

**Rosie Edwards: Patient Information**  
Patient Record Number:6229

**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:** Rosie Edwards  
**External ID:** 6229  
**DOB:** 1957-07-21  
**Sex:** Female  
**S.S.:** 462192265

**Address:** 2819 HOLMES ST  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75215  
**Country:** USA  
**Home Phone:** 469-995-5407  
**Mobile Phone:** 214-868-1614  
**Street Address:** 2819 HOLMES ST  
**Apt/Suite/Other:** 107

## Past Medical History:

**Last Recorded On:** 07-19-2016.  
**Risk Factors:** High Cholestrol,Insomnia,GERD.

## Family History:

**Last Recorded On:** 07-19-2016.  
**Father:** unknown..  
**Mother:** unknown..

## Social History:

**Last Recorded On:** 07-19-2016.  
**Tobacco:** Former smoker Quit smoking. **Status:** Quit  
**Coffee:** **Status:** N/A  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Work Status:** Disabled.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2016-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 462192265A  
**Group Number :**  
**Employer Name :** Rosie Edwards

**Immunizations:**

**Rosie Edwards: Chief Complaint**  
Patient Record Number:6229

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texasphysicianhousecalls.com

**Seen by** Darolyn Perkins  
**Seen on** 13-July-2016

**Chief Complaint Status:**finalized

New admit to services for the prevention and control of multiple chronic conditions of bipolar, depression, diabetes, hypertension, anxiety, insomnia, gastroesophageal reflux disease, and H-pylori.

## History of Present illness:

**HPI Status:**Finalized,pending

Patient is a 58-year-old female in NAD with multiple chronic conditions of bipolar, depression, diabetes, hypertension, anxiety, insomnia, gastroesophageal reflux disease, and H-pylori. Patient has a mental illness history and states she has been getting angry lately. She also has been going to the free clinic to get her medications but now that she has insurance wants to get them from the pharmacy. She denies any chest pain, headaches or nausea/vomiting recently. Patient also states she fell in the bathroom and requesting a shower chair in the bathroom.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	154	88	212.00	66.00	98.20	18.00	~	0.0	0.00

## Review of Systems:

### Constitutional:

**Weight** 212.00 lbs, **Height** 66.00 in, **Weight Change** 0.00 lbs, **Appetite** No Change, **Energy** No Change, **Stress** No Change, **Insomnia** No Change, **Depression** No Change, **Anxiety** No Change, **Headaches** No Change, **Chest Pain** No Change, **Shortness of Breath** No Change, **Swelling** No Change, **Diarrhea** No Change, **Constipation** No Change, **Stomach Issues** No Change, **Back Pain** No Change, **Joint Pain** No Change, **Muscle Pain** No Change, **Neurological** No Change, **Skin** No Change, **Genitourinary** No Change, **Endocrine** No Change, **Immune** No Change, **Other** No Change, **Limitation In Range Of Motion** No Change

## Physical Exam:

### GENERAL:

Supple, Well Nourished, Good Skin, Good Hair, Good Eyes, Good Ears, Good Nose, Good Mouth, Good Throat, Good Lungs, Good Heart, Good Abdomen, Good Extremities, Good Genitourinary, Good Endocrine, Good Immune, Good Other, Good Limitation In Range Of Motion.

### ENT:

Supple, Well Nourished, Good Skin, Good Hair, Good Eyes, Good Ears, Good Nose, Good Mouth, Good Throat, Good Lungs, Good Heart, Good Abdomen, Good Extremities, Good Genitourinary, Good Endocrine, Good Immune, Good Other, Good Limitation In Range Of Motion.

### ENT:

Supple, Well Nourished, Good Skin, Good Hair, Good Eyes, Good Ears, Good Nose, Good Mouth, Good Throat, Good Lungs, Good Heart, Good Abdomen, Good Extremities, Good Genitourinary, Good Endocrine, Good Immune, Good Other, Good Limitation In Range Of Motion.

### NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

### CV:

RRR-Within Normal Limits .

### RESP:

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

### GI:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

## Medication:

Description	Status	Start Date	End Date
-------------	--------	------------	----------

BusPIRone HCl ,15 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 180, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-15
DiphenhydrAMINE HCl ,25 MG CAPS, TAKE 1 TO 2 CAPSULES AT BEDTIME, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-15
Divalproex Sodium ER ,500 MG TB24, TAKE1/2 TAB BY MOUTH IN THE MORNING AND1 TABS IN THE EVENING, Quantity: 180, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-15
MetFORMIN HCl ,500 MG TABS, take 1 tab by mouth twice daily, Quantity: 180, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-15
RisperiDONE ,4 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-15

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan. 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 encouraged continuing weight loss efforts via daily exercise and certain food restrictions. Ordered full set of labs. 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 stable

1. Hypertension, educated on low-salt intake.
2. Diabetes mellitus, check HbA1c and encourage to lose weight.
3. Depression, continue medication.
4. Insomnia, continue medication.
5. Bipolar, continue medication.
6. Anxiety, continue medication.
7. Gastroesophageal reflux disease.

Medication refills are: Diovan/HCTZ 160/12.5 one tab daily, buspirone 15 mg one tab bid, Divalproex sodium DR 250 mg one tab in a.m. and two tabs at h.s., Benadryl 25 mg two tabs at bedtime, risperdal 4 mg one tab at h.s., vans tab one pill bid, glyburide 2.5 mg one tab daily, metformin 500 mg p.o. b.i.d., and metronidazole one pill b.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-13	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-07-13	
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-07-13	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-07-13	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-07-13	

## 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:** Vision Home Health

**Primary Justification Medical Conditions:** bipolar,Depression,diabetes,hyperlipidemia,HTN,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 multiple complex diseases and patient lack of knowledge on how to manage the disease process and medications. Skilled nursing needed to assess and observe patient's condition and medication administration.

**Certification Statement:** Patient is home bound due to history of falls and patient is unsafe to leave alone due to changing mental status.

**Signed by (NP):** 302

**Signed On (NP):** 2016-07-13 07:16

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-07-20 07:16

**Form\_status:** finalized

**Printed:** NO



Electronically Signed by **Darolyn Perkins** on **2016-07-20 at 09:47**.

Printed on 19-Aug-2016 19:20:16 pm.