

Deborah Clark: Patient Information
Patient Record Number:6094

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: Deborah Clark
External ID: 6094
DOB: 1956-04-20
Sex: Female
S.S.: 451139795

Address: 2514 Perryton Drive
City: Dallas
State: Texas
Postal Code: 75224
Country: USA
Home Phone: 972-948-9638
Mobile Phone: 469-906-7363
Street Address: 2514 Perryton Drive
Apt/Suite/Other: 6207

Family History:

Last Recorded On: 12-07-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 12-07-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Work Status: Disabled.
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2015-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 451139795A
Group Number :
Employer Name : Deborah Clark

Immunizations:

Deborah Clark: Chief Complaint
Patient Record Number:6094

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Seen by Derrick Love-Jones
Seen on 18-October-2016

Chief Complaint Status:finalized

I love the home visit to prevent further decline or following chronic medical conditions of gout, hypertension, diabetes mellitus type 2, heart disease, chronic kidney disease stage-3, congestive heart failure, hyperlipidemia, insomnia, and osteoarthritis. Patient complains of knee and shoulder pain.

History of Present illness:

HPI Status:Finalized

Follow up home visit to services for the prevention and control of chronic conditions of gout, hypertension, diabetes mellitus type 2, heart disease, chronic kidney disease stage-3, congestive heart failure, hyperlipidemia, insomnia, and osteoarthritis. Patient complains of left shoulder pain.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-18	149	72	242.00	64.00	98.20	16.00	~	41.5	0.00

Review of Systems:

Constitutional:

Pharmacokinetic:

No ST-T wave/ST depression No Chest Pain

No ~~_____~~ titles

No ~~Exemption~~ **Exemption** ~~from~~ **from** ~~the~~ **the** ~~FOIA~~ **FOIA** ~~because~~ **because** ~~it~~ **it** ~~is~~ **is** ~~not~~ **not** ~~in~~ **in** ~~the~~ **the** ~~public~~ **public** ~~interest~~ **interest**

No ~~_____~~ easy

No ~~DISSEMINATION~~ ~~DISSEMINATION~~ ~~DISSEMINATION~~

No NEW SUNGLASSES

No ~~FORN~~ Filepressants

No ~~Blackboard~~ Blackboard

[illegible]

No Blood in Urine

Needing to be a YES

No Residue BOMBS

No Elimination Of Range Of Motion

No Dentures

No Migraines

No Changes In Mentation

Physical Exam:

EXAMPLE:

[illegible]

ENDREMITIES:

ENT: Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

CV:

BERNARDI ON NORMAL LIMITS LOCAL LIMITS.

RESP:

Lungs CTAB-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
Aspirin Adult Low Dose ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-13	
NIFEdipine ER ,60 MG TB24, Take One Tablet By Mouth Twice A Day, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-13	
Levemir ,100 UNIT/ML SOLN, 60 UNITS IN THE AM 60 UNITS IN THE PM, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-22	
HumuLIN R ,100 UNIT/ML SOLN, INJECT UNITS AS DIRECTED BASED ON BLOOD GLUCOSE, Quantity: 10, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-23	
Catapres-TTS-3 ,0.3 MG/24HR PTWK, APPLY 1 PATCH WEEKLY AS DIRECTED, Quantity: 12, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
Januvia ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
Levemir ,100 UNIT/ML SOLN, 50 UNITS IN THE AM 50 UNITS IN THE PM, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
NIFEdipine ER ,60 MG TB24, Take One Tablet By Mouth Twice A Day, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
Promethazine-DM ,6.25-15 MG/5ML SYRP, TAKE 1 TO 2 TEASPOONSFUL EVERY 6 HOURS AS NEEDED, Quantity: 240, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
QUetiapine Fumarate ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06	
Januvia ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-31	
Losartan Potassium ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09	
Cozaar ,100 MG TABS, Take 1 tablet (100 mg) by mouth daily before bed, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-06	

Hydrocodone-Acetaminophen .7.5-325 MG TABS, Take one tablet every six hours as needed for pain, Quantity: 120, Refill Quantity: 0

Unknown or N/A

Active

2016-03-10

by ketha, Dr sumana - BK6230281

Texas Physician House Calls

Plan Note:

Plan Note Status:Finalized

Do you 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 low 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 labs 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Congestive heart failure with systolic complications, continue current plan.
3. Chronic kidney disease stage-3, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Gout, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Insomnia, continue current plan.
9. Heart disease, continue current plan.
10. Diabetes mellitus type 2 with neuropathy, continue current plan.

Medication refills as follows:

Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-10-18	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-18	
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	2016-07-21	
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-21	
Chronic kidney disease, stage 3 (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-07-21	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-03-31	
Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2016-03-15	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-15	
Long term (current) use of insulin (ICD10:Z79.4 Long term (current) use of insulin) Unknown or N/A	Active	2016-03-15	

Ataxia following cerebral infarction (ICD10:I69.393 Ataxia following cerebral infarction) Unknown or N/A	Active	2016-03-15
Dysarthria following unspecified cerebrovascular disease (ICD10:I69.922 Dysarthria following unspecified cerebrovascular disease) Unknown or N/A	Active	2016-03-15
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-09
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-03-09
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-03-09
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-09
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-03-09
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2016-03-09

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. 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: JK Home health

Primary Justification Medical Conditions: Kidney_Disease,diabetes,hyperlipidemia,HTN,Heart_Disease,Mobility_Impairments

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 chronic pain and heart disease.

Certification Statement: Patient is home bound due to chronic pain and heart disease. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-10-18 02:52

Signed By (Physician): 18

Signed on (Physician): 2016-10-25 02:52

Form_status: finalized

Electronically Signed by **Derrick Love-Jones** on **2016-10-25**.

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