

Darlene Young: Patient Information
Patient Record Number:6190

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

Name: Darlene Young
External ID: 6190
DOB: 1961-01-09
Sex: Female

Address: 220 Stoneport Dr
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Mobile Phone: 214-438-9210
Street Address: 220 Stoneport Dr
Apt/Suite/Other: Apt 6107

Family History:

Last Recorded On: 12-18-2016.
Father: Father died..
Mother: Mother died..
Siblings: None..
Offspring: Denies..

Social History:

Last Recorded On: 12-18-2016.
Tobacco: No smoking. **Status:**
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza in 2015..

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-05-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 513229653
Group Number :
Employer Name : Darlene Young

Immunizations:

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Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, hyperlipidemia, osteoarthritis with chronic pain, depression, and chronic pain syndrome. Patient complains of knee pain and total body pain.

A 55-year-old African-American female in NAD multiple chronic conditions of the following hypertension, hyperlipidemia, depression, osteoarthritis with chronic pain, and chronic pain syndrome. Patient states that she has a history of chronic knee and entire body pain. Patient states that she has been in more pain recently. Patient does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-18	134	77	170.00	64.00	97.60	16.00	~	29.2	0.00

[illegible]

NOSE: Tip of the nose is pink, Bilateral Nasal Turbinates-Within Normal Limits .

Description	Status	Start Date	End Date
Mupirocin Calcium ,2 % CREA, APPLY AND GENTLY MASSAGE INTO AFFECTED AREA(S) TWICE DAILY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-10-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

DiphenhydrAMINE HCl ,25 MG CAPS, Take 1 tablet at Bed time, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Norco ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-03

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his 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 so, 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 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.

Lumbago w/chronic pain continue current plan
CAD continue current plan
HTN w/vascular complications continue current plan
Chronic Pain Syndrome continue current pain medication
Insomnia continue current plan
HLD continue current plan
Depression continue current plan
Abnormal Gait continue to monitor

Medication refills as follows:
Diphenhydramine 25 mg q.h.s.
Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-11-18	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-11-18	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-16	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-16	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-16	
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	2016-08-10	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-27	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-05-27	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-05-27	

Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-27
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-27
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-27

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-05-26	

Surgeries:

Description	Status	Start Date	End Date
Hip surgery in 2012. Unknown or N/A	Active	2016-05-26	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient homebound due to previous trauma and the inability to drive.

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-11-18 01:48

Signed By (Physician): 18

Signed on (Physician): 2016-11-25 01:48

Form_status: finalized

Procedure Order:

Patient ID	6190	Order ID	1195
Patient Name	Young, Darlene	Ordered By	Love-Jones, Derrick
Order Date	2016-12-18	Print Date	2016-12-18
Order Status	complete	Encounter Date	2016-12-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

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