

Nancy Clark: Patient Information
Patient Record Number:6088

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: Nancy Clark
External ID: 6088
DOB: 1957-04-28
Sex: Female
S.S.: 456046640
Marital Status: Single
User Defined: Mon,Wed,Friday Dialysis
genericval1: 214-324-2665
genericname2: Pt doesn't want the services from us

Address: 2519 JOHN WEST RD
City: DALLAS
State: Texas
Postal Code: 75228
Country: USA
Emergency Contact: Sister
Emergency Phone: 972-913-8370
Home Phone: 214-324-2665
Mobile Phone: 469-602-2343
Street Address: 2519 JOHN WEST RD
Apt/Suite/Other: 6116

Family History:

Last Recorded On: 08-24-2016.
Father: Father deceased of unknown disease..
Mother: Mother deceased of unknown cancer. .
Siblings: Two brothers and three sisters with complains of diabetes, hypertension, and hyperlipidemia..
Offspring: Two boys, which are alive..

Social History:

Last Recorded On: 08-24-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Education level is bachelor science..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 456046640A
Group Number :
Employer Name : Nancy Clark

Immunizations:

Nancy Clark: Chief Complaint
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Seen by Derrick Love-Jones
Seen on 28-June-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline in chronic medical conditions of the end-stage renal disease, diabetes mellitus type 2, hyperlipidemia, neuropathy, anxiety, depression, visual impairment and cataracts. Patient c/o pain in her knees.

History of Present illness:

HPI Status:Finalized

Patient is a 59-year-old African American female in NAD with multiple chronic conditions of end-stage renal disease, diabetes mellitus type 2, hypertension, hyperlipidemia, neuropathy, anxiety, depression, visual impairment, and cataracts. Patient complains of pain in her knees. Patient rates pain 7/10. Patient denies any hypoglycemia episodes and foot check revealed no major issues. Patient denies any CP, HA, N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-28	204	108	212.00	65.00	97.80	20.00	Patient did not take HTN medication prior to my visit.	0.0	0.00

Review of Systems:

Constitutional:

Systemic Inflammatory Response:
No Fever
No Weight Loss
No Anorexia
No Fatigue
No Change In Nature Of Urine

Physical Exam:

HEENT:
Eyes-Within Normal Limits .
EXTREMITIES:
Strength-Within Normal Limits .
CYMPH:
ROM-Within Normal Limits .
MUSC:
Strength-Within Normal Limits .
ROM-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-24	

HydrALAZINE HCl ,25 MG TABS, twice a day, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-24
HydrALAZINE HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
HydrALAZINE HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-04

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 patient educated on the benefits of low so, 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. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Osteoarthritis with chronic pain continue current plan.
2. Hypertension with vascular complications continue current plan.
3. Peripheral vascular disease, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Diabetes mellitus type 2 with neuropathy continue current plan.
6. Depression, continue current plan.
7. Anxiety, continue current plan.
8. End-stage renal disease, continue current plan.
9. No medication refills needed this visit.
10. Medication adherence was given to the patient. Continue treatment as planned.
11. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
12. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
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	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-26	
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-04-19	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-19	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-03-15	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) 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	2016-02-04
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-04
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-02-04
End stage renal disease (ICD10:N18.6 End stage renal disease) Unknown or N/A	Active	2016-02-04
Hypertensive chronic kidney disease with stage 5 chronic kidney disease 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	2016-01-24
Chronic kidney disease, stage 5 (ICD10:N18.5 Chronic kidney disease, stage 5) Unknown or N/A	Active	2016-01-24
Dependence on renal dialysis (ICD10:Z99.2 Dependence on renal dialysis) Unknown or N/A	Active	2016-01-24
Bilateral primary osteoarthritis of knee (ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2016-01-24
Other abnormalities of gait and mobility (ICD10:R26.89 Other abnormalities of gait and mobility) Unknown or N/A	Active	2016-01-24

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-02-12	

Surgeries:

Description	Status	Start Date	End Date
Hospitalized for AVF in 2012. Unknown or N/A	Active	2016-02-12	
Gallbladder removal 30 years ago. 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: Bonyl Home healthcare

Primary Justification Medical Conditions: blindness, Depression, diabetes, hyperlipidemia, HTN

Additional Medical Conditions: Neuropathy, Anxiety, ESRD

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

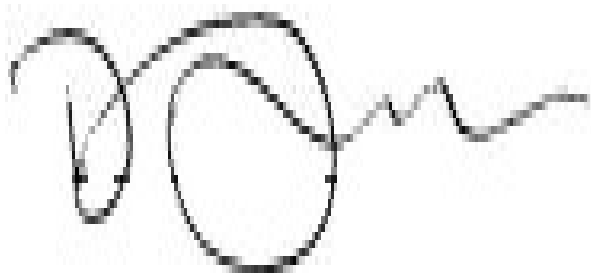
Clinical Findings To Justify Home Health: Patient is homebound due to visual impairment the inability to drive in the inability to self medicate.

Certification Statement: Patient requires skilled nursing due to visual impairment and inability to self medicate.

Signed by (NP): 16

Signed On (NP): 2016-06-28 15:45

Form_status: finalized

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones'. The signature is stylized with a large, looped 'D' and a trailing flourish.

Electronically Signed by **Derrick Love-Jones** on **2016-07-05**.

Printed on 28-Aug-2016 18:27:06 pm.