

Adella Warren: Patient Information
Patient Record Number:1291

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: Adella Warren
External ID: 1291
DOB: 1925-10-28
Sex: Female
S.S.: 457-18-1826
Marital Status: Single
Patient Drive Folder: 0B0x_tbqdBDPhenlwRHJxeHZSOWs

Address: 2119 Hulse Boulevard
City: Dallas
State: Texas
Postal Code: 75203
Country: USA
Work Phone: 214-943-8172
Street Address: 2119 Hulse Boulevard
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 01-28-2017.
Additional Medical History: Defibrillator x 2 years..

Family History:

Last Recorded On: 01-28-2017.
Mother: Mother had heart disease..
Offspring: Five children..

Primary Family Med Conditions:

Last Recorded On: 01-28-2017.
Chronic Conditions: Heart Failure.

Social History:

Last Recorded On: 01-28-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Temporarily living in daughter's house- hers is being rebuilt..

Tests and Exams:

Last Recorded On: 01-28-2017.
PT/INR (if no HH) Abnormal 04/02/2014

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1990-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : XL Health / Care Improvement Plus (77082)
Priority : Primary
Start Date : 2016-07-01
Relationship to Insured : Self
Type : N/A
Payer : XL Health / Care Improvement Plus (77082)
Priority : Primary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-08-31
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 457181826D
Group Number :
Employer Name : Adella Warren
Copay :
Insured ID Number : 951947500
Group Number :
Employer Name : Adella Warren
Copay :
Insured ID Number : 958541167
Group Number :
Employer Name : Adella Warren
Copay :
Insured ID Number : 457181826D
Group Number :
Employer Name : Adella Warren
Copay :
Insured ID Number : 529593575
Group Number :
Employer Name : Adella Warren

Immunizations:

Adella Warren: Chief Complaint
Patient Record Number:1291

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Seen by Derrick Love-Jones
Seen on 17-November-2016

Chief Complaint Status:finalized

Followup home visit for management of atrial fibrillation, hypertension, hyperlipidemia, insomnia, and osteoarthritis of the hips, congestive heart failure, coronary artery disease, iron anemia, chronic obstructive pulmonary disease, and cerebrovascular effects. Patient complains of hip pain.

History of Present illness:

HPI Status:Finalized

Patient is a 91-year-old AA female in NAD with multiple chronic conditions of atrial fibrillation, hypertension, hyperlipidemia, and osteoarthritis of the hip. Patient denies any new issues upon examination. Patient complains of hip pain today. Patient rates her pain 6/10 today and states she gets relief from current pain medication. Patient denies any pain at this time. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-17	102	60	144.00	65.00	97.40	16.00	~	24.0	0.00

Review of Systems:

Constitutional:

General:

No Weight Loss
No Fever
No Night Sweats
No Change In Appetite
No Change In Urine
No Change In Bowel
No Change In Sleep
No Change In Activity
No Change In Range Of Motion
No Change In Gums
No Change In Teeth
No Change In Dentures

Physical Exam:

HEENT:

Head: Within Normal Limits .

ENT:

Ears: Within Normal Limits .

ENT:

Nose: Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Carvedilol ,25 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17	

Potassium Chloride ER ,10 MEQ CPCR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Potassium Chloride ER ,10 MEQ CPCR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-07
Hydrochlorothiazide ,12.5 MG TABS, TAKE 1 TABLET DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31
Simvastatin ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-03-31
Furosemide ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-17
Carvedilol ,25 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-02-16

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. 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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. Patient 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 lbs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable.

1. Osteoarthritis with chronic pain, continue current plan.
2. Chronic obstructive pulmonary disease, continue current plan.
3. Atrial fibrillation, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Congestive heart failure with systolic, continue current plan.
6. Coronary artery disease, continue current plan.
7. Paroxysmal supraventricular tachycardia, continue current plan.
8. Insomnia, continue current plan.

Medication refills as follows:

Omeprazole 40 mg q.d.

Potassium Cl 10 mEq q.d.

Simvastatin 20 mg q.h.s.

Warfarin 4 mg 1/2 tab MWF/Sunday and 1 tab TTS

HCTZ 12.5 mg q.d.

Lisinopril 10 mg q.d.

ASA 81 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Paroxysmal supraventricular tachycardia (ICD10:I47.1 Supraventricular tachycardia) Unknown or N/A	Active	2015-10-01	
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	

Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, 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
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Unspecified hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Atrial fibrillation (ICD10:I48.91 Unspecified atrial fibrillation) Unknown or N/A	Active	2015-10-01
Pure hypercholesterolemia (ICD10:E78.0 Pure hypercholesterolemia) Unknown or N/A	Active	2015-10-01
Other specified arthropathy, multiple sites (ICD10:M12.89 Other specific arthropathies, not elsewhere classified, multiple sites) Unknown or N/A	Active	2015-10-01
Disturbances of amino-acid transport (ICD10:E72.00 Disorders of amino-acid transport, unspecified) 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 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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Heart disease, unspecified (ICD10:I51.9 Heart disease, unspecified) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia, unspecified (ICD10:D50.9 Iron deficiency anemia, unspecified) 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
Long-term (current) use of anticoagulants (ICD10:Z79.01 Long term (current) use of anticoagulants) Unknown or N/A	Active	2015-10-01
Acute myocardial infarction of unspecified site, episode of care unspecified (ICD10:I21.3 ST elevation (STEMI) myocardial infarction of unspecified site) 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
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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Pacemaker 2010. Unknown or N/A	Active	2015-10-28	

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: Divine Home Health Care

Primary Justification Medical Conditions: Atrial_Fibrillation,HTN,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: Patient requires closely monitoring for vital signs, skin check, and weekly PT/INR.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 16

Signed On (NP): 2016-11-17 02:59

Signed By (Physician): 18

Signed on (Physician): 2016-11-24 03:00

Form_status: finalized

DME:

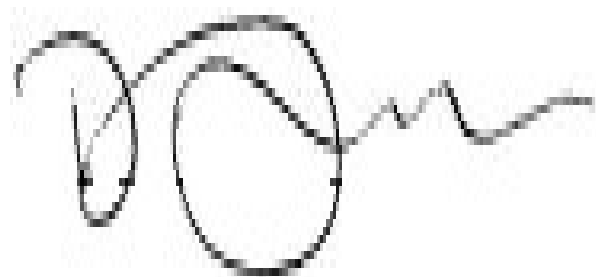
Description	Status	Start Date	End Date
Thoracic or lumbosacral neuritis or radiculitis, unspecified ordered back brace from Meditech. (ICD10:M54.14 Radiculopathy, thoracic region) (ICD10:M54.15 Radiculopathy, thoracolumbar region) (ICD10:M54.16 Radiculopathy, lumbar region) (ICD10:M54.17 Radiculopathy, lumbosacral region) Unknown or N/A	Active	2015-10-01	
Thoracic or lumbosacral neuritis or radiculitis, unspecified ordered back brace from Meditech. (ICD10:M54.14 Radiculopathy, thoracic region) (ICD10:M54.15 Radiculopathy, thoracolumbar region) (ICD10:M54.16 Radiculopathy, lumbar region) (ICD10:M54.17 Radiculopathy, lumbosacral region) Unknown or N/A	Active	2015-10-01	
Probe Covers Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	
Cane Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	
Alcohol Pads Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	
Exam Gloves Unknown or N/A 2015-01-07 by Dr. Sumana Ketha	Active	2015-01-07	

Walker	Active	2015-01-07
Unknown or N/A		
2015-01-07 by Dr. Sumana Ketha		

Procedure Order:

Patient ID	1291	Order ID	1182
Patient Name	Warren, Adella	Ordered By	Love-Jones, Derrick
Order Date	2017-01-28	Print Date	2017-01-28
Order Status	complete	Encounter Date	2017-01-28
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 **Derrick Love-Jones** on **2016-11-17**.

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