

Jeraldine Stevenson: Patient Information
Patient Record Number:2558

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: Jeraldine Stevenson

External ID: 2558

DOB: 1933-03-27

Sex: Female

S.S.: 458-50-9540

Marital Status: Married

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5UIM3NWhLNGdiek0>

Address: 2011 Idaho Avenue

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Emergency Contact: Mary Liven

Home Phone: 214-272-7970

Street Address: 2011 Idaho Avenue

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-09-2016.

Risk Factors: Chronic Pain,GERD.

Additional Medical History: MI/CAD.

Family History:

Last Recorded On: 10-09-2016.

Father: Father got killed..

Mother: Mother died of DM2, HTN, HLD, and CAD..

Siblings: Sister has history of cancer..

Offspring: Daughter has history of cancer..

Primary Family Med Conditions:

Last Recorded On: 10-09-2016.

Chronic Conditions: Diabetes,Hypertension,Ischemic Heart Disease.

Social History:

Last Recorded On: 10-09-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drugs. **Status:** Never

Nutrition History: Diabetic..

Developmental History: Normal. Educational level is 9th grade..

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-09-2016.

Vitamin D (6 mo if on pills) Normal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Normal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1998-03-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 458509540A

Group Number :

Employer Name : Jeraldine Stevenson

Immunizations:

Medication:

Description	Status	Start Date	End Date
Lisinopril--tongue swelling (ICD9:994.5 Exhaustion due to excessive exertion) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Ramipril (ICD9:250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Hydrochlorothiazide (ICD9:728.85 Spasm of muscle) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11

Allergies:

Description	Status	Start Date	End Date
Lisinopril--tongue swelling (ICD9:994.5 Exhaustion due to excessive exertion) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Ramipril (ICD9:250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Hydrochlorothiazide (ICD9:728.85 Spasm of muscle) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11

Jeraldine Stevenson: Chief Complaint
Patient Record Number:2558

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Seen by Derrick Love-Jones
Seen on 21-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, diabetes-2, hyperlipidemia, polyneuropathy, hypothyroidism, coronary artery disease, spasm of muscle, pain in joint, chronic pain, insomnia, hypertension, and heart disease. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

An 83-year-old female in NAD with multiple chronic conditions of diabetes-2, hypertension, chronic pain, and hyperlipidemia. 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. Reviewed labs. Reviewed medications. Patient states that she has had chronic knee pain that comes and goes over the years. Patient does get relief with current pain medication. Patient rates pain at 7/10 today.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-21	156	70	130.00	62.00	97.40	20.00	~	23.8	0.00

Review of Systems:

Constitutional:

Endocrine/Metabolic:

No Chest Pain
No Dyspnea
No Orthopnea
No Nocturia
No Polyuria
No Polydipsia
No Weight Change
No Anorexia
No Nausea
No Vomiting
No Diarrhea
No Constipation
No Use Of Dentures

Physical Exam:

HEENT:

Head - Within Normal Limits .

EYES:

Visual Acuity - Within Normal Limits .

CVMPH:

Heart - Within Normal Limits .

MUSC:

Strength - Within Normal Limits .

ROM - Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Atorvastatin Calcium ,80 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-22	

Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered test strips to CVS. (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active
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Plan Note:

Plan Note Status:Finalized

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Hypothyroidism, monitor TSH and check the levels regularly.
4. Coronary artery disease, stable.
5. Insomnia, continue current plan.
6. Gastroesophageal reflux disease, continue medications.
7. Hyperlipidemia, check lipids regularly.
8. No refills at this time.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) 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	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Circadian rhythm sleep disorder, unspecified (ICD10:G47.20 Circadian rhythm sleep disorder, unspecified type) 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	
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
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Exhaustion due to excessive exertion (ICD10:T73.3XXA Exhaustion due to excessive exertion, initial encounter) Unknown or N/A	Active	2015-10-01
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, 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
Pain in joint, multiple sites (ICD10:M25.50 Pain in unspecified joint) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
HCTZ Unknown or N/A	Active		
ACE inhibitors Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hospitalized for CABG in 2005 Unknown or N/A	Active		
Hysterectomy Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO

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: Guardian Angels AtHome Inc

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: SN not needed

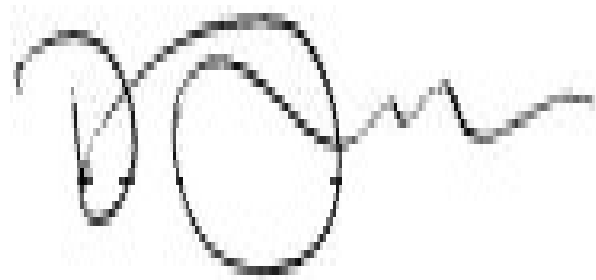
Certification Statement:**Signed by (NP):** 16**Signed On (NP):** 2016-07-21 04:57**Signed By (Physician):** 18**Signed on (Physician):** 2016-07-28 04:57**Form_status:** finalized**DME:**

Description	Status	Start Date	End Date
Probe covers Unknown or N/A	Active		
Sharps Container Unknown or N/A	Active		
Cane Unknown or N/A	Active		
Alcohol Pads Unknown or N/A	Active		
Exam Gloves Unknown or N/A	Active		
Diabetic Supplies Unknown or N/A	Active		

Procedure Order:

Patient ID	2558	Order ID	749
Patient Name	Stevenson, Jeraldine	Ordered By	Love-Jones, Derrick
Order Date	2016-10-09	Print Date	2016-10-09
Order Status	complete	Encounter Date	2016-10-09
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-10-09		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Derrick Love-Jones** on **2016-07-27**.

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