

Nollie Hamilton: Patient Information
Patient Record Number:6098

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: Nollie L Hamilton
External ID: 6098
DOB: 1930-12-02
Sex: Female
S.S.: 467383125

Address: 1618 Mentor Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mobile Phone: 214-254-7683
Street Address: 1618 Mentor Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-10-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 11-10-2016.
Tobacco: Never smoker Nonsmoker. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Diabetic diet..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2003-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 467383125D
Group Number :
Employer Name : Nollie Hamilton

Immunizations:

Nollie Hamilton: Chief Complaint
Patient Record Number:6098

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

Chief Complaint Status:finalized

Open visit to find a following chronic medical conditions: HTN, DM2, HLD, CAD, Chronic Pain Syndrome, Hemiplegia, Heart Failure and Abnormal Gait. Patient complains of falling at home.

History of Present illness:

HPI Status:Finalized

Patient is an 85-year-old female with multiple chronic conditions of hypertension, hyperlipidemia, diabetes 2, and chronic pain. Patient has history of falls and has had 2 falls in the last 5 days. Patient denies she has not had any LOC or had any serious injuries that required hospitalization. Patient did not go to ER for evaluation. Patient denies any pain at this time. Patient denies chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-06	150	84	138.00	61.00	98.20	16.00	~	26.1	0.00

Review of Systems:

Constitutional:

Geometrische Optik:

No Chest Pain

No Significant Interactions

No. 51-15146-6 Beech

No ~~Substantive~~ Emergency

Need For Reading Glasses Of Motion YES

No Incontinence

Physical Exam:

GENRO:

[illegible]

FRISCH:

Normal/Absent in Limits and Discrete Allowance Criteria 3- Within Normal Parameters Nasal Turbinates-Within Normal Limits

ENT:

Blank Areas To Be Filled Within Normal Limits .

NECK:

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

CV:

RRR-Within Normal Limits .

RESP:

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

Gl:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
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AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-09
Losartan Potassium ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-09

Plan Note:

Plan Note Status:Finalized

Continue with treatment and medication adherence. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Discussed the treatment plan with the patient. Reviewed old records of the patient. Follow up appointment in 4-6 weeks. Prognosis is fair and patient is stable.

HTN w/vascular complications continue current plan
DM2 w/neuropathy continue current plan
CAD continue current plan
HLD continue current plan
Chronic Pain Syndrome continue current pain medication
Hemiplegia continue current plan
Heart Failure continue current plan
Abnormal Gait continue to monitor

Medication refills as follows:

Losartan 50mg qd
Amlodipine 5mg qd

Medical Problem:

Description	Status	Start Date	End Date
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	2016-10-06	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-10-06	
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	2016-09-07	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-04-17	
Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side (ICD10:I69.954 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side) Unknown or N/A	Active	2016-02-29	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-02-17	
Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side (ICD10:I69.854 Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side) Unknown or N/A	Active	2016-02-17	

Other abnormalities of gait and mobility (ICD10:R26.89 Other abnormalities of gait and mobility) Unknown or N/A	Active	2016-02-17
Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris (ICD10:I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris) Unknown or N/A	Active	2016-02-17
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-10
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-02-10
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-02-10
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-02-10
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-10

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: Bonyl Home Healthcare

Primary Justification Medical Conditions: Mobility_Impairments,hyperlipidemia,HTN,diabetes

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 increase in falling and inability to self medicate. Patient has lack of knowledge of the disease process and need assistance and education.

Certification Statement: Patient is home bound due to chronic pain and increase in fall. Patient is weak with poor balance and at risk for more falls. Patient has a fall history and has to hold on to furniture when ambulating.

Signed by (NP): 16

Signed On (NP): 2016-10-06 03:37

Signed By (Physician): 18

Signed on (Physician): 2016-10-12 03:37

Form_status: finalized

Printed on 10-Nov-2016 21:41:31 pm.