

Pasty Bullard: Patient Information
Patient Record Number:6009

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: Pasty Bullard

External ID: 6009

DOB: 1935-02-11

Sex: Female

User Defined: Patients wants to only derrick can see her.

Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCNEI6RWtWQ2pFMU0

Address: 3526 Kenilworth St

City: Dallas

State: Texas

Postal Code: 75210

Country: USA

Mobile Phone: 214-730-8431

Street Address: 3526 Kenilworth St

Apt/Suite/Other: House

Family History:

Last Recorded On: 11-19-2016.

Offspring: Patient has 3 children, 2 deceased and one alive..

Social History:

Last Recorded On: 11-19-2016.

Tobacco: No smoking **Status:**

Alcohol: No alcohol **Status:**

Recreational Drugs: No drugs **Status:**

Nutrition History: Regular..

Developmental History: Educational level is 11th grade..

Other History: Physical exam in 2015..

Tests and Exams:

Last Recorded On: 11-19-2016.

Sigmoid/Colonoscopy N/A done in 2007

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1997-06-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-10-01

Relationship to Insured : Self

Type : N/A

Payer : Wellcare HMO, Inc. (14163)

Copay :

Insured ID Number : 450487311A

Group Number :

Employer Name : Pasty Bullard

Copay :

Insured ID Number : 16964515

Group Number :

Employer Name : Pasty Bullard

Immunizations:

Pasty Bullard: Chief Complaint
Patient Record Number:6009

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Sumana Ketha MD
Seen on 23-August-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, diabetes mellitus type 2, hyperlipidemia, osteoarthritis, gout, and chronic pain. Patient complains of shortness of breath and edema in both feet.

History of Present illness:

HPI Status:Finalized

Patient is an 81-year-old African American female with multiple chronic conditions of hypertension, diabetes mellitus type 2, gout, edema, hyperlipidemia, and chronic pain. Patient states she has shortness of breath for several days and edema in both feet. Patient also complains of knee pain. Patient denies any other issues upon examination. Patient denies chest pain, headache, and nausea or vomiting recently.

Past Medical History:

Family History:

Social History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-23	190	91	270.00	64.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Weight Loss
No Polydipsia
No Polyuria
No Nocturia
No Excessive Thirst
No Excessive Hunger
No Change in Appetite
No Heat Intolerance
No Cold Intolerance
No Coryza
No Obstruction

Physical Exam:

HEENT:

Head: Within Normal Limits .
Eyes: Within Normal Limits .
Ears: Within Normal Limits .
Nose: Within Normal Limits .
Throat: Within Normal Limits .

HEENT:

Head: Within Normal Limits .
Eyes: Within Normal Limits .
Ears: Within Normal Limits .
Nose: Within Normal Limits .
Throat: Within Normal Limits .

CV:

Heart: Within Normal Limits .
Lungs: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Valsartan-Hydrochlorothiazide ,160-12.5 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1	Active	2016-05-23	
Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls			

Valsartan-Hydrochlorothiazide ,160-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-30
Antipyrine-Benzocaine ,5.4-1.4 % SOLN, INSTILL 3 DROPS IN AFFECTED EAR(S) 3-4 TIMES DAILY, Quantity: 10, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23
Crestor ,20 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23
Metoprolol Succinate ER ,50 MG TB24, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23
Naproxen ,500 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23
NovoLIN 70/30 ReliOn ,(70-30) 100 UNIT/ML SUSP, INJECT 8 UNITS SUB-Q EVERY MORNING AND 6 UNITS EVERY EVENING, Quantity: 20, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23
Senna-Docusate Sodium ,8.6-50 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23
Valsartan-Hydrochlorothiazide ,160-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-23
Insulin Syringe/Needle ,28G X 1/2" 1 ML MISC, USE 1 SYRINGE IN AM AND 1 IN PM, Quantity: 200, Refill Quantity: 8 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-26
NovoLIN 70/30 ReliOn ,(70-30) 100 UNIT/ML SUSP, INJECT 8 UNITS SUB-Q EVERY MORNING AND 6 UNITS EVERY EVENING, Quantity: 20, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-26
Crestor ,20 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-28
Metoprolol Succinate ER ,50 MG TB24, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-28
Valsartan-Hydrochlorothiazide ,160-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-28

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 was 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 encouraged to perform some daily exercise. No labs needed this visit. The patient verbalize 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, continue current plan.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Gout, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Hyperlipidemia, continue current plan.
6. Hypertension with vascular complications, continue current plan.

Medication refills as follows:

Naproxen 50 mg b.i.d.
Valsartan/HCTZ 160/12.5 mg q.d.
Metoprolol ER 50 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-08-23	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-18	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-03-29	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-02-23	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-11-30	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-30	
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	
Gout, unspecified (ICD10:M10.9 Gout, 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	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hospitalized in Baylor for increased blood sugars. 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: Agape Home Healthcare

Primary Justification Medical Conditions: diabetes,HTN,hyperlipidemia

Additional Medical Conditions: Gout, edema of LE

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: Skilled nursing needed due to chronic pain and inability to self medicate correctly.

Certification Statement: Patient is home bound due to chronic pain.pain is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-08-23 04:44

Signed By (Physician): 18

Signed on (Physician): 2016-08-30 04:44

Form_status: finalized

Procedure Order:

Patient ID	6009	Order ID	873
Patient Name	Bullard, Pasty	Ordered By	Love-Jones, Derrick
Order Date	2016-11-20	Print Date	2016-11-20
Order Status	complete	Encounter Date	2016-11-20
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-20		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-08-30**.

Printed on 20-Nov-2016 09:34:57 am.