

Rebertha West: Patient Information
Patient Record Number:1119

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: Rebertha West
External ID: 1119
DOB: 1937-02-15
Sex: Female
S.S.: 450-98-3344
Marital Status: Widowed
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5UGxXOGx5THgwbnc>

Address: 7575 Chaucer Place #101
City: Dallas
State: Texas
Postal Code: 75237
Country: USA
Home Phone: 972-296-7175
Street Address: 7575 Chaucer Place
Apt/Suite/Other: 101

Past Medical History:

Last Recorded On: 12-04-2016.
Risk Factors: GERD.

Family History:

Last Recorded On: 12-04-2016.
Father: Father had heart disease..
Mother: Mother had diabetes mellitus type 2, hypertension, and blindness..
Siblings: Sister had cancer. Brother had heart disease..
Offspring: Four children..

Primary Family Med Conditions:

Last Recorded On: 12-04-2016.
Chronic Conditions: Diabetes,Hypertension,Ischemic Heart Disease.
Disability Conditions: Sensory - Blindness and Visual Impairment.

Social History:

Last Recorded On: 12-04-2016.
Tobacco: Never smoker Nonsmoker. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level 7th grade..
Work Status: Disabled.
Other History: Patient is a widow. She uses walker.She lives alone and takes help of her children..

Tests and Exams:

Last Recorded On: 12-04-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 08/14/2014 at Evolution Health Laboratory, ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 08/14/2014 at Evolution Health Laboratory, ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Abnormal

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 08/14/2014 at Evolution Health Laboratory, ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) N/A Done on 08/14/2014 at Evolution Health Laboratory, ordered by Dr. Sumana Ketha.

Mammogram (>40yrs, Yearly) N/A Done in 2015.

Sigmoid/Colonoscopy N/A Done longtime ago.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2002-02-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2011-02-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Priority : Secondary

Start Date : 2015-05-14

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 450983344A

Group Number :

Employer Name : Rebertha West

Copay :

Insured ID Number : 515888560

Group Number :

Employer Name : Rebertha West

Copay :

Insured ID Number : 515888560

Group Number :

Employer Name : Rebertha West

Immunizations:

Rebertha West: Chief Complaint
Patient Record Number:1119

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Seen by Derrick Love-Jones
Seen on 26-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of allergic rhinitis, hypothyroidism, asthma, osteoarthritis, hyperlipidemia, chronic pain, overactive bladder, gastroesophageal reflux disease, coronary artery disease, urinary incontinence, factor XI deficiency, and hypertension. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

A 79-year-old African American female in NAD with multiple chronic conditions of hypothyroidism, asthma, osteoarthritis, hyperlipidemia, coronary artery disease, and hypertension. Patient continues to complain of pain in her knees at 7/10. Patient denies any new issues upon examination. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-26	145	69	232.00	64.00	97.80	16.00	~	39.8	0.00

Review of Systems:

Constitutional:

No Weight Change
No Fever
No Chills
No Night Sweats
No Fatigue
No Anorexia
No Blurred Vision
No Incontinence

Physical Exam:

HEENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

EENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

ENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

CV:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

RESP:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

GI:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, Lymphadenopathy-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Cyclobenzaprine HCl ,10 MG TABS, Take 1 Tablet By Mouth Twice Daily As Needed, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07
Aspercreme Heat ,10 % GEL, APPLY TO BOTH KNEES AT LEAST 8 HOURS APART, Quantity: 141.6, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09
Analgesic Cream/Aloe ,10 % CREA, APPLY AS DIRECTED, Quantity: 85, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-24
Levothyroxine Sodium ,125 MCG TABS, TAKE 1 TABLET EVERY MORNING, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-12-03

Plan Note:

Plan Note Status:Finalized

Continue with current treatment plan and medication adherence. Medication adherence education was given to the patient. No refills. Patient was educated on 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
2. Chronic obstructive pulmonary disease/asthma, continue current plan.
3. Generalized anxiety disorder, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Epilepsy, continue current plan.
7. Insomnia, continue current plan.
8. Urinary incontinence, continue current plan.
9. Factor XI, continue current plan.
10. Allergic rhinitis, continue current plan.
11. Coronary artery disease, continue current plan.
12. Gastroesophageal reflux disease, continue current plan.
13. Hyperlipidemia, continue current plan.
14. Cerebrovascular effects, continue to monitor.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	
Hypertonicity of bladder (ICD10:N32.81 Overactive bladder) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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
Osteoarthritis, localized, not specified whether primary or secondary, pelvic region and thigh (ICD10:M16.9 Osteoarthritis of hip, unspecified) Unknown or N/A	Active	2015-10-01
Difficulty in walking (ICD10:R26.2 Difficulty in walking, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Chronic obstructive asthma with status asthmaticus (ICD10:J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection) 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
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Extrinsic asthma, unspecified (ICD10:J45.20 Mild intermittent asthma, uncomplicated) 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
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Functional urinary incontinence (ICD10:R39.81 Functional urinary incontinence) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Malignant essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Coronary atherosclerosis due to lipid rich plaque (ICD10:I25.83 Coronary atherosclerosis due to lipid rich plaque) Unknown or N/A	Active	2015-10-01
Osteoarthritis, localized, not specified whether primary or secondary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01
Congenital factor XI deficiency (ICD10:D68.1 Hereditary factor XI deficiency) Unknown or N/A	Active	2015-10-01

Chronic pain syndrome
(ICD9:338.4 Chronic pain syndrome)
Unknown or N/A

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy Unknown or N/A	Active	2015-02-26	
Colosystectomy Unknown or N/A	Active	2015-02-26	
Hospitalized at Methodist Charlton Hospital for Blood Clots in 2015. 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: Friendly Healthcare Services, LLC

Primary Justification Medical Conditions: Hypothyroidism,hyperlipidemia,Rheumatoid Arthritis Osteoarthr.Asthma,Heart Disease

Additional Medical Conditions: Chronic pain and difficulty in walking.

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 multiple complex disease and patient lack of knowledge on how to manage the disease process and medications.

Certification Statement: Patient is home bound due to advanced age, difficulty walking and chronic pain. Patient has unsteady painful ambulation with poor balance and increased risk for falls. Pain medication impairs safety to drive or leave home alone. Patient has limited mobility due to pain.

Signed by (NP): 16

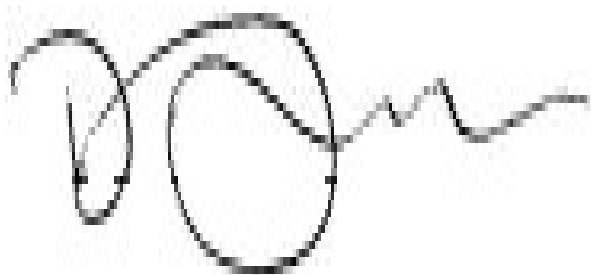
Signed By (Physician): 18

Form status: finalized

Procedure Order:

Patient ID	1119	Order ID	1055
Patient Name	West, Rebertha	Ordered By	Love-Jones, Derrick
Order Date	2016-12-04	Print Date	2016-12-04
Order Status	complete	Encounter Date	2016-12-04
Lab	JHH Agency	Specimen Type>	

[illegible]

A handwritten signature in black ink, consisting of a series of loops and a wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-11-02**.

Printed on 04-Dec-2016 19:57:09 pm.