

**Deniece Lester: Patient Information**  
Patient Record Number:6215

**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:** Deniece Lester  
**External ID:** 6215  
**DOB:** 1978-06-23  
**Sex:** Female  
**S.S.:** 259552319  
**Marital Status:** Single  
**User Defined:** Lives with Herman

**Address:** 6855 Clarkwood Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75236  
**Country:** USA  
**Mobile Phone:** 469-507-1172  
**Street Address:** 6855 Clarkwood Dr  
**Apt/Suite/Other:** 504

## Family History:

**Last Recorded On:** 08-12-2016.  
**Father:** Father died of myocardial infarction..  
**Mother:** Mother is alive, complains of seizures and anxiety..  
**Spouse:** Two sisters, which are died..  
**Offspring:** One boy who is healthy..

## Social History:

**Last Recorded On:** 08-12-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Well.  
**Other History:** Immunization, none..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2007-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2011-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 259552319A  
**Group Number :**  
**Employer Name :** Deniece Lester  
**Copay :**  
**Insured ID Number :** 516977820  
**Group Number :**  
**Employer Name :** Deniece Lester

**Immunizations:**

**Deniece Lester: Chief Complaint**  
Patient Record Number:6215

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**Seen by** Derrick Love-Jones  
**Seen on** 26-July-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of insomnia, anxiety, depression, gastroesophageal reflux disease, chronic pain syndrome, muscle spasms, neuropathy, bipolar and chronic migraines. Patient complains of muscle spasms and knee pain.

**History of Present illness:**

**HPI Status:**Finalized

A 38-year-old African-American female in NAD with multiple chronic conditions of the following, insomnia, anxiety, depression, gastroesophageal reflux disease,, chronic pain syndrome, muscle spasms, neuropathy, bipolar, and chronic migraines. Patient has a long history of mental health issues and chronic pain due to trauma. Patient states that she continuously has body pain in her knees and muscle spasms that is relieved with current pain and muscle spasm medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache nausea vomiting at this time. Reviewed medications. Reviewed labs.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-26	121	76	205.00	65.00	97.60	20.00	~	34.1	0.00

**Review of Systems:**

**Constitutional:**

**General:** No weight loss  
**Endocrine:** No  
**Neurologic:** No  
**Musculoskeletal:** No  
**Cardiovascular:** No  
**Respiratory:** No  
**Gastrointestinal:** No  
**Genitourinary:** No  
**Skin:** No  
**Eyes:** No  
**Ears, Nose, Throat:** No  
**Other:** No

**Physical Exam:**

**HEENT:**

Oral cavity - Tongue pink, Bilateral Nasal Turbinates-Within Normal Limits .

**CV:**

Cardiovascular - Within Normal Limits .

**RESP:**

Respiratory - Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
ALPRAZolam ,0.5 MG TABS, TAKE 2 TABLETS AT BEDTIME, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-09-07	
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05	

<p>Tradjenta ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-09-05
<p>Abilify ,5 MG TABS, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-08-22
<p>Amitriptyline HCl ,10 MG TABS, TAKE ONE TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-27
<p>Carisoprodol ,350 MG TABS, TAKE ONE TABLET BY MOUTH TWICE A DAY, Quantity: 60, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-27
<p>Tradjenta ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-27
<p>Abilify ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-06-24
<p>Amitriptyline HCl ,10 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-06-24
<p>NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-06-24
<p>Omega-3-acid Ethyl Esters ,1 GM CAPS, TAKE 1 CAPSULE TWICE DAILY WITH FOOD, Quantity: 60, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-06-24

## Plan Note:

### Plan Note Status:Finalized

- Osteoarthritis with chronic pain, continue medications.
- Diabetes mellitus type 2 with neuropathy, monitor HbA1c.
- Anxiety, monitor.
- Chronic pain syndrome, on pain medications.
- Muscle spasms, stable.
- Gastroesophageal reflux disease, well controlled with medications.
- Depression, stable.
- Insomnia, monitor.
- Bipolar, well controlled.
- Chronic migraines, on medications.
- Medication refills as follows; Trajenta 5 mg q.d., Alprazolam 1 mg t.i.d., Amitriptyline 10 mg q.h.s., Norco 10/325 mg t.i.d., Carisoprolol 350 mg b.i.d., Abilify 5 mg q.d.
- Medication adherence was given to the patient. Continue treatment as planned.
- 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.
- Reviewed old records of the patient.
- Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
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	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-06-24	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-06-24	
Other muscle spasm ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-06-24	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-24	

## 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:** NO

**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:** bipolar,Depression

**Additional Medical Conditions:** Insomnia, GERD, Chronic Pain Syndrome, Neuropathy, Chronic Migraines

**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:** Patient is homebound due to chronic pain syndrome uncontrolled muscle spasms and mental health issues

**Certification Statement:** No skilled nurse she needed at this time

**Signed by (NP):** 16

**Signed On (NP):** 2016-07-26 02:48

**Signed By (Physician):** 18

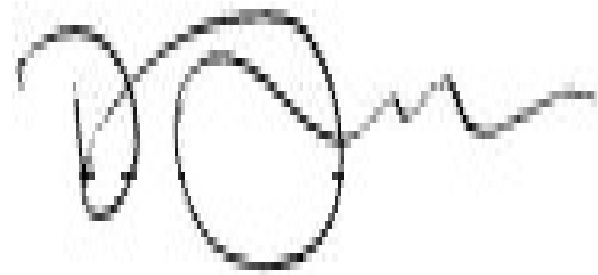
**Signed on (Physician):** 2016-07-31 02:48

**Form\_status:** finalized

## Procedure Order:

Patient ID	6215	Order ID	760
Patient Name	Lester, Deniece	Ordered By	Love-Jones, Derrick
Order Date	2016-09-16	Print Date	2016-09-16
Order Status	complete	Encounter Date	2016-09-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-16		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-31**.

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