

Patient Record Number:2042

Texas Physician House Calls (H)

2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texaschousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texaschousecalls.com

Name: Jacquelyn Prater

External ID: 2042

DOB: 1953-07-03

Sex: Female

S.S.: 439-02-1472

Marital Status: Divorced

Patient Drive Folder: 0B0x_tbqdBDPhNFJrLXRQdE9NU00

Address: 2255 N Washington Ave

City: Dallas

State: Texas

Postal Code: 75204

Country: USA

Mobile Phone: 214-779-7966

Street Address: 2255 N Washington Ave

Apt/Suite/Other: APT#303

Family History:

Last Recorded On: 02-11-2017.

Father: Father died of unknown disease..

Mother: Mother died of brain cancer, hypertension, and diabetes mellitus 2..

Siblings: Three brothers are alive, two brothers are died. Three sisters are alive and one sister died..

Offspring: Three children, one is deceased..

Social History:

Last Recorded On: 02-11-2017.

Tobacco: No smoking. **Status:** Never

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular..

Developmental History: Well..

Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 02-11-2017.

X Ray Normal X-ray done on 09/20/2016 is normal.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 439021472A
Group Number :
Employer Name : Jacquelyn Prater
Copay :
Insured ID Number : 512359830
Group Number :
Employer Name : Jacquelyn Prater

Immunizations:

Jacquelyn Prater: Chief Complaint
Patient Record Number:2042

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Seen by Derrick Love-Jones
Seen on 08-December-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, neuropathy, muscle spasms, depression, anxiety, chronic pain syndrome, osteoarthritis with chronic pain, lumbago with sciatica, constipation, and memory loss. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

A 63-year-old African-American female in no acute distress multiple chronic conditions of the following hypertension, neuropathy, muscle spasms, depression, anxiety, chronic pain syndrome, osteoarthritis with chronic pain, lumbago with sciatica, constipation, and memory loss. Patient states that she has lower back pain that travels into both legs and body pain throughout. Patient rates pain at 6/10. Patient states that she does get relief from current pain medication. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-08	127	74	225.00	62.00	97.60	16.00	~	41.1	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

~~Ente: Roma - 06/05/2016~~

No. _____ Of Birth

No Time to Determine

Medicine: YES

No Discoloration Nature Of Urine

No Displacement A Part Of Motion

Migraines YES

Physical Exam:

REMARKS:

Table 6-10 Comparison of the Results of the Two Tests for the Same Data Set - Within Normal Limits.

DISSEMINITIES:

Normal Limits .

CV:

Beck's Cognitive Therapy Model of Depression: Depressed and anxious.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lopressor ,100 MG TABS, TAKE 1 TABLET BY MOUTH TWICE DAILY, Quantity: 180, Refill Quantity: 2			
Unknown or N/A	Active	2016-11-27	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Sertraline HCl ,100 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	2016-11-25
Catapres-TTS-1 ,0.1 MG/24HR PTWK, APPLY 1 PATCH WEEKLY AS DIRECTED, Quantity: 16, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-06
Catapres-TTS-1 ,0.1 MG/24HR PTWK, APPLY 1 PATCH WEEKLY AS DIRECTED, Quantity: 16, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-29
Sertraline HCl ,100 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	2016-09-19
DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Ibuprofen ,400 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-11
Losartan Potassium ,100 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-17
Amoxicillin ,500 MG CAPS, Take 2 Times a Day, Quantity: 20, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-09
DiazePAM ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-20
DiazePAM ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take 1 tablet 3 times a day as needed for pain, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-20

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 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 chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily as tolerated. No labs needed this visit. 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 of the patient. Follow up appointment in 4-6 weeks.

1. Lumbago with chronic pain.
2. Muscle spasms.

3. Neuropathy.
4. Chronic pain syndrome.
5. Hypertension with vascular complications.
6. Insomnia.
7. Anxiety.
8. Osteoarthritis with chronic pain.
9. Depression.
10. Constipation.
11. Memory loss.

Medication refills as follows,

Norco 10/325 mg t.i.d.

Lisinopril 10 mg q.d.

Start Clonidine 0.3 mg patch q weekly.

Pro-Air INH.

Medical Problem:

Description	Status	Start Date	End Date
Encounter for general adult medical examination without abnormal findings (ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-09-21	
Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-09-09	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-16	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-16	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-16	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-16	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-16	
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-12	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-12	
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	2016-06-14	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-06-14	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-06-14	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-30	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-30	

Chronic obstructive pulmonary disease with acute lower respiratory infection (ICD10:J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection) Unknown or N/A	Active	2016-05-30
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-05-30
Major depressive disorder, single episode, mild (ICD10:F32.0 Major depressive disorder, single episode, mild) Unknown or N/A	Active	2016-05-30

Allergies:

Description	Status	Start Date	End Date
Tramadol Unknown or N/A	Active	2016-06-14	
Tylenol #4 Unknown or N/A	Active	2016-06-14	
Trazadone Unknown or N/A	Active	2016-06-14	

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy at age 37. Unknown or N/A	Active		
Motor vehicle accident in 2005. 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: Promise Home Health, Inc

Primary Justification Medical Conditions: Asthma, Depression, HTN, Traumatic_Brain_Injury

Additional Medical Conditions: Lumbago, Muscle Spasms, Constipation, Chronic Pain Syndrome, Memory Loss.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to a for Maddock brain injury and and and ability to self medicate correctly.

Certification Statement: Skilled nursing is needed to do to make Trumatic brain injury and, and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-12-08 00:53

Signed By (Physician): 18

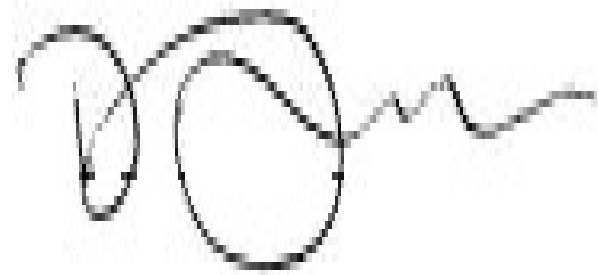
Signed on (Physician): 2016-12-15 00:53

Form_status: finalized

Procedure Order:

Patient ID	2042	Order ID	1327
Patient Name	Prater, Jacquelyn	Ordered By	Love-Jones, Derrick
Order Date	2016-12-08 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-08 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-15**.

Printed on 12-Feb-2017 15:55:37 pm.