

Charlesetta Draper: Patient Information
Patient Record Number:2924

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: Charlesetta Draper
External ID: 2924
DOB: 1961-04-13
Sex: Female
S.S.: 464-27-9993
User Defined: 214-694-4152
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5d2ZNdGZuVGdVZ3c>

Address: 3550 East Overton Road Apt 1010
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: (214) 299-3436
Work Phone: 214-694-4152
Mobile Phone: 469-438-8363
Street Address: 3550 East Overton Road
Apt/Suite/Other: Building #49, Apt #1010

Past Medical History:

Last Recorded On: 12-30-2016.
Risk Factors: Degenerative Joint Disease.
Additional Medical History: Obesity..

Family History:

Last Recorded On: 12-30-2016.
Father: Father deceased..
Mother: Mother deceased with cancer..
Offspring: No children..

Social History:

Last Recorded On: 12-30-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: Social drinker. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Low sugar..
Other History: Social weed. Had colonoscopy exam in 2014.

Tests and Exams:

Last Recorded On: 12-30-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1994-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-03-21
Relationship to Insured : Self
Type : N/A
Payer : Superior Health Plan Texas (39188)

Copay :
Insured ID Number : 464279993A
Group Number :
Employer Name : Charlesetta Draper
Copay :
Insured ID Number : 507270887
Group Number :
Employer Name : Charlesetta Draper

Immunizations:

Charlesetta Draper: Chief Complaint
Patient Record Number:2924

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Seen by Derrick Love-Jones
Seen on 17-November-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, hypertension, diabetes 2, asthma, chronic pain, hypothyroidism, urinary incontinence, eczema, morbid obesity, abnormal gait and effusion of joint. Patient complains of hip pain.

History of Present illness:

HPI Status:Finalized

Patient is a 55-year-old female in NAD with multiple chronic conditions of osteoarthritis, hypertension, diabetes 2, asthma, chronic pain, hypothyroidism, urinary incontinence, eczema, morbid obesity, abnormal gait and effusion of joint. Patient states that she has chronic hip pain that is mostly in her left hip. Patient rates her current pain at 7/10 and states it is relieved with current pain medication. Patient went to ER and was admitted for Diverticulitis. Patient discharged after 1 day. Patient denies chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-17	112	54	245.00	69.00	97.60	16.00	~	36.2	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui makanan:

No B6 or C7 Exemption

Northrup, J. 1999. *Journal of the American Water Resources Association* 35(1): 1-10.

No Bacteria In Urine

No Deposit Required

No Unintended Range Of Motion

No Changes In Mentation

No Bleeding Gums

No Objections

No Use Of Dentures

Physical Exam:

REMARKS:

ECG Sinus rhythm, normal sinus rate, normal P-R-T intervals, no ST-T wave abnormalities. **ECG** Sinus rhythm, normal sinus rate, normal P-R-T intervals, no ST-T wave abnormalities.

EXTREMITIES:

Submit your manuscript to a SpringerOpen journal and benefit from:

CV:

BB-Within Normal Limits. Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 18, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Ventolin HFA ,108 (90 Base) MCG/ACT AERS, INHALE 1 TO 2 PUFFS EVERY 4 TO 6 HOURS AS NEEDED, Quantity: 18, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY HOLD IF SYSTOLIC BLOOD PRESSURE IS THAN LESS THAN OR EQUAL TO 115, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY HOLD IF SYSTOLIC BLOOD PRESSURE IS THAN LESS THAN OR EQUAL TO 115, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
MetFORMIN HCI ,500 MG TABS, Take 1 tablet by mouth twice a day after meals Hold if blood sugar is less than or equal to 90, Quantity: 180, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
MetFORMIN HCI ,500 MG TABS, Take 1 tablet by mouth twice a day after meals Hold if blood sugar is less than or equal to 90, Quantity: 180, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-25
Tylenol with Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-07-05
Tylenol with Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-07-05
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE HOLD IF SYSTOLIC BLOOD PRESSURE IS LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14

AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE HOLD IF SYSTOLIC BLOOD PRESSURE IS LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY HOLD IF SYSTOLIC BLOOD PRESSURE IS THAN LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY HOLD IF SYSTOLIC BLOOD PRESSURE IS THAN LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
MetFORMIN HCl ,500 MG TABS, Take 1 tablet by mouth twice a day after meals Hold if blood sugar is less than or equal to 90, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
MetFORMIN HCl ,500 MG TABS, Take 1 tablet by mouth twice a day after meals Hold if blood sugar is less than or equal to 90, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-14
AmLODIPine Besylate ,10 MG TABS, once a day, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
AmLODIPine Besylate ,10 MG TABS, once a day, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10

GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
MetFORMIN HCl ,500 MG TABS, take 1 tab by mouth twice daily, Quantity: 60, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
MetFORMIN HCl ,500 MG TABS, take 1 tab by mouth twice daily, Quantity: 60, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Levothyroxine Sodium ,100 MCG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31
Levothyroxine Sodium ,100 MCG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31

Plan Note:

Plan Note Status:Finalized

Continue with treatment plan and medication adherence. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. 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. Hypertension with vascular, continue current plan.
2. Osteoarthritis with chronic pain, continue current plan.
3. Hypothyroidism, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Asthma, continue current plan.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Eczema, continue current plan.
8. Urinary incontinence, continue current plan.
9. Effusion of joints, continue current plan.
10. Morbid obesity, continue to monitor and educate.
11. Abnormal gait, continue to monitor.

Medication refills as follows:

TAC Cream 0.1%
Amlodipine 10 mg q.d.
Lisinopril 40 mg q.d.
Glipizide 10 mg q.d.
Metformin 500 mg b.i.d.
Levothyroxine 100 mg q.d.
Tylenol 3 t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Morbid obesity (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2015-10-01	
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	
Pain in joint, lower leg (ICD10:M25.569 Pain in unspecified knee) 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	
Asthma, unspecified type, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) 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	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	
Hypertonicity of bladder (ICD10:N32.81 Overactive bladder) Unknown or N/A	Active	2015-10-01	
Contact dermatitis and other eczema due to other specified agents (ICD10:L25.8 Unspecified contact dermatitis due to other agents) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) 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	
Effusion of joint, multiple sites (ICD10:M25.40 Effusion, unspecified joint) Unknown or N/A	Active	2015-10-01	
Effusion of joint, shoulder region (ICD10:M25.419 Effusion, unspecified shoulder) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

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

Description	Status	Start Date	End Date
Knee 2004 Unknown or N/A	Active		
Hysterectomy 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

Next Visit Duration (in days): 31

Current home health agency: Best Providercare Services

Primary Justification Medical Conditions: Hypothyroidism,Asthma,diabetes,HTN

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

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 falls.

Signed by (NP): 16

Signed On (NP): 2016-11-17 03:25

Signed By (Physician): 18

Signed on (Physician): 2016-11-24 03:25

Form_status:

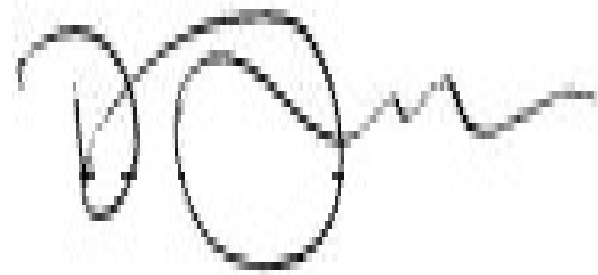
DME:

Description	Status	Start Date	End Date
Preventive Underwear (ICD9:788.30 Urinary incontinence, unspecified) (ICD9:596.51 Hypertonicity of bladder) Unknown or N/A by Dr. Sumana Ketha	Active		
Underpads (ICD9:788.30 Urinary incontinence, unspecified) (ICD9:596.51 Hypertonicity of bladder) Unknown or N/A by Dr. Sumana Ketha	Active		
Wipes (ICD9:788.30 Urinary incontinence, unspecified) (ICD9:596.51 Hypertonicity of bladder) Unknown or N/A by Dr. Sumana Ketha	Active		
Urinary incontinence, supplies (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A by Dr. Sumana Ketha	Active		

Procedure Order:

Patient ID	2924	Order ID	1370
Patient Name	Draper, Charlesetta	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-17**.

Printed on 31-Dec-2016 16:01:18 pm.