

Lory Clark: Patient Information
Patient Record Number:6300

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: Lory Clark
External ID: 6300
DOB: 1986-09-21
Sex: Female
S.S.: 457793174
Marital Status: Single

Address: 2836 E Overton Rd
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 682-716-5867
Street Address: 2836 E Overton Rd
Apt/Suite/Other: 169

Family History:

Last Recorded On: 11-10-2016.

Father: Father is alive with complains of hypertension, hyperlipidemia, diabetes, neuropathy, back pain, and GERD..

Mother: Mother is alive with complains of breast cancer and osteoarthritis..

Siblings: Two brothers and one sisters which are alive and healthy..

Offspring: 14 years girl and 4 years son, which are alive..

Social History:

Last Recorded On: 11-10-2016.

Tobacco: Never smoker No smoking. **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Education level is GED..

Tests and Exams:

Last Recorded On: 11-10-2016.

Sigmoid/Colonoscopy N/A Done in 2016.

Insurance:

Superior Health Plan Texas (39188)

Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 507087637
Group Number :
Employer Name : Lory Clark

Immunizations:

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Chief Complaint Status:finalized

New admit to service to prevent for the decline of the following chronic medical conditions of memory loss, epilepsy, chronic migraines, bipolar, depression, anxiety, insomnia, chronic pain syndrome, lumbago, gastroesophageal reflux disease, and asthma. Patient complains of toe pain and numbness.

HPI Status:Finalized

Patient is a 30-year-old African-American female with multiple chronic conditions of the following of memory loss, epilepsy, chronic migraines, bipolar, depression, anxiety, insomnia, chronic pain syndrome, lumbago, gastroesophageal reflux disease, and asthma. Patient complains of pain that comes and goes often in her right big toe. Patient has a history of gallbladder removal in 2001 and a tumor and cyst that was removed from her ovaries in 2016. Patient denies any allergies to any medications. Patient states that she has allergies to coconuts. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Past Medical History:

Family History:

Social History:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-14	122	80	225.00	64.00	98.20	16.00	~	0.0	0.00

[illegible]**Medication:**

Description	Status	Start Date	End Date
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ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS
EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 1, Refill Quantity: 6

Unknown or N/A

Active

2016-09-15

by Jones, Derrick - MJ3217331

Texas Physician House Calls

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient in the paper indicated 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 the following labs ordered: CBC, CMP, UA, A1C, TSH, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Epilepsy continue, current plan.
2. Anxiety continue, current plan.
3. Asthma continue, current plan.
4. Lumbago with chronic pain, continue current plan.
5. Memory loss, continue to monitor.
6. Bipolar, continue current plan.
7. Depression, continue current plan.
8. Insomnia, continue current plan.
9. Chronic pain syndrome, continue current pain medication.
10. Gastroesophageal reflux disease, continue current plan.

Medication refills as follows:

Divalprvex 500 mg b.i.d.

Trazodone 50 mg q.h.s.

Xanax 0.5 mg t.i.d.

Norco 10/325 mg t.i.d.

Nexium 40 mg q.d.

Pro-Air INH

Medical Problem:

Description	Status	Start Date	End Date
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-09-14	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-14	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-09-14	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-09-14	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-14	

Allergies:

Description	Status	Start Date	End Date
Coconut Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Gallbladder removal in 2001. Unknown or N/A	Active		
Tumor and cyst removed from her ovaries in 2016. 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: Heavenly Blessings Home Health

Primary Justification Medical Conditions: bipolar,Asthma,Epilepsy,Depression

Additional Medical Conditions: Memory Loss, Chronic Migraines, Anxiety, Insomnia, Chronic Pain Syndrome, Lumbago, GERD

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 epilepsy and mental health issues.

Certification Statement: Skilled nursing is needed due to uncontrolled epilepsy and mental health issues.

Signed by (NP): 16

Signed On (NP): 2016-09-14 07:40

Signed By (Physician): 18

Signed on (Physician): 2016-09-21 07:40

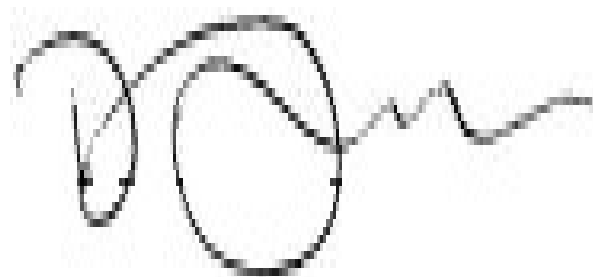
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6300	Order ID	901
Patient Name	Clark, Lory	Ordered By	Love-Jones, Derrick
Order Date	2016-11-10	Print Date	2016-11-10
Order Status	pending	Encounter Date	2016-11-10
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
007: CBC											



Electronically Signed by **Derrick Love-Jones** on **2016-09-21**.

