

Judy Moten: Patient Information
Patient Record Number:5288

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

Name: Judy Moten
External ID: 5288
DOB: 1948-11-05
Sex: Female
S.S.: 513-56-3108
Marital Status: Divorced
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B8TZvRwJciS3WW1LRENQT2kyZ1E>

Address: 2740 Maceo Cir
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mother's Name: Schedule on Tuesday or Thursday
Emergency Contact: Son
Emergency Phone: 469-254-3791
Home Phone: 214-527-4228
Mobile Phone: 972-481-0877
Street Address: 2740 Maceo Cir
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 09-06-2016.
Additional Medical History: heart murmur,ESRD,edema.

Family History:

Last Recorded On: 09-06-2016.
Father: Father has hypertension.
Mother: Mother has hypertension..
Siblings: Sister has history of uterine cancer and diabetes.
Spouse: Husband died in motor vehicle accident..
Offspring: Patient has 4 boys and 2 girls..

Social History:

Last Recorded On: 09-06-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Educational level is 12th grade..
Other History: Last physical exam in 2007 Influenza in 2015.

Tests and Exams:

Last Recorded On: 09-06-2016.
Sigmoid/Colonoscopy N/A done in 2010

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2006-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 513563108A
Group Number :
Employer Name : Judy Moten
Copay :
Insured ID Number : 505598312
Group Number :
Employer Name : Judy Moten

Immunizations:

Judy Moten: Chief Complaint
Patient Record Number:5288

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

Chief Complaint Status:finalized

Follow up home visit for management of end-stage renal disease, diabetes mellitus type 2, hypertension, gastroesophageal reflux disease, congestive heart failure, and chronic obstructive pulmonary disease. Patient complains of pain in both feet.

History of Present illness:

HPI Status:Finalized

Patient is a 67-year-old AA female in NAD with multiple chronic conditions of end-stage renal disease, hypertension, diabetes mellitus type 2, chronic obstructive pulmonary disease, and congestive heart failure, coronary artery disease, edema, and chronic pain. Patient states that she has been having tingling in both her feet. Patient rates pain 6/10 today. Patient denies any numbness. Patient has shortness of breath upon exertion and is on 2L continuous oxygen via nasal cannula. Patient denies any other issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-18	116	65	166.00	58.00	97.60	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Weight 166.00 lbs

Physical Exam:

HEENT:

HEENT Head: Eyes: Normal, Pupils: Equal, Vision: Within Normal Limits .

HEENT:

HEENT Head: Eyes: Normal, Pupils: Equal, Vision: Within Normal Limits .

ENTH:

ENTH Head: Eyes: Normal, Pupils: Equal, Vision: Within Normal Limits .

NECK:

NECK Head: Eyes: Normal, Pupils: Equal, Vision: Within Normal Limits .

BACK:

BACK Head: Eyes: Normal, Pupils: Equal, Vision: Within Normal Limits .

RESP:

RESP Head: Eyes: Normal, Pupils: Equal, Vision: Within Normal Limits .

GI:

GI Head: Eyes: Normal, Pupils: Equal, Vision: Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-22	
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16	
Simvastatin ,40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16	
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-26	
Hydrocodone-Acetaminophen , 10-325 MG TABS, TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-20	
Glucocard Vital Test , STRP, TEST TWICE DAILY, Quantity: 200, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-20	
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-20	

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of 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. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Neuropathy continue current plan.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Congestive heart failure with systolic complications continue current plan.
5. Gastroesophageal reflux disease, continue current plan.
6. Chronic obstructive pulmonary disease, continue current plan.
7. Chronic pain syndrome, continue current pain medication.

Medication refills as follows:

Norco 10/325 mg t.i.d.
ASA 81 mg q.d.
Pantoprazole 40 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
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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	2016-05-26
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-26
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-26
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-26
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-26
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-16
Mild persistent asthma, uncomplicated (ICD10:J45.30 Mild persistent asthma, uncomplicated) Unknown or N/A	Active	2016-01-07
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-11-10
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
End stage renal disease (ICD10:N18.6 End stage renal disease) Unknown or N/A	Active	2015-10-01
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease (ICD10:I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Undiagnosed cardiac murmurs (ICD10:R01.1 Cardiac murmur, unspecified) Unknown or N/A	Active	2015-10-01
Edema (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Kidney biopsy Unknown or N/A	Active		
Gallbladder- right upper fistula Unknown or N/A	Active		

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

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-08-18 03:39

Signed By (Physician): 18

Signed on (Physician): 2016-08-25 03:39

Form_status: finalized

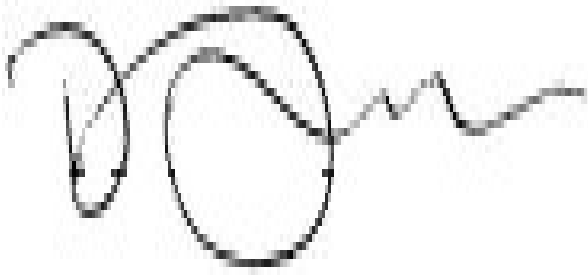
DME:

Description	Status	Start Date	End Date
Chronic airway obstruction, not elsewhere classified ordered a walked with seat from Ace Medical Supply. (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active		
Walker w/seat attachment (Rollator) Unknown or N/A	Active		

Procedure Order:

Patient ID	5288	Order ID	852
Patient Name	Moten, Judy	Ordered By	Love-Jones, Derrick
Order Date	2016-09-25	Print Date	2016-09-25
Order Status	complete	Encounter Date	2016-09-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-25		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-08-25**.

Printed on 25-Sep-2016 18:51:32 pm.