

**Henrietta Curtis: Patient Information**  
Patient Record Number:6093

**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:** Henrietta Curtis  
**External ID:** 6093  
**DOB:** 1955-08-10  
**Sex:** Female  
**S.S.:** 454046672

**Address:** 6800 S COCKRELL HILL RD  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75236  
**Country:** USA  
**Emergency Contact:** Daughter  
**Emergency Phone:** 469-685-9090  
**Mobile Phone:** 972-283-6050  
**Street Address:** 6800 S COCKRELL HILL RD  
**Apt/Suite/Other:** 611

## Family History:

**Last Recorded On:** 11-23-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 11-23-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2008-02-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-01-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 454046672A  
**Group Number :**  
**Employer Name :** Henrietta Curtis  
**Copay :**  
**Insured ID Number :** 523879756  
**Group Number :**  
**Employer Name :** Henrietta Curtis

**Immunizations:**

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Follow up home visit to prevent further decline of chronic medical conditions of hypertension, osteoarthritis, chronic obstructive pulmonary disease/asthma, coronary artery disease, anxiety, congestive heart failure, lumbago, morbid obesity, and heart disease.

Patient is a 61-year-old African American female with multiple chronic conditions of the following hypertension, osteoarthritis, chronic obstructive pulmonary disease/asthma, coronary artery disease, anxiety, congestive heart failure, lumbago, morbid obesity, and heart disease. Patient states that she has back and leg pain. Patient rates current pain at 7/10 today. Patient uses walker and scooter wheelchair. Patient denies any chest pain, headache, nausea or vomiting recently.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-29	173	92	0.00	69.00	97.80	18.00	~	0.0	0.00

**Background:**

No Pain/No Gain

No Back Pain/No Gain

No Neck Pain/No Gain

No Head Pain/No Gain

No Leg Pain/No Gain

No Heart Problem/No Gain

No Peripheral  
No Edema  
No Leg Pain/Cramping  
Heart Problem YES

**Medication:**

Description	Status	Start Date	End Date
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Metoprolol Succinate ER ,25 MG TB24, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-17
Losartan Potassium ,100 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-17
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-17
Furosemide ,40 MG TABS, TAKE ONE TABLET EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 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 to patient educated on the benefits of low so, 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 perform daily exercise as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago with sciatica, continue current plan.
2. Chronic obstructive pulmonary disease/asthma, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Congestive heart failure, continue current plan.
6. Coronary artery disease, continue current plan.
7. Anxiety, continue current plan.
8. Morbid obesity, continue to monitor.

Medication refills as follows:

Promethazine DM.

## Medical Problem:

Description	Status	Start Date	End Date
Acute pharyngitis, unspecified ( ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-07-26	
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	2016-07-26	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-07-26	
Synovial cyst of popliteal space [Baker], right knee ( ICD10:M71.21 Synovial cyst of popliteal space [Baker], right knee) Unknown or N/A	Active	2016-06-18	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-17	
Morbid (severe) obesity due to excess calories ( ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-04-19	

Chronic fatigue, unspecified ( ICD10:R53.82 Chronic fatigue, unspecified) Unknown or N/A	Active	2016-04-19
Chronic obstructive pulmonary disease, unspecified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-04-01
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-01
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-04-01
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-16
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-03-16
Atherosclerotic heart disease of native coronary artery without angina pectoris ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-02-19
Shortness of breath ( ICD10:R06.02 Shortness of breath) Unknown or N/A	Active	2016-02-19
Dependence on supplemental oxygen ( ICD10:Z99.81 Dependence on supplemental oxygen) Unknown or N/A	Active	2016-02-19
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-02-19
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-02-19
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-02-19
Benign essential hypertension ( ICD9:401.1 Benign essential hypertension) Unknown or N/A	Active	2016-02-10
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-10
Heart disease, unspecified ( ICD10:I51.9 Heart disease, unspecified) Unknown or N/A	Active	2016-02-10
Obesity, unspecified ( ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2016-02-10

## 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:** JK Home Health

**Primary Justification Medical Conditions:** Mobility\_Impairments,HTN,Heart\_Disease

**Additional Medical Conditions:** Obesity.

**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:** Skilled nursing needed due to chronic pain and inability to self medicate.

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

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-29 04:35

**Signed By (Physician):** 18

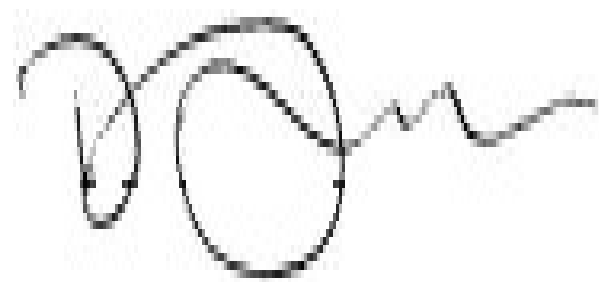
**Signed on (Physician):** 2016-10-06 04:35

**Form\_status:** finalized

## Procedure Order:

Patient ID	6093	Order ID	1058
Patient Name	Curtis, Henrietta	Ordered By	Love-Jones, Derrick
Order Date	2016-11-24	Print Date	2016-11-24
Order Status	complete	Encounter Date	2016-11-24
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-24		Final ✓		0097	Pulse Oximetry	Yes	96%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-06 at 03:37**.

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