

Elizabeth Wilmore: Patient Information
Patient Record Number:3186

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: Elizabeth Wilmore
External ID: 3186
DOB: 1944-11-20
Sex: Female
S.S.: 450-66-5969

Address: 2630 SIMPSON STUART RD APT 25
City: Dallas
State: Texas
Postal Code: 75241-4870
Country: USA
Emergency Contact: Decina Bradford
Emergency Phone: 972-572-9798
Home Phone: 972-224-3963
Mobile Phone: 214-552-9102
Street Address: 2630, Simpson Straut Rd Bldg 8 apt 25 Cliff view Sr Living
Apt/Suite/Other: Apt# 25 , Bldg #8

Past Medical History:

Last Recorded On: 12-30-2016.
Risk Factors: Arthritis.

Family History:

Last Recorded On: 12-30-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Spouse: Unknown..

Social History:

Last Recorded On: 12-30-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Coffee: 1 cup a day **Status:** Current
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Counseling:
Exercise Patterns:
Hazardous Activities:
Sleep Patterns: Take medicine .
Nutrition History: Good..
Developmental History: Normal..
Hobbies: Drives occasionally..
Other History: No assistive devices. .

Tests and Exams:

Last Recorded On: 12-30-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2009-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Primary
Start Date : 2016-02-01
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Primary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 450665969A
Group Number :
Employer Name : Elizabeth Wilmore
Copay :
Insured ID Number : 17454496
Group Number :
Employer Name : Elizabeth Wilmore
Copay :
Insured ID Number : 450665969A
Group Number :
Employer Name : Elizabeth Wilmore

Immunizations:

Elizabeth Wilmore: Chief Complaint
Patient Record Number:3186

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Derrick Love-Jones
Seen on 23-November-2016

Chief Complaint Status:finalized

Followup home visit for management of allergic rhinitis, gastroesophageal reflux disease, bipolar, hyperlipidemia, chronic migraine, rheumatoid arthritis, hypertension, insomnia, and chronic pain. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

A 72-year-old African-American female in no acute distress with multiple chronic conditions of allergic rhinitis, gastroesophageal reflux disease, bipolar, hyperlipidemia, chronic migraine, rheumatoid arthritis, hypertension, insomnia, and chronic pain. Patient complains of knee pain rated it as 7/10, which relieved with current pain medications. Patient denies any other issues or complaints upon examination. Patient denies any chest pain, headache, or nausea or vomiting.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-23	118	75	186.00	61.00	97.40	16.00	~	35.1	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Immunologic:

No Weight Loss
No Fatigue
No Fever
No Night Sweats
No Anorexia
No Polydipsia
No Polyuria
No Change in Urine
No Change in Stool

Physical Exam:

HEENT:

Oral cavity: Within Normal Limits .

HEENT:

Oral cavity: Within Normal Limits .

EXTREMITIES:

Extremities: Within Normal Limits .

RESP:

Respiratory: Within Normal Limits .

Lungs Clear, Rales, Rhonchi, Wheezes-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
TiZANidine HCl ,2 MG CAPS, BID, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17	

TiZANidine HCl ,2 MG CAPS, 1 TABLET TWICE A DAY AFTER MEAL, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-01
Hydrocodone-Acetaminophen ,5-325 MG TABS, Take 1 Tablet By Mouth Every 6 Hours Daily, Must Last 30 days, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-14
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Simvastatin ,40 MG TABS, 1 TABLET(S) PO DAILY FOR CHOLESTEROL, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-17
Hydrocodone-Acetaminophen ,5-325 MG TABS, Take 1 Tablet By Mouth Every 6 Hours Daily, Must Last 30 days, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-15
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-15
Topiramate ,100 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-15

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 stable. No change in current medications since last visit. Medication adherence was given to the patient. Continue treatment as planned. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular complications, continue current plan.
2. Asthma, continue current plan.
3. Bipolar, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Osteoarthritis/rheumatoid arthritis with chronic pain, continue current plan.
6. Insomnia, continue current plan.
7. Gastroesophageal reflux disease, continue current plan.
8. Lumbago with chronic pain, continue current plan.
9. Allergic rhinitis, continue current plan.
10. Chronic migraines, continue current plan.

Medication refills as follows,
Norco 5/325 mg t.i.d.
Topiramate 100 mg b.i.d.
Nexium 40 mg q.d.
HCTZ 25 mg q.d.
Ventolin HFA 90 mcg
Simvastatin 40 mg q.h.s.

Medical Problem:

Description	Status	Start Date	End Date
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Bipolar disorder, unspecified (ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Unspecified 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 and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, 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	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Active		
Lumbago (ICD9:724.2 Lumbago) Unknown or N/A	Active		
Esophageal reflux (ICD9:530.81 Esophageal reflux) Unknown or N/A	Active		
Acute bronchitis (ICD9:466.0 Acute bronchitis) Unknown or N/A	Active		
Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus (ICD9:346.70 Chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus) Unknown or N/A	Active		

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
TAH/BSO 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: YES

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 skilled nursing.

Certification Statement: No SN needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-11-23 04:06

Signed By (Physician): 18

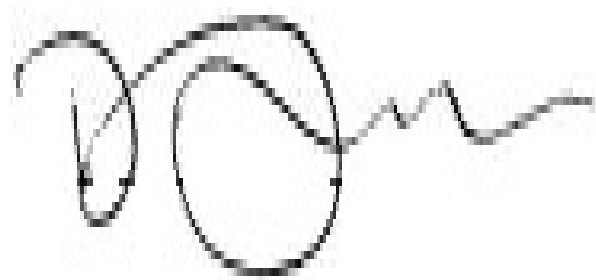
Signed on (Physician): 2016-11-30 04:06

Form_status: finalized

Procedure Order:

Patient ID	3186	Order ID	1248
Patient Name	Wilmore, Elizabeth	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-30**.

Printed on 31-Dec-2016 12:12:45 pm.