

**Esther Simpson: Patient Information**  
Patient Record Number:3097

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texasphysicianhousecalls.com

**Name:** Esther B Simpson  
**External ID:** 3097  
**DOB:** 1927-02-22  
**Sex:** Female  
**S.S.:** 453-38-4646  
**Marital Status:** Widowed  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B87s7RNfUFwoUGRqSDBmLUk4azg>

**Address:** 4722 Meadow Street, Apt #1803  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75215  
**Country:** USA  
**Home Phone:** 214-928-7625  
**Work Phone:** 214-418-1844  
**Mobile Phone:** 214-628-2025  
**Street Address:** 4722 Meadow Street  
**Apt/Suite/Other:** 1803

## Past Medical History:

**Last Recorded On:** 10-23-2016.  
**Risk Factors:** Insomnia.  
**Additional Medical History:** Anorexia, gait abnormality, mild dementia, history of cancer, and blood clot in 2008..

## Family History:

**Last Recorded On:** 10-23-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Offspring:** Four children..

## Primary Family Med Conditions:

**Last Recorded On:** 10-23-2016.  
**Risk Factors:** Unknown.

## Social History:

**Last Recorded On:** 10-23-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Developmental History:** Education level 10th..  
**Other History:** Patient had physical exam in 2008 Influenza in 2014 and 2015.

## Tests and Exams:

**Last Recorded On:** 10-23-2016.  
**Vitamin D (6 mo if on pills)** Normal Done on 07/23/2014, at Evolution health laboratory services,

ordered by Dr. Sumana Ketha

**TSH Thyroid-Stimulating Hormone (every year)** Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

**LIPIDS (once year unless chol meds)** Abnormal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

**UA - Urinalysis - (Yearly - HH primary responsibility)** Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

**Urine Culture (prn)** Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

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

**Cardiac Echo** Normal Done on 01/02/2015, at Reliance Imaging, ordered by Dr. Sumana Ketha

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary

**Start Date :** 2010-01-01

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicare B Texas (SMTX0)

**Priority :** Secondary

**Start Date :** 2011-10-25

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Priority :** Secondary

**Start Date :** 2015-09-21

**Relationship to Insured :** Self

**Type :** N/A

**Payer :** Medicaid Texas (SKTX0)

**Copay :**

**Insured ID Number :** 453384646A

**Group Number :**

**Employer Name :** Esther Simpson

**Copay :**

**Insured ID Number :** 522636644

**Group Number :**

**Employer Name :** Esther Simpson

**Copay :**

**Insured ID Number :** 522636644

**Group Number :**

**Employer Name :** Esther Simpson

## Immunizations:

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Follow up home visit for management of chronic conditions of hypertension, diabetes type 2, constipation, Abnormal Gait, Visual Impairment, Alzheimer's Dz, Dementia, CAD, Depression, Debility, osteoarthritis, vertigo and insomnia. Patient complains of not sleeping well at night.

Patient is a 89-year-old female with multiple chronic conditions of hypertension, diabetes type 2, osteoarthritis, vertigo and insomnia. Patient states that she has not been able to stay asleep at night. Patient denies any caffeine, tv prior to bed. Patient denies any sleeping during the day. Patient denies other issues upon examination. Patient denies pain at this time. Patient denies CP, HA or N V recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-15	142	78	0.00	66.00	98.40	16.00	~	0.0	0.00

**History of Present Illness:**  
 On 11/15/2022, the patient presented to the ED with a 2-day history of chest pain. The pain is described as a pressure, located in the substernal area, and is exacerbated by exertion. The patient reports no associated shortness of breath, sweating, nausea, or vomiting. The pain is not relieved by rest or over-the-counter pain medication. The patient has no known risk factors for cardiovascular disease, including smoking, hypertension, diabetes, or hyperlipidemia. The patient is on no current medications and has no known allergies. The patient's last menstrual period was 4 weeks ago, and there is no history of recent sexual activity or pregnancy. The patient's diet and exercise routine are unchanged from baseline. The patient is currently on no medications and has no known allergies.

Description	Status	Start Date	End Date
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Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-16
Mirtazapine ,15 MG TABS, TAKE 1 1/2 TABLETs AT BEDTIME, Quantity: 135, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-15
Lasix ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-08
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Mirtazapine ,15 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26

## Plan Note:

### Plan Note Status:Finalized

Continue with treatment as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient and the patient educated on the 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. 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 family. Prognosis is fair and patient is stable.

Insomnia continue current plan  
Alzheimer's Dz continue current plan  
Dementia continue current plan  
HTN w/ vascular complications continue current plan  
DM2 w/neuropathy continue current plan  
Chronic Vertigo continue current plan  
Constipation continue current plan  
Abnormal Gait continue current plan  
Visual Impairment continue to monitor  
CAD continue current plan  
Depression continue current plan  
Debility continue to monitor

Medication refills as follows :  
Mirtazapine 15 mg 1 1/2tab qhs  
Lasix 20mg qd  
Lisinopril 20mg qd

## Medical Problem:

Description	Status	Start Date	End Date
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Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Constipation, unspecified ( ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01
Dizziness and giddiness ( ICD10:R42 Dizziness and giddiness) Unknown or N/A	Active	2015-10-01
Dermatophytosis of nail ( ICD10:B35.1 Tinea unguium) Unknown or N/A	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
Osteoarthritis, unspecified whether generalized or localized, site unspecified ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Arthropathy, unspecified, site unspecified ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01
Malignant hypertensive heart disease without heart failure ( ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Profound impairment, both eyes, impairment level not further specified ( ICD10:H54.0 Blindness, both eyes) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of native coronary artery ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Alzheimer's disease ( ICD10:G30.9 Alzheimer's disease, unspecified) Unknown or N/A	Active	2015-10-01
Dementia in conditions classified elsewhere without behavioral disturbance ( ICD10:F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Legal blindness, as defined in U.S.A. ( ICD10:H54.8 Legal blindness, as defined in USA) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Unspecified 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
Dementia, unspecified, without behavioral disturbance ( ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01

Depressive disorder, not elsewhere classified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Anorexia ( ICD10:R63.0 Anorexia) 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
Debility, unspecified ( ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01
Disorder of bone and cartilage, unspecified ( ICD10:M89.9 Disorder of bone, unspecified) ( ICD10:M94.9 Disorder of cartilage, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01

## Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

## Surgeries:

Description	Status	Start Date	End Date
Toe Surgery in 2005 Unknown or N/A	Active		
Tonsillectomy Unknown or N/A	Active		
Hospitalized for blood clot in 2008 Unknown or N/A	Active		
Back surgery 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:** KOC home health care

**Primary Justification Medical Conditions:** Alzheimers,Asthma,Depression,diabetes,HTN,Mobility\_Impairments

**Additional Medical Conditions:** Debility, abnormal gait, insomnia

**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 dementia and debility and inability to self medicate

**Certification Statement:** Patient is home bound due to dementia and debility. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-15 05:52

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-22 05:52

**Form\_status:** finalized

DME:

Description	Status	Start Date	End Date
Gloves Unknown or N/A	Active		
Probe covers Unknown or N/A	Active		
Alcohol Pads Unknown or N/A	Active		

Procedure Order:

Patient ID	3097	Order ID	929
Patient Name	Simpson, Esther B	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

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