

Mariangela White: Patient Information
Patient Record Number:5929

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: Mariangela White

External ID: 5929

DOB: 1948-09-27

Sex: Female

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfnVLbXcySmhKeFZtREFzei1vVW02b2QzNDBZWwtJc0ZBaW1BQ1B6aUJPM00

Address: 2541 Lands End Drive

City: Carrollton

State: Texas

Postal Code: 75006

Country: USA

Home Phone: 469-305-9229

Street Address: 2541 Lands End Drive

Apt/Suite/Other: House

Family History:

Last Recorded On: 07-26-2016.

Father: Father died with lung cancer..

Mother: Mother died with coronary artery disease and myocardial infarction..

Siblings: One brother died..

Offspring: One son, healthy..

Social History:

Last Recorded On: 07-26-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Good.

Developmental History: Well.

Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2002-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Physicians Mutual Insurance Company (47027)
Priority : Secondary
Start Date : 2015-12-03
Relationship to Insured : Self
Type : N/A
Payer : Mutual of Omaha Insurance Company (71412)
Priority : Secondary
Start Date : 2016-06-01
Relationship to Insured : Self
Type : N/A
Payer : Physicians Mutual Insurance Company (47027)

Copay :
Insured ID Number : 479621826A
Group Number :
Employer Name : Mariangela White
Copay :
Insured ID Number : 100119334
Group Number :
Employer Name : MARIANGELA WHITE
Copay :
Insured ID Number : 100119334
Group Number :
Employer Name : MARIANGELA WHITE
Copay :
Insured ID Number : 100119334
Group Number :
Employer Name : MARIANGELA WHITE

Immunizations:

Mariangela White: Chief Complaint
Patient Record Number:5929

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Seen by Derrick Love-Jones
Seen on 14-July-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline in chronic conditions of epilepsy, hypertension, cerebrovascular effects, urinary incontinence, chronic pain, osteoarthritis, and neuropathy. Patient complains of gasping for air and shortness of breath.

History of Present illness:

HPI Status:Finalized

A 67-year-old white female in NAD with multiple chronic conditions of epilepsy, hypertension, cerebrovascular effects, urinary incontinence, chronic pain, osteoarthritis, and neuropathy. Patient complains of gasping for air and SOB. Patient was hospitalized for 4 days due to SOB. Patient released after all test came back negative. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently. Reviewed labs. Reviewed medications. Patient continues to have excessive saliva production and was hospitalized for possible pneumonia. All test came back negative. Family re-educated on suction techniques. Patient needs to be suctioned on a regular basis.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-14	112	66	150.00	60.00	97.40	20.00	~	29.3	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Change In Weight
No Change In Appetite
No Change In Energy
No Change In Sleep
No Change In Range Of Motion
No Change In Urine
No Change In Bowel
No Change In Gums
No Change In Teeth
No Use Of Dentures

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

NECK:

NECK: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Levetiracetam ,100 MG/ML SOLN, Take 1 teaspoon ,5 ML, twice daily, Quantity: 473, Refill Quantity: 3	Active	2016-06-13	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

LevETIRAcetam ,100 MG/ML SOLN, Take 1 teaspoon ,5 ML, twice daily, Quantity: 473, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-13
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Baclofen ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
CloNIDine HCl ,0.1 MG TABS, 1 tab a daily, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
CloNIDine HCl ,0.1 MG TABS, 1 tab a daily, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 1, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 1, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ipratropium-Albuterol ,0.5-2.5 (3) MG/3ML SOLN, BID, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ipratropium-Albuterol ,0.5-2.5 (3) MG/3ML SOLN, BID, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
LevETIRAcetam ,100 MG/ML SOLN, 75ml qd, Quantity: 300, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
LevETIRAcetam ,100 MG/ML SOLN, 75ml qd, Quantity: 300, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Lisinopril ,5 MG TABS, PLACE 1 TABLET ON THE TONGUE AND ALLOW TO DISSOLVE TWO TIMES DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06

Lisinopril ,5 MG TABS, PLACE 1 TABLET ON THE TONGUE AND ALLOW TO DISSOLVE TWO TIMES DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ondansetron ,4 MG TBDP, TID, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Ondansetron ,4 MG TBDP, TID, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 180, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 180, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-06

Plan Note:

Plan Note Status:Finalized

1. Teach caregiver how to suction correctly. Continue same treatment plan as previous.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Neuropathy, controlled on medications.
4. Epilepsy, stable.
5. Urinary incontinence, well controlled.
6. CVA effects, continue medications.
7. Osteoarthritis with chronic pain, continue PT/OT.
8. Medication adherence was given to the patient. Continue treatment as planned.
9. 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.
10. Reviewed old records of the patient.
11. 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	2016-07-14	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-03-29	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-03-29	
Epilepsy, unspecified, not intractable, with status epilepticus (ICD10:G40.901 Epilepsy, unspecified, not intractable, with status epilepticus) Unknown or N/A	Active	2016-02-17	
Acute vaginitis (ICD10:N76.0 Acute vaginitis) Unknown or N/A	Active	2016-02-17	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-02-17	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-12-15	

Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-12
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Other convulsions (ICD10:R56.9 Unspecified convulsions) Unknown or N/A	Active	2015-10-01
Other late effects of cerebrovascular disease (ICD10:I69.998 Other sequelae following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Epilepsy, unspecified, without mention of intractable epilepsy (ICD9:345.90 Epilepsy, unspecified, without mention of intractable epilepsy) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
Peanuts, fish, sulphur, bean Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
No fracture. 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

Primary Justification Medical Conditions: Epilepsy, HTN

Additional Medical Conditions: CVA effects, dysphagia, seizures, urinary incontinence, bed bound, abnormal gait.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to uncontrolled seizures, CVA effects, bed bound, and inability to self medicate currently.

Certification Statement: Patient is home bound due to CVA effects, and uncontrolled seizures. Patient requires the assistance of another person at all times to leave home.

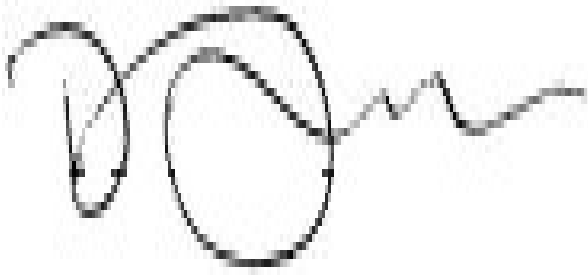
Signed by (NP): 16

Signed On (NP): 2016-07-14 04:37

Signed By (Physician): 18

Signed on (Physician): 2016-07-19 04:37

Form_status: finalized

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-07-20**.

Printed on 17-Aug-2016 20:46:19 pm.