

Shirley Harrell: Patient Information
Patient Record Number:6144

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: Shirley Harrell
External ID: 6144
DOB: 1964-04-24
Sex: Female

Address: 3264 Persimmon Rd,Bldg#8
City: Dallas
State: Texas
Postal Code: 75241
Country: USA
Home Phone: 214-760-0995
Work Phone: 214-477-4353
Mobile Phone: 214-372-1106
Street Address: 3264 Persimmon Rd
Apt/Suite/Other: 1123

Past Medical History:

Last Recorded On: 10-23-2016.
Risk Factors: Chronic Pain,Dyspnea,Heart Burn, Reflux,GERD,Neuropathy,Pneumonia.

Family History:

Last Recorded On: 10-23-2016.
Father: Father has hypertension and diabetes. .
Mother: Diabetes..

Social History:

Last Recorded On: 10-23-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Work Status: Disabled.
Pets: None..

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 503079780
Group Number :
Employer Name : Shirley Harrell

Immunizations:

DME:

Description	Status	Start Date	End Date
Full face mask, Sleep Tubing, Headgear, Sleep Full Face Cushion (ICD10:G47.33 Obstructive sleep apnea (adult) (pediatric)) Unknown or N/A	Active	2016-10-07	

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Description	Status	Start Date	End Date
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 0			
Unknown or N/A	Active	2016-07-27	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Blood Glucose Monitor System ,w/Device KIT, USE AS DIRECTED,
Quantity: 1, Refill Quantity: 0
Unknown or N/A
by ketha, Dr sumana - BK6230281
Texas Physician House Calls

Active

2016-06-29

Plan Note:

Plan Note Status:Finalized

Continue with treatment and medication adherence was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. Prognosis is fair and stable. No refills need at this time.

1. Diabetes 3, on medication.
2. Anxiety, on medication.
3. Asthma, on nasal cannula.
4. Morbid obesity, encouraged continuing weight loss efforts via daily exercise.
5. Neuropathy, on medications.
6. Hypertension, decrease salt intake.
7. Gastroesophageal reflux disease, on medication.

Medical Problem:

Description	Status	Start Date	End Date
Mononeuropathy, unspecified (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2016-05-25	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-11	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-11	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-04-11	
Morbid (severe) obesity due to excess calories (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-04-11	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-04-11	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-11	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-04-11	

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: NO

Next Visit Duration (in days): 31

Current home health agency: Calvary Healthcare Inc

Primary Justification Medical Conditions: Asthma,COPD,Depression,diabetes,HTN,Heart_Disease,Mobility_Impairments

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to asthma and mobility impairment.

Certification Statement: Patient is home bound due to asthma and mobility impairment. Patient experience shortness of breath with ambulation and is weak with poor balance which places patient at risk for fall.

Signed by (NP): 302

Signed On (NP): 2016-06-29 05:43

Signed By (Physician): 18

Signed on (Physician): 2016-07-03 05:43

Form_status: finalized

Printed: NO

Printed on 23-Oct-2016 20:59:18 pm.