

Julie Hopkins: Patient Information
Patient Record Number:5891

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
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Email:hhsupport@texas-housecalls.com

Name: Julie Renee Hopkins
External ID: 5891
DOB: 1960-10-06
Sex: Female
S.S.: 458357664

Address: 538 Tacoma Dr
City: Garland
State: Texas
Postal Code: 75043-2781
Country: USA
Mobile Phone: 214-694-6723
Street Address: 538 Tacoma Dr
Apt/Suite/Other: 613

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Chronic Pain,Insomnia.

Family History:

Last Recorded On: 07-14-2016.
Mother: Mother died of Alzheimer's and hypertension.

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Chronic Conditions: Hypertension.
Mental Conditions: Anxiety Disorders.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Never smoker No smoking **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Poor.
Developmental History: High school diploma.
Other History: Declines flu immunization Mammogram years ago.

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1995-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 458357664A
Group Number :
Employer Name : Julie Hopkins
Copay :
Insured ID Number : 500000034471
Group Number :
Employer Name : Julie Hopkins
Copay :
Insured ID Number : 261100601
Group Number :
Employer Name : Julie Hopkins

Immunizations:

11. Medication adherence was given to the patient. Continue treatment as planned.
12. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-14	
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	2016-07-14	
Female sexual arousal disorder (ICD10:F52.22 Female sexual arousal disorder) Unknown or N/A	Active	2016-07-14	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-14	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-14	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-14	
Chest pain, unspecified (ICD10:R07.9 Chest pain, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01	
Anxiety (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Abnormal Gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) 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	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Neck Surgery Unknown or N/A	Active		
Gastric bypass 2006 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,Depression,hyperlipidemia,HTN,Rheumatoid Arthritis_Osteoarthr

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 bipolar, chronic pain, and inability to self medicate currently.

Certification Statement: Patient is home bound due to chronic pain. Patient has unsteady, painful ambulation with extremely poor balance and current use of narcotic pain medications to address pain issues.

Signed by (NP): 16

Signed On (NP): 2016-07-14 14:48

Signed By (Physician): 18

Signed on (Physician): 2016-07-14 14:48

Form_status: finalized

Procedure Order:

Patient ID	5891	Order ID	724
Patient Name	Hopkins, Julie Renee	Ordered By	Love-Jones, Derrick
Order Date	2016-08-25	Print Date	2016-08-25
Order Status	complete	Encounter Date	2016-08-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Sumana Ketha, MD** on **2016-07-20**.

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