Doris Robinson: Patient Information

Patient Record Number:6242

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: Doris J Robinson External ID: 6242 **DOB**: 1946-09-14 Sex: Female S.S.: 460-72-0886 Marital Status: Widowed

Address: 400 E Wintergreen Rd

City: DeSoto, State: Texas Postal Code: 75115 Country: USA

Mobile Phone: 972-228-8990

Street Address: 400 E Wintergreen Rd

Apt/Suite/Other: APT#324

Family History:

Last Recorded On: 11-23-2016.

Father: Father deceased of hypertension and congestive heart failure..

Mother: Mother deceased with breast cancer..

Siblings: Two brothers, one died with colon cancer and another was murdered..

Offspring: One son who is alive and complains of hypertension..

Social History:

Last Recorded On: 11-23-2016.

Tobacco: Smokes one packet per day. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level is 10th grade..

Other History: Influenza taken 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary **Start Date**: 1997-01-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Copay:

Insured ID Number: 460720886A

Group Number:

Employer Name: Doris Robinson

Immunizations:

Doris Robinson: Chief Complaint Patient Record Number:6242 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 02-August-2016

Chief Complaint Status: finalized

New it meant to service to prevent further decline of the following chronic medical conditions of hypertension, osteoarthritis, gastroesophageal reflux disease, neuropathy, and abnormal gait. Patient complains of knee pain and difficulty walking.

History of Present illness:

HPI Status:Finalized

A 69-year-old African-American female in NAD with multiple chronic conditions of the following hypertension, osteoarthritis, gastroesophageal reflux disease, neuropathy, and abnormal gait. Patient states that she has had knee pain, hip pain since her MVA in 2015. Patient states she had pain in her knees before her MVA, but that the accident caused more pain. Patient states that she does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|------|------|-------------|-------|------|-----|-----------|
| 2016-08-02 | 118 | 94 | 0.00 | 0.00 | 98.20 | 18.00 | ~ | 0.0 | 0.00 |

Review of Systems:

Constitutional:

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No Chairman Market Spe Of Motion

No Diagnatie es

No Constipation

Physical Exam:

SECOMITIES:

Section 1. The Company of the Compan

Production and Company of the Compa

CV:

REPRESENTATION OF THE PROPERTY OF THE PROPERTY

RESP:

Lungs CTAB-Within Normal Limits .

 $\label{lem:Respirator} \textbf{Respirator Effort Unlabored-Within Normal Limits} \; .$

Medication:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Triamterene-HCTZ ,37.5-25 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY WITH FOOD, Quantity: 30, Refill Quantity: 3 | | | |
| Unknown or N/A | Active | 2016-08-03 | |
| by Jones, Derrick - MJ3217331 | | | |
| Texas Physician House Calls | | | |

Verapamil HCI ER ,240 MG TBCR, 1 TAB IN MORNING 1/2 TAB IN EVENING, Quantity: 45, Refill Quantity: 1

Unknown or N/A

by Jones, Derrick - MJ3217331

Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

- 1. Continue same treatment plan his previous provided.
- 2. Reviewed and continue same medications, no new medications noted this visit.
- 3. Medication adherence education was given to the patient.
- 4. The patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions.
- 5. 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.

Inactive

2016-08-03

- 6. Patient encouraged to exercise daily as tolerated.
- 7. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL.
- 8. Osteoarthritis with chronic pain, continue current plan.
- 9. Hypertension with vascular complications continue current plan.
- 10. Neuropathy, continue current plan.
- 11. Gastroesophageal reflux disease, continue current plan.
- 12. Abnormal Gait continue to monitor.
- 13. Patient verbalized understanding of the above plan was given the office number for any questions or concerns.
- 14. Prognosis is fair and patient is stable.
- 15. Reviewed old records of the patient.
- 16. Follow up appointment in 4-6 weeks.

Medication refills as follows: Verapamil 240 mg 1 tab am 1/2 tab p.m. Gabapentin 600 mg b.i.d. Omeprazole 20 mg q.d. Triamterene/HCTZ 37.5/25 mg q.d.

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A | Active | 2016-08-02 | |
| Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2016-08-02 | |
| Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A | Active | 2016-08-02 | |
| 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 | 2016-08-02 | |
| Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A | Active | 2016-08-02 | |
| Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A | Active | 2016-08-02 | |
| Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A | Active | 2016-08-02 | |

Allergies:

| 5 1 1 | |
|--|--|
| Description Status Start Date End Date | |

Surgeries:

| Descript | ion | Status | Start Date | End Date |
|--|-----|--------|------------|----------|
| Tonsillectomy as child Unknown or N/A | | Active | | |
| Hysterectomy. Unknown or N/A | | Active | | |
| Appendectomy. Unknown or N/A | | Active | | |
| MVA in 2015. Unknown or N/A | | Active | | |
| Cyst (benign) left breast. Unknown or N/A | | Active | | |
| Lump removal right breast. 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: Cardinal Home Health

Primary Justification Medical Conditions: HTN,Rheumatoid Arthritis_Osteoarthr

Additional Medical Conditions: Abnormal Gait, Neuropathy, GERD

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to severe chronic pain, difficulty walking and then ability

to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-08 01:53 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-09 02:11

Form_status: finalized

Procedure Order:

| Patient ID | 6242 | Order ID | 784 |
|--------------|-------------------|----------------|---------------------|
| Patient Name | Robinson, Doris J | Ordered By | Love-Jones, Derrick |
| Order Date | 2016-11-24 | Print Date | 2016-11-24 |
| Order Status | complete | Encounter Date | 2016-11-24 |
| Lab | .HH Agency | Specimen Type> | |

| Ordered Procedure | Report | | | | Results | | | | | | |
|---------------------|------------|----------|---------|------|---------|----------------|-----|-------|-------------|-------|------|
| | Reported | Specimen | Status | Note | Code | Name | Abn | Value | Range | Units | Note |
| 026: Pulse Oximetry | 2016-11-24 | | Final ✓ | | 0097 | Pulse Oximetry | No | 98% | 97% to 100% | | |



Electronically Signed by **Derrick Love-Jones** on **2016-08-09**.

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