbar Street
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Emergency Contact: Ivory Dillard
Emergency Phone: 214-229-7310
Home Phone: 214-565-0979
Work Phone: 214-580-6722
Mobile Phone: 214-580-6722
Street Address: 3729 Dunbar Street
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-03-2016.
Risk Factors: Chronic Pain,Constipation,Degenerative Joint Disease,Insomnia.
Additional Medical History: Back pain..

Family History:

Last Recorded On: 11-03-2016.
Father: Father is alive..
Mother: Mother had diabetes mellitus, degenerative joint disease, and hypertension..
Siblings: Brother had deceased with dialysis and diabetes mellitus..
Offspring: Two children..

Primary Family Med Conditions:

Last Recorded On: 11-03-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 11-03-2016.
Tobacco: Current every day smoker Smokes 3-4 cigarettes a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Good..
Developmental History: Educational level is 1 year of college. .
Other History: Influenza vaccine in 2014, Tetanus in 2014, Pneumovax in 2014. PPD is negative..

Tests and Exams:

Last Recorded On: 11-03-2016.
Vitamin D (6 mo if on pills)   Abnormal   07/22/2014
TSH Thyroid-Stimulating Hormone (every year)   Normal   07/22/2014
CBC Complete Blood Count (3 months)   Normal   07/22/2014
CMP Comprehensive Metabolic Panel (3 months)   Abnormal   07/22/2014
LIPIDS (once year unless chol meds)   Normal   07/22/2014
LDL / HDL   Normal   07/22/2014
Urine Culture (prn)   Normal   07/22/2014
Mammogram (>40yrs, Yearly)   N/A   Gave script.
Sigmoid/Colonoscopy   N/A   Refused.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Copay :
Insured ID Number : 451295104A
Group Number :
Employer Name : Carol Morton

Priority : Secondary
Start Date : 2001-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)
Copay :
Insured ID Number : 502627451
Group Number :
Employer Name : Carol Morton

Immunizations:

Carol Morton: Chief Complaint
Patient Record Number:3140

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Seen by Darolyn Perkins
Seen on 22-September-2016

Chief Complaint Status:finalized
Follow up home visit to prevent further decline of the following chronic medical conditions: osteoarthritis, effusion of the joint, bipolar, hypertension, constipation, insomnia, chronic pain and lumbago. Patient complains of lower back and knee pain.

History of Present illness:

HPI Status: Finalized
A 55-year-old African-American female in NAD with multiple chronic conditions of osteoarthritis, effusion of the joint, bipolar, hypertension, constipation, insomnia, chronic pain, and lumbago. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently. Patient complains of back and knee pain which rated at 6/10

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-22	148	89	189.00	68.00	98.20	18.00	~	28.7	0.00

Review of Systems:

Constitutional:
[illegible]:
[illegible] YES
[illegible]
[illegible] Of Urine
[illegible] Of Motion
[illegible]
No Apnea
No Bleeding Gums
No [illegible]
No Use Of Dentures

Physical Exam:

[illegible]:
[illegible] Within Normal Limits .
EXTREMITIES:
[illegible] Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .
LYMPH:
[illegible] Within Normal Limits .
RESP:
[illegible] Within Normal Limits .
NEURO:
[illegible] Within Normal Limits .
PSYCH:
[illegible] Within Normal Limits .

Patient Appears To Be In Good Mood-Within Normal Limits .

Plan Note:

Plan Note Status: Finalized
Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient and the patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or

systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and patient is stable. Reviewed old records of the patient.

1. Lumbago with chronic pain, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Bipolar, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Insomnia, continue current plan.
7. Constipation, continue current plan.

No medication refills needed this visit.

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	2016-08-16	
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, 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	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	

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:
Primary Justification Medical Conditions: Rheumatoid Arthritis_Osteoarthr,HTN,diabetes
Additional Medical Conditions:
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: Skilled nursing needed due to chronic pain and mental illness and inability to self medicate correct.
Certification Statement: Patient is home bound due to chronic pain and mental illness. Patient is weak with poor balance and at risk for fall. Patient experience confusion at times and is unsafe to leave home alone.
Signed by (NP): 302
Signed On (NP): 2016-09-22 03:53
Signed By (Physician): 18
Signed on (Physician): 2016-09-28 03:53
Form_status: finalized
Printed:

Electronically Signed by **Darolyn Perkins** on **2016-09-29**.

Printed on 03-Nov-2016 21:45:05 pm.