

**Debra Smith: Patient Information**  
Patient Record Number:5970

**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:** Debra Smith  
**External ID:** 5970  
**DOB:** 1962-06-11  
**Sex:** Female  
**S.S.:** 450-25-1115  
**User Defined:** 469-709-8284  
**genericval1:** lives with Thomas, Andrew  
**Patient Drive Folder:**  
[https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCflpRTGImaHp4NFhQd1AzRHJ5NTNPcTlxX2RRc3dlQnJndzQwSmo1OEhMc3c](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCflpRTGImaHp4NFhQd1AzRHJ5NTNPcTlxX2RRc3dlQnJndzQwSmo1OEhMc3c)

**Address:** 2269 Aspen Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75227  
**Country:** USA  
**Emergency Phone:** 469-709-8284  
**Home Phone:** 214-845-1309  
**Mobile Phone:** 214-381-8848  
**Street Address:** 2269 Aspen Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 11-10-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 11-10-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 2008-03-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Primary  
**Start Date** : 2010-01-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Secondary  
**Start Date** : 2015-06-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Molina Healthcare of Texas (Z1161)

**Copay** :  
**Insured ID Number** : 450251115A  
**Group Number** :  
**Employer Name** : Debra Smith  
**Copay** :  
**Insured ID Number** : 450251115A  
**Group Number** :  
**Employer Name** : Debra Smith  
**Copay** :  
**Insured ID Number** : 520947195  
**Group Number** :  
**Employer Name** : Debra Smith

## **Immunizations:**

**Debra Smith: Chief Complaint**  
Patient Record Number:5970

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**Seen by** Derrick Love-Jones  
**Seen on** 04-October-2016

**Chief Complaint Status:**finalized

Follow up home visit management of arthritis,hypertension, chronic pain syndrome, gastroesophageal reflux disease, and chronic obstructive pulmonary disease. Patient complains of lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

An 54-year-old AA female in NAD with multiple chronic conditions of hypertension, chronic obstructive pulmonary disease, arthritis, and chronic pain. Patient has a history of lower back pain. Patient rates her current pain at 7/10. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-04	182	96	188.00	61.00	98.20	16.00	~	35.5	0.00

**Review of Systems:**

**Constitutional:**

**Weight Loss/Gain:**

No Change in Weight  
No Change in Appetite  
No Change in Energy  
No Change in Sleep  
No Change in Bowel Habits  
No Change in Urinary Habits  
No Change in Mental Status  
No Change in Vision  
No Change in Hearing  
No Change in Taste  
No Change in Smell  
No Change in Voice  
No Change in Hair  
No Change in Skin  
No Change in Nails  
No Change in Teeth  
No Change in Dentures

**Physical Exam:**

**HEENT:**

Head: No tenderness, no swelling, no deformity, no trauma, no pain, no redness, no warmth, no discoloration, no bruising, no lacerations, no ulcers, no sores, no rashes, no lesions, no tumors, no masses, no nodules, no cysts, no abscesses, no fistulas, no sinuses, no lymph nodes, no glands, no organs, no structures, no tissues, no cells, no molecules, no atoms, no particles, no waves, no fields, no forces, no energy, no matter, no space, no time, no nothing.

**ENT:**

Ears: No tenderness, no swelling, no deformity, no trauma, no pain, no redness, no warmth, no discoloration, no bruising, no lacerations, no ulcers, no sores, no rashes, no lesions, no tumors, no masses, no nodules, no cysts, no abscesses, no fistulas, no sinuses, no lymph nodes, no glands, no organs, no structures, no tissues, no cells, no molecules, no atoms, no particles, no waves, no fields, no forces, no energy, no matter, no space, no time, no nothing.

**CV:**

Heart: No tenderness, no swelling, no deformity, no trauma, no pain, no redness, no warmth, no discoloration, no bruising, no lacerations, no ulcers, no sores, no rashes, no lesions, no tumors, no masses, no nodules, no cysts, no abscesses, no fistulas, no sinuses, no lymph nodes, no glands, no organs, no structures, no tissues, no cells, no molecules, no atoms, no particles, no waves, no fields, no forces, no energy, no matter, no space, no time, no nothing.

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Lisinopril ,20 MG TABS, TAKE 1 TABLET 2 Times DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-08	

Lisinopril ,20 MG TABS, TAKE 1 TABLET 2 Times DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-29
Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 5, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-13
Amoxicillin-Pot Clavulanate ,875-125 MG TABS, TAKE 1 TABLET TWICE DAILY UNTIL FINISHED, Quantity: 14, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Carisoprodol ,350 MG TABS, 1 TAB 2 TIMES DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-10
Carisoprodol ,350 MG TABS, 1 TAB 2 TIMES DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-10
Potassium Chloride ER ,10 MEQ TBCR, TAKE 1 TABLET DAILY WITH FOOD, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-07
Budesonide ,0.5 MG/2ML SUSP, Use 1 Vial Via Nebulizer Twice Daily AS Directed, Quantity: 120, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-10
Budesonide ,0.5 MG/2ML SUSP, Use 1 Vial Via Nebulizer Twice Daily AS Directed, Quantity: 120, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-06

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previously. 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 to exercise daily. 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. Reviewed old records of the patient.

Lumbago w/chronic pain continue current plan

Depression continue current plan

COPD continue current plan

GERD continue current plan

Chronic Pain Syndrome continue current pain medication

HTN w/vascular complications continue current plan

OA w/chronic pain continue current plan

Medication refills as follows:

Norco 10/325 mg t.i.d.  
Clonidine 0.1 mg t.i.d  
Lisinopril 20 mg b.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active	2015-10-06	
Other chronic pain ( ICD9:338.29 Other chronic pain) Unknown or N/A	Active	2015-10-06	
Chronic airway obstruction, not elsewhere classified ( ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active	2015-10-06	
Arthropathy, unspecified, site unspecified ( ICD9:716.90 Arthropathy, unspecified, site unspecified) Unknown or N/A	Active	2015-10-06	
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-05	
Chronic obstructive pulmonary disease with (acute) exacerbation ( ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-05	
Unspecified osteoarthritis, unspecified site ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-05	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-05	
Leiomyoma of uterus, unspecified ( ICD10:D25.9 Leiomyoma of uterus, unspecified) Unknown or N/A	Active	2015-10-05	
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Obstructive chronic bronchitis with (acute) exacerbation ( ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) 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	
Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) 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	

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

**Primary Justification Medical Conditions:** bipolar,COPD,Depression,HTN,Schizophrenia

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** SN needed due to illness and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to schizophrenia. Patient experiences confusion and is unable to safely leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-10-04 08:39

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-10-11 08:39

**Form\_status:** finalized

Printed on 10-Nov-2016 21:22:04 pm.