

Bessie Rufus: Patient Information
Patient Record Number:5789

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: Bessie Rufus
External ID: 5789
DOB: 1928-05-02
Sex: Female
Marital Status: Widowed
User Defined: Should not schedule appointment on Tuesday
Patient Drive Folder: 214-375-9426 CALL THIS #

Address: 2715 Wilhurt Avenue
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Guardian's Name: Brenda (niece)
Emergency Contact: Vickie Derm (GD)
Emergency Phone: 190-359-3377
Home Phone: 469-867-5403
Mobile Phone: 214-375-9426
Street Address: 2715 Wilhurt Avenue
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-10-2016.
Additional Medical History: Coronary artery disease and bradycardia..

Family History:

Last Recorded On: 11-10-2016.
Father: Father alive, complains of chronic obstructive pulmonary disease and ETOH abuse..
Mother: Mother deceased, complaints of tuberculosis..
Siblings: Sister died of chronic obstructive pulmonary disease..
Offspring: No children..

Primary Family Med Conditions:

Last Recorded On: 11-10-2016.
Risk Factors: Pneumonia.
Chronic Conditions: COPD Chronic Obstructive Pulmonary Disease and Bronchiectasis.

Social History:

Last Recorded On: 11-10-2016.
Tobacco: Current every day smoker Chewing tobacco x10 years. **Status:** Current
Coffee: **Status:** N/A
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Other History: Influenza 2014 Pneumovax 2011.

Tests and Exams:

Last Recorded On: 11-10-2016.

Mammogram (>40yrs, Yearly) N/A done

Sigmoid/Colonoscopy N/A done

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1993-05-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2012-02-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 450480485A

Group Number :

Employer Name : Bessie Rufus

Copay :

Insured ID Number : 520164666

Group Number :

Employer Name : Bessie Rufus

Immunizations:

Bessie Rufus: Chief Complaint
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Seen by Derrick Love-Jones
Seen on 06-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of the following chronic medical conditions: chronic obstructive pulmonary disease/asthma, hypertension, HLD, GERD, DM2, OA/RA, anxiety, hypothyroidism, heart failure, coronary artery disease, and bradycardia. Patient complains of knee pain and left foot pain.

History of Present illness:

HPI Status:Finalized

Patient is an 87-year-old female in NAD with multiple chronic conditions of chronic obstructive pulmonary disease, hypertension, asthma, and anxiety. Patient states that she has a history of chronic knee pain and foot pain. Patient states that she has not had any recent falls. Patient rates her current pain at 7/10. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-06	186	75	121.00	66.00	98.70	16.00	~	19.5	0.00

Review of Systems:

Neck:

Cardiovascular YES
Endocrine YES
Heart Pain YES
Musc Stiffness YES
Muscle Pain YES

Physical Exam:

ENT:

Suprahyoid lymph nodes-Within Normal Limits
Subhyoid lymph nodes-Within Normal Limits
Lymphadenopathy-Within Normal Limits .

EYES:

Visual acuity (Right eye)-Within Normal Limits
Visual acuity (Left eye)-Within Normal Limits
Extraocular muscles-Within Normal Limits
Pupils-Within Normal Limits
Nasal Turbinates-Within Normal Limits .

ENT:

Thyroid gland-Within Normal Limits
Lungs-Within Normal Limits .

RESP:

Respiratory-Within Normal Limits .

GI:

Organomegaly-Within Normal Limits .

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

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. 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 at this time. 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.

RA/OA w/chronic pain continue current plan

HTN w/vascular complications continue current plan

Anxiety continue current plan

Hypothyroidism continue current plan
 CHF w/systolic complications continue current plan
 GERD continue current plan
 CAD continue current plan
 HLD continue current plan
 DM2 w/neuropathy continue current plan

No refills needed at this time.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-06	
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	2016-10-06	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-10-06	
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-07-25	
Felty's syndrome, unspecified site (ICD10:M05.00 Felty's syndrome, unspecified site) Unknown or N/A	Active	2016-01-13	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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	
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	
Respiratory abnormality, unspecified (ICD10:R06.9 Unspecified abnormalities of breathing) 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	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, 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
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy Unknown or N/A	Active		
Gallbladder removal Unknown or N/A	Active		
Stents placement in 2012 Unknown or N/A	Active		
Cholecystectomy Unknown or N/A	Active		
Heart cath 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Prosperity Health Services

Primary Justification Medical Conditions: Asthma,COPD,Heart_Disease,HTN,hyperlipidemia

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: patient is homebound due to debility. patient is weak with poor balance and at risk for falls.

Certification Statement: SN needed due to debility and inability to self medicate correctly

Signed by (NP): 16

Signed On (NP): 2016-10-06 03:08

Signed By (Physician): 18

Signed on (Physician): 2016-10-12 03:08

Form_status: finalized

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