

Estella Weaver: Patient Information
Patient Record Number:5965

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: Estella Weaver

External ID: 5965

DOB: 1950-11-18

Sex: Female

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfpTTTTmZWVRqQUpFZl9NTmc2V2xfcmdxdTdfUUd1UUpqWWWhoRVZERjVjcUE

Address: 1540 Chenault St

City: Dallas

State: Texas

Postal Code: 75228

Country: USA

Home Phone: 214-853-3045

Street Address: 1540 Chenault St

Apt/Suite/Other: Apt#3110

Family History:

Last Recorded On: 11-05-2016.

Father: Unknown.

Mother: Unknown.

Siblings: Unknown.

Social History:

Last Recorded On: 11-05-2016.

Tobacco: No smoking **Status:** Never

Coffee: **Status:** Never

Alcohol: No alcohol **Status:** Never

Recreational Drugs: No drugs **Status:** Never

Nutrition History: Regular.

Developmental History: Well.

Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-01-01

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 : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 452929071A

Group Number :

Employer Name : Estella Weaver

Copay :

Insured ID Number : 511277909

Group Number :

Employer Name : ESTELLA WEAVER

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Chronic pain syndrome (ICD9:338.4 Chronic pain syndrome) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Spasm of muscle (ICD9:728.85 Spasm of muscle) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Mononeuritis of unspecified site (ICD9:355.9 Mononeuritis of unspecified site) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Gout, unspecified (ICD9:274.9 Gout, unspecified) Unknown or N/A	Inactive	2015-08-12	2015-09-30

Estella Weaver: Chief Complaint
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Seen by Darolyn Perkins
Seen on 07-September-2016

Chief Complaint Status:finalized

Follow up home visit for management of chronic conditions of diabetes mellitus type 2, hypertension, depression, gout, congestive heart failure, anxiety, insomnia, osteoarthritis, and chronic pain. Patient complains of pain in her back and knees. She also complains of having shortness of breath.

History of Present illness:

HPI Status:Finalized

A 65-year-old female in NAD with multiple chronic conditions including diabetes mellitus type 2, hypertension, anxiety, depression, congestive heart failure and osteoarthritis. Patient complains of pain in her back and knees, which is relieved with current pain medications. Patient rates pain 7/10 today. Patient denies any hypoglycemia and foot check revealed no major issues. 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
2016-09-07			0.00	0.00	0.00	0.00		0.0	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

No Pain or Pruritus
No Discharge or Discoloration
No Itching or Stinging
No Burning or Stinging
No Change in Appetite
No Change in Micturition
No Blood in Stools
No Use of Dentures
No Obstruction

Physical Exam:

EXHIBIT:

Normality: All residuals are normally distributed. Normal Q-Q Plot indicates that all residuals fall within normal limits.

~~DISSEMINITIES:~~

SEVERE PENALTIES FOR EXCEEDING WEIGHT LIMITS.

CV:

BSR Within Normal Limits Four quadrants-Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue medications.
2. Anxiety, continue medications.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet.
4. Chronic pain syndrome, continue medications.
5. Gout, monitor.
6. Depression, monitor.
7. Congestive heart failure with systolic complications, continue medications.
8. Insomnia, continue current plan.

9. Lumbago with chronic pain, continue PT/OT.
10. Medication refills as follows: Tylenol #3 t.i.d.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks
15. Order placed for a nebulizer.

Medical Problem:

Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01	
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01	
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-08-12	

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: JK Home Health

Primary Justification Medical Conditions: diabetes,Heart_Failure,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: SN needed due to uncontrolled CHF and inability to self medicate currently.

Certification Statement: Patient is home-bound due to OA and chronic pain. Patient has unsteady painful ambulation.

Signed by (NP): 302

Signed On (NP): 2016-09-07 05:07

Signed By (Physician): 18

Signed on (Physician): 2016-09-14 05:07

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-09-14**.

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