

Elizabeth Wilmore: Patient Information
Patient Record Number:3186

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: Elizabeth Wilmore
External ID: 3186
DOB: 1944-11-20
Sex: Female
S.S.: 450-66-5969

Address: 2630 SIMPSON STUART RD APT 25
City: Dallas
State: Texas
Postal Code: 75241-4870
Country: USA
Emergency Contact: Decina Bradford
Emergency Phone: 972-572-9798
Home Phone: 972-224-3963
Mobile Phone: 214-552-9102
Street Address: 2630, Simpson Straut Rd Bldg 8 apt 25 Cliff view Sr Living
Apt/Suite/Other: Apt# 25 , Bldg #8

Past Medical History:

Last Recorded On: 10-12-2016.
Risk Factors: Arthritis.

Family History:

Last Recorded On: 10-12-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Spouse: Unknown..

Social History:

Last Recorded On: 10-12-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Coffee: 1 cup a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Sleep Patterns: Take medicine .
Nutrition History: Good..
Developmental History: Normal..
Hobbies: Drives occasionally..
Other History: No assistive devices. .

Tests and Exams:

Last Recorded On: 10-12-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2009-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 450665969A
Group Number :
Employer Name : Elizabeth Wilmore
Copay :
Insured ID Number : 17454496
Group Number :
Employer Name : Elizabeth Wilmore
Copay :
Insured ID Number : 450665969A
Group Number :
Employer Name : Elizabeth Wilmore

Immunizations:

Elizabeth Wilmore: Chief Complaint
Patient Record Number:3186

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Seen by Darolyn Perkins
Seen on 26-July-2016

Chief Complaint Status:finalized

Followup home visit for management of allergic rhinitis, gastroesophageal reflux disease, bipolar, hyperlipidemia, chronic migraine, rheumatoid arthritis, hypertension, insomnia, and chronic pain. Patient complains of back and shoulder pain.

History of Present illness:

HPI Status:Finalized

A 71-year-old AA female in NAD with multiple chronic conditions of allergic rhinitis, gastroesophageal reflux disease, bipolar, hyperlipidemia, chronic migraine, rheumatoid arthritis, hypertension, insomnia, and chronic pain. Patient denies any other issues or complaints upon examination. Patient complaint of shoulder and back pain rated it as 7/10, which relieved with current pain medications. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-26	156	89	180.00	61.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

System No Weight Change
System No Fever
System No Night Sweats
System No Chest Pain
System No Shortness of Breath
System No Fatigue
System No Change in Appetite
System No Change in Urine
System No Change in Stool
System No Bleeding Gums
System No Hoarseness

Physical Exam:

HEENT:

Normal. Lesions, Discharge, Hernias Noted, Deferred-Within Normal Limits .

HEENT:

Normal. Lesions, Discharge, Hernias Noted, Deferred-Within Normal Limits .

CV:

Normal. Lesions, Discharge, Hernias Noted, Deferred-Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

GI:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

GU:

Normal. Lesions, Discharge, Hernias Noted, Deferred-Within Normal Limits .

EXTREMITIES:

Edema, Cyanosis or Clubbing-Within Normal Limits .

Deformities-Within Normal Limits .

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. Patient

encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Discussed the treatment plan with the patient. Prognosis is fair and stable. No change in current medications since last visit.

1. Osteoarthritis/rheumatoid arthritis with chronic pain, continue current plan.
2. Hypertension, continue current plan.
3. Insomnia, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Lumbago with chronic pain, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Asthma, continue current plan.
8. Hyperlipidemia, continue current plan.
9. Bipolar, continue current plan.
10. Allergic rhinitis, continue current plan.
11. Chronic migraines, continue current plan.

Medication refills as follows:

Norco 7.5/325 mg t.i.d

Ventolin HFA 90 mcg

Medical Problem:

Description	Status	Start Date	End Date
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) 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	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active		
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Active		
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Active		
Acute bronchitis (ICD9:466.0 Acute bronchitis) Unknown or N/A	Active		

Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus

(ICD9:346.70 Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus)

Active

Unknown or N/A

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
TAH/BSO	Active		
Unknown or N/A			

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

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No skilled nursing.

Certification Statement: No SN needed at this time.

Signed by (NP): 302

Signed On (NP):

Signed By (Physician):

Signed on (Physician):

Form_status: finalized

Printed:

Printed on 12-Oct-2016 11:55:59 am.