Patsy Shaw: Patient Information

Patient Record Number:6378

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: Patsy Shaw External ID: 6378 **DOB**: 1944-06-30 Sex: Female S.S.: 559-74-8176 Marital Status: Widowed

Patient Drive Folder: 0B0x_tbqdBDPhbkNENEFDazRrVIU

Address: 1350 Skyline Rd City: Grand Prairie State: Texas Postal Code: 75051 Country: USA

Mobile Phone: 469-660-3262 Street Address: 1350 Skyline Rd

Apt/Suite/Other: APT#712, Building 7 Gate Code #0712

Past Medical History:

Last Recorded On: 01-16-2017.

Risk Factors: Degenerative Joint Disease.

Family History:

Last Recorded On: 01-16-2017.

Father: Father died of end-stage renal disease, diabetes mellitus type 2, hypertension, and congestive heart failure..

Mother: Mother deceased of hypertension and diabetes mellitus type 2...

Siblings: One brother is alive with prostate cancer and hypertension. One sister is alive with unknown disease..

Offspring: One daughter with diabetes and hypertension..

Social History:

Last Recorded On: 01-16-2017. Tobacco: Never smoker

Alcohol: No alcohol abuse. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level is 10th grade.. Other History: Taken Pnuemovax one year ago..

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2009-06-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 563629354D

Group Number:

Employer Name: Patsy Shaw

Immunizations:			

Patsy Shaw: Chief Complaint Patient Record Number:6378 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 15-December-2016

Chief Complaint Status: finalized

New admit to service to prevent further decline of the following chronic medical conditions of chronic obstructive pulmonary disease/asthma, hypertension, congestive heart failure, neuropathy, gastroesophageal reflux disease, constipation, degenerative joint disease, lumbago, chronic pain syndrome, hypothyroidism, and diabetes mellitus type 2. Patient complains of lower back pain and foot pain.

History of Present illness:

HPI Status:Finalized

A 72-year-old African-American female in NAD with multiple chronic conditions of the following chronic obstructive pulmonary disease/asthma, hypertension, congestive heart failure, neuropathy, gastroesophageal reflux disease, constipation, degenerative joint disease, lumbago, chronic pain syndrome, hypothyroidism, and diabetes mellitus type 2. Patient states she has severe back and neck pain due to a long history of surgeries. Patient rates her current pain at 7/10 but states she does get relief from current pain medication. Patient denies any other issues upon examination at this time. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

Past Medical History:

Social History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-15	135	85	0.00	64.00	97.60	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Christing and Maket (Plaingat:

No. No. 1999 Marita YES No. 1999 Marita No. 19

Booking the site

Non Distinction Range Of Motion YES

No Constipation

Physical Exam:

GERRO:

Specifical Company (Company of the Company of the C

BACKEMITIES:

Body Market Ma

MV:SC:

RESERVATIONAL Modulation of the Property of t

RESP:

 ${\bf RaOMgls} \mbox{{\it NCiThAMB+NVoirthmial Nationitical Limits}}$.

 $Lungs\ Clear, Rales, Rhonchi, Wheezes-Within\ Normal\ Limits\ .$

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. Full set of labs ordered. 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. Lumbago with chronic pain, continue current plan.
- 2. Diabetes mellitus type 2 with neuropathy, continue current plan.
- 3. Congestive heart Aurelio with systolic complications, continue current plan.
- 4. Chronic pain syndrome, continue current pain medication.
- 5 Chronic obstructive pulmonary disease/asthma, continue current plan.
- 6. Hypertension with vascular complications, continue current plan.
- 7. Neuropathy, continue current plan.
- 8. Gastroesophageal reflux disease, continue current plan.
- 9. Constipation, continue current plan.
- 10. Degenerative joint disease, continue current plan.
- 11. Hypothyroidism, continue current plan.

Medication refills as follows:

Norco 10/325 mg q.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-12-15	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-12-15	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-12-15	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-12-15	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-15	

Allergies:

D	Description	Status	Start Date	End Date
Tetanus		Antivo		
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: Aaron Home Health

 $\textbf{Primary Justification Medical Conditions:} \ \ \textbf{Hypothyroidism,COPD,} diabetes, \textbf{Heart_Failure,HTN}$

Additional Medical Conditions: 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 being bedbound, severe pain.

Certification Statement: Skilled nursing is needed due to patient being bedbound, on home oxygen, has severe pain and the

inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-12-15 01:42

Signed By (Physician): 18

Signed on (Physician): 2016-12-22 01:42

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6378	Order ID	1368
Patient Name	Shaw, Patsy	Ordered By	Love-Jones, Derrick
Order Date	2017-01-18	Print Date	2017-01-18
Order Status	complete	Encounter Date	2017-01-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-18		1		0097	Pulse Oximetry	No	99%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-22**.

Printed on 18-Jan-2017 09:14:58 am.