

Elvira Drennon: Patient Information
Patient Record Number:921

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: Elvira Drennon
External ID: 921
DOB: 1952-01-03
Sex: Female
S.S.: 461-90-0138
Marital Status: Single
User Defined: Lives with Cedric Green

Address: 2331 Kathleen Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-484-9157
Work Phone: 214-723-1390
Mobile Phone: 469-650-2992
Street Address: 2331 Kathleen Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-19-2016.
Father: Unknown..
Mother: Mother had cerebrovascular affects. .

Social History:

Last Recorded On: 11-19-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1991-05-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-03-19
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 461900138A
Group Number :
Employer Name : Elvira Drennon
Copay :
Insured ID Number : 519224256
Group Number :
Employer Name : Elvira Drennon

Immunizations:

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Description	Status	Start Date	End Date
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-28	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lasix ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-28
MetFORMIN HCl ,500 MG TABS, TAKE 1 TABLET 30 MINUTES BEFORE BREAKFAST DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-15
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-05

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 was given to the patient and the patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to the 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 as tolerated. No labs needed this visit. Patient was given card with number to the office for any questions or concerns. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Edema of Lower Extremities continue current plan
DM2 w/neuropathy continue current plan
HTN w/vascular complications continue current plan
CHF w/systolic complications continue current plan
Chronic Pain Syndrome continue current pain medication
CVA Effects continue to monitor
Neuropathy continue current plan
Gout continue current plan
PVD continue current plan
Anxiety continue current plan

Medication refills as follows:

Allopurinol 10 mg q.d.
Lisinopril 40mg qd
IBU 800mg bid
HCTZ 12.5mg qd
Metformin 500 mg q.d.
Norco 10/325mg tid
Xanax 0.5mg tid
Lasix 20mg qd

Medical Problem:

Description	Status	Start Date	End Date
Localized edema (ICD10:R60.0 Localized edema) Unknown or N/A	Active	2016-10-27	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-09-14	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-09-14	
Pressure ulcer of right buttock, stage 2 (ICD10:L89.312 Pressure ulcer of right buttock, stage 2) Unknown or N/A	Active	2016-09-04	
Diabetes mellitus due to underlying condition with diabetic polyneuropathy (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-09-04	

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	2016-07-27
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-27
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-27
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-27
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27
Hypertensive heart disease with heart failure (ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2016-07-06
Chronic combined systolic (congestive) and diastolic (congestive) heart failure (ICD10:I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-07-06
Type 1 diabetes mellitus with diabetic polyneuropathy (ICD10:E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2016-07-06
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-07-06
Acute, but ill-defined, cerebrovascular disease (ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) 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 mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Cerebrovascular effects. 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: LG Charity Home Health

Primary Justification Medical Conditions: diabetes,hyperlipidemia,HTN,Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr,Stroke

Additional Medical Conditions: CHF, Wheelchair Bound, Depression, CVA Effects

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to mobility issues, wheelchair-bound, and inability 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): 2016-10-27 02:44

Signed By (Physician): 18

Signed on (Physician): 2016-11-03 02:45

Form_status: finalized

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