Ruth Mccoy: Patient Information

Patient Record Number:6285

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: Ruth E Mccoy External ID: 6285 **DOB**: 1951-06-06 Sex: Female S.S.: 466929656 Marital Status: Single

Address: 1442 Carson St

City: Dallas State: Texas Postal Code: 75216 Country: USA

Mobile Phone: 214-694-3077 Street Address: 1442 Carson St Apt/Suite/Other: House

Family History:

Last Recorded On: 10-09-2016.

Father: Father died with cancer and hypertension.. Mother: Mother died with cancer and hypertension..

Siblings: Two brothers and two sisters are alive, and one brother is died..

Offspring: None..

Social History:

Last Recorded On: 10-09-2016.

Tobacco: Smokes 1/2 packet per day. Status: Current

Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

Developmental History: Education level is 12th grade..

Other History: No immunizations..

Tests and Exams:

Last Recorded On: 10-09-2016.

Mammogram (>40yrs, Yearly) N/A Done in 2016. Sigmoid/Colonoscopy N/A Done in 2016.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2007-09-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Insured ID Number: 466929656A

Group Number:

Employer Name: Ruth Mccoy

Immunizations:			

Ruth Mccoy: Chief Complaint Patient Record Number:6285 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 31-August-2016

Chief Complaint Status: finalized

New admit to service to prevent further decline of the following chronic medical conditions of hypertension, anxiety, gastroesophageal reflux disease, osteoarthritis, lumbago, and chronic pain syndrome. Patient complains of back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 65-year-old African-American female in NAD with multiple chronic conditions of the following hypertension, anxiety, gastroesophageal reflux disease, osteoarthritis, lumbago and chronic pain syndrome. Patient has a history of foot surgery in 2013 and a fall in 2000 that cause severe back and neck pain. No other surgical history noted. Patient complains of lower back pain upon examination. Patient denies any other issues at this time. Patient denies any chest pain, headache, nausea/vomiting recently.

Family History: Social History:

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-31	133	66	163.00	68.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

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No Difficulty in the least of the second

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Nox**Bilipatin**epreens Noc**Bilipatin**epreens

No Dimitiation In Range Of Motion

No Chiogratiipeasion

Physical Exam:

CERTO:

BSECKH:

PROGRAMMENTALINIA STATEMENT STATEMEN

CV:

RBRRAI/AktifeCtyl/Indicationalise and I Microits, Alert and Oriented X3-Within Normal Limits.

RESP:

Respirator Effort Unlabored-Within Normal Limits .

Medication:

		Description	Status	Start Date	End Date
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Alendronate Sodium ,70 MG TABS, TAKE 1 TABLET ONCE WEEKLY,
Quantity: 12, Refill Quantity: 3
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET
DAILY, Quantity: 30, Refill Quantity: 2
Unknown or N/A
by Jones, Derrick - MJ3217331
Texas Physician House Calls

Plan Note:

Plan Note Status: Finalized

Continue same treatment plan as 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 as tolerated. Of labs of the following order: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. 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. Reviewed old records with the patient. Followup home visit in 2-3 weeks.

- 1. Lumbago with chronic pain continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Gastroesophageal reflux disease, continue current plan.
- 4. Anxiety, continue current plan.
- 5. Osteoarthritis with chronic pain, continue current plan.
- 6. Chronic pain syndrome, continue current pain medication.

Medication refills as follows:

Amlodipine 10 mg q.d. Lisinopril/HCTZ 20/12.5 mg q.d. Xanax 0.5 mg b.i.d. Omeprazole 40 mg q.d. Norco 10/325 mg t.i.d. Alendronate 70 mg 1 tab q. weekly.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-08-31	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-31	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-31	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-08-31	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-31	

Allergies:

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

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31 Current home health agency:

Primary Justification Medical Conditions: Rheumatoid Arthritis_Osteoarthr,HTN Additional Medical Conditions: Anxiety, GERD, Chronic Pain Syndrome, Lumbago

Nursing Required: NO Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to chronic pain.

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-08-31 04:17 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-07 04:18

Form_status: finalized

Printed:

Procedure Order:

Patient ID	6285	Order ID	974
Patient Name	Mccoy, Ruth E	Ordered By	Love-Jones, Derrick
Order Date	2016-10-09	Print Date	2016-10-09
Order Status	pending	Encounter Date	2016-10-09
Lab	.HH Agency	Specimen Type>	

IOrdered Procedure F	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
007: CBC											
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Electronically Signed by Derrick Love-Jones on 2016-09-07.

Printed on 09-Oct-2016 21:59:49 pm.