

Dorothy Standifer: Patient Information
Patient Record Number:6162

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: Dorothy Standifer
External ID: 6162
DOB: 1947-10-27
Sex: Female
S.S.: 464705669
User Defined: Pt can't talk, We Need to text for communicating with her
genericval1: 469-258-5066

Address: 3550 E Overton Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 469-324-8174
Street Address: 3550 E Overton Rd
Apt/Suite/Other: 2305 Blding 53

Past Medical History:

Last Recorded On: 08-22-2016.
Risk Factors: Arthritis,Chronic Pain,Heart Burn, Reflux.

Family History:

Last Recorded On: 08-22-2016.
Father: Unknown..
Mother: Unknown..

Social History:

Last Recorded On: 08-22-2016.
Tobacco: Current every day smoker Smokes daily. **Status:** Current
Alcohol: Drinks occasionally. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Seatbelt Use: Yes..
Nutrition History: Regular.
Developmental History: Well.
Work Status: Disabled.
Pets: None..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 464705669D
Group Number :
Employer Name : Dorothy Standifer

Immunizations:

Dorothy Standifer: Chief Complaint
Patient Record Number:6162

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Seen by Derrick Love-Jones
Seen on 07-June-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypertension with vascular complications, osteoarthritis with chronic pain, asthma, GERD, and chronic pain syndrome. Patient complains of shortness of breath upon exertion.

History of Present illness:

HPI Status:Finalized

A 68-year-old AA female in NAD with multiple chronic conditions of the following of hypertension with vascular complications, osteoarthritis with chronic pain, asthma, GERD, and chronic pain syndrome. Patient states that over then last several weeks she has had SOB upon exertion. Patient states that once she sits down the shortness of breath resolves. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-07	156	91	0.00	64.00	97.80	22.00	~	0.0	0.00

Review of Systems:

Constitutional:

General: No weight loss

No fevers

No chills

No night sweats

No fatigue

No anorexia

No malaise

No weight gain

No edema

No pruritus

No rashes

No skin lesions

No skin discoloration

No skin tenderness

No skin pain

No skin itching

No skin burning

No skin stinging

No skin numbness

No skin tingling

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Physical Exam:

HEENT:

HEENT: Normal

HEENT:

HEENT: Normal

HEENT:

HEENT: Normal

HEENT:

HEENT: Normal

HEENT: Normal

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-06-08	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. 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 so, 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 encourage to exercise daily. No labs need at this visit. The patient verbalize understanding of the above planning 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. Asthma continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Chronic pain syndrome, continue current pain medication.
4. Gastroesophageal reflux diseasae, continue current plan.
5. Osteoarthritis chronic pain, continue current plan.

Medication refills as follows:

Amlodipine 5 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-07	
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	2016-06-07	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-07	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-06-07	
Severe persistent asthma with status asthmaticus (ICD10:J45.52 Severe persistent asthma with status asthmaticus) Unknown or N/A	Active	2016-05-06	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-06	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-05-06	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-06	
Mild intermittent asthma, uncomplicated (ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A	Active	2016-05-04	
Pain in unspecified knee (ICD10:M25.569 Pain in unspecified knee) Unknown or N/A	Active	2016-05-04	
Acidosis (ICD10:E87.2 Acidosis) Unknown or N/A	Active	2016-05-04	

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

Current home health agency: Promise Home Health, Inc

Primary Justification Medical Conditions: Asthma, HTN

Additional Medical Conditions: Chronic Pain Syndrome, GERD, SOB

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: Patient is homebound due to chronic pain limited mobility in the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to chronic pain management in the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-06-07 04:42

Signed By (Physician): 18

Signed on (Physician): 2016-06-13 04:42

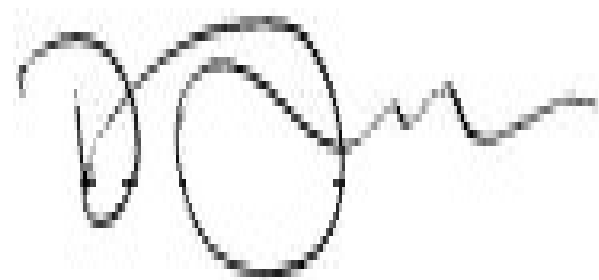
Form_status: finalized

Printed: NO

Procedure Order:

Patient ID	6162	Order ID	592
Patient Name	Standifer, Dorothy	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	2016-08-25		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-06-13**.

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