

Judy Moten: Patient Information
Patient Record Number:5288

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: Judy Moten
External ID: 5288
DOB: 1948-11-05
Sex: Female
S.S.: 513-56-3108
Marital Status: Divorced
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B8TZVrWJciS3WW1LRENQT2kyZ1E>

Address: 2766 Moffatt Ave
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Mother's Name: Schedule on Tuesday or Thursday
Emergency Contact: Son
Emergency Phone: 469-254-3791
Home Phone: 214-527-4228
Mobile Phone: 972-481-0877
Street Address: 2766 Moffatt Ave
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-14-2016.
Additional Medical History: heart murmur,ESRD,edema.

Family History:

Last Recorded On: 07-14-2016.
Father: Father has hypertension.
Mother: Mother has hypertension..
Siblings: Sister has history of uterine cancer and diabetes.
Spouse: Husband died in motor vehicle accident..
Offspring: Patient has 4 boys and 2 girls..

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
Developmental History: Educational level is 12th grade..
Other History: Last physical exam in 2007 Influenza in 2015.

Tests and Exams:

Last Recorded On: 07-14-2016.
Sigmoid/Colonoscopy N/A done in 2010

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2006-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2013-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 513563108A
Group Number :
Employer Name : Judy Moten
Copay :
Insured ID Number : 505598312
Group Number :
Employer Name : Judy Moten

Immunizations:

Judy Moten: Chief Complaint
Patient Record Number:5288

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Seen by Darolyn Perkins
Seen on 05-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of end-stage renal disease, diabetes mellitus type 2, hypertension, gastroesophageal reflux disease, congestive heart failure, and chronic obstructive pulmonary disease. Patient complains of shortness of breath upon exertion.

History of Present illness:

HPI Status:Finalized

Patient is a 67-year-old AA female in NAD with multiple chronic conditions of end-stage renal disease, hypertension, diabetes mellitus type 2, chronic obstructive pulmonary disease, and congestive heart failure, coronary artery disease, edema, and chronic pain. Patient has shortness of breath upon exertion and is on 2L continuous oxygen via nasal cannula. Patient denies any new issues upon examination. Patient denies any pain at this time. Patient denies any chest pain, headache, or nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-05	115	64	170.00	58.00	98.30	18.00	~	35.5	0.00

Review of Systems:

Constitutional:

[illegible]

Physical Exam:

MEMO:

Abbildung 1: Die Schritte des Supply Chain Managements

NEERO:

Oral Exam: Good. Cervical Nodes: Not Enlarged. Lungs: Clear. Heart: Normal. Abdomen: Normal. Genitals: Normal. Bilateral Nasal Turbinates-Within Normal Limits.

PSYCH:

Neck Muscles Within Segmental Midline: Within Normal Limits.

NECK:

Supple, Affect, Energy, Comrad, Mood, Nausea, Sept, Unier, Wed, Xon, Winder, Normal, Within. Normal Limits .

BACK:

Normal Curvature, Tenderness-Within Normal Limits .

RESP:

Respirator Effort Unlabored- Abnormal Limits.

Gl:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-22	
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16	
Simvastatin ,40 MG TABS, TAKE 1 TABLET DAILY AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-02-16	
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-26	
Hydrocodone-Acetaminophen , 10-325 MG TABS, TAKE ONE TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-05-20	
Glucocard Vital Test , STRP, TEST TWICE DAILY, Quantity: 200, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-20	
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH ONCE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-20	

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 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. 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. Ordered x-ray of left arm due to pain and results showed no radiographic abnormality. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes mellitus 2, monitor HbA1c.
2. Hypertension, Patient was educated on benefits of low fat, low cholesterol diet.
3. Chronic obstructive pulmonary disease, continue current plan.
4. Congestive heart failure, continue current plan.
5. Gastroesophageal reflux disease, continue current plan.
6. Coronary artery disease, continue current plan.
7. End-stage renal disease, continue current plan.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
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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	2016-05-26
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-26
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-26
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-26
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-26
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-16
Mild persistent asthma, uncomplicated (ICD10:J45.30 Mild persistent asthma, uncomplicated) Unknown or N/A	Active	2016-01-07
Chronic kidney disease, unspecified (ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-11-10
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
End stage renal disease (ICD10:N18.6 End stage renal disease) Unknown or N/A	Active	2015-10-01
Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage V or end stage renal disease (ICD10:I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease) 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
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) 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
Undiagnosed cardiac murmurs (ICD10:R01.1 Cardiac murmur, unspecified) Unknown or N/A	Active	2015-10-01
Edema (ICD10:R60.9 Edema, unspecified) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Kidney biopsy Unknown or N/A	Active		
Gallbladder- right upper fistula 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

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Signed by (NP): 302

Signed On (NP): 2016-07-05 04:18

Signed By (Physician): 18

Signed on (Physician): 2016-07-12 04:18

Form_status: finalized

Printed: NO

DME:

Description	Status	Start Date	End Date
Chronic airway obstruction, not elsewhere classified ordered a walked with seat from Ace Medical Supply. (ICD9:496 Chronic airway obstruction, not elsewhere classified) Unknown or N/A	Active		
Walker w/seat attachment (Rollator) Unknown or N/A	Active		



Electronically Signed by **Darolyn Perkins** on **2016-07-12**.

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