

Vivian Amacchi: Patient Information
Patient Record Number:3471

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: Vivian L Amacchi
External ID: 3471
DOB: 1957-04-30
Sex: Female
User Defined: 214-994-5922
genericval1: 214-994-2832
genericname2: 214-325-7999
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5QjdkT2tcTZkeUE>

Address: 1103 Forester Drive
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mother's Name: 214-325-7999
Emergency Contact: Brenda (Sister)
Emergency Phone: 214-840-9623
Home Phone: 214-946-3000
Work Phone: 214-723-0871
Mobile Phone: 214-946-1404
User Email: 214-994-5922 new
Street Address: 1103 Forester Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 08-09-2016.
Risk Factors: Arthritis,High Cholesterol,Degenerative Joint Disease,Insomnia,Chronic Pain.

Family History:

Last Recorded On: 08-09-2016.
Father: Father Died in 2011 with myocardial infarction..
Mother: Mother with hypertension and diabetes..
Offspring: One child..

Primary Family Med Conditions:

Last Recorded On: 08-09-2016.
Chronic Conditions: Acute Myocardial Infarction,Diabetes,Hypertension.

Social History:

Last Recorded On: 08-09-2016.
Tobacco: Current every day smoker Smokes half a pack per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.

Tests and Exams:

Last Recorded On: 08-09-2016.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/19/2014, at MetroStat Laboratory Services, ordered by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 02/19/2014, at MetroStat Laboratory Services, ordered by Dr. Sumana Ketha

Mammogram (>40yrs, Yearly) N/A Ordered.

Sigmoid/Colonoscopy N/A Needs.

Retinal Exam N/A Consult eye doctor on 03/15

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2009-11-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Copay :

Insured ID Number : 455086412A

Group Number :

Employer Name : Vivian Amacchi

Immunizations:

Vivian Amacchi: Chief Complaint
Patient Record Number:3471

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 21-July-2016

Chief Complaint Status:finalized

Followup home visit for management of hyperlipidemia, hypertension, chronic obstructive pulmonary disease/asthma, gastroesophageal reflux disease, lumbago pain, chronic pain syndrome, congestive heart failure, peripheral neuropathy, and tobacco abuse. Patient complains of pain in her legs and back.

History of Present illness:

HPI Status:Finalized

An 59-year-old AA female in NAD with multiple chronic conditions including hyperlipidemia, congestive heart failure, hypertension, chronic obstructive pulmonary disease/asthma, and peripheral nueropathy. Patient complains of pain in her back and her legs. Patient states that her pain is chronic and gets relief from current pain medication. Patient rates pain 7/10 today. Patient denies any new issues or complaints upon examination. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-21	179	82	222.00	65.00	97.40	20.00	~	36.9	0.00

Review of Systems:

Constitutional:

General: No Weight Loss

No Fever

No Chills

No Night Sweats

No Fatigue

No Change In Appetite

No Change In Bowel or Urine

No Edema

No Bleeding Gums

No Bruises

No Use Of Dentures

Physical Exam:

HEENT:

Head: No Tenderness, No Pain, No Swelling, No Redness, No Discharge, No Abnormalities. Within Normal Limits.

EYES:

Visual Acuity: 20/20, No Redness, No Discharge, No Abnormalities. Within Normal Limits.

CV:

Heart: No Murmur, No Rubs, No Gallops. Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits.

Medication:

Description	Status	Start Date	End Date
Norco ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2015-05-11	
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			

<p>Gabapentin ,300 MG CAPS, Take 1 Capsule 3 Times A Day, Quantity: 180, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2015-04-13
<p>Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2015-04-13
<p>Metoprolol Tartrate ,25 MG TABS, Take One Tablet By Mouth Every Day, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2015-04-13
<p>ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 2, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Sumana Ketha MDPA</p>	Active	2015-02-18
<p>Triamterene-HCTZ ,37.5-25 MG TABS, TAKE 1 TABLET DAILY WITH FOOD, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Sumana Ketha MDPA</p>	Active	2015-02-18

Plan Note:

Plan Note Status:Finalized

1. Lumbago with chronic pain, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Chronic pain syndrome, continue current pain medication.
5. Congestive heart failure with systolic complications, continue current plan.
6. Insomnia, continue current plan.
7. Hyperlipidemia, monitor.
8. Neuropathy, continue current plan.
9. Chronic obstructive pulmonary disease/asthma, continue current plan.
10. Gastroesophageal reflux disease, continue current plan.
11. Medication refills as follows; Norco 10/325 mg t.i.d., Gabapentin 300 mg t.i.d., ProAir INH, Lisinopril.
12. Medication adherence was given to the patient. Continue treatment as planned.
13. 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.
14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
<p>Unspecified hereditary and idiopathic peripheral neuropathy</p> <p>(ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified)</p> <p>Unknown or N/A</p>	Active	2015-10-01	
<p>Osteoarthritis, unspecified whether generalized or localized, site unspecified</p> <p>(ICD10:M19.90 Unspecified osteoarthritis, unspecified site)</p> <p>Unknown or N/A</p>	Active	2015-10-01	
<p>Other chronic pain</p> <p>(ICD10:G89.29 Other chronic pain)</p> <p>Unknown or N/A</p>	Active	2015-10-01	
<p>Chronic airway obstruction, not elsewhere classified</p> <p>(ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified)</p> <p>Unknown or N/A</p>	Active	2015-10-01	
<p>Congestive heart failure, unspecified</p> <p>(ICD10:I50.9 Heart failure, unspecified)</p> <p>Unknown or N/A</p>	Active	2015-10-01	

Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Other specified idiopathic peripheral neuropathy (ICD10:G60.8 Other hereditary and idiopathic neuropathies) Unknown or N/A	Active	2015-10-01
Hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01
Dementia NOS (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Right leg deformity (ICD10:M21.969 Unspecified acquired deformity of unspecified lower leg) 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
Asthma, unspecified type, with (acute) exacerbation (ICD10:J45.901 Unspecified asthma with (acute) exacerbation) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	
Polyneuropathy in other diseases classified elsewhere (ICD9:357.4 Polyneuropathy in other diseases classified elsewhere) Unknown or N/A	Active	
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Active	
Acute upper respiratory infections of unspecified site (ICD9:465.9 Acute upper respiratory infections of unspecified site) Unknown or N/A	Active	
Pain in joint involving lower leg (ICD9:719.46 Pain in joint, lower leg) Unknown or N/A	Active	
Tobacco use disorder (ICD9:305.1 Tobacco use disorder) Unknown or N/A	Active	
Constipation, unspecified (ICD9:564.00 Constipation, unspecified) Unknown or N/A	Active	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Back surgery Unknown or N/A	Active		
Neck surgery Unknown or N/A	Active		
Ankle surgery Unknown or N/A	Active		
Pneumonia, hospitalized one year ago at Methodist. 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

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 does not need house calls.

Certification Statement: Patient requires considerable taxing effort to leave home.

Signed by (NP): 16

Signed On (NP): 2016-07-21 05:43

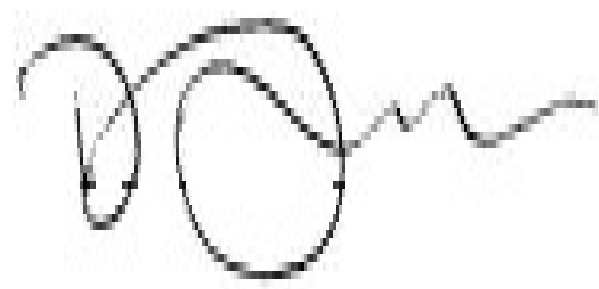
Signed By (Physician): 18

Signed on (Physician): 2016-07-28 05:43

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Cane Unknown or N/A	Active		
Elevated Toilet seat Unknown or N/A	Active		
Tub/Shower bench Unknown or N/A	Active		
Walker Unknown or N/A	Active		
Exam Gloves Unknown or N/A	Active		



Electronically Signed by **Derrick Love-Jones** on **2016-07-28**.

