

Lawanna Brown: Patient Information
Patient Record Number:6335

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: Lawanna Brown
External ID: 6335
DOB: 1957-08-21
Sex: Female
S.S.: 464-23-5836
User Defined: 469-354-7678
Patient Drive Folder: +19729190425-1025-134738-318 +19729190425-1114-142203-167

Address: 2255 N Washington Ave
City: Dallas
State: Texas
Postal Code: 75204
Country: USA
Emergency Phone: 469-354-7678
Home Phone: 214-228-6781
Mobile Phone: 214-643-6706
Street Address: 2255 N Washington Ave
Apt/Suite/Other: APT#103

Family History:

Last Recorded On: 12-24-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 12-24-2016.
Tobacco: Never smoker **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-11-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 464235836A
Group Number :
Employer Name : Lawanna Brown
Copay :
Insured ID Number : 529213919
Group Number :
Employer Name : Lawanna Brown

Immunizations:

Lawanna Brown: Chief Complaint
Patient Record Number:6335

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Seen by Derrick Love-Jones
Seen on 15-November-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions such as seizures, hepatitis C, constipation, visual impairment, neuropathy, chronic pain syndrome and lumbago. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

A 59-year-old African-American female in no acute distress with multiple chronic conditions of the seizures, hepatitis C, constipation, visual impairment, neuropathy, chronic pain syndrome, and lumbago.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-15	144	76	0.00	0.00	97.60	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight: 144 lbs, 65.3 kg, Target: 144 lbs, 65.3 kg
Temp: 97.60
No Fever
No Chills
No Night Sweats
No Change in Appetite
No Change in Weight
No Change in Range Of Motion
No Constipation

Physical Exam:

EXTREMITIES:

Upper Extremities: No swelling, no deformity, no tenderness, no pain, no numbness, no tingling, no weakness, no paralysis.

FEET:

Right Foot: No swelling, no deformity, no tenderness, no pain, no numbness, no tingling, no weakness, no paralysis.

NEURO:

Right Arm: No weakness, no numbness, no tingling, no pain, no deformity, no swelling, no tenderness, no paralysis.

PSYCH:

Right Arm: No weakness, no numbness, no tingling, no pain, no deformity, no swelling, no tenderness, no paralysis.

RESP:

Right Arm: No weakness, no numbness, no tingling, no pain, no deformity, no swelling, no tenderness, no paralysis.

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Gabapentin ,600 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2	Active	2016-11-15	
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of those salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No lapse needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with chronic pain, continue current plan.
2. Neuropathy, continue current plan.
3. Epilepsy, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Hepatitis C, continue current plan.
6. Constipation, continue current plan.
7. Visual Impairment, continue current plan.

Medication refills as follows,
Norco 10/325 mg t.i.d.
Gabapentin 600 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-11-15	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-11-15	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-11-15	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-11-15	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-11-15	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-11-15	

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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: blindness,Epilepsy

Additional Medical Conditions: Neuropathy, Hepatitis C, Chronic Pain Syndrome and Lumbago

Nursing Required: NO

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to visual impairment. And limited mobility issues.

Certification Statement: I have skilled nurse she needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-11-15 02:23

Signed By (Physician): 18

Signed on (Physician): 2016-11-22 02:23

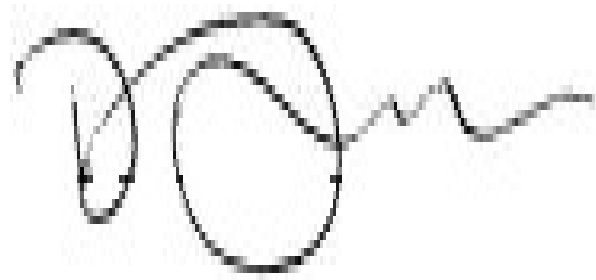
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6335	Order ID	1206
Patient Name	Brown, Lawanna	Ordered By	Love-Jones, Derrick
Order Date	2016-12-25	Print Date	2016-12-25
Order Status	complete	Encounter Date	2016-12-25
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 **Derrick Love-Jones** on **2016-11-22**.

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