

Barbara Hamilton: Patient Information
Patient Record Number:1567

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: Barbara Hamilton
External ID: 1567
DOB: 1932-07-13
Sex: Female
S.S.: 456-64-2625
Marital Status: Single
User Defined: only to derrick
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5aEhtWE0xVkFqMDA>

Address: 225 Landis Street
City: Dallas
State: Texas
Postal Code: 75203
Country: USA
Mother's Name: only to derrick
Emergency Contact: daughter
Emergency Phone: 214-797-0523
Home Phone: 214-946-1198
Street Address: 225 Landis Street
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 09-13-2016.
Risk Factors: GERD.

Family History:

Last Recorded On: 09-13-2016.
Father: Father had hypertension..
Mother: Mother had hypertension..
Offspring: Two children..

Primary Family Med Conditions:

Last Recorded On: 09-13-2016.
Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 09-13-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Normal..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 09-13-2016.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 03/04/2016, at Evolution Health Lab, Ordered By Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 03/04/2016, at Evolution Health Lab, Ordered By Dr. Ketha.

CBC Complete Blood Count (3 months) Abnormal Done on 03/04/2016, at Evolution Health Lab, Ordered By Dr. Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 03/04/2016, at Evolution Health Lab, Ordered By Dr. Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 03/04/2016, at Evolution Health Lab, Ordered By Dr. Ketha.

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 03/04/2016, at Evolution Health Lab, Ordered By Dr. Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 1997-07-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2016-04-01

Relationship to Insured : Self

Type : N/A

Payer : XL Health / Care Improvement Plus (77082)

Priority : Primary

Start Date : 2016-08-01

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 : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 456642625A

Group Number :

Employer Name : Barbara Hamilton

Copay :

Insured ID Number : 973438828

Group Number :

Employer Name : Barbara Hamilton

Copay :

Insured ID Number : 456642625A

Group Number :

Employer Name : Barbara Hamilton

Copay :

Insured ID Number : 518491859

Group Number :

Employer Name : Barbara Hamilton

Immunizations:

Barbara Hamilton: Chief Complaint
Patient Record Number:1567

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Seen by Derrick Love-Jones
Seen on 24-August-2016

Chief Complaint Status:finalized

Followup home visit for management of hypertension, coronary artery disease, osteoarthritis of the knee, gastroesophageal reflux disease, lymphedema, iron deficiency anemia, and gout abnormality. Patient complains of chronic pain in both knees.

History of Present illness:

HPI Status:Finalized

An 84-year-old African-American female in NAD with multiple chronic conditions of hypertension, coronary artery disease, osteoarthritis of the knee, gastroesophageal reflux disease, lymphedema, gout, iron deficiency anemia and Abnormal Gait. Patient complains of chronic pain in her knees at this time, and rates pain at 7/10. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-24	168	77	130.00	59.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

General Appearance:

No Fever
No Weight Loss
No Fatigue
No Anorexia
No Nausea
No Vomiting
No Diarrhea
No Constipation
No Hematochezia
No Hematemesis
No Use Of Dentures

Physical Exam:

SKIN:

Supple, Moist, Warm, No Rashes, No Bruises, No Lacerations, No Ulcers, No Wounds, No Swelling, No Redness, No Pain, No Itching, No Burning, No Stinging, No Tingling, No Numbness, No Weakness, No Paralysis, No Tremor, No Tics, No Spasms, No Seizures, No Convulsions, No Coma, No Death.

HEENT:

Eyes: No Redness, No Swelling, No Discharge, No Pain, No Itching, No Burning, No Stinging, No Tingling, No Numbness, No Weakness, No Paralysis, No Tremor, No Tics, No Spasms, No Seizures, No Convulsions, No Coma, No Death.

ENT:

Nose: No Redness, No Swelling, No Discharge, No Pain, No Itching, No Burning, No Stinging, No Tingling, No Numbness, No Weakness, No Paralysis, No Tremor, No Tics, No Spasms, No Seizures, No Convulsions, No Coma, No Death.

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

GI:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Allopurinol ,100 MG TABS, TAKE 2 TABLETS DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-13
Allopurinol ,100 MG TABS, TAKE 2 TABLETS DAILY, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-13
Spironolactone ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-11
Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TAB TWICE PER DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Losartan Potassium ,100 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-04-12
Ferrous Sulfate ,325 (65 Fe) MG TABS, TAKE 1 TAB TWICE PER DAY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
Simvastatin ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONE TIME A DAY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07
Simvastatin ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONE TIME A DAY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-29
Metoprolol Tartrate ,25 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-10
Spironolactone ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-10

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 continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the patient. 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. Lymphedema, continue current plan.
4. Gout, continue current plan.
5. Chronic pain syndrome, continue current plan.
6. Coronary artery disease, continue current plan.
7. Chronic kidney disease stage-3, continue current plan.
8. Gastroesophageal reflux disease, continue current plan.
9. Iron anemia, continue current plan.

10. Abnormal gait, continue to monitor.

No medication refills needed at this visit.

Medical Problem:

Description	Status	Start Date	End Date
Osteoarthritis, generalized, multiple sites (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2015-10-01	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
Benign hypertensive heart disease with heart failure (ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01	
Osteoarthritis involving, or with mention of more than one site, but not specified as generalized, site unspecified (ICD10:M15.8 Other polyosteoarthritis) Unknown or N/A	Active	2015-10-01	
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic kidney disease, Stage III (moderate) (ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) 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	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Iron deficiency anemia, unspecified (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01	
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	

Unspecified cataract (ICD10:H26.9 Unspecified cataract) 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
Hypertensive heart and chronic kidney disease, benign, without heart failure and with chronic kidney disease stage I through stage IV, or unspecified (ICD10:I13.10 Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) 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
Acute gouty arthropathy (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2015-10-01
Osteoarthritis, unspecified whether generalized or localized, lower leg (ICD10:M17.9 Osteoarthritis of knee, unspecified) Unknown or N/A	Active	2015-10-01
Other lymphedema (ICD10:I89.0 Lymphedema, not elsewhere classified) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia secondary to blood loss (chronic) (ICD10:D50.9 Iron deficiency anemia, unspecified) Unknown or N/A	Active	2015-10-01
Sideroblastic anemia (ICD10:D64.3 Other sideroblastic anemias) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active		
Lisinopril Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Right total knee replacement surgery 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: Homeland Home Health Agency Inc

Primary Justification Medical Conditions: Anemia,HTN,Heart_Disease

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient needs assistance with ADLs. Patient requires close monitoring of vital signs, skin check, and medication management.

Certification Statement: Patient requires considerable taking effort to leave home alone.

Signed by (NP): 16

Signed On (NP): 2016-08-24 04:10

Signed By (Physician): 18

Signed on (Physician): 2016-08-31 04:10

Form_status: finalized

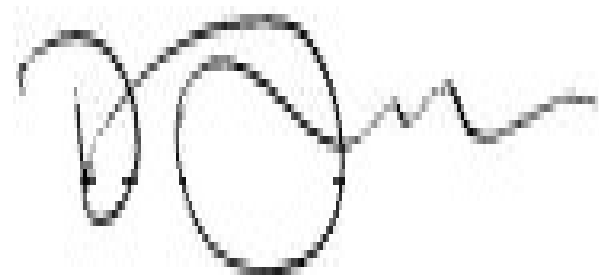
DME:

Description	Status	Start Date	End Date
Cane Unknown or N/A 2015-01-29 by Dr. Sumana Ketha	Active	2015-01-29	
Elevated Toilet Seat Unknown or N/A 2015-01-29 by Dr. Sumana Ketha	Active	2015-01-29	
Grab Bars Unknown or N/A 2015-01-29 by Dr. Sumana Ketha	Active	2015-01-29	
Tub/Shower Bench Unknown or N/A 2015-01-29 by Dr. Sumana Ketha	Active	2015-01-29	
Walker Unknown or N/A 2015-01-29 by Dr. Sumana Ketha	Active	2015-01-29	

Procedure Order:

Patient ID	1567	Order ID	882
Patient Name	Hamilton, Barbara	Ordered By	Love-Jones, Derrick
Order Date	2016-09-25	Print Date	2016-09-25
Order Status	complete	Encounter Date	2016-09-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-25		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-31**.

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