

Ruth McCoy: Patient Information
Patient Record Number:6285

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: Ruth E McCoy
External ID: 6285
DOB: 1951-06-06
Sex: Female
S.S.: 466929656
Marital Status: Single
Patient Drive Folder: 0B0x_tbdqBDPhQ2NMWU9pQmR4S0k

Address: 1442 Carson St
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 214-694-3077
Street Address: 1442 Carson St
Apt/Suite/Other: House

Family History:

Last Recorded On: 02-04-2017.
Father: Father died with cancer and hypertension..
Mother: Mother died with cancer and hypertension..
Siblings: Two brothers and two sisters are alive, and one brother is died..
Offspring: None..

Social History:

Last Recorded On: 02-04-2017.
Tobacco: Smokes 1/2 packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Education level is 12th grade..
Other History: No immunizations..

Tests and Exams:

Last Recorded On: 02-04-2017.
Mammogram (>40yrs, Yearly) N/A Done in 2016.
Sigmoid/Colonoscopy N/A Done in 2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2007-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2017-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2016-08-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 466929656A
Group Number :
Employer Name : Ruth Mccoy
Copay :
Insured ID Number : 500000032985
Group Number :
Employer Name : Ruth Mccoy
Copay :
Insured ID Number : 524658209
Group Number :
Employer Name : Ruth Mccoy

Immunizations:

Ruth Mccoy: Chief Complaint
Patient Record Number:6285

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Seen by Derrick Love-Jones
Seen on 28-December-2016

Chief Complaint Status:finalized

Follow up on visit to prevent further decline of the following chronic medical conditions of hypertension, anxiety, gastroesophageal reflux disease, osteoarthritis, lumbago, and chronic pain syndrome. Patient complains of lower back pain and wrist pain from a fall at home.

History of Present illness:

HPI Status:Finalized

Patient is a 65-year-old African-American female in no acute distress with multiple chronic conditions of the following hypertension, anxiety, gastroesophageal reflux disease, osteoarthritis, lumbago, and chronic pain syndrome. Patient complains of lower back pain after falling while at home. Patient states she hurt her rib cage during the fall. Patient denies any LOC or hitting head. Patient did not go to ER for evaluation. Patient rates current pain 7/10 and is relieved with current pain medications. patient denies any other issues at this time. Patient denies any chest pain, head ache, nausea, vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-28	146	76	170.00	68.00	97.40	16.00	~	25.8	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui air:

Noir ~~XXXXXXXXXXXX~~ XXXXXS

No BATHING

No Experience Guide

No. 01-97-0006

[illegible]

No Directness In Range Of Motion

No Monstrosity

Physical Exam:

REMARKS:

Spinal Cord Injury-Within Normal Limits .

BSAECH:

ENT: External Ear-Tympanic Membrane-Intact, Eardrums-Within Normal Limits. Gums-pink, Bilateral Nasal Turbinates-Within Normal Limits.

CV:

REPL/AFECOM/Williams Normal Limits Alert and Oriented X3-Within Normal Limits.

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Cipro ,250 MG TABS, TAKE 1 TABLET EVERY 12 HOURS DAILY, Quantity: 10, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-09	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Alendronate Sodium ,70 MG TABS, TAKE 1 TABLET ONCE WEEKLY, Quantity: 12, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and 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 systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records with the patient. Followup home visit in 2-3 weeks.

1. Lumbago with chronic pain, continue current plan.
2. Anxiety, continue current plan.
3. Osteoarthritis with chronic pain, continue current plan.
4. Chronic pain syndrome, continue current plan.
5. Hypertension with vascular complications, continue current plan.
6. Gastroesophageal reflux disease, continue current plan.

Medication refills as follows,

Amlodipine 10 mg q.d.

Lisinopril/HCTZ 20/12.5 mg q.d.

Xanax 0.5 mg b.i.d.

Omeprazole 40 mg q.d.

Norco 10/325 mg t.i.d.

Alendronate 70 mg 1 tab q. weekly.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-11-17	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-10-07	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-07	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-10-07	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-31	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-31	

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	2016-08-31
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-08-31
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-31

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: Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Anxiety, GERD, Chronic Pain Syndrome, Lumbago

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.

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-12-28 03:19

Signed By (Physician): 18

Signed on (Physician): 2017-01-04 03:19

Form_status: finalized

Procedure Order:

Patient ID	6285	Order ID	1598
Patient Name	Mccoy, Ruth E	Ordered By	Love-Jones, Derrick
Order Date	2016-12-28 00:00:00	Print Date	2017-02-05
Order Status	complete	Encounter Date	2017-02-05
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-28 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

Electronically Signed by **Derrick Love-Jones** on **2017-01-04**.

Printed on 05-Feb-2017 22:11:18 pm.