

Doris Robinson: Patient Information
Patient Record Number:6242

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: Doris J Robinson
External ID: 6242
DOB: 1946-09-14
Sex: Female
S.S.: 460-72-0886
Marital Status: Widowed

Address: 400 E Wintergreen Rd
City: DeSoto,
State: Texas
Postal Code: 75115
Country: USA
Mobile Phone: 972-228-8990
Street Address: 400 E Wintergreen Rd
Apt/Suite/Other: APT#324

Family History:

Last Recorded On: 08-09-2016.
Father: Father deceased of hypertension and congestive heart failure..
Mother: Mother deceased with breast cancer..
Siblings: Two brothers, one died with colon cancer and another was murdered..
Offspring: One son who is alive and complains of hypertension..

Social History:

Last Recorded On: 08-09-2016.
Tobacco: Smokes one packet per day. **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 10th grade..
Other History: Influenza taken 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1997-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 460720886A
Group Number :
Employer Name : Doris Robinson

Immunizations:

Doris Robinson: Chief Complaint
Patient Record Number:6242

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Seen by Derrick Love-Jones
Seen on 02-August-2016

Chief Complaint Status:finalized

New it meant to service to prevent further decline of the following chronic medical conditions of hypertension, osteoarthritis, gastroesophageal reflux disease, neuropathy, and abnormal gait. Patient complains of knee pain and difficulty walking.

History of Present illness:

HPI Status:Finalized

A 69-year-old African-American female in NAD with multiple chronic conditions of the following hypertension, osteoarthritis, gastroesophageal reflux disease, neuropathy, and abnormal gait. Patient states that she has had knee pain, hip pain since her MVA in 2015. Patient states she had pain in her knees before her MVA, but that the accident caused more pain. Patient states that she does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-02	118	94	0.00	0.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight Loss: No

Fevers: No

Chills: No

Night sweats: No

Appetite: No

Energy: No

Weight gain: No

Diarrhea: No

Constipation: No

Physical Exam:

HEENT:

Eyes: No

Ears: No

Nose: No

Throat: No

CV: No

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Continue same treatment plan his previous provided.
2. Reviewed and continue same medications, no new medications noted this visit.
3. Medication adherence education was given to the patient.
4. The patient educated on the benefits of low salt, low-fat, low cholesterol diet with current medical conditions.
5. 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.

6. Patient encouraged to exercise daily as tolerated.
7. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL.
8. Osteoarthritis with chronic pain, continue current plan.
9. Hypertension with vascular complications continue current plan.
10. Neuropathy, continue current plan.
11. Gastroesophageal reflux disease, continue current plan.
12. Abnormal Gait continue to monitor.
13. Patient verbalized understanding of the above plan was given the office number for any questions or concerns.
14. Prognosis is fair and patient is stable.
15. Reviewed old records of the patient.
16. Follow up appointment in 4-6 weeks.

Medication refills as follows:

Verapamil 240 mg 1 tab am 1/2 tab p.m.

Gabapentin 600 mg b.i.d.

Omeprazole 20 mg q.d.

Triamterene/HCTZ 37.5/25 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-02	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-02	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-02	
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	2016-08-02	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-08-02	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-08-02	
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-08-02	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Tonsillectomy as child.. Unknown or N/A	Active		
Hysterectomy. Unknown or N/A	Active		
Appendectomy. Unknown or N/A	Active		
MVA in 2015. Unknown or N/A	Active		

Cyst (benign) left breast. Unknown or N/A	Active
Lump removal right breast. 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: Cardinal Home Health

Primary Justification Medical Conditions: HTN,Rheumatoid Arthritis_Osteoarthr

Additional Medical Conditions: Abnormal Gait, Neuropathy, GERD

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to severe chronic pain, difficulty walking and then ability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-08 01:53

Signed By (Physician): 18

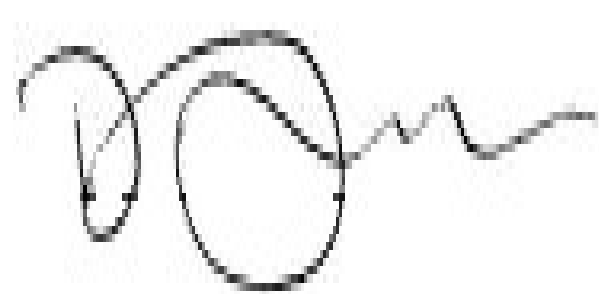
Signed on (Physician): 2016-08-09 02:11

Form_status: finalized

Procedure Order:

Patient ID	6242	Order ID	784
Patient Name	Robinson, Doris J	Ordered By	Love-Jones, Derrick
Order Date	2016-09-17	Print Date	2016-09-17
Order Status	complete	Encounter Date	2016-09-17
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-17		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-08-09**.

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