

Ruthie Morgan: Patient Information
Patient Record Number:6124

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: Ruthie Morgan
External ID: 6124
DOB: 1960-01-08
Sex: Female
S.S.: 461291173
Patient Drive Folder: 0B0x_tbqdBDPhOExUdmVwekxsXzA

Address: 1863 W Mockingbird LN
City: Dallas
State: Texas
Postal Code: 752355050
Country: USA
Emergency Phone: 214-966-6731
Home Phone: 469-994-8318
Mobile Phone: 214-780-9219
Street Address: 1863 W Mockingbird LN
Apt/Suite/Other: 416

Family History:

Last Recorded On: 01-26-2017.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 01-26-2017.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular.
Developmental History: Well..

Tests and Exams:

Last Recorded On: 01-26-2017.
Vitamin D (6 mo if on pills) Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.
HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.
LIPIDS (once year unless chol meds) Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.
LDL / HDL Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.
UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.

Urine Culture (prn) Normal Done on 03/23/2016, at Evolution Lab, Ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2005-04-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2016-10-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2011-12-01

Relationship to Insured : Self

Type : N/A

Payer : Molina Healthcare of Texas (Z1161)

Copay :

Insured ID Number : 461291173A

Group Number :

Employer Name : Ruthie Morgan

Copay :

Insured ID Number : 461291173A

Group Number :

Employer Name : Ruthie Morgan

Copay :

Insured ID Number : 276059901

Group Number :

Employer Name : Ruthie Morgan

Immunizations:

Ruthie Morgan: Chief Complaint
Patient Record Number:6124

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Seen by Darolyn Perkins
Seen on 15-December-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline of chronic conditions of gout, hypertension, neuropathy, spondylosis, anxiety, hepatitis C, and insomnia. Patient complains of dizziness and ear problems.

History of Present illness:

HPI Status:Finalized

Patient is a 56-year-old female with multiple chronic conditions of gout, spondylosis, hepatitis C, insomnia, hypertension, chronic pain, neuropathy, and anxiety. Patient states that she has a history of lower back pain. Patient states her pain is 7/10. Patient states pain is controlled with pain medication. Patient denies chest pain, headache and nausea and vomiting. Patient complains of dizziness.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-15	163	106	106.00	62.00	98.20	18.00	~	19.4	0.00

Review of Systems:

Constitutional:

Weight: Stable
Appetite: Stable
Energy: Stable
Insomnia: Stable
Depression: Stable
Anxiety: Stable
Headache: Stable
Nausea and Vomiting: Stable
History of Illness: Stable

Physical Exam:

HEENT:

Normal Limits .

EXTREMITIES:

Normal Limits .

CV:

Normal Limits .

Peripheral Edema-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Clobetasol Propionate ,0.05 % CREA, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 60, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-15	
Vitamin D (Cholecalciferol) ,1000 UNIT TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-12-15	

Pataday ,0.2 % SOLN, USE 1 DROP IN EACH EYE EVERY DAY, Quantity: 2.5, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-11-23
AmLODIPine Besylate ,2.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-10
Diovan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-10
QUetiapine Fumarate ,300 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-10
Amoxicillin ,500 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 21, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-21
Tessalon Perles ,100 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-21
Cyproheptadine HCl ,4 MG TABS, TAKE 1 TABLET EVERY 8 HOURS DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16
Ammonium Lactate ,12 % LOTN, APPLY TO THE AFFECTED AREA TWICE DAILY AS DIRECTED, Quantity: 400, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-12
Pataday ,0.2 % SOLN, USE 1 DROP IN EACH EYE EVERY DAY, Quantity: 2.5, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-12
AmLODIPine Besylate ,2.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-19
Cyproheptadine HCl ,4 MG TABS, TAKE 1 TABLET EVERY 8 HOURS DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-19
QUetiapine Fumarate ,300 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-19
Diovan ,160 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-22

ALPRAZolam ,1 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-17
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-17

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 the patient and the patient educated on the benefits of little salt, low-fat, low cholesterol diet with 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. No labs needed this visit. The patient verbalize understanding of the above planning to give them the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6.

1. Hypertension with vascular complications, continue current plan.
2. Allergic rhinitis, continue current plan.
3. Insomnia, continue current plan.
4. Anxiety, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Gout, continue current plan.
7. Hepatitis C, continue current plan.
8. Schizophrenia, continue current plan.
9. Lumbago with chronic pain, patient needs lumbar orthosis brace to reduce pain and to support weak spine muscles.

Medications: None.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-15	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-11-17	
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	2016-10-05	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-10-05	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-10-05	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-05-18	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-18	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-18	
Schizophrenia, unspecified (ICD10:F20.9 Schizophrenia, unspecified) Unknown or N/A	Active	2016-05-18	

Allergic rhinitis, unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-05-18
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-12
Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A	Active	2016-04-12
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-04-12
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-12
Spondylosis, unspecified (ICD10:M47.9 Spondylosis, unspecified) Unknown or N/A	Active	2016-03-15
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-03-15
Unspecified viral hepatitis without hepatic coma (ICD10:B19.9 Unspecified viral hepatitis without hepatic coma) Unknown or N/A	Active	2016-03-15

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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: Lucent Home Health, LLC

Primary Justification Medical Conditions: Depression, HTN, Mobility_Impairments

Additional Medical Conditions: Hepatitis C, neuropathy, anxiety.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to chronic pain and uncontrolled hypertension and inability to self medicate.

Certification Statement: Patient is home bound due to chronic pain and uncontrolled hypertension. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 302

Signed On (NP): 2016-12-15 03:43

Signed By (Physician): 18

Signed on (Physician): 2016-12-22 03:43

Form_status: finalized



Electronically Signed by **Darolyn Perkins** on **2016-12-22**.

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