

Carrie Herod: Patient Information
Patient Record Number:5946

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: Carrie Herod

External ID: 5946

DOB: 1928-12-01

Sex: Female

S.S.: 452-52-4397

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfjRzZHdsbDY4Q015eVV3UIE3TThGelJCQWE0ZUZ6U2NsRG9naUN3UIFUWXM

Address: 3928 Kingsford Ave

City: Dallas

State: Texas

Postal Code: 75227

Country: USA

Guardian's Name: Serrial Patrick

Emergency Phone: 469-328-6558

Home Phone: 214-275-3990

Street Address: 3928 Kingsford Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 11-05-2016.

Father: Father died of enlarged heart..

Mother: Mother died of unknown cancer..

Siblings: One brother died of unknown disease, one sister died of unknown cancer, and two sisters are alive..

Offspring: Patient has four boys and three girls..

Social History:

Last Recorded On: 11-05-2016.

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

Coffee: Drinks one cup a day. **Status:** Current

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

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

Counseling:

Exercise Patterns:

Hazardous Activities:

Nutrition History: Regular.

Developmental History: Well.

Other History: Pneumonia in 2015 (appointment)Denies flu shot.

Tests and Exams:

Last Recorded On: 11-05-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/18/2016 at Evolution Lab,

Ordered by Dr. Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 02/18/2016 at Evolution Lab, Ordered by Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1993-11-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-01-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2015-07-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 452524397A

Group Number :

Employer Name : Carrie Herod

Copay :

Insured ID Number : 452524397A

Group Number :

Employer Name : Carrie Herod

Copay :

Insured ID Number : 507742107

Group Number :

Employer Name : Carrie Herod

Immunizations:

Carrie Herod: Chief Complaint
Patient Record Number:5946

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Seen by Derrick Love-Jones
Seen on 04-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of chronic pain, hyperlipidemia, vitamin-d deficiency, hypertension, gastroesophageal reflux disease, depression, insomnia, diabetes mellitus type-2, osteoarthritis, depression, abnormal gait, debility, neuropathy, and iron anemia. Patient complains of pain in her legs.

History of Present illness:

HPI Status:Finalized

An 87-year-old female in NAD with multiple chronic conditions chronic pain, hyperlipidemia, vitamin-d deficiency, hypertension, gastroesophageal reflux disease, depression, insomnia, diabetes mellitus type-2, osteoarthritis, depression, abnormal gait, debility, neuropathy, and iron anemia. Patient complains of pain in both legs. Patient rates pain at 7/10, and is relieved with current pain medications. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-04	163	60	265.00	66.00	97.80	16.00	~	42.8	0.00

Review of Systems:

Constitutional:

Geographical Information Technology:

~~Nie przesłuchiwać~~ **Przesłuchiwać**

No ~~SECRETED~~ Bitsath

No ~~Internet~~ Cheating

Modeling A Wide Range Of Motion

No Other Mentation

No Bizarre or Bizarre

No Bleeding Gums

No Hearseness

No Use of Dentures

No Obstruction

Physical Exam:

ENDING:

Effect of the Number of Trials on the Power of the Test for the Difference Between Two Proportions With Normal Limits.

EXTREMITIES:

Supernasal Cavity-Within Normal Limits, Gums-pink, Bilateral Nasal Turbinates-Within Normal Limits .

CYMPH:

Renal Pathology (Normal Limits)-Within Normal Limits .

MUSC:

Strength, Ribs, Gallops, Withins Normal Limits .

ROM-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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<p>Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-09-25
<p>Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-09-05
<p>Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-08-22
<p>Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-07-18
<p>Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-16
<p>Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-13
<p>Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-06-23
<p>Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 12, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>DFW Primary Care PLLC</p>	Active	2016-06-17
<p>Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>DFW Primary Care PLLC</p>	Active	2016-06-16
<p>TraMADol HCl ,50 MG TABS, TAKE ONE (1) TABLET BY MOUTH TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>DFW Primary Care PLLC</p>	Active	2016-06-16
<p>TraZODone HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>DFW Primary Care PLLC</p>	Active	2016-04-27
<p>Aspirin ,325 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	2016-04-01
<p>Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-29
<p>Omega-3-acid Ethyl Esters ,1 GM CAPS, TAKE 2 CAPSULES BY MOUTH TWICE DAILY, Quantity: 120, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-29

Glimepiride ,4 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-21
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-02
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-02
Amitriptyline HCl ,75 MG TABS, TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-31
Atorvastatin Calcium ,10 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-31
Amitriptyline HCl ,75 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
AmlODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Atorvastatin Calcium ,10 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Januvia ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Omega-3-acid Ethyl Esters ,1 GM CAPS, 2 cap BID - liquid form, Quantity: 120, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
TraZODone HCl ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged daily exercise as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

OA w/chronic pain continue current plan
HTN w/vascular complications continue current plan
GERD continue current plan
Neuropathy continue current plan
DM2 w/neuropathy continue current plan
Chronic Pain Syndrome continue current pain medication
HLD continue current plan
VIT D Deficiency continue current plan
Iron Anemia continue current plan
Depression continue current plan
Insomnia continue current plan
Abnormal Gait continue to monitor
Debility continue to monitor

Medication refills as follows:

Tramadol 50 mg t.i.d.
Amlodipine 10 mg q.d.
Lisinopril 40 mg q.d.
VIT D 50,000 q weekly
Janvia 50mg qd
Ferrous Sulfate 325mg qd
Trazodone 100mg qhs

Medical Problem:

Description	Status	Start Date	End Date
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Type 2 diabetes mellitus with hyperglycemia (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-10
Complex regional pain syndrome I of other specified site (ICD10:G90.59 Complex regional pain syndrome I of other specified site) Unknown or N/A	Active	2015-10-10
Tachycardia, unspecified (ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-10
Anemia, unspecified (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-05
Major depressive disorder, single episode, severe with psychotic features (ICD10:F32.3 Major depressive disorder, single episode, severe with psychotic features) Unknown or N/A	Active	2015-10-05
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-05
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-05
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-05
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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) 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

Allergies:

Description	Status	Start Date	End Date
Penicillin. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Knee surgery - 09/2014 Unknown or N/A	Active		
C-section 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Bonyl Healhtcare Services, Inc.

Primary Justification Medical Conditions: Anemia,Depression,diabetes,hyperlipidemia,HTN

Additional Medical Conditions: Chronic pain, vitamin-d deficiency, GERD, insomnia, debility, neuropathy.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to debility and inability to self medicate currently

Certification Statement: Patient is home bound due to debility. Patient is unable to ambulate for more than few minutes or few feet without falling due to poor balance and extreme fatigue/weakness.

Signed by (NP): 16

Signed On (NP): 2016-10-04 10:38

Signed By (Physician): 18

Signed on (Physician): 2016-10-11 10:38

Form_status: finalized

Printed on 06-Nov-2016 15:30:12 pm.