

Diane Smith: Patient Information
Patient Record Number:6269

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

Name: Diane Smith
External ID: 6269
DOB: 1952-11-01
Sex: Female
S.S.: 452-52-0460
Marital Status: Widowed
Patient Drive Folder: 0B0x_tbqdBDPhdJqbjFtOERnUTQ

Address: 2519 John West Rd
City: Dallas
State: Texas
Postal Code: 75228
Country: USA
Home Phone: 469-445-5141
Mobile Phone: 469-248-2259
Street Address: 2519 John West Rd
Apt/Suite/Other: APT#7209

Family History:

Last Recorded On: 01-28-2017.
Father: Father died with hypertension, coronary artery disease, cerebrovascular accident..
Mother: Mother died with diabetes mellitus type 2, hypertension, and dementia..
Siblings: Two brothers had hypertension and one sister had chronic kidney disease..
Spouse: Two boys, one is died. One girl is alive with complains of sleep apnea, hypertension, and chronic pain syndrome..

Social History:

Last Recorded On: 01-28-2017.
Tobacco: Former smoker Stopped about 10 years ago. **Status:** Quit
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..

Tests and Exams:

Last Recorded On: 01-28-2017.
Vitamin D (6 mo if on pills) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 09/07/2016 at LabCorp, Ordered by Derrick
CBC Complete Blood Count (3 months) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick.
LIPIDS (once year unless chol meds) Normal Done on 09/07/2016 at LabCorp, Ordered by Derrick

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2004-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2017-01-01
Relationship to Insured : Self
Type : N/A
Payer : Advantage by Superior HealthPlan (68069)
Priority : Secondary
Start Date : 2012-01-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 452520460W
Group Number :
Employer Name : Diane Smith
Copay :
Insured ID Number : C0014666801
Group Number :
Employer Name : Diane Smith
Copay :
Insured ID Number : 249887001
Group Number :
Employer Name : Diane Smith

Immunizations:

Diane Smith: Chief Complaint
Patient Record Number:6269

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

Seen by Derrick Love-Jones
Seen on 19-October-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions memory loss, dementia, hypertension, diabetes mellitus type 2, wheelchair bound, chronic pain syndrome, gastroesophageal reflux disease, anxiety, osteoarthritis, morbid obesity, and lumbago. Patient complains of lower back pain and foot pain.

History of Present illness:

HPI Status:Finalized

A 64-year-old African-American female in NAD with multiple chronic conditions of the following memory loss, dementia, hypertension, diabetes mellitus type 2, wheelchair bound, chronic pain syndrome, gastroesophageal reflux disease, anxiety, osteoarthritis, morbid obesity, and lumbago. Patient complains of lower back pain and foot pain that is chronic and is relieved with current pain medication. Patient rates pain at 7/10 today. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-19	160	94	384.00	65.00	97.80	18.00	~	63.9	0.00

Review of Systems:

Constitutional:

Goal Target:

- No Significant Losses
- No New Financial History
- No Significant Increase
- No Significant Growth
- No Change In Appetite
- No Dental Difficulties
- No Use Of Dentures

Physical Exam:

[illegible]**Medication:**

Description	Status	Start Date	End Date
Cyclobenzaprine HCl ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 45, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-19	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous provider. 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-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 exercise daily as tolerated. No labs needed this visit. Patient verbalized 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. Neuropathy, continue current plan.
2. Muscle spasms, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Anxiety, continue current plan.
5. Lumbago with chronic pain, continue current plan.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Chronic pain syndrome, continue current pain medication.
8. Morbid obesity, continue current plan.
9. Memory loss, continue current plan.
10. Dementia, continue current plan.
11. Gastroesophageal reflux disease, continue current plan.
12. Wheelchair-bound, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Cyclobenzaprine 10 mg q.d.

Amlodipine/Benzaprine 10/40 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-10-19	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-10-19	
Other polyosteoarthritis (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2016-08-23	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-08-16	
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	2016-08-16	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-16	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-08-16	

Allergies:

Description	Status	Start Date	End Date
Penicillin. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Gallbladder removal in 1989. Unknown or N/A	Active		
Hernia repair in 2007. 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: Mobility_Impairments, Senile Dementia, Rheumatoid Arthritis_Osteoarthritis, HTN, diabetes

Additional Medical Conditions: Anxiety, GERD, Chronic Pain Syndrome, Lumbago, Memory Loss, Wheelchair Bound

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to morbid obesity, dementia, and memory loss. Patient is also wheelchair-bound.

Certification Statement: Skilled nursing is needed due to memory loss, dementia, and the inability to self-medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-10-19 03:05

Signed By (Physician): 18

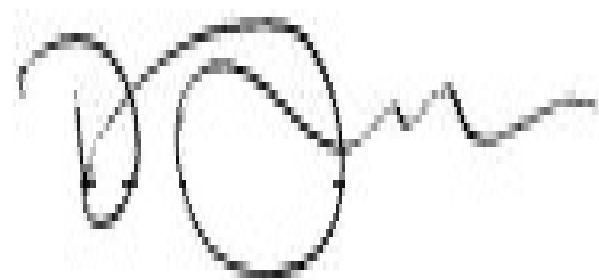
Signed on (Physician): 2016-10-26 03:05

Form_status: finalized

Procedure Order:

Patient ID	6269	Order ID	1208
Patient Name	Smith, Diane	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	2017-01-28		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-26**.

Printed on 28-Jan-2017 22:32:38 pm.