

**Zelma Williams: Patient Information**  
Patient Record Number:5864

**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:** Zelma L Williams

**External ID:** 5864

**DOB:** 1963-06-09

**Sex:** Female

**S.S.:** 457-49-236

**Patient Drive Folder:** [https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd\\_SfCMEhOTG1udVpSMUE](https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCMEhOTG1udVpSMUE)

**Address:** 2930 Prince Hall Ln

**City:** Dallas

**State:** Texas

**Postal Code:** 75216

**Country:** USA

**Home Phone:** 214-516-4512

**Mobile Phone:** 214-772-4813

**Street Address:** 2930 Prince Hall Ln

**Apt/Suite/Other:** APT#157

## Past Medical History:

**Last Recorded On:** 10-01-2016.

**Risk Factors:** Chronic Pain,Insomnia,GERD,Lumbago.

**Additional Medical History:** Obesity..

## Family History:

**Last Recorded On:** 10-01-2016.

**Father:** Father alive with DM, HTN, and Alzheimer's disease..

**Mother:** Mother alive with CAD, HTN, and MI..

**Siblings:** One brother alive with DM2, HTN, and CAD..

**Spouse:** Three sisters alive with HTN, DM2, and GERD..

**Offspring:** One boy and two girls are healthy and complaints of bell's palsy, HTN, and depression..

## Primary Family Med Conditions:

**Last Recorded On:** 10-01-2016.

**Risk Factors:** GERD.

**Chronic Conditions:** Alzheimers,Depression,Diabetes,Hypertension,Ischemic Heart Disease.

## Social History:

**Last Recorded On:** 10-01-2016.

**Tobacco:** Never smoker    **Status:** Never

**Alcohol:**    **Status:** Never

**Recreational Drugs:**    **Status:** Never

## Tests and Exams:

**Last Recorded On:** 10-01-2016.

**Mammogram (>40yrs, Yearly)** N/A Ordered on 04/20/2015.

**Insurance:**

**Molina Healthcare of Texas (Z1161)**

**Priority :** Primary  
**Start Date :** 2015-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)  
**Priority :** Primary  
**Start Date :** 2016-09-27  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 504597500  
**Group Number :**  
**Employer Name :** Zelma Williams  
**Copay :**  
**Insured ID Number :** 504597500  
**Group Number :**  
**Employer Name :** Zelma Williams

**Immunizations:**

**Zelma Williams: Chief Complaint**  
Patient Record Number:5864

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**Seen by** Sumana Ketha MD  
**Seen on** 20-April-2015

**Chief Complaint Status:**pending

New admit to services for management and prevention of further decline of chronic conditions.

## History of Present illness:

**HPI Status:**Pending

A 51-year-old female in NAD with multiple chronic conditions. Patient denies any new issues or complaints upon examination. The patient complaints of cough from 3 weeks, which is nonproductive. The patient also complaints of knee and back pain, which rated as 8/10 on a pain scale. The pain is not relieved with current pain medications. Patient denies any hypoglycemia and foot check revealed no issues. Patient denies any CP, HA, or N/V.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2015-04-20	144	103	340.00	66.00	98.40	18.00		54.9	0.00

## Review of Systems:

### Constitutional:

**Weight Loss:** No

**Feeding Difficulties:** No

**Energy Level:** No

**Change in Bowel Habits:** No

**Change in Appetite:** No

**Change in Range of Motion:** No

**Anemia:** No

**Bleeding Gums:** No

**Obstetrics:** No

**Dental Difficulties:** No

**Use Of Dentures:** No

## Physical Exam:

### HEENT:

Head: Normal. Eyes: Normal. Ears: Normal. Nose: Normal. Throat: Normal. Within Normal Limits .

### EXTREMITIES:

Upper Extremities: Normal. Lower Extremities: Normal. Within Normal Limits .

### CVSC:

Heart: Normal. Lungs: Normal. Within Normal Limits .

### NEURO:

Neurological: Normal. Within Normal Limits .

Physiological, Localizing Findings-Within Normal Limits .

## Medication:

Description	Status	Start Date	End Date
Promethazine-DM ,6.25-15 MG/5ML SYRP, TAKE 1 TO 2 TEASPOONSFUL EVERY 6 HOURS AS NEEDED, Quantity: 1200, Refill Quantity: 0	Inactive		2015-04-21
Unknown or N/A			
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS  
NEEDED, Quantity: 90, Refill Quantity: 0  
Unknown or N/A  
by Jones, Derrick - MJ3217331  
Texas Physician House Calls

Inactive

2015-04-21

## Plan Note:

**Plan Note Status:**Pending

Continue the same treatment plan and asked the patient to return. Reviewed the medications and discussed with the patient. Prognosis was fair and stable. Ordered full set of labs. The patient was refilled medications are Promethazine DM syrup, azithromycin 250 mg 6 pack, and Tramadol 50 mg t.i.d. The patient needs a mammogram. Dr. Andrew Buton set record.

## Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension ( ICD9:401.1 Benign essential hypertension) Unknown or N/A	Inactive	2015-04-20	2015-09-30
Other chronic pain ( ICD9:338.29 Other chronic pain) Unknown or N/A	Inactive	2015-04-20	2015-09-30
Osteoarthritis, generalized, site unspecified ( ICD9:715.00 Osteoarthritis, generalized, site unspecified) Unknown or N/A	Inactive	2015-04-20	2015-09-30
Depressive disorder, not elsewhere classified ( ICD9:311 Depressive disorder, not elsewhere classified) Unknown or N/A	Inactive	2015-04-20	2015-09-30

## 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:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Primary Justification Medical Conditions:** Depression,hyperlipidemia,HTN,Rheumatoid Arthritis\_Osteoarthr

**Additional Medical Conditions:** Chronic pain, lumbago, anxiety, GERD, insomnia, and left extremity edema.

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** SN needed due to uncontrollable HTN and inability to self medicate correctly.

**Certification Statement:** Patient is home bound due to uncontrolled HTN and chronic pain. Patient is weak with poor balance due to narcotic pain medication use, and increased risk for falls.

**Signed by (NP):** 16

**Signed On (NP):** 2015-04-20

**Form\_status:** pending

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