

Darlene Bell: Patient Information
Patient Record Number:6306

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: Darlene Bell
External ID: 6306
DOB: 1949-12-20
Sex: Female
S.S.: 454-76-5010
Marital Status: Widowed

Address: 911 Sims St
City: Duncanville
State: Texas
Postal Code: 75137
Country: USA
Guardian's Name: Tammie Lockett (Daughter)
Emergency Phone: 214-859-0212
Mobile Phone: 972-546-7124
Street Address: 911 Sims St
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-23-2016.
Father: Father deceased..
Mother: Mother deceased..
Siblings: Three brothers and two sisters, which are alive..
Offspring: Three children are alive..

Social History:

Last Recorded On: 11-23-2016.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Current
Nutrition History: Regular..
Developmental History: Well..
Other History: Influenza 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2014-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-03-01
Relationship to Insured :
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 454765010D7
Group Number :
Employer Name : Darlene Bell
Copay :
Insured ID Number : 523261902
Group Number :
Employer Name :

Immunizations:

Darlene Bell: Chief Complaint
Patient Record Number:6306

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Seen by Derrick Love-Jones
Seen on 29-September-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions Alzheimer's disease, dementia, hypertension, hypertension, coronary artery disease, and depression. Patient complains of forgetting things.

History of Present illness:

HPI Status:Finalized

Patient is a 66-year-old African-American female in NAD multiple chronic conditions of the following Alzheimer's disease, dementia, hypertension, hyperlipidemia, coronary artery disease, and depression. Patient states that she has been a lot more forgetful the last several weeks. Patient denies any pain at this time. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Past Medical History:

Family History:

Social History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-29	140	90	150.00	65.00	98.40	16.00	~	25.0	0.00

Review of Systems:

Constitutional:

Weight Loss/Gain:

No Weight Loss

No Weight Gain

No Fever

No Chills

No Night Sweats

No Anorexia

No Fatigue

No Constipation

Physical Exam:

SYSTEMS:

HEENT: Eyes, Ears, Nose, Throat, Mouth, Neck, Lungs, Heart, Abdomen, Extremities, Skin, Genitalia, Adenopathy-Within Normal Limits .

HEENT:

HEENT: Eyes, Ears, Nose, Throat, Mouth, Neck, Lungs, Heart, Abdomen, Extremities, Skin, Genitalia, Adenopathy-Within Normal Limits .

CV:

CV: Heart, Lungs, Abdomen, Extremities, Skin, Genitalia, Adenopathy-Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
Donepezil HCl ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-09	

QUetiapine Fumarate ,50 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 30, Refill Quantity: 0
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Active

2016-11-09

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his previous provider. 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 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 blood pressure greater than 200. Patient encouraged to exercise daily. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Alzheimer's disease, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Depression, continue current plan.
4. Dementia, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Coronary artery disease, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Alzheimer's disease, unspecified (ICD10:G30.9 Alzheimer's disease, unspecified) Unknown or N/A	Active	2016-09-29	
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	2016-09-29	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-29	
Unspecified dementia without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2016-09-29	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-09-29	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hospitalized for CVA in 2015. 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: YES

Is House Visit Needed: YES

Current home health agency: Aaron Home Health

Primary Justification Medical Conditions: Alzheimers, Depression, hyperlipidemia, HTN, Heart_Disease, Senile Dementia

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is home-bound due to depression and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to depression and dementia and in the inability to self medicate correct.

Signed by (NP): 16

Signed On (NP): 2016-09-29 03:55

Signed By (Physician): 18

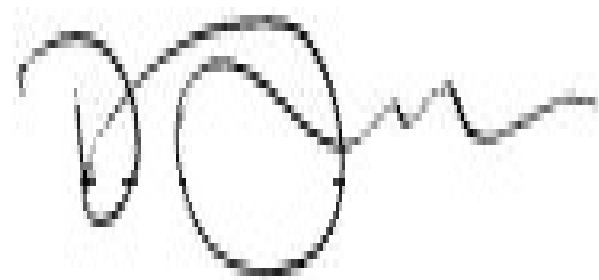
Signed on (Physician): 2016-10-06 03:55

Form_status: finalized

Procedure Order:

Patient ID	6306	Order ID	1063
Patient Name	Bell, Darlene	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	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-06**.

Printed on 24-Nov-2016 15:06:49 pm.