

**Mary Pressley: Patient Information**  
Patient Record Number:5906

**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:** Mary Pressley  
**External ID:** 5906  
**DOB:** 1950-04-30  
**Sex:** Female  
**Patient Drive Folder:** [https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd\\_SfCOGZEUm41N0hMTVU](https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCOGZEUm41N0hMTVU)

**Address:** 2519 John West Road Apt#10102  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75228  
**Country:** USA  
**Emergency Contact:** Patient Is Getting Pain Medication From Other Dr  
**Home Phone:** 214-597-9369  
**Street Address:** 2519 John West Road  
**Apt/Suite/Other:** Apt #10102 Gate Code:3719

## Family History:

**Last Recorded On:** 10-23-2016.  
**Father:** Father died of CVA effects, hypertension..  
**Mother:** Mother died of chronic kidney disease stage V, hypertension, diabetes mellitus type 2..  
**Siblings:** Brother has emphysema, heart attack and history of cancer..  
**Offspring:** Patient has two boys, one died and other is healthy, and two girls both healthy..

## Primary Family Med Conditions:

**Last Recorded On:** 10-23-2016.  
**Chronic Conditions:** Chronic Kidney Disease,Diabetes,Hypertension.

## Social History:

**Last Recorded On:** 10-23-2016.  
**Tobacco:** Never smoker Does not smoke **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drugs **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Educational level is 9th grade..

## Tests and Exams:

**Last Recorded On:** 10-23-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 2001-09-01  
**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** : United Health Care (87726)

**Copay** :  
**Insured ID Number** : 466929933A  
**Group Number** :  
**Employer Name** : Mary Pressley  
**Copay** :  
**Insured ID Number** : 399473019  
**Group Number** :  
**Employer Name** : Mary Pressley

## **Immunizations:**

**Mary Pressley: Chief Complaint**  
Patient Record Number:5906

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**Seen by** Sumana Ketha MD  
**Seen on** 07-September-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of hypertension, chronic pain, osteoarthritis, hyperlipidemia, hypothyroidism, asthma, diabetes, and chronic obstructive pulmonary disease. Patient complains of knee and lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

A 66-year-old female in NAD with multiple chronic conditions of hypertension, chronic pain, osteoarthritis, and hyperlipidemia. Patient states that she has lower back pain and knee pain that is chronic. Patient rates pain 6/10 today. Patient states she has been trying to walk more. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V since last visit.

**Vitals:**

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-09-07   | 130 | 70  | 265.00 | 64.00 | 98.20       | 18.00 | ~    | 45.5 | 0.00      |

## Review of Systems:

**Constitutional:**

**Disiplin Belajar yang Harus Diingat:**

No ~~EGOVERLY~~ 1/15/08

**No**

No ~~Business~~ Business

### No ~~Excluded~~ DA Retiree Of Motion

No Disruptive Commentation

No Apnea

## No Bleeding Gums

## No Objections

## No Use Of Dentures

### Physical Exam:

**REMARKS:**

**Figure 6.** Comparison of the results of the proposed model with the normal limits .

### **EXTREMITIES:**

**SEPARATION OF THE COMPANY'S ASSETS FROM THE PERSONAL ASSETS OF THE COMPANY'S OWNERS AND LIMITS**

**CV:**

### Reference and Further Reading

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

| Description                                                                                                                                                                                                     | Status | Start Date | End Date |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|----------|
| <p>CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR BLOOD PRESSURE, Quantity: 60, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p> | Active | 2016-10-06 |          |

|                                                                                                                                                                                                                                               |        |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|
| Levothyroxine Sodium ,75 MCG TABS, TAKE 1 TABLET DAILY,<br>Quantity: 30, Refill Quantity: 2<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                                 | Active | 2016-09-08 |
| Losartan Potassium-HCTZ ,50-12.5 MG TABS, TAKE 1 TABLET DAILY,<br>Quantity: 30, Refill Quantity: 3<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>DFW Primary Care PLLC                                                                | Active | 2016-09-07 |
| Losartan Potassium-HCTZ ,50-12.5 MG TABS, 1 TABLET, 1 TIME PER<br>DAY, Quantity: 90, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                     | Active | 2016-08-22 |
| Amitriptyline HCl ,100 MG TABS, Take One Tablet Twice A Day,<br>Quantity: 60, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                            | Active | 2016-08-08 |
| CloNIDine HCl ,0.1 MG TABS, TAKE 1 TABLET TWICE DAILY FOR<br>BLOOD PRESSURE, Quantity: 60, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                               | Active | 2016-08-08 |
| Levothyroxine Sodium ,75 MCG TABS, TAKE 1 TABLET DAILY,<br>Quantity: 30, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                                 | Active | 2016-08-08 |
| Simvastatin ,80 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME,<br>Quantity: 30, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                                | Active | 2016-08-08 |
| Losartan Potassium-HCTZ ,50-12.5 MG TABS, TAKE 1 TABLET DAILY,<br>Quantity: 30, Refill Quantity: 1<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                          | Active | 2016-07-27 |
| Losartan Potassium-HCTZ ,50-12.5 MG TABS, TAKE 1 TABLET DAILY,<br>Quantity: 30, Refill Quantity: 2<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                          | Active | 2016-05-09 |
| Bactrim ,400-80 MG TABS, TAKE 1 TABLET DAILY, Quantity: 7, Refill<br>Quantity: 0<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                                            | Active | 2016-05-04 |
| Levothyroxine Sodium ,75 MCG TABS, TAKE 1 TABLET DAILY,<br>Quantity: 30, Refill Quantity: 0<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                                                 | Active | 2016-05-04 |
| Polyethylene Glycol 3350 , POWD, MIX 1 CAPFUL IN 8 OUNCES OF<br>WATER AND DRINK AT BEDTIME AS NEEDED FOR<br>CONSTIPATION, Quantity: 510, Refill Quantity: 0<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls | Active | 2016-05-04 |
| Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET<br>EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill<br>Quantity: 0<br>Unknown or N/A<br>by ketha, Dr sumana - BK6230281<br>Texas Physician House Calls                         | Active | 2016-03-10 |

|                                                                                                                                                                                                                 |        |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|
| Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0<br>Unknown or N/A<br>by ketha, Dr sumana - BK6230281<br>Texas Physician House Calls | Active | 2016-02-11 |
| ValACYclovir HCl ,1 GM TABS, Take One Tablet Every Day, Quantity: 90, Refill Quantity: 0<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls                                      | Active | 2016-01-18 |
| Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 2<br>Unknown or N/A<br>by Jones, Derrick - MJ3217331<br>Texas Physician House Calls   | Active | 2015-12-17 |

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medications noted this visit. 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. Lumbago with chronic pain, continue current plan
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Diabetes mellitus type 2 with neuropathy, continue current plan.
5. Coronary artery disease, continue current plan.
6. Hypothyroidism, continue current plan.
7. Asthma, continue current plan.
8. Hyperlipidemia, continue current plan.
9. Chronic pain syndrome, continue current pain medication.
10. Genital herpes simplex.

Medication refills as follows:

Norco 10/325 mg t.i.d.

## Medical Problem:

| Description                                                                                                                       | Status | Start Date | End Date |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|------------|----------|
| Not Specified.<br>( ICD10:E78.4 Other hyperlipidemia)<br>( E78.5 Hyperlipidemia, unspecified)<br>Unknown or N/A                   | Active | 2016-03-31 |          |
| Other chronic pain<br>( ICD10:G89.29 Other chronic pain)<br>Unknown or N/A                                                        | Active | 2016-03-31 |          |
| Type 2 diabetes mellitus without complications<br>( ICD10:E11.9 Type 2 diabetes mellitus without complications)<br>Unknown or N/A | Active | 2016-03-31 |          |
| Hyperlipidemia, unspecified<br>( ICD10:E78.5 Hyperlipidemia, unspecified)<br>Unknown or N/A                                       | Active | 2016-03-31 |          |
| Primary generalized (osteo)arthritis<br>( ICD10:M15.0 Primary generalized (osteo)arthritis)<br>Unknown or N/A                     | Active | 2016-03-31 |          |
| Polyosteoarthritis, unspecified<br>( ICD10:M15.9 Polyosteoarthritis, unspecified)<br>Unknown or N/A                               | Active | 2016-03-31 |          |
| Other hyperlipidemia<br>( ICD10:E78.4 Other hyperlipidemia)<br>Unknown or N/A                                                     | Active | 2016-03-31 |          |

|                                                                                                  |        |            |
|--------------------------------------------------------------------------------------------------|--------|------------|
| Benign essential hypertension<br>( ICD10:I10 Essential (primary) hypertension)<br>Unknown or N/A | Active | 2015-10-01 |
|--------------------------------------------------------------------------------------------------|--------|------------|

## Allergies:

| Description                        | Status | Start Date | End Date |
|------------------------------------|--------|------------|----------|
| penicillin-hives<br>Unknown or N/A | Active | 2015-07-02 |          |

## Surgeries:

| Description                                                          | Status | Start Date | End Date |
|----------------------------------------------------------------------|--------|------------|----------|
| surgery of right knees in 2008 for torn ligaments.<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:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:** Divine Edge Health Services

**Primary Justification Medical Conditions:** COPD,diabetes,HTN

**Additional Medical Conditions:** Hypothyroidism, Chronic Pain, Lumbago, Genital Herpes Simplex.

**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:** Skilled nursing needed due to chronic pain, debility disease, and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to chronic pain and chronic kidney disease. Patient is weak with poor balance due to pain medications use, increased risk for falls

**Signed by (NP):** 302

**Signed On (NP):** 2016-09-07 12:02

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-14 12:02

**Form\_status:** finalized

**Printed:**



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

Printed on 23-Oct-2016 22:38:04 pm.