

Julie Hopkins: Patient Information
Patient Record Number:5891

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: Julie Renee Hopkins
External ID: 5891
DOB: 1960-10-06
Sex: Female
S.S.: 458357664

Address: 538 Tacoma Dr
City: Garland
State: Texas
Postal Code: 75043-2781
Country: USA
Mobile Phone: 214-694-6723
Street Address: 538 Tacoma Dr
Apt/Suite/Other: 613

Past Medical History:

Last Recorded On: 12-03-2016.
Risk Factors: Chronic Pain,Insomnia.

Family History:

Last Recorded On: 12-03-2016.
Mother: Mother died of Alzheimer's and hypertension..

Primary Family Med Conditions:

Last Recorded On: 12-03-2016.
Chronic Conditions: Hypertension.
Mental Conditions: Anxiety Disorders.

Social History:

Last Recorded On: 12-03-2016.
Tobacco: Never smoker No smoking **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Poor..
Developmental History: High school diploma..
Other History: Declines flu immunization Mammogram years ago.

Tests and Exams:

Last Recorded On: 12-03-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1995-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 458357664A
Group Number :
Employer Name : Julie Hopkins
Copay :
Insured ID Number : 500000034471
Group Number :
Employer Name : Julie Hopkins
Copay :
Insured ID Number : 261100601
Group Number :
Employer Name : Julie Hopkins

Immunizations:

Julie Hopkins: Chief Complaint
Patient Record Number:5891

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Seen by Sumana Ketha MD
Seen on 20-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, chronic pain, anxiety, hyperlipidemia, chest pain, bipolar, obesity, abnormal gait, depression, and insomnia. Patient complains of muscle spasms and muscle aches x5 days.

History of Present illness:

HPI Status:Finalized

A 56-year-old African American female in no acute distress with multiple chronic conditions of hypertension, chronic pain, anxiety, insomnia, and hyperlipidemia. Patient denies any new issues or complaints upon examination. Patient complains of muscle spasms and muscle aches that has been going on for 5 days. Patient states it feels like numbness and tingling and shaking. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-20	150	87	285.00	66.00	97.80	16.00	~	46.0	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Immunologic:

No weight change YES
No fatigue YES
No fever YES
No chills YES
No night sweats YES
No loss of appetite
No hair loss
No dry skin
No dry eyes
No dry mouth
No change in range of motion YES

Physical Exam:

HEENT:

Head - Within Normal Limits .

EYES:

Visual acuity - Within Normal Limits .

CV:

Heart - Within Normal Limits .

Peripheral Edema- Abnormal Limits.Edema in legs .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. No new medications noted this visit, medication adherence education was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient encouraged to exercise daily as tolerated. No labs needed this visit. Patient 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 given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Muscle spasms, continue current plan.
2. Hyperlipidemia, continue current plan.

3. Anxiety, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Bipolar, continue current plan.
7. Morbid obesity, continue to monitor.
8. Abnormal gait, continue to monitor.
9. Depression, continue current plan.
10. Insomnia, continue current plan.

Medication refills as follows:

Cyclobenzaprine 10 mg b.i.d. x 15 days.

Medical Problem:

Description	Status	Start Date	End Date
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-09-08	
Lymphedema, not elsewhere classified (ICD10:I89.0 Lymphedema, not elsewhere classified) Unknown or N/A	Active	2016-08-25	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-14	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-07-14	
Female sexual arousal disorder (ICD10:F52.22 Female sexual arousal disorder) Unknown or N/A	Active	2016-07-14	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-14	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-14	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-14	
Chest pain, unspecified (ICD10:R07.9 Chest pain, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01	
Anxiety (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Abnormal Gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
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	

Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Neck Surgery Unknown or N/A	Active		
Gastric bypass 2006 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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions: bipolar, Depression, hyperlipidemia, HTN

Additional Medical Conditions: Chronic pain, anxiety, chest pain, obesity, abnormal gait, insomnia.

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 bipolar, chronic pain, and inability to self medicate currently.

Certification Statement: Patient is home bound due to chronic pain. Patient has unsteady, painful ambulation with extremely poor balance and current use of narcotic pain medications to address pain issues.

Signed by (NP): 16

Signed On (NP): 2016-10-20 03:36

Signed By (Physician): 18

Signed on (Physician): 2016-10-27 03:36

Form_status: finalized

Procedure Order:

Patient ID	5891	Order ID	1225
Patient Name	Hopkins, Julie Renee	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-04		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Sumana Ketha, MD** on **2016-10-27**.

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