

**Barbara Hamilton: Patient Information**  
Patient Record Number:1567

**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:** Barbara Hamilton  
**External ID:** 1567  
**DOB:** 1932-07-13  
**Sex:** Female  
**S.S.:** 456-64-2625  
**Marital Status:** Single  
**User Defined:** only to derrick  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5aEhtWE0xVkJqMDA>

**Address:** 225 Landis Street  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75203  
**Country:** USA  
**Mother's Name:** only to derrick  
**Emergency Contact:** daughter  
**Emergency Phone:** 214-797-0523  
**Home Phone:** 214-946-1198  
**Street Address:** 225 Landis Street  
**Apt/Suite/Other:** House

## Past Medical History:

**Last Recorded On:** 08-08-2016.  
**Risk Factors:** GERD.

## Family History:

**Last Recorded On:** 08-08-2016.  
**Father:** Father had hypertension..  
**Mother:** Mother had hypertension..  
**Offspring:** Two children..

## Primary Family Med Conditions:

**Last Recorded On:** 08-08-2016.  
**Chronic Conditions:** Hypertension.

## Social History:

**Last Recorded On:** 08-08-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet.  
**Developmental History:** Normal..  
**Other History:** Influenza November 2015..

## Tests and Exams:

Last Recorded On: 08-08-2016.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1997-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2016-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** XL Health / Care Improvement Plus (77082)  
**Priority :** Primary  
**Start Date :** 2016-08-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2011-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 456642625A  
**Group Number :**  
**Employer Name :** Barbara Hamilton  
**Copay :**  
**Insured ID Number :** 973438828  
**Group Number :**  
**Employer Name :** Barbara Hamilton  
**Copay :**  
**Insured ID Number :** 456642625A  
**Group Number :**  
**Employer Name :** Barbara Hamilton  
**Copay :**  
**Insured ID Number :** 518491859  
**Group Number :**  
**Employer Name :** Barbara Hamilton

## Immunizations:

**Barbara Hamilton: Chief Complaint**  
Patient Record Number:1567

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**Seen by** Sumana Ketha MD

**Seen on 21-July-2016**

**Chief Complaint Status:**finalized

Followup home visit for management of hypertension, coronary artery disease, osteoarthritis of the knee, GERD, lymphedema, iron deficiency anemia, and gout abnormality. Patient complains of pain in both knees.

**History of Present illness:**

**HPI Status:**Finalized

An 84-year-old African-American female in NAD with multiple chronic conditions of hypertension, coronary artery disease, osteoarthritis of the knee, and iron deficiency anemia. Patient complains of pain in her knee at this time, and rates pain at 8/10 today. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications.

### Vitals:

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|-----|-----------|
| 2016-07-21   | 203 | 88  | 127.00 | 59.00 | 97.60       | 20.00 | ~    | 0.0 | 0.00      |

## Review of Systems:

**Constitutional:**

**Geometric Algebraic Topology:**

~~ENCLOSURE~~ Kristin

**No Benefit Of Death**

No ~~discussions~~ **discussions**

## No ~~Disabling~~ Range Of Motion

## Fluoride Speciation

### No Change In Volume Of Urine

**No Bleeding Gums**

No Blotteries

### No Use Of Dentures

### Physical Exam:

**REMARKS:**

1. **Electrolyte Panel** - Within Normal Limits.

**EXTREMITIES:**

**NOTE: ALL RESULTS ARE IN CONCENTRATIONS PER MILLILITER (PPM) UNLESS OTHERWISE SPECIFIED. Normal Limits.**

**CV:**

Revised: 11/11/2014

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET TWICE DAILY,<br>Quantity: 60, Refill Quantity: 2 |        |            |          |
| Unknown or N/A  | Active | 2015-04-10 |          |
| by Jones, Derrick - MJ3217331   |        |            |          |
| Texas Physician House Calls   |        |            |          |

Spirolonactone ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90,  
Refill Quantity: 0  
Unknown or N/A  
by Jones, Derrick - MJ3217331  
Texas Physician House Calls

Active

2015-04-10

## Plan Note:

### Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, educated this patient to have low-salt, low-fat, and low-cholesterol diet.
3. Gout, continue current plan.
4. Chronic pain syndrome, stable on medications.
5. Coronary artery disease, continue current plan.
6. Chronic kidney disease stage-3, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Medication refills as follows; Tramadol 50 mg t.i.d., Allopurinol 100 mg 2 tabs q.d., Simvastatin 10 mg q.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.
10. Reviewed old records of the patient.
11. Follow up appointment in 4-6 weeks.

## Medical Problem:

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Osteoarthritis, generalized, multiple sites<br>( ICD10:M15.0 Primary generalized (osteo)arthritis)<br>Unknown or N/A  | Active | 2015-10-01 |          |
| Chronic ischemic heart disease, unspecified<br>( ICD10:I25.9 Chronic ischemic heart disease, unspecified)<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Osteoarthritis, localized, primary, lower leg<br>( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee)<br>Unknown or N/A  | Active | 2015-10-01 |          |
| Coronary atherosclerosis of native coronary artery<br>( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris)<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Benign hypertensive heart disease with heart failure<br>( ICD10:I11.0 Hypertensive heart disease with heart failure)<br>Unknown or N/A  | Active | 2015-10-01 |          |
| Coronary atherosclerosis of unspecified type of vessel, native or graft<br>( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris)<br>Unknown or N/A  | Active | 2015-10-01 |          |
| Osteoarthritis involving, or with mention of more than one site, but not specified as generalized, site unspecified<br>( ICD10:M15.8 Other polyosteoarthritis)<br>Unknown or N/A  | Active | 2015-10-01 |          |
| Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified<br>( ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease)<br>( ICD10:N18.9 Chronic kidney disease, unspecified)<br>Unknown or N/A | Active | 2015-10-01 |          |
| Chronic kidney disease, Stage III (moderate)<br>( ICD10:N18.3 Chronic kidney disease, stage 3 (moderate))<br>Unknown or N/A   | Active | 2015-10-01 |          |
| Esophageal reflux<br>( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis)<br>Unknown or N/A  | Active | 2015-10-01 |          |
| Congestive heart failure, unspecified<br>( ICD10:I50.9 Heart failure, unspecified)<br>Unknown or N/A  | Active | 2015-10-01 |          |

|  |        |            |
|--|--------|------------|
| Unspecified essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A  | Active | 2015-10-01 |
| Osteoarthritis, unspecified whether generalized or localized, site unspecified<br>( ICD10:M19.90 Unspecified osteoarthritis, unspecified site)<br>Unknown or N/A   | Active | 2015-10-01 |
| Iron deficiency anemia, unspecified<br>( ICD10:D50.9 Iron deficiency anemia, unspecified)<br>Unknown or N/A  | Active | 2015-10-01 |
| Abnormality of gait<br>( ICD10:R26.9 Unspecified abnormalities of gait and mobility)<br>Unknown or N/A   | Active | 2015-10-01 |
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A   | Active | 2015-10-01 |
| Osteoarthritis, generalized, site unspecified<br>( ICD10:M15.0 Primary generalized (osteo)arthritis)<br>( ICD10:M15.9 Polyosteoarthritis, unspecified)<br>Unknown or N/A   | Active | 2015-10-01 |
| Unspecified cataract<br>( ICD10:H26.9 Unspecified cataract)<br>Unknown or N/A  | Active | 2015-10-01 |
| Other chronic pain<br>( ICD10:G89.29 Other chronic pain)<br>Unknown or N/A   | Active | 2015-10-01 |
| Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified<br>( ICD10:I13.10 Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease)<br>Unknown or N/A | Active | 2015-10-01 |
| Difficulty in walking<br>( ICD10:R26.2 Difficulty in walking, not elsewhere classified)<br>Unknown or N/A  | Active | 2015-10-01 |
| Acute gouty arthropathy<br>( ICD10:M10.00 Idiopathic gout, unspecified site)<br>Unknown or N/A   | Active | 2015-10-01 |
| Osteoarthritis, unspecified whether generalized or localized, lower leg<br>( ICD10:M17.9 Osteoarthritis of knee, unspecified)<br>Unknown or N/A  | Active | 2015-10-01 |
| Other lymphedema<br>( ICD10:I89.0 Lymphedema, not elsewhere classified)<br>Unknown or N/A  | Active | 2015-10-01 |
| Iron deficiency anemia secondary to blood loss (chronic)<br>( ICD10:D50.9 Iron deficiency anemia, unspecified)<br>Unknown or N/A   | Active | 2015-10-01 |
| Sideroblastic anemia<br>( ICD10:D64.3 Other sideroblastic anemias)<br>Unknown or N/A   | Active | 2015-10-01 |

**Allergies:**

| Description                  | Status | Start Date | End Date |
|------------------------------|--------|------------|----------|
| Penicillin<br>Unknown or N/A | Active |            |          |
| Lisinopril<br>Unknown or N/A | Active |            |          |

**Surgeries:**

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Right total knee replacement surgery<br>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:** Homeland Home Health Agency Inc

**Primary Justification Medical Conditions:** Anemia,Heart\_Disease,HTN

**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:** Patient needs assistance with ADLs. Patient requires close monitoring of vital signs, skin check, and medication management.

**Certification Statement:** Patient requires considerable taking effort to leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-21 04:38

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-28 04:38

**Form\_status:** finalized

## DME:

| Description  | Status | Start Date | End Date |
|--|--------|------------|----------|
| Cane<br>Unknown or N/A<br>2015-01-29 by Dr. Sumana Ketha                 | Active | 2015-01-29 |          |
| Elevated Toilet Seat<br>Unknown or N/A<br>2015-01-29 by Dr. Sumana Ketha | Active | 2015-01-29 |          |
| Grab Bars<br>Unknown or N/A<br>2015-01-29 by Dr. Sumana Ketha            | Active | 2015-01-29 |          |
| Tub/Shower Bench<br>Unknown or N/A<br>2015-01-29 by Dr. Sumana Ketha     | Active | 2015-01-29 |          |
| Walker<br>Unknown or N/A<br>2015-01-29 by Dr. Sumana Ketha               | Active | 2015-01-29 |          |

## Procedure Order:

|              |                   |                |                     |
|--------------|-------------------|----------------|---------------------|
| Patient ID   | 1567              | Order ID       | 748                 |
| Patient Name | Hamilton, Barbara | Ordered By     | Love-Jones, Derrick |
| Order Date   | 2016-08-25        | Print Date     | 2016-08-25          |
| Order Status | complete          | Encounter Date | 2016-08-25          |
| Lab          | .HH Agency        | Specimen Type> |                     |

| Ordered Procedure   | Report     |          |         |      | Results |                |     |       |             |       |      |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
|                     | Reported   | Specimen | Status  | Note | Code    | Name           | Abn | Value | Range       | Units | Note |
| 026: Pulse Oximetry | 2016-08-25 |          | Final ✓ |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |



Electronically Signed by **Sumana Ketha, MD** on **2016-07-27**.

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