

Mildred Wallace: Patient Information
Patient Record Number:5908

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: Mildred Wallace
External ID: 5908
DOB: 1950-10-24
Sex: Female
Marital Status: Single
User Defined: Schedule on Mon, Wed & Friday
genericval1: 214-288-1428
Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B1v8FHBd_SfCZ3ZMU1FpdFRRaDg

Address: 2101 Trellis Pl
City: Richardson
State: Texas
Postal Code: 75081
Country: USA
Mother's Name: Dialysis on Tuesday and Thursdy
Home Phone: 214-859-0227
Apt/Suite/Other: 101

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Lumbago.

Family History:

Last Recorded On: 07-14-2016.
Father: Father died of diabetes mellitus type 2..
Mother: Mother died of child birth and hypertension..
Siblings: 2 brothers alive and healthy and one brother died of diabetes mellitus type 2, coronary artery disease, hypertension.
One sister alive with diabetes mellitus type 2 and hypertension and another sister died of breast cancer..
Offspring: Patient has three daughters who are alive and healthy..

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Chronic Conditions: Diabetes,Hypertension,Ischemic Heart Disease,Female/Male Breast Cancer.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Good..
Other History: One year of college..

Tests and Exams:

Last Recorded On: 07-14-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 0000-00-00
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2015-09-10
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-03-01
Relationship to Insured : Self
Type : N/A
Payer : Humana (61101)

Copay :
Insured ID Number : 458948774A
Group Number :
Employer Name : Mildred Wallace
Copay :
Insured ID Number : 458948774A
Group Number :
Employer Name : Mildred Wallace
Copay :
Insured ID Number : H68314344
Group Number :
Employer Name : Mildred Wallace

Immunizations:

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Chief Complaint Status:finalized

Followup home visit for management of hyperlipidemia, hypertension, osteoarthritis, chronic pain, lumbago, and end-stage renal disease. Blood pressure is uncontrolled due to non-compliance of medication. Patient complains of knee pain.

HPI Status:Finalized
A 65-year-old African American female in NAD with multiple chronic conditions of hyperlipidemia, hypertension, osteoarthritis, chronic pain, and end-stage renal disease. Patient blood pressure has improved greatly. Patient is taking her medication as prescribed. Patient continues to have pain in her knees. Patient denies any new issues or complaints upon examination. Patient denies any CP, HA, or N/V since last visit.

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-01	136	64	112.00	61.00	97.60	20.00	~	0.0	0.00

[illegible]

CARDIAC:

Heart Rate-70 bpm, Regularly Sinus Rhythm, Normal S1,S2,S3,S4,Normal T waves,Normal ST segments.

PULMONARY:

No Crackles,Rales,Wheezes,Hyperinflation,Decreased Breath Sounds,Normal Lung Expansion.

ABDOMENITIES:

No Tenderness,Distention,Rebound Tenderness,Guarding,Normal Bowel Sounds.

CV:

Blood Pressure-Normal,Long Filings,Normal Radial Pulse,Normal Heart Sounds.

Murmur, Rubs,Gallops-Within Normal Limits .

Description	Status	Start Date	End Date
Amiodarone HCl ,200 MG TABS, 1 TAB QD, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-08-15	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

HydrALAZINE HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH THREE TIMES A DAY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-25
Amiodarone HCl ,200 MG TABS, QD, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-21
Simvastatin ,40 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-21
Amiodarone HCl ,200 MG TABS, QD, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-20
Simvastatin ,40 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-20
Norco ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-30
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-04
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME AS NEEDED, Quantity: 30, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-02
HydrALAZINE HCl ,100 MG TABS, TAKE 1 TABLET BY MOUTH THREE TIMES A DAY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-20
Simvastatin ,20 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-20
Lisinopril ,40 MG TABS, Take 1 Tablet By Mouth Twice Daily For Hypertension, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-11-30
Metoprolol Succinate ER ,100 MG TB24, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-11-30

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.

HTN w/vascular complications continue current plan

OA w/chronic pain continue current plan

LUMBAGO w/chronic pain continue current plan
CHRONIC PAIN SYNDROME continue current pain medication
HLD continue current plan
ESRD continue current HD treatments
ANXIETY continue current plan

Medication refills of the following, hydralazine 100 mg t.i.d., lisinopril 40 mg b.i.d., amiodarone 200 mg q.d., and clonidine 0.3 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-01	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-27	
Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease (ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2015-11-12	
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	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Lumbago (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Renal dialysis status (ICD10:Z99.2 Dependence on renal dialysis) Unknown or N/A	Active	2015-10-01	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Hospitalized at Baylor in 2015 for hypertension. 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

Primary Justification Medical Conditions: hyperlipidemia,HTN

Additional Medical Conditions: ESRD, Lumbago, Chronic Pain,

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 lumbago and chronic pain. Patient has unsteady, painful ambulation with extremely poor balance.

Signed by (NP): 16

Signed On (NP): 2016-06-01 04:55

Signed By (Physician): 18

Signed on (Physician): 2016-06-06 04:56

Form_status: finalized

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