

Annette Mahaffey: Patient Information
Patient Record Number:5728

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: Annette Mahaffey
External ID: 5728
DOB: 1951-11-29
Sex: Female
Marital Status: Single
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXbGhJZzhQOVV6dFE>

Address: 830 Amarosa Road
City: Dallas
State: Texas
Postal Code: 75217
Country: USA
Mobile Phone: 214-791-9647
Street Address: 830 Amarosa Road
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 11-25-2016.
Risk Factors: Chronic Pain.

Family History:

Last Recorded On: 11-25-2016.
Father: Father is not alive..
Mother: Mother is alive and has hypertension..
Siblings: Patient has four sisters, two are not alive..
Offspring: Patient has 6 children who are alive and healthy..

Primary Family Med Conditions:

Last Recorded On: 11-25-2016.
Chronic Conditions: Stroke / Transient Ischemic Attack.
Mental Conditions: Bipolar Disorder.

Social History:

Last Recorded On: 11-25-2016.
Tobacco: Unknown if ever smoked No smoking. **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling: **Status:** N/A
Exercise Patterns: **Status:** N/A
Hazardous Activities: **Status:** N/A
Nutrition History: Regular diet..
Developmental History: Well..

Tests and Exams:

Last Recorded On: 11-25-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-05-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2016-06-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2011-10-27
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Secondary
Start Date : 2016-08-01
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 568847659A
Group Number :
Employer Name : Annette Mahaffey
Copay :
Insured ID Number : 8000880039216
Group Number :
Employer Name : Annette Mahaffey
Copay :
Insured ID Number : 568847659A
Group Number :
Employer Name : Annette Mahaffey
Copay :
Insured ID Number : 505807824
Group Number :
Employer Name : Annette Mahaffey
Copay :
Insured ID Number : 505807824
Group Number :
Employer Name :

Immunizations:

Annette Mahaffey: Chief Complaint
Patient Record Number:5728

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Seen by Derrick Love-Jones
Seen on 13-October-2016

Chief Complaint Status:finalized

Followup home visit for management of osteoarthritis, chronic pain, diabetes mellitus type 2, epilepsy, hyperlipidemia, hypertension, and cerebrovascular effects. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

An 64-year-old African American female in NAD with multiple chronic conditions of osteoarthritis, chronic pain, diabetes mellitus type 2, epilepsy, hyperlipidemia, hypertension, and cerebrovascular effects. Patient states that she has been having some knee pain. Patient states that her pain is chronic and hurts all the time. Patient rates pain at 6/10 today. Patient denies any hypoglycemia and foot check revealed no major issues. Patient denies any chest pain, headache, or nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-13	144	89	244.00	68.00	97.80	16.00	~	37.1	0.00

Review of Systems:

Constitutional:

Reproductive and Endocrine Pathology:

UNCLASSIFIED Version

Neurobiology of Disease

Do you have a YES Sent

Normal Metabolites Of Urine

No Studies Found

No Bias or Conflicts of Interest

Moisture Pain YES

No Bleeding Gun Range Of Motion

No Boredom

No Obstructions

Physical Exam:

REMARKS:

[illegible]

EXTREMITIES:

Subsequent to the completion of the audit, the auditor shall issue a written report in accordance with the applicable standards and the auditor shall not be held liable for any loss or damage caused by the use of the audit report.

CV:

Before Submitting Your Manuscript, Please Read the Instructions and Guidelines.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Clopidogrel Bisulfate ,75 MG TABS, TAKE 1 TABLET EVERY DAY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-10-13	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Clopidogrel Bisulfate ,75 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-14
Hydrochlorothiazide ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-03
Naproxen ,500 MG TABS, TAKE 1 TABLET EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-25
GlipiZIDE ,5 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-10-15
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Sumana Ketha MDPA	Active	2015-05-14

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue with current medication. Medication adherence education was given to the patient. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged to exercise daily. Reviewed recent labs, no labs needed this visit. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Hyperlipidemia, continue current plan.
4. Diabetes mellitus type 2 with neuropathy, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Hemiplegia, continue to monitor.
7. Gastroesophageal reflux disease, continue current plan.
8. Cerebrovascular effects, continue to monitor.
9. Abnormal gait, continue to monitor.
10. Visual impairment, continue to monitor.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
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	2016-10-05	
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	2016-06-23	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-23	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-10	

Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-10
Blindness, right eye, low vision left eye (ICD10:H54.11 Blindness, right eye, low vision left eye) Unknown or N/A	Active	2016-04-20
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2016-04-20
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-03-01
Type 2 diabetes mellitus with other diabetic ophthalmic complication (ICD10:E11.39 Type 2 diabetes mellitus with other diabetic ophthalmic complication) Unknown or N/A	Active	2016-01-31
Blindness, left eye, low vision right eye (ICD10:H54.12 Blindness, left eye, low vision right eye) Unknown or N/A	Active	2016-01-31
Other sequelae of cerebral infarction (ICD10:I69.398 Other sequelae of cerebral infarction) Unknown or N/A	Active	2016-01-25
Flaccid hemiplegia affecting right dominant side (ICD10:G81.01 Flaccid hemiplegia affecting right dominant side) Unknown or N/A	Active	2015-12-02
Unspecified sequelae of cerebral infarction (ICD10:I69.30 Unspecified sequelae of cerebral infarction) Unknown or N/A	Active	2015-10-15
Type 1 diabetes mellitus without complications (ICD10:E10.9 Type 1 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-03
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-03
Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side (ICD10:I69.952 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side) Unknown or N/A	Active	2015-10-03
Blindness, one eye, unspecified eye (ICD10:H54.40 Blindness, one eye, unspecified eye) Unknown or N/A	Active	2015-10-03
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Unspecified 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
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Late effects of cerebrovascular disease, hemiplegia affecting dominant side (ICD10:I69.951 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side) 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
Osteoarthritis involving, or with mention of more than one site, but not specified as generalized, multiple sites (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2015-10-01

Villonodular synovitis, shoulder region (ICD10:M12.219 Villonodular synovitis (pigmented), unspecified shoulder) Unknown or N/A	Active	2015-10-01
Epilepsy, unspecified, without mention of intractable epilepsy (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) 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
Other specified disorders of skin (ICD9:709.8 Other specified disorders of skin) Unknown or N/A	Active	2015-05-12

Allergies:

Description	Status	Start Date	End Date
Aspirin 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: Eminent Home Healthcare LLC

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

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: SN needed due to uncontrolled DM2, CVA effects, and inability to self medicate currently.

Certification Statement: Patient is home-bound due to CVA effects and chronic pain. Patient has unsteady, painful ambulation with extremely poor balance, extreme fatigue, and weakness.

Signed by (NP): 16

Signed On (NP): 2016-10-13 04:57

Signed By (Physician): 18

Signed on (Physician): 2016-10-20 04:57

Form_status: finalized

DME:

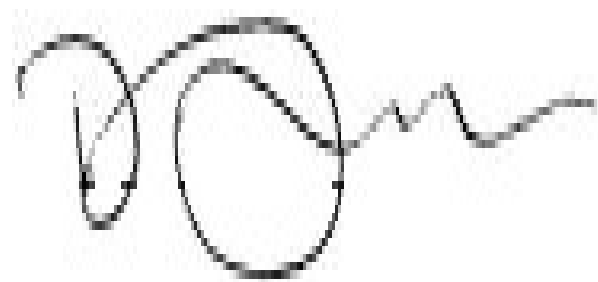
Description	Status	Start Date	End Date
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered diabetic supplies from Arriva Medical. (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		
Osteoarthritis, unspecified whether generalized or localized, site unspecified ordered Rollator Walker w/ breaks and seat from Joppa Tradings & Medical Supplies. (ICD9:715.90 Osteoarthritis, unspecified whether generalized or localized, site unspecified) Unknown or N/A	Active		
Rollator Walker w/Brakes & seat Unknown or N/A	Active		
Alcohol Pads Unknown or N/A	Active		

Exam Gloves	Active
Unknown or N/A	
Needles	Active
Unknown or N/A	
Probe	Active
Unknown or N/A	

Procedure Order:

Patient ID	5728	Order ID	1119
Patient Name	Mahaffey, Annette	Ordered By	Love-Jones, Derrick
Order Date	2016-11-25	Print Date	2016-11-25
Order Status	complete	Encounter Date	2016-11-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-25		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-20**.

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