

Patient Record Number:6285

Texas Physician House Calls (H)

2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texas-house-calls.com

Name: Ruth E Mccoy

External ID: 6285

DOB: 1951-06-06

Sex: Female

S.S.: 466929656

Marital Status: Single

Address: 1442 Carson St

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Mobile Phone: 214-694-3077

Street Address: 1442 Carson St

Apt/Suite/Other: House

Family History:

Last Recorded On: 12-30-2016.

Father: Father died with cancer and hypertension...

Mother: Mother died with cancer and hypertension..

Siblings: Two brothers and two sisters are alive, and one brother is died..

Offspring: None..

Social History:

Last Recorded On: 12-30-2016.

Tobacco: Smokes 1/2 packet per day. **Status:** Current

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Education level is 12th grade...

Other History: No immunizations..

Tests and Exams:

Last Recorded On: 12-30-2016.

Mammogram (>40yrs, Yearly) N/A Done in 2016.

Sigmoid/Colonoscopy N/A Done in 2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2007-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 466929656A
Group Number :
Employer Name : Ruth Mccoy
Copay :
Insured ID Number : 524658209
Group Number :
Employer Name : Ruth Mccoy

Immunizations:

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Description	Status	Start Date	End Date
Cipro ,250 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 10, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-09	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Alendronate Sodium ,70 MG TABS, TAKE 1 TABLET ONCE WEEKLY, Quantity: 12, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05

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 as tolerated. No labs needed this visit. 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 with the patient. Followup home visit in 2-3 weeks.

1. Hypertension with vascular, continue current plan.
2. Gastroesophageal reflux disease, continue current plan.
3. Anxiety, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Lumbago with chronic pain, continue current plan.
6. Osteoarthritis with chronic pain, continue current plan.

Medication refills as follows:

Amlodipine 10 mg q.d.
 Lisinopril/HCTZ 20/12.5 mg q.d.
 Xanax 0.5 mg b.i.d.
 Omeprazole 40 mg q.d.
 Norco 10/325 mg t.i.d.
 Alendronate 70 mg 1 tab q. weekly.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-11-17	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-10-07	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-07	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-10-07	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-31	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-31	

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	2016-08-31
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-08-31
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-31

Allergies:

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

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

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: Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Anxiety, GERD, Chronic Pain Syndrome, Lumbago

Nursing Required: NO

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 chronic pain.

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-11-17 02:56

Signed By (Physician): 18

Signed on (Physician): 2016-11-24 02:57

Form_status: finalized

Procedure Order:

Patient ID	6285	Order ID	1181
Patient Name	Mccoy, Ruth E	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Derrick Love-Jones** on **2016-11-24**.

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