

Bertha Green: Patient Information
Patient Record Number:5945

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: Bertha Green

External ID: 5945

DOB: 1950-03-09

Sex: Female

S.S.: 452-92-9033

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfkg2QVJfdk9WM3V6eFVZWfVTZmJLcVpTT240NjhMS1I3TWZRa2tqMkFqRUU

Address: 3928 Kingsford Ave

City: Dallas

State: Texas

Postal Code: 75227

Country: USA

Guardian's Name: Serrail Patrick (Niece)

Emergency Phone: 469-328-6558

Home Phone: 214-275-3990

Street Address: 3928 Kingsford Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 07-21-2016.

Father: Father died of hypertension and diabetes..

Mother: Mother is alive with DM2, HTN, and HLD..

Offspring: Patient is a widow and has no children..

Other Family Relative: Aunt,nephew, cousin and grandmother has history of cancer.

Primary Family Med Conditions:

Last Recorded On: 07-21-2016.

Chronic Conditions: Diabetes,Hyperlipidemia,Hypertension.

Social History:

Last Recorded On: 07-21-2016.

Tobacco: Never smoker Nonsmoker. **Status:** Never

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

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

Nutrition History: Regular.

Developmental History: Educational level is 10th grade..

Other History: Denies flu shot and pneumonia. .

Tests and Exams:

Last Recorded On: 07-21-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2004-03-01
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)

Copay :
Insured ID Number : 452929033A
Group Number :
Employer Name : Bertha Green
Copay :
Insured ID Number : 452929033A
Group Number :
Employer Name : Bertha Green

Immunizations:

Bertha Green: Chief Complaint
Patient Record Number:5945

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

Seen by Derrick Love-Jones
Seen on 06-July-2016

Chief Complaint Status:finalized

Followup home visit for a prevention and management of Parkinson disease, hypertension, diabetes mellitus type 2, gastroesophageal reflux disease, hyperlipidemia, insomnia, congestive heart failure, depression, coronary artery disease, rheumatoid arthritis/osteoarthritis with chronic pain and chronic pain syndrome. Patient complains of pain in back, knees and lower extremities after a fall at home.

History of Present illness:

HPI Status:Finalized

A 66-year-old African-American female in NAD multiple chronic conditions of the following: Parkinson disease, hypertension, diabetes mellitus type 2, gastroesophageal reflux disease, hyperlipidemia, insomnia, congestive heart failure, depression, coronary artery disease, rheumatoid arthritis/osteoarthritis with chronic pain and chronic pain syndrome. Patient has a history of falls at home but denies any loss of consciousness or major trauma. Patient states that she has pain in her back, knees and lower extremities from the fall. Patient states she had a fall about 2 weeks ago and was taken to ER for an evaluation. Patient denies any other issues upon examination. Patient denies any hypoglycemia and a foot checked revealed no other issues. Patient denies any chest pain, headache or nausea/vomiting recently. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-06	160	73	238.00	65.00	97.60	20.00	~	0.0	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Loss

No Weight Gain

No Fatigue

No Anorexia

No Polyphagia

No Polydipsia

No Change In Appetite

No Migraines

Physical Exam:

HEENT:

ENT - Within Normal Limits .

EXTRINSIC:

Extremities - Within Normal Limits .

CV:

CV - Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
-------------	--------	------------	----------

Aspirin EC ,81 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Potassium Chloride ER ,10 MEQ CPR, Take two capsules by mouth every day with food, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-30
Citalopram Hydrobromide ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-29
TraZODone HCl ,50 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-29
Meloxicam ,15 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Metoprolol Tartrate , 50 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Amoxicillin-Pot Clavulanate ,875-125 MG TABS, TAKE 1 TABLET TWICE DAILY UNTIL FINISHED, Quantity: 14, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-10
Benzotropine Mesylate ,1 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
Metoprolol Tartrate , 50 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
Omega-3-acid Ethyl Esters ,1 GM CAPS, TAKE 1 CAPSULE BY MOUTH DAILY EVERY MORNING BEFORE BREAKFAST, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-26
Omeprazole ,20 MG CPDR, TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-04
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-28
Omeprazole ,20 MG CPDR, TAKE ONE (1) CAPSULE BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-28
Aspirin EC ,81 MG TBEC, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-12-03

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2015-10-19
Aspir-81 ,81 MG TBEC, 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
Benzotropine Mesylate ,1 MG TABS, TAKE 1 TABLET TWICE DAILY AS DIRECTED, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Citalopram Hydrobromide ,20 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
Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
GlipiZIDE ER ,10 MG TB24, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Lovaza ,1 GM CAPS, TAKE 1 CAPSULE DAILY EVERY MORNING BEFORE BREAKFAST, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Meloxicam ,15 MG TABS, one tab once a day, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
MetFORMIN HCl ,500 MG TABS, take 1 tab by mouth twice daily, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Metoprolol Tartrate ,50 MG TABS, QD, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Omeprazole ,20 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Simvastatin ,40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03
Tramadol-Acetaminophen ,37.5-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-08-03

TraZODone HCl ,50 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

Plan Note:

Plan Note Status:Finalized

1. Rheumatoid arthritis/osteoarthritis with chronic pain continue current plan. Continue PT/OT.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Congestive heart failure with systolic complications, stable.
4. Chronic pain syndrome, currently on pain medications.
5. Insomnia, stable on medications.
6. Gastroesophageal reflux disease, continue current plan
7. Coronary artery disease, stable.
8. Hyperlipidemia, check the lipids at regular intervals.
9. Parkinson's disease, continue current plan
10. Generalized anxiety disorder, continue current plan.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-05	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-05	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-05	
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, unspecified whether generalized or localized, other specified sites (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) 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
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active	
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Active	
Chronic ischemic heart disease, unspecified (ICD9:414.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	
Other and unspecified hyperlipidemia (ICD9:272.4 Other and unspecified hyperlipidemia) Unknown or N/A	Active	
Rheumatoid arthritis (ICD9:714.0 Rheumatoid arthritis) Unknown or N/A	Active	
Generalized anxiety disorder (ICD9:300.02 Generalized anxiety disorder) Unknown or N/A	Active	
Secondary parkinsonism (ICD9:332.1 Secondary parkinsonism) Unknown or N/A	Active	
Unspecified cataract (ICD9:366.9 Unspecified cataract) 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
Cataract surgery at 20 years 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: Bonyl Home healthcare

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

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 bipolar and inability to self medicate correctly.

Certification Statement: Patient is home bound due to bipolar. Patient has unsteady ambulation with poor balance and extreme fatigue and weakness.

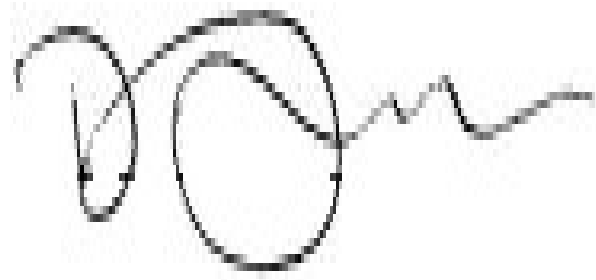
Signed by (NP): 16

Signed On (NP): 2016-07-06 04:17
Signed By (Physician): 18
Signed on (Physician): 2016-07-13 04:17
Form_status: finalized
Printed: NO

Procedure Order:

Patient ID	5945	Order ID	695
Patient Name	Green, Bertha	Ordered By	Love-Jones, Derrick
Order Date	2016-09-03	Print Date	2016-09-03
Order Status	complete	Encounter Date	2016-09-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-03		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-12**.

Printed on 03-Sep-2016 14:11:57 pm.