

Elizabeth Clint: Patient Information
Patient Record Number:6304

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: Elizabeth Clint
External ID: 6304
DOB: 1954-03-08
Sex: Female
S.S.: 528-84-9707

Address: 971 E Sanford St
City: Arlington
State: Texas
Postal Code: 76011
Country: USA
Home Phone: 682-251-5682
Street Address: 971 E Sanford St
Apt/Suite/Other: APT#3304, Gate Code:1122

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1999-08-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-09-01
Relationship to Insured :
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 528849707A
Group Number :
Employer Name : Elizabeth Clint
Copay :
Insured ID Number : 512317213
Group Number :
Employer Name :

Immunizations:

Elizabeth Clint: Chief Complaint
Patient Record Number:6304

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

Seen by Derrick Love-Jones
Seen on 13-October-2016

Chief Complaint Status:finalized

New patient admitted to prevent further decline of the following medical conditions of hypertension, congestive heart failure, diabetes mellitus type 2, asthma, hyperlipidemia, schizophrenia, allergic rhinitis, coronary artery disease, epilepsy, chronic pain, osteoarthritis, urinary incontinence, and congestive heart failure. Patient complains of knee pain.

History of Present illness:

HPI Status:Finalized

A 62-year-old Caucasian female in NAD with multiple chronic conditions of the following hypertension, congestive heart failure, diabetes mellitus type 2, asthma, hyperlipidemia, schizophrenia, allergic rhinitis, coronary artery disease, epilepsy, chronic pain, osteoarthritis, urinary incontinence, and congestive heart failure. Patient states that she has chronic knee pain and rates her current pain at 5/10. Patient is currently taking OTC pain medication and states she is getting some minor relief. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and 8 foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-13	100	74	220.00	66.00	97.80	16.00	~	35.5	0.00

Review of Systems:

Constitutional:

~~By M. Jones, MD~~
~~No Weight Change~~
~~No Anorexia~~
~~No Polyphagia~~
~~No Fatigue~~
~~No Excessive Thirst~~
~~No Excessive Sweating~~
~~No Change In Range Of Motion~~
~~No Change In Appetite~~
~~No Constipation~~

Physical Exam:

ENT/NECK:

~~ENT/NECK: Within Normal Limits~~
~~ENT/NECK: Within Normal Limits~~

HEENT:

~~HEENT: Within Normal Limits~~
~~HEENT: Within Normal Limits~~

NEURO:

~~NEURO: Within Normal Limits~~
~~NEURO: Within Normal Limits~~

PSYCH:

~~PSYCH: Within Normal Limits~~
~~PSYCH: Within Normal Limits~~

Patient Appears To Be In Good Mood-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Esomeprazole Magnesium ,40 MG CPDR, TAKE 1 CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-10-17	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Farxiga ,5 MG TABS, TAKE 1 TABLET BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17
Isosorbide Dinitrate ,30 MG TABS, Take 1 tablet Once Daily, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17
Spiriva HandiHaler ,18 MCG CAPS, INHALE CONTENTS OF 1 CAPSULE ONCE DAILY, Quantity: 90, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-17

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. Full set of labs of the following ordered: CBC, CMP, UA, TSH, A1C, VIT D, LIPID LDL/HDL. Patient verbalized understanding of the above plan it was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Congestive heart failure with systolic complications, continue current plan.
4. Osteoarthritis with chronic pain, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Asthma, continue current plan.
7. Hyperlipidemia, continue current plan.
8. Schizophrenia, continue current plan.
9. Allergic rhinitis, continue current plan.
10. Coronary artery disease, continue current plan.
11. Epilepsy, continue current plan.
12. Osteoarthritis with chronic pain, continue current plan.
13. Urinary incontinence, continue current plan.

Medication refills as follows:

Farxiga 5 mg q.d.
Advair 100/50
Spiriva
Levimir 15 units p.m.
Novolog Flexpen 12 units t.i.d.
Lisinopril 5 mg q.d.
Simvastatin 40 mg q.d.
Losartan 25 mg q.d.
Montelukast 10 mg q.d.
Isosorbide 30 mg q.d.
Nitro Stat 0.4 mg P.R.N.
Esomeprazole 40 mg q.d.
Tramadol 50 mg b.i.d.
Cetirizine 10 mg q.d.
Carbamazepine 200 mg b.i.d.
ASA 81 mg q.d.
Pro-Air INH
Haloperidol (pt did not know dosage)

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-10-13	

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	2016-10-13
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-10-13
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-10-13
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-10-13
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-13

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: LG Charity Home Health

Primary Justification Medical Conditions: hyperlipidemia,Schizophrenia,Rheumatoid

Arthritis_Osteoarthr,HTN,Heart_Failure,Asthma,Heart_Disease,Epilepsy,diabetes

Additional Medical Conditions: AR, Urinary Incontinence

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to mental illness and then ability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the patient's inability to self medicate due to mental illness.

Signed by (NP): 16

Signed On (NP): 2016-10-13 04:59

Signed By (Physician): 18

Signed on (Physician): 2016-10-20 04:59

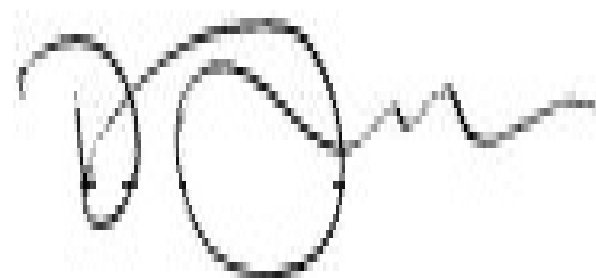
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6304	Order ID	1121
Patient Name	Clint, Elizabeth	Ordered By	Love-Jones, Derrick
Order Date	2016-12-18	Print Date	2016-12-18
Order Status	complete	Encounter Date	2016-12-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-18		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-20**.

Printed on 18-Dec-2016 16:26:40 pm.