

**Zula Clewis: Patient Information**  
Patient Record Number:5987

**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:** Zula Clewis  
**External ID:** 5987  
**DOB:** 1925-09-19  
**Sex:** Female  
**S.S.:** 449-40-3608  
**Marital Status:** Widowed  
**Patient Drive Folder:** [https://drive.google.com/drive/u/0/folders/0B1v8FHBd\\_SfCdVIPS29sbWltOGM](https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCdVIPS29sbWltOGM)

**Address:** 4820 Clear Creek Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75232  
**Country:** USA  
**Home Phone:** 214-372-4474  
**Mobile Phone:** 469-867-8687  
**Street Address:** 4820 Clear Creek Rd  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 10-23-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Six children..

## Social History:

**Last Recorded On:** 10-23-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** No alcohol **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level is 2 years college..  
**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 10-23-2016.  
**Vitamin D (6 mo if on pills)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.  
**HbA, C Hemoglobin (if DM every 3 mo)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.  
**TSH Thyroid-Stimulating Hormone (every year)**&nbsp;&nbsp;  Normal&nbsp;&nbsp;  Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.  
**CMP Comprehensive Metabolic Panel (3 months)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.  
**LIPIDS (once year unless chol meds)**&nbsp;&nbsp;  Abnormal&nbsp;&nbsp;  Done on 02/15/2016 at Evolution Lab Services, Ordered by Dr. Ketha.

**Insurance:**

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 1990-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2015-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Aetna (60054)

**Copay :**  
**Insured ID Number :** 449403608A  
**Group Number :**  
**Employer Name :** Zula Clewis  
**Copay :**  
**Insured ID Number :** 449403608  
**Group Number :**  
**Employer Name :** Zula Clewis

**Immunizations:**

**Zula Clewis: Chief Complaint**  
Patient Record Number:5987

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**Seen by** Derrick Love-Jones  
**Seen on** 06-September-2016

**Chief Complaint Status:**finalized

Problem home visit to prevent further decline of the following chronic medical conditions of hypertension, neuropathy, hyperlipidemia, asthma, rheumatoid arthritis, chronic pain, and chronic obstructive pulmonary disease, and mobility impairment. Patient complains of SOB and hip pain.

## History of Present illness:

**HPI Status:**Finalized

The patient is a 90-year-old AA female in NAD with multiple chronic conditions of hypertension, neuropathy, hyperlipidemia, chronic pain, chronic obstructive pulmonary disease, asthma, and mobility impairment. Patient states she wants to walk again but does not have the strength to stand and has severe hip pain. Patient would like to start Physical Therapy again. Patient rates pain 7/10 today. Patient also complains of SOB upon exertion. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-06	137	62	143.00	63.00	97.80	16.00	~	25.3	0.00

## Review of Systems:

### Constitutional:

### Endocrine/Metabolic:

No Change in Weight

No Change in Appetite

No Change in Energy

No Change in Sleep

No Change in Thirst

No Change in Sweating

No Change in Hair Loss

No Change in Skin Changes

No Change in Nails

No Change in Eyes

No Change in Ears

No Change in Nose

No Change in Throat

No Change in Lungs

No Change in Heart

No Change in Blood Pressure

No Change in Cholesterol

No Change in Blood Sugar

No Change in Blood Count

No Change in Urine

No Change in Stool

No Change in Menstruation

No Change in Pregnancy

No Change in Birth Control

No Change in Contraception

No Change in Fertility

No Change in Menopause

No Change in Menstrual Cycle

No Change in Menstrual Flow

No Change in Menstrual Color

No Change in Menstrual Odor

No Change in Menstrual Pain

No Change in Menstrual Discharge

No Change in Menstrual Bleeding

No Change in Menstrual Clots

No Change in Menstrual Cramps

No Change in Menstrual Headaches

No Change in Menstrual Back Pain

No Change in Menstrual Bloating

No Change in Menstrual Constipation

## Physical Exam:

### HEENT:

Head: Within Normal Limits .

### EYES:

Visual Acuity: Within Normal Limits .

### CV:

Heart: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

## Medication:

Description	Status	Start Date	End Date
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-06-29	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29
Polyethylene Glycol 3350 , PACK, MIX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-22
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-15
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH EVERY SIX HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-27
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Review to 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 low 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 the pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Red nose is this fair patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Asthma continue, current plan.
2. Hypertension with vascular complications, continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Osteoarthritis/rheumatoid arthritis with chronic pain start PT.

Medication refills as follows:

Eliquis 5 mg b.i.d.  
Tramadol 50 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Esophageal reflux ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01	

Shortness of breath ( ICD10:R06.02 Shortness of breath) 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, localized, primary, pelvic region and thigh ( ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis ( ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in collagen vascular disease ( ICD10:G63 Polyneuropathy in diseases classified elsewhere) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Chronic obstructive asthma, unspecified ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01

## Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active	2015-09-08	

## Surgeries:

Description	Status	Start Date	End Date
Hip Surgery on 04/2015 Unknown or N/A	Active	2015-09-08	
Knee Replacement Surgery Unknown or N/A	Active	2015-09-08	
Removal of cyst from the breast. Unknown or N/A	Active	2015-09-08	
Hospitalized at Methodist. Unknown or N/A	Active	2015-09-08	

## 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:** Good Health Services

**Primary Justification Medical Conditions:** COPD,hyperlipidemia,HTN,Mobility\_Impairments

**Additional Medical Conditions:** Neuropathy

**Nursing Required:** YES

**Physical Therapy:** YES

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:** START PT

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to mobility impairment/chronic pain and inability to self medicate

**Certification Statement:** Patient is home bound due to mobility impairment and chronic pain. Patient is weak with poor balance and an increase risk for falls.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-06 01:42

**Signed By (Physician):** 18

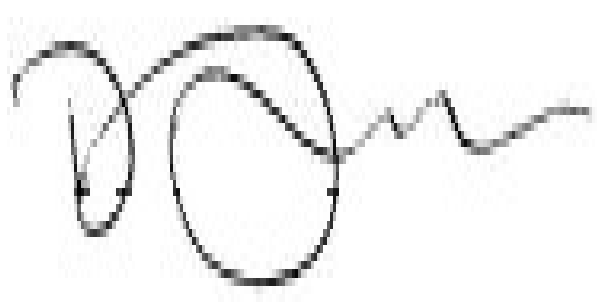
**Signed on (Physician):** 2016-09-13 01:42

Form\_status: finalized

Procedure Order:

Patient ID	5987	Order ID	993
Patient Name	Clewis, Zula	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-09-13**.

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