

**Shirley Anderson: Patient Information**  
Patient Record Number:6032

**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:** Shirley Anderson  
**External ID:** 6032  
**DOB:** 1945-12-09  
**Sex:** Female  
**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCQjZyMVg5RDc4ZU0](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCQjZyMVg5RDc4ZU0)

**Address:** 3011 Park Row Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75215  
**Country:** USA  
**Guardian's Name:** James Anderson(Husband)  
**Home Phone:** 214-565-3685  
**Street Address:** 3011 Park Row Ave  
**Apt/Suite/Other:** Apt #1123, Building #16

## Family History:

**Last Recorded On:** 08-16-2016.  
**Father:** Unknown.  
**Mother:** Unknown.  
**Siblings:** Unknown.

## Social History:

**Last Recorded On:** 08-16-2016.  
**Tobacco:** Never smoker No smoking **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drugs **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** well.  
**Work Status:** Unemployed.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2010-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2010-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 430843812A  
**Group Number :**  
**Employer Name :** Shirley Anderson  
**Copay :**  
**Insured ID Number :** 607382991  
**Group Number :**  
**Employer Name :** Shirley Anderson

**Immunizations:**

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Follow up home visit for management of chronic conditions of asthma, hypertension, chronic pain, hyperlipidemia, and gastroesophageal reflux disease. Patient complains of body aches and shoulder pain. Patient also complains of chest congestion x 4 days.

Patient is a 70-year-old old female in NAD with multiple chronic conditions of hypertension, CAD, GERD, hyperlipidemia, allergic rhinitis, osteoarthritis with chronic pain and chronic pain syndrome. Patient states that she has had chest congestion x 4 days with no relief. Patient also states that she has body aches and shoulder pain. Patient denies any other issues or complaints upon examination. Patient denies CP, HA or N/V recently. Reviewed labs. Reviewed medications.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-30	116	62	142.00	64.00	97.60	20.00	~	0.0	0.00

[illegible]

ROM-With Rubs-Goal-Limits-Within Normal Limits .

Description	Status	Start Date	End Date
Potassium Chloride ER ,10 MEQ CPCR, 1 CAP PO BID, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2016-05-23	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Pravastatin Sodium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-23
Potassium Chloride ER ,10 MEQ CPCR, 1 CAP PO BID, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-19
Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-01
Lansoprazole ,30 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-22

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. 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. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable.

1. Rheumatoid arthritis/osteoarthritis with chronic pain continue current plan.
2. Hypertension with vascular complications continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Chronic pain syndrome, continue current pain medications.
5. Coronary artery disease, continue current plan.
6. Hyperlipidemia, continue current plan.
7. Allergic rhinitis, continue current plan.
8. Medication refills as follows; Nabumetone 500 mg b.i.d., Tylenol #3 b.i.d.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
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	2016-06-30	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-30	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-17	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-17	
Chronic duodenal ulcer without hemorrhage or perforation ( ICD10:K26.7 Chronic duodenal ulcer without hemorrhage or perforation) Unknown or N/A	Active	2016-03-08	
Bilateral primary osteoarthritis of knee ( ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2016-03-08	

Rheumatoid arthritis without rheumatoid factor, right shoulder ( ICD10:M06.011 Rheumatoid arthritis without rheumatoid factor, right shoulder) Unknown or N/A	Active	2016-01-08
Rheumatoid polyneuropathy with rheumatoid arthritis of right knee ( ICD10:M05.561 Rheumatoid polyneuropathy with rheumatoid arthritis of right knee) Unknown or N/A	Active	2015-11-09
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-11-09
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-09
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-13
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-10-13
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-13
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-13
Allergic rhinitis due to pollen ( ICD10:J30.1 Allergic rhinitis due to pollen) Unknown or N/A	Active	2015-10-13

## 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:** Rapha Care Services

**Primary Justification Medical Conditions:** HTN,hyperlipidemia

**Additional Medical Conditions:**

**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. Patine is weak with poor balance and at high risk for falls.

**Signed by (NP):** 16

**Signed On (NP):** 2016-06-30 04:13

**Signed By (Physician):** 18

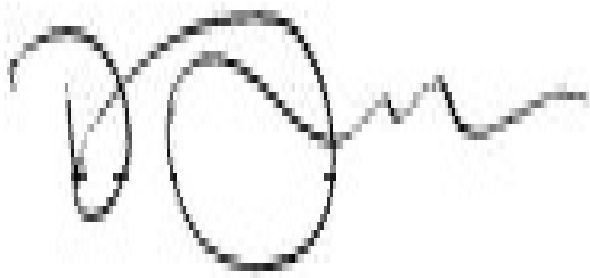
**Signed on (Physician):** 2016-07-04 04:13

**Form\_status:** finalized

## Procedure Order:

Patient ID	6032	Order ID	677
Patient Name	Anderson, Shirley	Ordered By	Love-Jones, Derrick
Order Date	2016-08-17	Print Date	2016-08-17
Order Status	complete	Encounter Date	2016-08-17
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-08-17		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-06**.

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