Linda Heidleberg: Patient Information

Patient Record Number:6195

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: Linda Heidleberg External ID: 6195 DOB: 1928-12-07 Sex: Female **S.S.**: 458-52-7091

Address: 919 Woodvale

City: Dallas State: Texas Postal Code: 75217 Country: USA

Home Phone: 469-458-3631 Work Phone: 214-476-9550 Mobile Phone: 214-552-1651 Street Address: 919 Woodvale Apt/Suite/Other: House

Family History:

Last Recorded On: 08-16-2016.

Father: Unknown. Mother: Unknown. Siblings: Unknown.

Social History:

Last Recorded On: 08-16-2016. Tobacco: No smoking Status: Never Alcohol: No alochol Status: Never

Recreational Drugs: No drugs Status: Never

Nutrition History: Regular. Developmental History: Well.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1989-10-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2016-08-01 Relationship to Insured: Self

Type: N/A

Payer: Humana (61101)

Insured ID Number: 458527091A

Group Number:

Employer Name: Linda Heidleberg

Copay:

Insured ID Number: H48659192

Group Number:

Employer Name : Linda Heidleberg

Immunizations:			

Linda Heidleberg: Chief Complaint Patient Record Number:6195 Texas Physician House Calls (H)

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Seen by Sumana Ketha MD Seen on 03-August-2016

Chief Complaint Status: finalized

Follow-up home visit to prevent further decline of the following chronic medical condition: asthma/chronic obstructive pulmonary disease, chronic pain syndrome, epilepsy, hypertension, neuropathy, constipation, gastroesophageal reflux disease, osteoarthritis with chronic pain. Patient complains of pain in back and throughout body.

History of Present illness:

HPI Status:Finalized

An 87-year-old Caucasian elderly female in NAD with multiple chronic conditions of the following: asthma/chronic obstructive pulmonary disease, epilepsy, hypertension, neuropathy, gastroesophageal reflux disease, constipation, osteoarthritis with chronic pain and chronic pain syndrome. Patient complains of pain in her back and throughout her body. Patient rates pain at 8/10 and gets relief from current pain medication. Patient denies any chest pain, headache or nausea vomiting at this time. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-03	139	88	141.00	65.00	97.60	20.00	~	0.0	0.00

Review of Systems:

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No Constipation

Physical Exam:

G**un**an:

PNACTOR DESCRIPTION OF THE PARTY OF THE PA

CV:

Reservation Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

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 symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. Reviewed recent labs with patient. No labs needed this visit. The patient verbalize understanding of the above planning was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Lumbago w/sciatica continue current plan

- 2. Hypertension with vascular complications continue current plan
- 3. Epilepsy continue current plan
- 4. Congestive heart failure with systolic complications continue current plan
- 5. Osteoarthritis with chronic pain continue current plan
- 6. Chronic Pain Syndrome continue current pain medication
- 7. Chronic obstructive pulmonary disease/Asthma continue current plan
- 8. Coronary artery disease, continue current plan
- 9. Atrial fibrillation, continue current plan
- 10. Neuropathy continue current plan
- 11. Dementia continue current plan
- 12. Constipation continue current plan.
- 13. Medication refills as follows; Norco 10/325 mg t.i.d., Donepezil 10 mg q.d., Advisr Disckus 500/50 mg, Carbamazepine 200 mg b.i.d., Colace 100 mg b.i.d., Famotidine 20 mg q.d., Levetiracetam 500 mg b.i.d., Lidocaine 5% patch q 12 hrs, Metoprolol 25 mg b.i.d., Gabapentin 300 mg t.i.d.
- 14. Medication adherence was given to the patient. Continue treatment as planned.
- 15. 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.
- 16. Reviewed old records of the patient.
- 17. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-08-03	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-03	
Unspecified systolic (congestive) heart failure (ICD10:150.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-08-03	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-06-23	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-06-23	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-06-23	
Epilepsy, unspecified, not intractable, without status epilepticus (ICD10:G40.909 Epilepsy, unspecified, not intractable, without status epilepticus) Unknown or N/A	Active	2016-06-23	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-23	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-31	
Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus (ICD10:G40.409 Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus) Unknown or N/A	Active	2016-05-31	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-05-31	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-05-31	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-05-31	

Hypertensive heart disease with heart failure (ICD10:l11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2016-05-05
Acute on chronic diastolic (congestive) heart failure (ICD10:I50.33 Acute on chronic diastolic (congestive) heart failure) Unknown or N/A	Active	2016-05-05
Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2016-05-05
Acute respiratory failure with hypercapnia (ICD10:J96.02 Acute respiratory failure with hypercapnia) Unknown or N/A	Active	2016-05-05
Lobar pneumonia, unspecified organism (ICD10:J18.1 Lobar pneumonia, unspecified organism) Unknown or N/A	Active	2016-05-05
Pleural effusion, not elsewhere classified (ICD10:J90 Pleural effusion, not elsewhere classified) Unknown or N/A	Active	2016-05-05
Paroxysmal atrial fibrillation (ICD10:I48.0 Paroxysmal atrial fibrillation) Unknown or N/A	Active	2016-05-05
Hyperosmolality and hypernatremia (ICD10:E87.0 Hyperosmolality and hypernatremia) Unknown or N/A	Active	2016-05-05
Thrombocytopenia, unspecified (ICD10:D69.6 Thrombocytopenia, unspecified) Unknown or N/A	Active	2016-05-05

Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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: VCP Home Health Agency Inc

Primary Justification Medical Conditions: Asthma, COPD, Epilepsy, HTN, Mobility_Impairments **Additional Medical Conditions:** GERD, Chronic Pain Syndrome, Neuropathy, Constipation

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 chronic pain, limited mobility issues.

Certification Statement: Skilled nursing is needed due to chronic pain, limited mobility, and inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-08-03 07:43 **Signed By (Physician):** 18

Signed on (Physician): 2016-08-08 07:43

Form_status: finalized



Electronically Signed by Sumana Ketha, MD on 2016-08-08.

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