Laquita Simpson: Patient Information

Patient Record Number:3468

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: Laquita Simpson External ID: 3468 DOB: 1956-03-07 Sex: Female Marital Status: Single

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B2b-ca76_GQoeld2U0I5alAwaVU

Address: 4722 Meadow Street, Apt #1803

City: Dallas State: Texas Postal Code: 75215 Country: USA

Home Phone: 214-628-2025 Mobile Phone: 214-418-1844 Street Address: 4722 Meadow Street

Apt/Suite/Other: 1803

Past Medical History:

Last Recorded On: 10-23-2016.

Additional Medical History: morbid obesity and gait abnormality...

Family History:

Last Recorded On: 10-23-2016. Father: Father with hypertension..

Mother: Mother with hypertension and hyperlipidemia..

Offspring: One boy..

Primary Family Med Conditions:

Last Recorded On: 10-23-2016.

Chronic Conditions: Hyperlipidemia, Hypertension.

Social History:

Last Recorded On: 10-23-2016.

Tobacco: Former smoker Stop smoking in 1993 Status: Quit

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level GED..

Tests and Exams:

Last Recorded On: 10-23-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 11/07/2013, at MetroStat Diagnostic Services, ordered

by Dr. Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 11/07/2013, at MetroStat

Diagnostic Services, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 11/07/2013, at MetroStat Diagnostic

Services, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Normal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

Urine Culture (prn) Normal Done on 11/07/2013, at MetroStat Diagnostic Services,ordered by Dr. Sumana Ketha

Insurance:

Superior Health Plan Texas (39188)

Priority: Primary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay:

Insured ID Number: 519313430

Group Number :

Employer Name: Laquita Simpson

Immunizations:

Laquita Simpson: Chief Complaint

Patient Record Number:3468

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Seen by Sumana Ketha MD Seen on 15-September-2016

Chief Complaint Status: finalized

Follow up home visit for management of hypertension, anxiety, chronic pain, osteoarthritis, bipolar, morbid obesity, abnormality of gait, chronic obstructive pulmonary disease, and muscle weakness. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

An 60-year-old female in NAD with multiple chronic conditions of hypertension, anxiety, chronic pain, and osteoarthritis. Patient states that she has chronic knee pain that has been there for several years. Patient is morbidly obese and believes this is the cause of her knee pain. Patient denies any new issues or complaints upon examination. Patient denies any pain at this time. Patient denies any CP, HA, or N/V recently

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-09-15	179	56	0.00	0.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Kaltin@liainget:

DISCOMPANIE DE SES YES

No. Electrica **3**44

Maters Of Urine

No Bijdhij Dank Bapyeetite

No Blacktick Clarit termitation

No Diprotestiction Range Of Motion

No Bleeding Gums

No Hoarseness

No Use Of Dentures

Physical Exam:

CHERO:

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Badyshty/MpjneshteergrafyBadbattsGiolodf MhaolblabathSephormal/ViDnitymphadenopathy-Within Normal Limits.

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	Ctatura	Ctart Data	Fud Data
Description	Status	Start Date	End Date

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Valproic Acid ,250 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-04
TraMADol HCI ,50 MG TABS, TAKE 1 TABLET 4 TIMES DAILY WITH MEALS, Quantity: 120, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-05-07
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-05
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Meloxicam ,7.5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Meloxicam ,7.5 MG TABS, TAKE 1 TABLET DAILY AS NEEDED, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-02

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication, no new medication noted this visit. 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 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. No labs needed at this time. 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. Review old records of patient and summarize. Follow up appointment in 4-6 weeks.

Medication refills as follows: Tramadol 50mg tid Valproic Acid 250mg tid Lisinopril/HCTZ 20/12.5mg qd Meloxicam 7.5mg qd

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)	Active	2016-09-15	
Unknown or N/A			

Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, 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
Osteoarthrosis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, 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
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01
Other malaise and fatigue (ICD10:R53.81 Other malaise) (ICD10:R53.83 Other fatigue) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date	
No known drug allergies.	Active			
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: YES

Is House Visit Needed: YES Next Visit Duration (in days): 31 Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

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

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-09-15 05:55 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-22 05:55

Form_status: finalized

Procedure Order:

Patient ID	3468	Order ID	930
Patient Name	Simpson, Laquita	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Or	Ordered Procedure	Report				Results						
		Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
	026: Pulse Oximetry							•		•		

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