

Diane Collins: Patient Information
Patient Record Number:6243

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: Diane Collins
External ID: 6243
DOB: 1959-09-18
Sex: Female
S.S.: 463-21-6807
Marital Status: Married

Address: 6545 Maryibel Cir
City: Dallas
State: Texas
Postal Code: 75237
Country: USA
Guardian's Name: Mekia Collins (Daughter)
Emergency Phone: 214-527-4937
Mobile Phone: 214-859-2173
Street Address: 6545 Maryibel Cir
Apt/Suite/Other: House

Family History:

Last Recorded On: 01-11-2017.
Father: Father died of gun shot wound..
Mother: Mother died of lung cancer. .
Siblings: Four sisters, which are all alive and healthy..
Offspring: Two boys and one girl, which are alive and healthy..

Social History:

Last Recorded On: 01-11-2017.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade..
Other History: Influenza 2015..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2014-06-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 501468830
Group Number :
Employer Name : Diane Collins

Immunizations:

Diane Collins: Chief Complaint
Patient Record Number:6243

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Seen by Sumana Ketha MD
Seen on 03-November-2016

Chief Complaint Status:finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of diabetes mellitus type 2, hypertension, allergies rhinitis, gastroesophageal reflux disease, rheumatoid arthritis/osteoarthritis, chronic pain syndrome, chronic kidney disease stage-3, edema of lower extremity. Patient complains of numbness and tingling in both feet.

History of Present illness:

HPI Status:Finalized

A 56-year-old African-American female in NAD with multiple chronic conditions of the following diabetes mellitus type 2, hypertension, allergies rhinitis, gastroesophageal reflux disease, rheumatoid arthritis/osteoarthritis, chronic pain syndrome, chronic kidney disease stage-3, edema of lower extremity. Patient has a history of chronic pain that has persisted for several year. Patient states that for several days her feet have been getting numb and tingling on the bottoms of her feet and toes. Patient rates her current pain at 7/10 and states she does get relief from current pain medication. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-03	147	82	198.00	61.00	96.70	18.00	~	37.4	0.00

Review of Systems:

Constitutional:

No Pain In The Neck

No Painful Swellings

No Painful Itching On

No Painful Headache

No Burning Sensation

No Cloudy Smelly Urine

No Discharge From Range Of Motion

No Tremors

No Migraines

Physical Exam:

[illegible]**Medication:**

Description	Status	Start Date	End Date
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Lantus SoloStar ,100 UNIT/ML SOPN, INJECT BY SUBCUTANEOUS 40 UNITS IN THE MORNING AND 30 UNITS AT BEDTIME, Quantity: 15, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-11-23
Chlorthalidone ,25 MG TABS, TAKE 1/2 TABLET BY MOUTH DAILY, Quantity: 15, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-03
Chlorthalidone ,25 MG TABS, TAKE 1/2 TABLET BY MOUTH DAILY, Quantity: 15, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-24
Furosemide ,40 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-24
Blood Glucose System Pak , KIT, USE AS DIRECTED, Quantity: 1, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-11
Losartan Potassium ,100 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-29
Famotidine ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-29
Lasix ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
Meloxicam ,7.5 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-31
Chlorthalidone ,25 MG TABS, TAKE 1/2 TABLET DAILY, Quantity: 15, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Losartan Potassium ,100 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27
Montelukast Sodium ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-27

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. Review to continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the benefits of low salt, 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 a systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. 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. Neuropathy, continue current plan.
2. Diabetes mellitus with neuropathy, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic Pain Syndrome, continue current pain medication.
5. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.
7. Chronic kidney disease stage-3, continue current plan.
8. Allergies rhinitis, continue current plan.
9. Edema of Lower Extremities, continue current plan.

Medication refills as follows,

Losartan 100 mg q.d.

Norco 10/325 mg t.i.d.

Nexium 49 mg q.d.

Chlorthalidone 25 mg 1/2 tab q.d.

Meloxicam 25 mg b.i.d.

Lasix 40 mg .q.d

Amlodipine 10 mg q.d.

Montelukast 10 mg q.d.

Famotidine 40mg qd

Medical Problem:

Description	Status	Start Date	End Date
Chronic kidney disease, stage 3 (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-11-03	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-09-29	
Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2016-07-26	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-26	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-26	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-26	
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	2016-07-26	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-26	

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:

Primary Justification Medical Conditions: Mobility_Impairments,Kidney_Disease,Rheumatoid

Arthritis_Osteoarthr,HTN,Asthma,diabetes

Additional Medical Conditions: Allergic rhinitis, edema of left extremities.

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to uncontrolled chronic pain and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 302

Signed On (NP): 2016-11-03 00:28

Signed By (Physician): 18

Signed on (Physician): 2016-11-10 00:28

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-11-10**.

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