Nertha Watson: Patient Information

Patient Record Number:6286

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: Nertha Watson External ID: 6286 **DOB**: 1948-12-25 Sex: Female S.S.: 449929273 Marital Status: Single

Address: 4009 Hamilton Ave

City: Dallas State: Texas Postal Code: 75210 Country: USA

Mobile Phone: 469-335-4435 Street Address: 4009 Hamilton Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 10-15-2016.

Father: Father is not alive, complains of Alzheimer's disease. . Mother: Mother is not alive, complains of diabetes and hypertension. .

Siblings: Two brothers and four sisters, who are alive.. Offspring: Two boys and two girls, who are alive...

Social History:

Last Recorded On: 10-15-2016.

Tobacco: Current some day smoker Smokes one packet per week. Status: Current

Alcohol: Drinks socially. Status: Current

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Well..

Developmental History: Education level is 12th grade..

Other History: Immunizations, none. .

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary **Start Date**: 2013-12-01 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)

Copay:

Insured ID Number: 449929273A

Group Number:

Employer Name: Nertha Watson

Copay:

Insured ID Number: 500585359

Group Number:

Employer Name: Nertha Watson

Immunizations:		

Nertha Watson: Chief Complaint Patient Record Number:6286 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 06-September-2016

Chief Complaint Status: finalized

New admit to service to prevent further decline of the following chronic medical conditions of hypertension, chronic pain syndrome, anxiety, lumbago, spinal stenosis, and osteoarthritis. Patient complains of back pain and hip pain.

History of Present illness:

HPI Status:Finalized

A 67-year-old African-American female in NAD multiple chronic conditions of the following hypertension, chronic pain syndrome, anxiety, lumbago, spinal stenosis, and osteoarthritis. Patient has a history of scoliosis and a subsequent spinal stenosis. Patient also states she has screws in her right ankle that were placed in 2013 and a knee surgery that occurred in 1990. Patient denies any allergies to any medications or foods at this time. Patient complains of back pain that is chronic and hip pain that is also chronic. Patient rates current pain today 7/10 and gets relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Past Medical History:

Family History: Social History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-06	157	96	140.00	66.00	98.20	18.00	~	22.6	0.00

Review of Systems:

Constitutional:

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No Disputation to the No. Disputation of the

Ner Blandig Market Blang Mr. &

Non Chanco De Pratruges Of Motion YES

No Constipation

Physical Exam:

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NEBRO:

Schrift Color Colo

EZYCH:

RBRR WANTE CAN Dealth in Missing and Missing Alert and Oriented X3-Within Normal Limits.

RESP:

Abolteg 3 C TAAS WAA it Coince Stooms a Cupiporite priately-Within Normal Limits.

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2

DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A

by Jones, Derrick - MJ3217331

Texas Physician House Calls

Active 2016-09-08

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan his previous provider. 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 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. Patient was encouraged to exercise daily as tolerated. Full set of labs of the following ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. 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. Osteoarthritis with chronic pain.
- 2. Hypertension with vascular complications.
- 3. Anxiety.
- 4. Chronic pain syndrome.
- 5. Spinal stenosis.
- 6. Scoliosis of the spine.
- 7. Lumbago with chronic pain.

Medication refills as follows:

Lisinopril/HCTZ 20/12.5 mg q.d. Norco 10/325 mg t.i.d. Xanax 0.5 mg t.i.d. Flonase Nasal Spray.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-09-06	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-09-06	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-09-06	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-06	

Allergies:

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

Surgeries:

|--|

Screws in ankles in 2003. Unknown or N/A	Active
Knee surgery in 1990. Unknown or N/A	Active
Hospitalized for spinal stenosis. Unknown or N/A	Active

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31 Current home health agency:

Primary Justification Medical Conditions: Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Scoliosis, anxiety, spinal stenosis, lumbago

Nursing Required: NO Physical Therapy:

Occupational Therapy Required: Speech-language Pathology Required: Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to spinal stenosis and scoliosis.

Certification Statement: No skilled nurse she needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-09-06 03:11 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-13 03:11

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6286	Order ID	994
Patient Name	Watson, Nertha	Ordered By	Love-Jones, Derrick
Order Date	2016-10-15	Print Date	2016-10-15
Order Status	pending	Encounter Date	2016-10-15
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report	Report				Results						
Ordered Procedure	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note	
026: Pulse Oximetry	2016-10-15	2016-10-15 Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%				
					0097	Pulse Oximetry	No	97%	97% to 100%			
					0097	Pulse Oximetry	No	97%	97% to 100%			
		1		0097	Pulse Oximetry	No	97%	97% to 100%				
					0097	Pulse Oximetry	No	97%	97% to 100%			
					0097	Pulse Oximetry	No	97%	97% to 100%			
					0097	Pulse Oximetry	No	97%	97% to 100%			
					0097	Pulse Oximetry	No	97%	97% to 100%			



Electronically Signed by Derrick Love-Jones on 2016-09-13.

Printed on 15-Oct-2016 11:32:34 am.