

Priscilla Simpson: Patient Information
Patient Record Number:6040

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: Priscilla Simpson
External ID: 6040
DOB: 1955-06-09
Sex: Female

Address: 12245 Galva Dr
City: Dallas
State: Texas
Postal Code: 75243-3705
Country: USA
Emergency Phone: 214-407-3129
Mobile Phone: 214-484-8068
Street Address: 12245 Galva Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 08-18-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 08-18-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 515990434
Group Number :
Employer Name : Priscilla Simpson

Immunizations:

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Description	Status	Start Date	End Date
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Cyclobenzaprine HCl ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM, Quantity: 90, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-08
Penicillin V Potassium ,250 MG TABS, TAKE 2 TABLETS TWICE DAILY, Quantity: 40, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-15
Penicillin V Potassium ,250 MG TABS, TAKE 2 TABLETS TWICE DAILY, Quantity: 40, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-14
Ibuprofen ,800 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-25
Norco ,10-325 MG TABS, TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-10
Ibuprofen ,800 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	2016-02-16
Norco ,10-325 MG TABS, TAKE 1 TABLET 4 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-02-10
NexIUM ,40 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	2016-01-07
Fluticasone Propionate ,50 MCG/ACT SUSP, USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY, Quantity: 1, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-09
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-09

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications no new medications noted this visit. Medication adherence education was given to patient and patient educated on the benefits of low salt, low-fat, low cholesterol diet 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. The patient verbalize understanding of the above client and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Pharyngitis, complete antibiotics
2. Hypertension, continue current plan.
3. Osteoarthritis/rheumatoid arthritis, continue current plan.
4. Chronic pain, continue current plan.
5. Chronic obstructive pulmonary disease, continue current plan.
6. Hyperlipidemia, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Congestive heart failure, continue with current plan.

Medical Problem:

Description	Status	Start Date	End Date
Acute pharyngitis, unspecified (ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-05-26	
Chronic pharyngitis (ICD10:J31.2 Chronic pharyngitis) Unknown or N/A	Active	2016-04-13	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-01-06	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-01-06	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-12-08	
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-12-08	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-12-08	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-12-08	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-12-08	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-11-05	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2015-11-05	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-11-05	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-11-05	
Rheumatoid arthritis, unspecified (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-11-05	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing not needed

Certification Statement:

Signed by (NP): 302

Signed On (NP): 2016-06-27 05:16

Signed By (Physician): 18
Signed on (Physician): 2016-06-29 05:16
Form_status: finalized

Printed on 11-Sep-2016 19:23:25 pm.