

**Shirley Anderson: Patient Information**  
Patient Record Number:6032

**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:** Shirley Anderson  
**External ID:** 6032  
**DOB:** 1945-12-09  
**Sex:** Female  
**User Defined:** only Darolyn  
**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCQjZyMVg5RDc4ZU0](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCQjZyMVg5RDc4ZU0)

**Address:** 3011 Park Row Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75215  
**Country:** USA  
**Guardian's Name:** James Anderson(Husband)  
**Home Phone:** 214-565-3685  
**Street Address:** 3011 Park Row Ave  
**Apt/Suite/Other:** Apt #1123, Building #16

## Family History:

**Last Recorded On:** 12-07-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 12-07-2016.  
**Tobacco:** Never smoker    **Status:** Never  
**Alcohol:** No alcohol    **Status:** Never  
**Recreational Drugs:** No drugs    **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Work Status:** Unemployed.

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2010-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2010-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicaid Texas (SKTX0)

**Copay :**  
**Insured ID Number :** 430843812A  
**Group Number :**  
**Employer Name :** Shirley Anderson  
**Copay :**  
**Insured ID Number :** 607382991  
**Group Number :**  
**Employer Name :** Shirley Anderson

**Immunizations:**

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Follow up home visit for management of chronic conditions of asthma, hypertension, coronary artery disease, lumbago, allergic rhinitis, rheumatoid arthritis/osteoarthritis, chronic pain, hyperlipidemia, and gastroesophageal reflux disease. Patient complains of body aches and shoulder pain.

Patient is a 71-year-old female in NAD with multiple chronic conditions of asthma, hypertension, coronary artery disease, lumbago, allergic rhinitis, rheumatoid arthritis/osteoarthritis, chronic pain, hyperlipidemia, and gastroesophageal reflux disease. Patient states that she has body aches, shoulder and knee pain. Patient denies any other issues or complaints upon examination. Patient denies chest pain, headache or nausea or vomiting recently. Reviewed labs. Reviewed medications.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-31	152	82	0.00	64.00	97.80	16.00	~	0.0	0.00

### No Limitation In Range Of Motion

Description	Status	Start Date	End Date
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 15.8, Refill Quantity: 5			
Unknown or N/A	Active	2016-09-22	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Potassium Chloride ER ,10 MEQ CPR, 1 CAP PO BID, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-23
Pravastatin Sodium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-23
Potassium Chloride ER ,10 MEQ CPR, 1 CAP PO BID, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-19
Acetaminophen-Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET TWICE DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-01
Lansoprazole ,30 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-22

## 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. 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. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular complications, continue current medication.
2. Coronary artery disease, continue current plan.
3. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current medication.
4. Gastroesophageal reflux disease, continue current plan.
5. Asthma, continue current plan.
6. Chronic pain syndrome, continue current pain medication.
7. Allergic rhinitis, continue current plan.
8. Lumbago with chronic pain, continue current medication.

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
Chronic ischemic heart disease, unspecified ( ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-10-31	
Rheumatoid arthritis, unspecified ( ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2016-10-31	
Encounter for general adult medical examination without abnormal findings ( ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-09-14	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-08-16	

Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity ( ICD10:I87.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-06-30
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-30
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-17
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-17
Chronic duodenal ulcer without hemorrhage or perforation ( ICD10:K26.7 Chronic duodenal ulcer without hemorrhage or perforation) Unknown or N/A	Active	2016-03-08
Bilateral primary osteoarthritis of knee ( ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2016-03-08
Rheumatoid arthritis without rheumatoid factor, right shoulder ( ICD10:M06.011 Rheumatoid arthritis without rheumatoid factor, right shoulder) Unknown or N/A	Active	2016-01-08
Rheumatoid polyneuropathy with rheumatoid arthritis of right knee ( ICD10:M05.561 Rheumatoid polyneuropathy with rheumatoid arthritis of right knee) Unknown or N/A	Active	2015-11-09
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-11-09
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-09
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-13
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-10-13
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-13
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-13
Allergic rhinitis due to pollen ( ICD10:J30.1 Allergic rhinitis due to pollen) Unknown or N/A	Active	2015-10-13

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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:** Rapha Care Services.

**Primary Justification Medical Conditions:** hyperlipidemia,HTN

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to chronic pain and inability to self medicate correctly

**Certification Statement:** Patient is home-bound due to chronic pain. Patient is weak with poor balance and at high risk for falls.

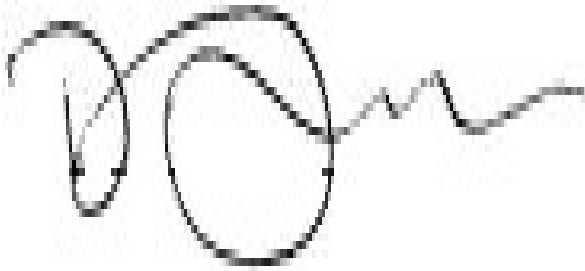
**Signed by (NP):** 16

**Signed On (NP):** 2016-10-31 03:18

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-07 03:18

**Form\_status:** finalized

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-11-07**.

Printed on 10-Dec-2016 18:42:48 pm.