Carol Morton: Patient Information

Texas Physician House Calls (H) 2925 Skyway Circle North, Irving, TX, USA, 75038-3510

Patient Record Number:3140

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: 12-07-2016.

Risk Factors: Chronic Pain, Constipation, Degenerative Joint Disease, Insomnia.

Additional Medical History: Back pain..

Family History:

Last Recorded On: 12-07-2016.

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: 12-07-2016. Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 12-07-2016.

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: 12-07-2016.

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) & nbsp & nbsp

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)

Priority : Secondary Start Date : 2001-01-01 Relationship to Insured : Self

Type: N/A

Payer: Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 451295104A

Group Number:

Employer Name : Carol Morton

Copay:

Insured ID Number: 502627451

Group Number:

Employer Name : Carol Morton

Immunizations:

Carol Morton: Chief Complaint Patient Record Number:3140 **Texas Physician House Calls (H)**

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Seen by Derrick Love-Jones

Seen by Derrick Love-Jones Seen on 31-October-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, knee pain and leg 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 complains of back, knee pain and leg pain which rated at 6/10. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-31	151	112	182.00	68.00	97.80	16.00	~	27.7	0.00

Review of Systems:

Constitutional:

Cipylificity by Mysighth © Taingat:

Bloy Blood Blood States

No/Philippings/each

No Difficulty interest Of Urine

No Biding back of Motion

No Minaggless Contilemtation

No Apnea

No Bloomydiang Gums

No Obatelettess

No Use Of Dentures

Physical Exam:

688K:

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BXIEREMITIES:

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EMMPH:

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BEURO:

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PSYCH:

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

Medication:

Description	Status	Start Date	End Date

Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-08
Blood Glucose Test , STRP, TEST TWICE DAILY, Quantity: 180, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2015-09-04
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-10

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. Osteoarthritis with chronic pain, continue current medication.
- 2. Hypertension with vascular complications, continue current medication.
- 3. Bipolar, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- ${\it 5. \ Lumbago \ with \ chronic \ pain, \ continue \ current \ medication.} \\$
- 6. Insomnia, continue current plan.
- 7. Constipation, continue current medication.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of	Active	2016-08-16	
unspecified lower extremity) Unknown or N/A			
Other insomnia			
(ICD10:G47.09 Other insomnia) Unknown or N/A	Active	2016-05-09	
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	2015-10-28	
Encounter for screening for other disorder (ICD10:Z13.89 Encounter for screening for other disorder) Unknown or N/A	Active	2015-10-28	
Encounter for immunization (ICD10:Z23 Encounter for immunization) Unknown or N/A	Active	2015-10-28	
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	

Effusion of joint, ankle and foot (ICD10:M25.473 Effusion, unspecified ankle) 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
HTN (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Constipation (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Chronic pain (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01
Other musculoskeletal symptoms reliable to limbs (ICD10:R29.898 Other symptoms and signs involving the musculoskeletal system) Unknown or N/A	Active	2015-10-01
Osteoarthrosis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) 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
Arthropathy, unspecified, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01
Other specified anomalies of skin (ICD9:757.39 Other specified anomalies of skin) Unknown or N/A	Active	2015-08-05

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hospitalized for neck surgery 3 years ago Unknown or N/A	Active	2015-08-05	
Consultation with Dr. James Moody, methodist, for spine surgery Unknown or N/A	Active	2015-08-05	
Back Surgery Unknown or N/A	Active	2015-06-01	
Patient had neck surgery and hospitalized in 2010 Unknown or N/A	Active		

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): 16

Signed On (NP): 2016-10-31 03:12 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-07 03:12

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled			
(ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia)	Active	2015-10-01	
Unknown or N/A			
2015-10-01 by Dr. Sumana Ketha			
BP machine	Active	2015-03-31	
Unknown or N/A	Active	2013-03-31	

Procedure Order:

Patient ID	3140	Order ID	1283
Patient Name	Morton, Carol	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 2016-11-07.

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