Jacqueline Brown: Patient Information

Patient Record Number:1219

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: Jacqueline Brown External ID: 1219 **DOB**: 1966-10-05 Sex: Female S.S.: 465-33-6765 Marital Status: Single

Patient Drive Folder: 0B0x_tbqdBDPhV2FISTFPaWs1dlk

Address: 900 River Bend Dr

City: Lancaster State: Texas Postal Code: 75146 Country: USA

Home Phone: 214-916-8861 Mobile Phone: 469-285-8077 Street Address: 900 River Bend Dr

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-26-2017.

Risk Factors: Incontinence, Gout, Stomach Ulcers. Additional Medical History: Liver cirrhosis, eczema..

Family History:

Last Recorded On: 01-26-2017.

Father: Unknown..

Mother: Mother with hypertension, diabetes, and asthma..

Offspring: Two children..

Other Family Relative: Family history of cancer in aunt and father..

Primary Family Med Conditions:

Last Recorded On: 01-26-2017.

Chronic Conditions: Asthma, Diabetes, Hypertension.

Social History:

Last Recorded On: 01-26-2017.

Tobacco: Smoke one cigarette a day, quit smoking about 1 year ago as of March 2015

Alcohol: Social drinker. Status: Current

Recreational Drugs: No drug use. Status: Never

Nutrition History: Regular diet..

Developmental History: Education level is 12th grade..

Other History: Influenza November 2015...

Tests and Exams:

Last Recorded On: 01-26-2017.

CXR - Chest X Ray Abnormal Done on 12/10/2014, at STAT X-ray, referred by Dr. Sumana Ketha. Mammogram (>40yrs, Yearly) N/A Done.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2011-04-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2016-01-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2016-05-25 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority : Secondary Start Date : 2014-07-01 Relationship to Insured : Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date: 2015-07-01 Relationship to Insured: Self

Type: N/A

Payer : Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 465336765A

Group Number :

Employer Name: Jacqueline Brown

Copay:

Insured ID Number: 500000033061

Group Number:

Employer Name : Jacqueline Brown

Copay:

Insured ID Number: 465336765A

Group Number :

Employer Name: Jacqueline Brown

Copay:

Insured ID Number: 506207557

Group Number :

Employer Name : Jacqueline Brown

Copay:

Insured ID Number: 506207557

Group Number:

Employer Name : Jacqueline Brown

Immunizations:

Jacqueline Brown: Chief Complaint

Patient Record Number:1219

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> Seen by Derrick Love-Jones Seen on 29-November-2016

Chief Complaint Status: finalized

Followup home visit for management of anemia, asthma, depression, heart failure, hypertension, hyperlipidemia, rheumatoid arthritis/osteoarthritis, schizophrenia, bipolar, and tobacco use. Patient complains of shortness of breath.

History of Present illness:

HPI Status:Finalized

Patient is a 50-year-old African-American female with multiple chronic conditions of asthma, depression, heart failure, hypertension, hyperlipidemia, rheumatoid arthritis/osteoarthritis. Patient states that, she continue to have increased anxiety and shortness of breathe. Patient denies chest pain, headache, or nausea/vomiting recently. Patient also complains of back pain that is chronic.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-29	144	76	151.00	63.00	97.40	16.00	~	26.7	0.00

Review of Systems:

Constitutional:

fr@it#ingartunologic:

Slight SSS YES TO Burbath YES

No Bithild Confessor No Blanedijhthdiden

No Mustachea Pain

No DORDion In Range Of Motion

Physical Exam:

Life tipe NASA tillige (Nicital and Nipianlay A.Withian. Normal Limits .

BETTEN MITIES:

Scores Translation Statement Stateme

EVE:

BB/Jain/Bigisia/NythnioEkiksinipitäiilijii/Ditysski/kijokajn/Mark/ii/Dainlilikteisioalsl.ii/Ciutsns pink, Bilateral Nasal Turbinates-Within Normal Limits.

PHERRILIA, REDOS/10 Salviolpisa Widthimal Noinnited Limits.

Medication:

Description	Status	Start Date	End Date
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-08-18	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			
Omeprazole ,20 MG CPDR, TAKE 1 CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-06-14	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Metoprolol Tartrate, 50 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 3 Unknown or N/A Active 2016-06-14 by Jones, Derrick - MJ3217331 Texas Physician House Calls Lisinopril, 20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Active 2015-05-13 Unknown or N/A by ketha, Dr. sumana - BK6230281 Sumana Ketha MDPA Hydrocodone-Acetaminophen ,5-325 MG TABS, TAKE 1 TABLET BY MOUTH THREE TIMES DAILY, MUST LAST 30 DAYS, Quantity: 90, Refill Quantity: 0 Active 2015-05-08 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls Triamcinolone Acetonide ,0.1 % CREA, APPLY TO SKIN 2 TO 3 TIMES PER DAY, Quantity: 454, Refill Quantity: 3 Active 2015-02-05 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls

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 those sold, the fact I'm a little 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. The 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 of the patient. Follow up appointment in 4-6 weeks.

- 1. Congestive heart failure with systolic complications, continue current plan.
- 2. Rheumatoid arthritis with chronic pain, continue current plan.
- 3. Gastroesophageal reflux disease, continue current plan.
- 4. Hyperlipidemia, continue current plan.
- 5. Chronic obstructive pulmonary disease/asthma, continue current plan.
- 6. Chronic pain syndrome, continue current pain medications.
- $\label{eq:continue} \textbf{7. Hypertension with vascular complications, continue current plan.}$
- 8. Depression, continue current plan.
- 9. Anemia, continue current plan.
- 10. Intellectual disability, continue current plan.
- 11. Schizophrenia, continue current plan.
- 12. Bipolar, continue current plan.
- 13. Cirrhosis of liver, continue current plan.

Medication refills as follows, Advair 250/50 TAC 1% Cream.

Medical Problem:

Description	Status	Start Date	End Date
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Osteoarthrosis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, 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	

i		
Arthropathy, unspecified, lower leg	A article	2015 10 01
(ICD10:M12.9 Arthropathy, unspecified) Unknown or N/A	Active	2015-10-01
Malignant hypertensive heart disease without heart failure		
1 · · · · · · · · · · · · · · · · · · ·	Active	2015-10-01
Unknown or N/A		
Chronic obstructive asthma, unspecified		
(102 1010 101000 Choposinou dollima, dhoompiloutou)	Active	2015-10-01
Unknown or N/A		
Extrinsic asthma, unspecified	Active	2015-10-01
(ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A	nouve	2010 10 01
Dissection of aorta, thoracic		
	Active	2015-10-01
Unknown or N/A		
Benign essential hypertension		
(Active	2015-10-01
Unknown or N/A		
Cirrhosis of liver without mention of alcohol	A addition	2045 40 04
(ICD10:K74.60 Unspecified cirrhosis of liver) Unknown or N/A	Active	2015-10-01
Esophageal reflux		
1 0	Active	2015-10-01
Unknown or N/A		
Abnormality of gait		
(ICD10:R26.9 Unspecified abnormalities of gait and mobility)	Active	2015-10-01
Unknown or N/A		-
Unspecified essential hypertension		
(ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, unspecified whether generalized or localized, lower leg (ICD10:M17.9 Osteoarthritis of knee, unspecified)	Active	2015-10-01
Unknown or N/A		
Osteoarthrosis, generalized, site unspecified		
(ICD10:M15.0 Primary generalized (osteo)arthritis)	Active	2015-10-01
(ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A		
Other chronic pain		
l ·	Active	2015-10-01
Unknown or N/A		
Urinary incontinence, unspecified		
(102 101102 01104 0110101 0110101 0110101 01101 01101 01101 01101 01101 01101 01101 01101 01101 01101 0	Active	2015-10-01
Unknown or N/A		
Asthma, unspecified type, with (acute) exacerbation	Active	2015-10-01
(ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia		
(ICD10:E78.4 Other hyperlipidemia)	Active	2015-10-01
(ICD10:E78.5 Hyperlipidemia, unspecified)	Active	2010-10-01
Unknown or N/A		
Heart disease, unspecified	Active	
(ICD9:429.9 Heart disease, unspecified) Unknown or N/A	nouve	
Iron deficiency anemia, unspecified		
· · · · · · · · · · · · · · · · · · ·	Active	
Unknown or N/A		
Contact dermatitis and other eczema		
(,	Active	
Unknown or N/A		
Tobacco use disorder	Activo	
(ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active	
Mixed hyperlipidemia (ICD9:272.2 Mixed hyperlipidemia)	Active	
Unknown or N/A		
Hypertonicity of bladder		
(ICD9:596.51 Hypertonicity of bladder)	Active	
Unknown or N/A		

Unspecified intellectual disabilities (ICD9:319 Unspecified mental retardation) Unknown or N/A	Active
Conjunctivitis, unspecified (ICD9:372.30 Conjunctivitis, unspecified) Unknown or N/A	Active
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Active
Unspecified schizophrenia, unspecified (ICD9:295.90 Unspecified schizophrenia, unspecified) Unknown or N/A	Active
Pain in joint, multiple sites (ICD9:719.49 Pain in joint, multiple sites) Unknown or N/A	Active
Gout, unspecified (ICD9:274.9 Gout, unspecified) Unknown or N/A	Active
Sprain of neck (ICD9:847.0 Sprain of neck) Unknown or N/A	Active
Sprains and strains of other specified sites of hip and thigh (ICD9:843.8 Sprains and strains of other specified sites of hip and thigh) Unknown or N/A	Active
Contact dermatitis and other eczema, unspecified cause (ICD9:692.9 Contact dermatitis and other eczema, unspecified cause) Unknown or N/A	Active
Allergic rhinitis, cause unspecified (ICD9:477.9 Allergic rhinitis, cause unspecified) Unknown or N/A	Active
Depressive disorder (ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Active
Cough (ICD9:786.2 Cough) Unknown or N/A	Active

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Surgeries:

Descript	ion Sta	atus	Start Date	End Date
Removal of Gallstones Unknown or N/A	Ac	tive	2015-08-19	
Uterine fibroid Unknown or N/A	Ac	tive		
Left oophorectomy (2011) Unknown or N/A	Ac	tive		
Tubal ligation Unknown or N/A	Ac	tive		

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: $\ensuremath{\mathsf{NO}}$

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Emrick Services INC

Primary Justification Medical Conditions:

Anemia, Asthma, bipolar, Depression, diabetes, Heart_Failure, hyperlipidemia, HTN, Schizophrenia

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to schizophrenia and inability to self medicate

Certification Statement: Patient is home bound due to schizophrenia. Patient experience periods of confusion and is unsafe to

leave home alone. Signed by (NP): 16

Signed On (NP): 2016-11-29 02:23 **Signed By (Physician):** 18

Signed on (Physician): 2016-12-06 02:23

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Adult sized disp incont prod Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
At ease contoured peach PA Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
CA Rezz gentle wash Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
CA Rezz Cream Unknown or N/A 2014-10-13 by Dr. Sumana Ketha	Active	2014-10-13	
Urinary incontinence, unspecified ordered urinary incontinence from Envision Medical Supply. (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		

Procedure Order:

Patient ID	1219	Order ID	1380
Patient Name	Brown, Jacqueline	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-28		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-06**.

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