

Connie Wilson: Patient Information
Patient Record Number:1234

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: Connie Wilson
External ID: 1234
DOB: 1965-09-19
Sex: Female
S.S.: 462-56-1011
Marital Status: Single
User Defined: 214-325-1022
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5Wncwem94Y3h3X3c>

Address: 242 W Davis St #11
City: Dallas
State: Texas
Postal Code: 75208
Country: USA
Emergency Contact: 214-325-1022
Home Phone: 214-941-0068
Mobile Phone: 214-258-8240
Street Address: 242 W Davis St
Apt/Suite/Other: 11

Past Medical History:

Last Recorded On: 12-07-2016.
Risk Factors: Gall Bladder Condition.

Family History:

Last Recorded On: 12-07-2016.
Father: Unknown..
Mother: Mother had hypertension..
Siblings: Unknown..
Other Family Relative: Grandfather had hypertension..

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 Smoke 2 packs a day (for 15 yrs) **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 12-07-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1990-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-07-31
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2015-05-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 462561011C5
Group Number :
Employer Name : Connie Wilson
Copay :
Insured ID Number : 509074071
Group Number :
Employer Name : Connie Wilson
Copay :
Insured ID Number : 509074071
Group Number :
Employer Name : Connie Wilson

Immunizations:

Connie Wilson: Chief Complaint
Patient Record Number:1234

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Seen by Darolyn Perkins
Seen on 26-October-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, chronic obstructive pulmonary disease, osteoarthritis, hyperlipidemia, tobacco use, vitamin-D deficiency, urinary incontinence, bipolar, obesity, neuropathy, tachycardia, and schizophrenia. Patient complains of shortness of breath.

History of Present illness:

HPI Status:Finalized

A 50-year-old African-American female in NAD with multiple chronic conditions of chronic obstructive pulmonary disease, hyperlipidemia, hypertension, osteoarthritis, neuropathy, bipolar, schizophrenia and moderate mental retardation. Patient denies any new issues upon examination. Patient does complain of shortness of breath. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-26	161	107	190.00	67.00	97.50	18.00	~	29.8	0.00

Review of Systems:

Constitutional:

Weight Change:

No Weight Loss

No Weight Gain

No Weight Loss

No Weight Gain

No Change In Appetite

No Change In Energy

No Change In Sleep

No Change In Mood

No Change In Behavior

Physical Exam:

HEENT:

Headache - Within Normal Limits .

ENT:

ENT - Within Normal Limits .

PSYCH:

Depression - Within Normal Limits .

Change In Sleeping Habit-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Metoprolol Tartrate ,50 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 60, Refill Quantity: 3	Active	2015-05-21	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS
EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 2

Unknown or N/A

Active

2015-05-21

by Jones, Derrick - MJ3217331

Texas Physician House Calls

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. 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. No labs needed this visit. 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.

1. Chronic obstructive pulmonary disease, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Neuropathy, continue current plan.
4. Bipolar, continue current plan.
5. Osteoarthritis with chronic pain, continue current plan.
6. Vitamin D deficiency, continue current plan.
7. Urinary incontinence, continue current plan.
8. Schizophrenia, continue current plan.

Medication refill is as follows: Metoprolol 50 mg b.i.d. and Pro Air INH.

Medical Problem:

Description	Status	Start Date	End Date
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Simple type schizophrenia, unspecified (ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01	
Tachycardia, unspecified (ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, hand (ICD10:M19.049 Primary osteoarthritis, unspecified hand) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Pain in joint, site unspecified (ICD10:M25.50 Pain in unspecified joint) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified episodic mood disorder (ICD10:F39 Unspecified mood [affective] disorder) Unknown or N/A	Active	2015-10-01	

Unspecified schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Malignant essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01
Contracture of joint, site unspecified ordered a dino splint from Ace Medical (ICD9:718.40 Contracture of joint, site unspecified) Unknown or N/A	Active	
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active	
Mixed hyperlipidemia (ICD9:272.2 Mixed hyperlipidemia) Unknown or N/A	Active	
Vitamin D Deficiency (ICD9:268.9 Unspecified vitamin D deficiency) Unknown or N/A	Active	
Moderate mental retardation (ICD9:318.0 Moderate mental retardation) Unknown or N/A	Active	
Corns and callosities (ICD9:700 Corns and callosities) Unknown or N/A	Active	
Dermatophytosis of nail (ICD9:110.1 Dermatophytosis of nail) Unknown or N/A	Active	

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: YES

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Primary Justification Medical Conditions: bipolar,COPD,hyperlipidemia,HTN,Schizophrenia

Additional Medical Conditions: Tobacco use, vitamin-d deficiency, urinary incontinence, dermatophytosis, contracture of joints.

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 moderate mental retardation, schizophrenia and inability to self medicate.

Certification Statement: Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to leave home safely alone.

Signed by (NP): 302

Signed On (NP): 2016-10-26 07:40

Signed By (Physician): 18

Signed on (Physician): 2016-11-02 07:40
Form_status: finalized

DME:

Description	Status	Start Date	End Date
Urinary incontinence, unspecified ordered urinary incontinence from Longhorn Health Solutions. (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		



Electronically Signed by **Darolyn Perkins** on **2016-11-02**.

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