Elizabeth Jeffrey: Patient Information

Patient Record Number:3567

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: Elizabeth A Jeffrey External ID: 3567 **DOB**: 1943-07-23 Sex: Female

S.S.: 460-72-2810 Marital Status: Widowed User Defined: 214-607-5412

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXekZWQ0VZbUo2TkE

Address: 1831 Angelina Dr

City: Dallas State: Texas Postal Code: 75212 Country: USA

**Emergency Contact: None** Home Phone: 214-650-9378 Work Phone: 214-607-5412 Mobile Phone: 214-650-7398

User Email: jamesjeffreysr@yahoo.com Street Address: 1831 Angelina Dr

Apt/Suite/Other: House

# **Family History:**

Last Recorded On: 12-31-2016.

Father: Unknown.. Mother: Unknown.. Siblings: Unknown.. Offspring: Unknown...

## **Social History:**

Last Recorded On: 12-31-2016.

Tobacco: Tobacco 1/2 PPD. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug use. Status: Never

Nutrition History: Regular.. Developmental History: Well..

# **Tests and Exams:**

Last Recorded On: 12-31-2016.

UA - Urinalysis - (Yearly - HH primary responsibility)&nbsp&nbsp Abnormal&nbsp&nbsp Done on 09/27/2016 at Lab Corp.

Urine Culture (prn)&nbsp&nbsp Abnormal&nbsp&nbsp Done on 09/27/2016 at Lab Corp.

### Insurance:

# Medicare B Texas (SMTX0)

**Priority**: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2015-01-01 Relationship to Insured: Self

Type: N/A

Payer: XL Health / Care Improvement Plus (77082)

**Priority**: Primary Start Date: 2016-04-01 Relationship to Insured: Self

Type: N/A
Payer: United Health Care (87726)

Copay : Insured ID Number : 460722810A

**Group Number:** 

Employer Name: Elizabeth Jeffrey

Copay:

Insured ID Number: 100619325

Group Number :

Employer Name: Elizabeth Jeffrey

Copay : Insured ID Number : 933346045-00

**Group Number:** 

Employer Name: Elizabeth Jeffrey

# **Immunizations:**

**Elizabeth Jeffrey: Chief Complaint** Patient Record Number:3567

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Seen by Sumana Ketha MD Seen on 16-November-2016

#### Chief Complaint Status: finalized

Followup home visit for management of hypertension, hyperlipidemia, chronic pain, insomnia, Alzheimer's/Parkinson's disease, and dementia. Patient caregiver states that patient has been complains of knee pain and not sleeping at night.

# **History of Present illness:**

#### **HPI Status:**Finalized

A 73-year-old African-American female in no acute distress with multiple chronic conditions of the following of hypertension, hyperlipidemia, chronic pain, insomnia, Alzheimer's/Parkinson's disease, and dementia. Caregiver states that patient has been complaining of that her knees hurt. Patient caregiver also states that patient is still not sleeping at night and walks the house the entire night. Patient denies any other issues or no complaints upon examination. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea or vomiting.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-16	141	91	150.00	66.00	97.60	16.00	~	24.2	0.00

# **Review of Systems:**

#### Constitutional:

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**National States** 

No Blibil God Copetite

No BiraidfalteaThloutglatage Of Motion

No Constipation

## **Physical Exam:**

**Spileitis Application Made and Application of the Application of the** 

#### NEBRO:

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## BSAYOKH:

MEGRANS UE CHANGE HONOR CONTROL Limits .

CV:

RRANGUITINIS Neeping Habits Abnormal Limits. Insomnia.

#### RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

## **Medication:**

Description	Status	Start Date	End Date
RisperiDONE ,1 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity:			
30, Refill Quantity: 2			
Unknown or N/A	Active	2016-04-15	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

## Plan Note:

### Plan Note Status: Finalized

Continue same treatment plan as previously. 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 was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. 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 patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

- 1. Insomnia, continue current plan.
- 2. Alzheimer's disease, continue current plan.
- 3. Dementia, continue current plan.
- 4. Gastroesophageal reflux disease.
- 5. Hypertension with vascular complications.
- 6. Chronic pain syndrome.
- 7. Hyperlipidemia.
- 8. Osteoarthritis with chronic pain.

Medication refills as follows, Trazodone 100 mg h.s. Tramadol 50 mg b.i.d. Xarelto 20 mg q.d.

## **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	
Osteoarthrosis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Paralysis agitans (ICD10:G20 Parkinson's disease) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Unspecified psychosis (ICD10:F29 Unspecified psychosis not due to a substance or known physiological condition) 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 persistent mental disorders due to conditions classified elsewhere (ICD10:F06.8 Other specified mental disorders due to known physiological condition) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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	

# **Allergies:**

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

# **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: Kingly Home Health Care Inc

Primary Justification Medical Conditions: Alzheimers, hyperlipidemia, HTN, Mobility\_Impairments

Additional Medical Conditions: Parkinson's Dz, Insomnia, GERD.

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to dementia and inability to self medicate correctly.

Certification Statement: Patient is home-bound due to dementia. Patient experiences confusion and is unable to safely leave

home alone.

Signed by (NP): 16

**Signed On (NP):** 2016-11-16 02:24 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-23 02:24

Form\_status: finalized

## **Procedure Order:**

Patient ID	3567	Order ID	1176
Patient Name	Jeffrey, Elizabeth A	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry							-				



Electronically Signed by Sumana Ketha, MD on 2016-11-16.

Printed on 31-Dec-2016 21:05:03 pm.