

Sandra Demus: Patient Information
Patient Record Number:2093

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: Sandra L Demus
External ID: 2093
DOB: 1955-07-03
Sex: Female
S.S.: 466-13-2330
Marital Status: Single
genericval1: Only Derrick

Address: 12660 Jupiter Rd
City: Dallas
State: Texas
Postal Code: 75238
Country: USA
Mobile Phone: 469-685-3221
Street Address: 2660 Jupiter Rd
Apt/Suite/Other: Apt # 1515 Gate Code 0000

Family History:

Last Recorded On: 01-11-2017.
Father: Father alive died with hypertension and diabetes mellitus type 2. .
Mother: Mother is died with myocardial infarction and chronic obstructive pulmonary disease..
Siblings: One brother and two sisters are alive with complains of diabetes mellitus, hypertension, and also back and hip issues..
Offspring: One boy and one girl are alive and healthy..

Social History:

Last Recorded On: 01-11-2017.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza 2015. Tetanus questionable 2012. .

Tests and Exams:

Last Recorded On: 01-11-2017.
Mammogram (>40yrs, Yearly) N/A Mammogram done in 2012.
Sigmoid/Colonoscopy N/A Colonoscopy done in 2014.
PAP Smear N/A Pap done in 2013.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2005-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-09-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 466132330A
Group Number :
Employer Name : Sandra Demus
Copay :
Insured ID Number : 526103594
Group Number :
Employer Name : Sandra Demus

Immunizations:

Sandra Demus: Chief Complaint
Patient Record Number:2093

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Seen by Derrick Love-Jones
Seen on 20-October-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of diabetes mellitus type 2, hypertension, gastroesophageal reflux disease, chronic bronchitis, abnormal gait, cerebrovascular effects, muscle spasms, and hypothyroidism. Patient complains of pain in her hips.

History of Present illness:

HPI Status:Finalized

Patient is a 61-year-old African-American female in NAD with multiple chronic conditions of the following, diabetes mellitus type 2, hypertension, gastroesophageal reflux disease, chronic bronchitis, abnormal gait, cerebrovascular effects, muscle spasms, and hypothyroidism. Patient states that since have a cerebrovascular accident in 2002. She has had muscle spasms in her back, legs and hips. Patient's current complaint today is pain in her hips. Patient does find relief with pain medication. . Patient denies any chest pain, headache, nausea vomiting upon examination.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-20	137	74	180.00	63.00	97.80	16.00	~	31.9	0.00

Review of Systems:

Constitutional:

Geographical Location:

17-79933-9 **YES**

Neurobiology of Learning History

No ~~SHIRAZ~~ YES Bred

No ~~unfavorable~~ monogram

No Discrimination

No ~~External~~ Dependence

No ~~601119-99-9~~ rights

No ~~EWING~~ to the Defendants

No ~~RELEVANT~~ patients.

No ~~Financial Assistance~~

No Patient Detention

No Direct Mentions Of Urine

No Elements in Series

No Abnormal Bowel

No Difficulty

No Overhead Investment

No Blood In Steel

No Blood In Stool

Physical Exam:

REMARKS:

[illegible]

NEERO:

Palate-Soft Palate-Tongue-Tonsils-Nasal Discharge-Mucosa-Vocal Cord-Larynx-Lungs pink, Bilateral Nasal Turbinates-Within Normal Limits .

PSYCH:

Nasal Mucosa Pink, Septum and Middle Vein Normal Caliber X3-Within Normal Limits.

NECK:

Patient Appears To Be Clear Good Moon As With Se Normal IVDs In Lymphadenopathy-Within Normal Limits

BACK:

Normal Curvature, Tenderness-Within Normal Limits.

CV:

RRR-Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lasix ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17	
Metoprolol Succinate ER ,200 MG TB24, TAKE 1 TABLET ONCE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-22	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19	
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET THREE DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-18	
PredniSONE ,20 MG TABS, 3 TABS DAILY X 3 DAYS 2 TABS DAILY X 3 DAYS 1 TAB DAILY X 3 DAYS 1/2 TAB DAILY X 4 DAYS, Quantity: 21, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-18	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-16	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16	

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications. Patient started on Lasix 20mg qd. 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 come excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. The patient verbalize understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypothyroidism, continue current plan.
2. Gout, continue current plan.
3. Muscle spasms, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Hypertension with vascular complications, continue current plan.
6. Lumbago with chronic pain, continue current plan.
7. Cerebrovascular effects, continue to monitor.
8. Hemiplegia, continue to monitor.
9. Abnormal gait, continue to monitor.

Medication refills as follows:

Metotolprol 200 mg daily.

Medical Problem:

Description	Status	Start Date	End Date
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-09-14	
Unspecified chronic bronchitis (ICD10:J42 Unspecified chronic bronchitis) Unknown or N/A	Active	2016-08-17	
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	2016-08-17	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-07-12	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-06-27	
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-06-27	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-13	
Other specified diabetes mellitus without complications (ICD10:E13.9 Other specified diabetes mellitus without complications) Unknown or N/A	Active	2016-05-13	
Other specified hypothyroidism (ICD10:E03.8 Other specified hypothyroidism) Unknown or N/A	Active	2016-05-13	
Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side (ICD10:I69.052 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side) Unknown or N/A	Active	2016-05-13	
Mixed simple and mucopurulent chronic bronchitis (ICD10:J41.8 Mixed simple and mucopurulent chronic bronchitis) Unknown or N/A	Active	2016-05-13	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-05-12	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-05-12	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-05-12	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-05-12	

Surgeries:

Description	Status	Start Date	End Date
C-Sections several years ago. Unknown or N/A	Active	2016-05-12	

Hospitalized for CVA in 2002.
Unknown or N/A

Active

2016-05-12

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: Promise Home Health, Inc

Primary Justification Medical Conditions: Hypothyroidism, Stroke, HTN, diabetes

Additional Medical Conditions: Chronic Bronchitis, Abnormal Gait, Muscle Spasms.

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 CVA effects, abnormal gait, in the in the ability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to CVA effects, left hemiplegia, and the inability to self medicate correct

Signed by (NP): 16

Signed On (NP): 2016-10-20 03:25

Signed By (Physician): 18

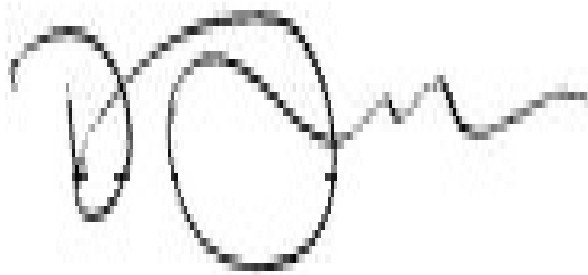
Signed on (Physician): 2016-10-27 03:25

Form_status: finalized

Procedure Order:

Patient ID	2093	Order ID	1221
Patient Name	Demus, Sandra L	Ordered By	Love-Jones, Derrick
Order Date	2017-01-12	Print Date	2017-01-12
Order Status	complete	Encounter Date	2017-01-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-12		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-27**.

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