

Lonnie Stanton: Patient Information
Patient Record Number:2787

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: Lonnie Stanton
External ID: 2787
DOB: 1933-06-14
Sex: Female
S.S.: 449-48-6820
User Defined: 214-356-1979
genericval1: 214-226-3050

Address: 4701 Wads Worth Dr
City: Dallas
State: Texas
Postal Code: 75216-7338
Country: USA
Emergency Phone: 214-690-9615
Home Phone: 214-226-3050
Work Phone: 214-374-0321
Mobile Phone: 214-356-1979
Street Address: 4701 Wads Worth Dr
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-01-2016.
Risk Factors: GERD.
Additional Medical History: Parkinson's disease,coronary artery disease with history of myocardial infarctaion, hypertensive heart disease..

Primary Family Med Conditions:

Last Recorded On: 10-01-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 10-01-2016.
Tobacco: Never smoker No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Good.
Other History: Patient lives at home and takes help of family..

Tests and Exams:

Last Recorded On: 10-01-2016.
Vitamin D (6 mo if on pills) Normal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha
CBC Complete Blood Count (3 months) Abnormal Done on 06/24/2014 MetroStat Diagnostic Services ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 06/24/2014 MetroStat
Diagnostic Services ordered by Dr. Sumana Ketha
LIPIDS (once year unless chol meds) Normal Done on 06/24/2014 MetroStat Diagnostic Services
ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1998-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 449304894D
Group Number :
Employer Name : Lonnie Stanton

Immunizations:

Lonnie Stanton: Chief Complaint
Patient Record Number:2787

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Seen by Darolyn Perkins
Seen on 11-May-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, chronic pain, gastroesophageal reflux disease, hyperlipidemia, osteoarthritis, decubitus on coccyx, and cerebrovascular accident. Patient complains of not sleeping well x 6 days.

History of Present illness:

HPI Status:Finalized

Patient is an 82-year-old African American female with multiple chronic conditions of hypertension, gastroesophageal reflux disease, osteoarthritis, and decubitus on coccyx. Patient denies any other issues or complain upon examination. Patient complain of pain in arms and knees. Patient denies CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-05-11	158	98	125.00	65.00	97.70	18.00		20.8	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan: TBC

~~Not for Distribution~~

Not a Student of HES

Discussion

Model 1: Presence

No Skin Discoloration

No Bias/No Bias

No Certification

Itching YES

Physical Exam:

SENT:

Base of Skull-Gross: Normal. Hypopharyngeal Pouch-Within Normal Limits. Larynx-Within Normal Limits. Bilateral Nasal Turbinates-Within Normal Limits.

ENTREMITIES:

Diabetes Mellitus: Fasting blood glucose level 90 mg/dL. HbA1c 5.6%. Within Normal Limits.

MEISK:-

Suppl. 1: Abnormal, 10x Bed of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

NEURO:

Physical Circuit Localized Finesse \mathcal{F} With No Main Limits.

PSYCH:

Normal Affected Normal Limbs and Mood, Alert and Oriented X3-Within Normal Limits.

RESP:

Patient Care Rules To Be in Good Order-Within Normal Limits .

Gl:

Oorganomegoly-Within Normal Limits .

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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AmLODIPine Besylate ,2.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-27
Carbidopa-Levodopa ,25-100 MG TABS, TAKE 2 TABLET 3 TIMES DAILY WITH MEALS, Quantity: 180, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-27
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-27
Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-27
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-27
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-27
Carbidopa-Levodopa ,25-100 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Isosorbide Mononitrate ER ,60 MG TB24, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-18
Simvastatin ,20 MG TABS, TAKE ONE TABLET BY MOUTH ONE TIME DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-18
AmLODIPine Besylate ,2.5 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Isosorbide Mononitrate ER ,60 MG TB24, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26

Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Isosorbide Mononitrate ER ,60 MG TB24, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-02-23
Lisinopril ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-02-23
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-01-19

Plan Note:

Plan Note Status:Finalized

Continue with treatment plan as previous, 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 blood pressure greater than 200. No labs need it this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Hypertension, continue current plan.
2. Osteoarthritis/rheumatoid arthritis, continue current plan.
3. Chronic pain, continue current pain medication.
4. Alzheimer disease, continue current plan.
5. Coronary artery disease, continue current plan.
6. Depression, continue current plan.
7. GERD, continue current plan.
8. Hyperlipidemia, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Paralysis agitans (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	

Unspecified vitamin D deficiency (ICD10:E55.9 Vitamin D deficiency, unspecified) 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Paralysis agitans (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2015-10-01
Muscular wasting and disuse atrophy, not elsewhere classified (ICD10:M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Other malaise and fatigue (ICD10:R53.81 Other malaise) (ICD10:R53.83 Other fatigue) 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
Impacted cerumen (ICD10:H61.23 Impacted cerumen, bilateral) Unknown or N/A	Active	2015-10-01
Pain in joint, shoulder region (ICD10:M25.519 Pain in unspecified shoulder) Unknown or N/A	Active	2015-10-01
Contracture of joint, other specified sites (ICD10:M24.50 Contracture, unspecified joint) Unknown or N/A	Active	2015-10-01

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: Naaman Community Health Services

Primary Justification Medical Conditions: Alzheimers,Depression,Heart_Failure,HTN,hyperlipidemia,Mobility_Impairments

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: Skill nursing needed due to bed bound.

Certification Statement: Patient is home bound due to being bed bound and CVA. Patient is weak with poor balance and at risk for fall

Signed by (NP): 302

Signed On (NP): 2016-05-11 07:10

Signed By (Physician): 18
Signed on (Physician): 2016-05-18 07:10
Form_status: finalized
Printed: NO

DME:

Description	Status	Start Date	End Date
Probe Covers (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Hospital bed (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Exam Gloves (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Chux/underpads (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Hoyer lift (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	

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