

Zula Clewis: Patient Information
Patient Record Number:5987

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: Zula Clewis
External ID: 5987
DOB: 1925-09-19
Sex: Female
S.S.: 449-40-3608
Marital Status: Widowed
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCdVIPs29sbWltOGM

Address: 4820 Clear Creek Rd
City: Dallas
State: Texas
Postal Code: 75232
Country: USA
Home Phone: 214-372-4474
Mobile Phone: 469-867-8687
Street Address: 4820 Clear Creek Rd
Apt/Suite/Other: House

Family History:

Last Recorded On: 12-07-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Six children..

Social History:

Last Recorded On: 12-07-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level is 2 years college..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 12-07-2016.
Vitamin D (6 mo if on pills) Abnormal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
HbA, C Hemoglobin (if DM every 3 mo) Normal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.
LIPIDS (once year unless chol meds) Abnormal Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1990-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Aetna (60054)

Copay :
Insured ID Number : 449403608A
Group Number :
Employer Name : Zula Clewis
Copay :
Insured ID Number : 449403608
Group Number :
Employer Name : Zula Clewis

Immunizations:

Zula Clewis: Chief Complaint
Patient Record Number:5987

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

Seen by Derrick Love-Jones
Seen on 18-October-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, neuropathy, hyperlipidemia, asthma, rheumatoid arthritis, chronic pain, and chronic obstructive pulmonary disease, and mobility impairment. Patient complains of shortness of breath and congestion.

History of Present illness:

HPI Status:Finalized

The patient is a 91-year-old AA female in NAD with multiple chronic conditions of hypertension, neuropathy, hyperlipidemia, chronic pain, chronic obstructive pulmonary disease, asthma, and mobility impairment. Patient states she wants to walk again but does not have the strength to stand and has severe hip pain. Patient rates pain 7/10 today. Patient also complains of SOB and congestion with non-relief for 7-10 days. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-18	111	49	145.00	63.00	97.80	16.00	~	25.7	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Change in Weight

No Change in Appetite

No Change in Energy

No Change in Sleep

No Change in Thirst

No Change in Bowel

No Change in Urine

No Change in Menstruation

No Change in Libido

No Change in Voice

No Change in Hair

No Change in Skin

No Change in Nails

No Change in Teeth

No Change in Eyes

No Change in Ears

No Change in Nose

No Change in Throat

No Change in Lungs

No Change in Heart

No Change in Blood Pressure

No Change in Blood Sugar

No Change in Blood Cholesterol

No Change in Blood Creatinine

No Change in Blood Urea Nitrogen

No Change in Blood Glucose

No Change in Blood Hemoglobin

No Change in Blood Hematocrit

No Change in Blood Hemoglobin A1C

No Change in Blood Ferritin

No Change in Blood Vitamin D

No Change in Blood Vitamin B12

No Change in Blood Folate

No Change in Blood Magnesium

No Change in Blood Calcium

No Change in Blood Phosphorus

No Change in Blood Potassium

No Change in Blood Sodium

No Change in Blood Chloride

No Change in Blood Bicarbonate

No Change in Blood Lactate

No Change in Blood Ammonia

No Change in Blood Uric Acid

No Change in Blood Creatinine

Physical Exam:

HEENT:

Head: Within Normal Limits .

EYES:

Visual Acuity: Within Normal Limits .

CV:

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
NIFEdipine ER ,60 MG TB24, Take One Tablet By Mouth daily, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-10-19	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Eliquis ,5 MG TABS, PLACE 1 TABLET ON THE TONGUE AND ALLOW TO DISSOLVE TWO TIMES DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-08
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29
Polyethylene Glycol 3350 , PACK, MIX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-22
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-15
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH EVERY SIX HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-27
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Review to 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 the pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Red nose is this fair patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Pharyngitis start Z-Pak.
2. Hypertension with vascular complications, continue current plan.
3. Neuropathy, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Chronic obstructive pulmonary disease/asthma, continue current plan.
6. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current pain.
7. Chronic pain syndrome, continue current pain medication.
8. Mobility impairment, continue to monitor.

Medication refills as follows:

Eliquis 5 mg b.i.d.
Tramadol 50 mg t.i.d.
Nifedipine 60mg qd

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Shortness of breath (ICD10:R06.02 Shortness of breath) 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	
Osteoarthritis, localized, primary, pelvic region and thigh (ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in collagen vascular disease (ICD10:G63 Polyneuropathy in diseases classified elsewhere) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Chronic obstructive asthma, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active	2015-09-08	

Surgeries:

Description	Status	Start Date	End Date
Hip Surgery on 04/2015 Unknown or N/A	Active	2015-09-08	
Knee Replacement Surgery Unknown or N/A	Active	2015-09-08	
Removal of cyst from the breast. Unknown or N/A	Active	2015-09-08	
Hospitalized at Methodist. Unknown or N/A	Active	2015-09-08	

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: Good Health Services

Primary Justification Medical Conditions: COPD,hyperlipidemia,HTN,Mobility_Impairments

Additional Medical Conditions: Neuropathy

Nursing Required: YES

Physical Therapy: YES

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required: Start physical therapy.

Clinical Findings To Justify Home Health: Skilled nursing needed due to mobility impairment/chronic pain and inability to self medicate. Patient home-health aid needed.

Certification Statement: Patient is home bound due to mobility impairment and chronic pain. Patient is weak with poor balance and an increase risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-10-18 02:53

Signed By (Physician): 18

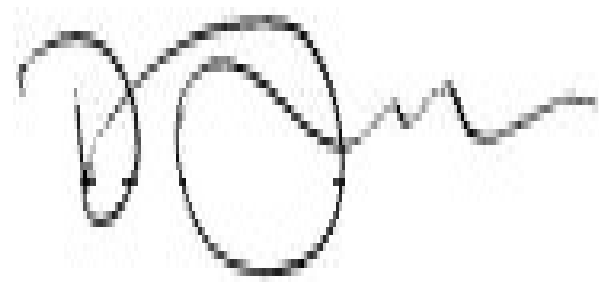
Signed on (Physician): 2016-10-25 02:53

Form_status: finalized

Procedure Order:

Patient ID	5987	Order ID	1188
Patient Name	Clewis, Zula	Ordered By	Love-Jones, Derrick
Order Date	2016-12-10	Print Date	2016-12-10
Order Status	complete	Encounter Date	2016-12-10
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-10		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-25 at 05:47**.

Printed on 10-Dec-2016 20:07:17 pm.