

**Diane Smith: Patient Information**  
Patient Record Number:6269

**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:** Diane Smith  
**External ID:** 6269  
**DOB:** 1952-11-01  
**Sex:** Female  
**S.S.:** 452-52-0460  
**Marital Status:** Widowed

**Address:** 2519 John West Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75228  
**Country:** USA  
**Mobile Phone:** 469-248-2259  
**Street Address:** 2519 John West Rd  
**Apt/Suite/Other:** APT#7209

## Family History:

**Last Recorded On:** 10-23-2016.  
**Father:** Father died with hypertension, coronary artery disease, cerebrovascular accident..  
**Mother:** Mother died with diabetes mellitus type 2, hypertension, and dementia..  
**Siblings:** Two brothers had hypertension and one sister had chronic kidney disease..  
**Spouse:** Two boys, one is died. One girl is alive with complains of sleep apnea, hypertension, and chronic pain syndrome..

## Social History:

**Last Recorded On:** 10-23-2016.  
**Tobacco:** Former smoker Stopped about 10 years ago. **Status:** Quit  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Developmental History:** Education level is 12th grade..

## Tests and Exams:

**Last Recorded On:** 10-23-2016.  
**Vitamin D (6 mo if on pills)** Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick  
**HbA, C Hemoglobin (if DM every 3 mo)** Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick  
**TSH Thyroid-Stimulating Hormone (every year)** Normal Done on 09/07/2016 at LabCorp, Ordered by Derrick  
**CBC Complete Blood Count (3 months)** Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick  
**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 09/07/2016 at LabCorp, Ordered by Derrick.  
**LIPIDS (once year unless chol meds)** Normal Done on 09/07/2016 at LabCorp, Ordered by Derrick

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2004-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2012-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 452520460W  
**Group Number :**  
**Employer Name :** Diane Smith  
**Copay :**  
**Insured ID Number :** 249887001  
**Group Number :**  
**Employer Name :** Diane Smith

**Immunizations:**

**Diane Smith: Chief Complaint**  
Patient Record Number:6269

**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

**Seen by** Derrick Love-Jones  
**Seen on** 16-August-2016

**Chief Complaint Status:**finalized

New admit to service to prevent further decline of the following chronic medical conditions memory loss, dementia, hypertension, diabetes mellitus type 2, wheelchair bound, chronic pain syndrome, gastroesophageal reflux disease, anxiety, osteoarthritis, morbid obesity, and lumbago. Patient complains of lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

A 63-year-old African-American female in NAD with multiple chronic conditions of the following memory loss, dementia, hypertension, diabetes mellitus type 2, wheelchair bound, chronic pain syndrome, gastroesophageal reflux disease, anxiety, osteoarthritis, morbid obesity, and lumbago. Patient has a history of gallbladder removal in 1989 and a hernia repair in 2007. Patient also has a history of uterine cancer. Patient stop smoking about 10 years ago. Patient has allergies to penicillin. Patient complains of lower back pain that is chronic and is relieved with current pain medication. Patient rates pain at 7/10 today. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

**Family History:**

**Social History:**

**Vitals:**

| Service Date | BPS | BPD | Wt     | Ht    | Temperature | RR    | Note | BMI  | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-08-16   | 143 | 107 | 398.00 | 65.00 | 98.40       | 22.00 | ~    | 66.2 | 0.00      |

## Review of Systems:

**Constitutional:**

**Das ist die richtige Einstellung:**

**Non-Resident Aliens**

No Pulmonary Embolism history

## Notwithstanding Science

**Non-Disclosure Agreement**

Needing YES Appetite

## No Dental Difficulties

## No Misaligned Dentures

### Physical Exam:

**REMARKS:**

[illegible]

**NEERO:**

**ENT: Larynx-Within Normal Limits, Vocal Folds-Pink, Bilateral Nasal Turbinates-Within Normal Limits.**

**PSYCH:**

**REBUTAL/ECG/Witharms and Moors Alert and Oriented X3-Within Normal Limits.**

Patients appeared to be in good spirits. Evidence noted bilaterally.

### Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as previous provider. 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. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. 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 of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain continue current plan.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Anxiety, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Memory loss, continue current plan.
7. Dementia, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Osteoarthritis with chronic pain, continue current plan.
10. Morbid obesity, continue to monitor.
11. Wheelchair bound, continue to monitor.

Medication refills as follows: Norco 10/325 mg t.i.d.

## Medical Problem:

| Description   | Status | Start Date | End Date |
|---|--------|------------|----------|
| Type 2 diabetes mellitus with diabetic neuropathy, unspecified<br>( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified)<br>Unknown or N/A  | Active | 2016-08-16 |          |
| Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity<br>( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity)<br>Unknown or N/A | Active | 2016-08-16 |          |
| Anxiety disorder, unspecified<br>( ICD10:F41.9 Anxiety disorder, unspecified)<br>Unknown or N/A   | Active | 2016-08-16 |          |
| Chronic pain syndrome<br>( ICD10:G89.4 Chronic pain syndrome)<br>Unknown or N/A   | Active | 2016-08-16 |          |

## Allergies:

| Description                   | Status | Start Date | End Date |
|-------------------------------|--------|------------|----------|
| Penicillin.<br>Unknown or N/A | Active |            |          |

## Surgeries:

| Description                                    | Status | Start Date | End Date |
|--|--------|------------|----------|
| Gallbladder removal in 1989.<br>Unknown or N/A | Active |            |          |
| Hernia repair in 2007.<br>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:** Promise Home Health,Inc

**Primary Justification Medical Conditions:** Mobility\_Impairments,Senile Dementia,Rheumatoid

Arthritis\_Osteoarthr,HTN,diabetes

**Additional Medical Conditions:** Anxiety, GERD, Chronic Pain Syndrome, Lumbago, Memory Loss, Wheelchair Bound

**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 morbid obesity he, dementia, and memory loss.

Patient is also wheelchair-bound.

**Certification Statement:** Skilled nursing is needed due to memory loss, dementia, and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-08-16 09:18

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-08-23 09:18

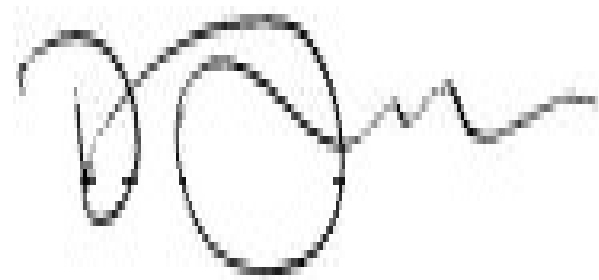
**Form\_status:** finalized

**Printed:**

## Procedure Order:

|              |              |                |                     |
|--------------|--------------|----------------|---------------------|
| Patient ID   | 6269         | Order ID       | 827                 |
| Patient Name | Smith, Diane | Ordered By     | Love-Jones, Derrick |
| Order Date   | 2016-10-23   | Print Date     | 2016-10-23          |
| Order Status | complete     | Encounter Date | 2016-10-23          |
| Lab          | .HH Agency   | Specimen Type> |                     |

| Ordered Procedure   | Report     |          |         |      | Results |                |     |       |             |       |      |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
|                     | Reported   | Specimen | Status  | Note | Code    | Name           | Abn | Value | Range       | Units | Note |
| 026: Pulse Oximetry | 2016-10-23 |          | Final ✓ |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |
|                     |            |          |         |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |
|                     |            |          |         |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |
|                     |            |          |         |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |
|                     |            |          |         |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |
|                     |            |          |         |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |
|                     |            |          |         |      | 0097    | Pulse Oximetry | No  | 97%   | 97% to 100% |       |      |



Electronically Signed by **Derrick Love-Jones** on **2016-08-23**.

Printed on 23-Oct-2016 22:42:57 pm.