

Zula Clewis: Patient Information
Patient Record Number:5987

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: Zula Clewis
External ID: 5987
DOB: 1925-09-19
Sex: Female
S.S.: 449-40-3608
Marital Status: Widowed
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCdVIPS29sbWltOGM

Address: 4820 Clear Creek Rd
City: Dallas
State: Texas
Postal Code: 75232
Country: USA
Home Phone: 214-372-4474
Mobile Phone: 469-867-8687
Street Address: 4820 Clear Creek Rd
Apt/Suite/Other: House

Family History:

Last Recorded On: 07-25-2016.
Father: Unknown.
Mother: Unknown.
Siblings: Unknown.
Offspring: Six children..

Social History:

Last Recorded On: 07-25-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Education level is 2 years college..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1990-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-07-01
Relationship to Insured : Self
Type : N/A
Payer : Aetna (60054)

Copay :
Insured ID Number : 449403608A
Group Number :
Employer Name : Zula Clewis
Copay :
Insured ID Number : 449403608
Group Number :
Employer Name : Zula Clewis

Immunizations:

Zula Clewis: Chief Complaint
Patient Record Number:5987

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

Chief Complaint Status:finalized

Follow up home visit for management of hypertension, neuropathy, hyperlipidemia, asthma, rheumatoid arthritis, chronic pain, and chronic obstructive pulmonary disease, and mobility impairment. Patient complains of not having the strength to walk and hip pain.

History of Present illness:

HPI Status:Finalized

The patient is a 90-year-old AA female in NAD with multiple chronic conditions of hypertension, neuropathy, hyperlipidemia, chronic pain, chronic obstructive pulmonary disease, asthma, and mobility impairment. Patient states she wants to walk again but does not have the strength to stand and has severe hip pain. Patient would like to start Physical Therapy again. Patient rates pain 7/10 today. Patient denies any other issues or complaints upon examination. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-13	136	63	140.00	63.00	97.60	20.00	~	24.8	0.00

Review of Systems:

Constitutional:

Geometric Algebraic Topology:

~~No Release~~ No Release

Non-Fluorinated Bath

No ~~the~~ ~~NMFE~~ ~~Disability~~ ~~Agency~~

No ~~Business~~ ~~Business~~

NO EDYER'S Appetite

No Elastic Film Mises

No Usual Or Derivatives Of Motion YES

No Obstruction

Physical Exam:

SUMMARY:

Diagnosis: All parameters were within normal limits.

POSSIBILITIES:

Normal Power in the Normal Limits.

CV:

Revised 11/15/2015. Not for Distribution. Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-06-29	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-29
Polyethylene Glycol 3350 , PACK, MIX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-22
TraMADol HCl ,50 MG TABS, TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-15
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH EVERY SIX HOURS AS NEEDED, Quantity: 8.5, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-01-27
Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05
Gabapentin ,100 MG CAPS, TAKE 1 CAPSULE AT BEDTIME, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05
Pantoprazole Sodium ,40 MG TBEC, TAKE ONE TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-05

Plan Note:

Plan Note Status:Finalized

1. Rheumatoid arthritis/osteoarthritis with chronic pain, continue PT/OT.
2. Chronic obstructive pulmonary disease/asthma, on nebulizers.
3. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
4. Gastroesophageal reflux disease, continue current plan.
5. Neuropathy, continue current plan.
6. Chronic pain syndrome, continue current plan of treatment.
7. Mobility impairment, continue to monitor
8. No medication refills needed this visit.
9. Medication adherence was given to the patient. Continue treatment as planned.
10. 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.
11. Reviewed old records of the patient.
12. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Shortness of breath (ICD10:R06.02 Shortness of breath) 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
Osteoarthritis, localized, primary, pelvic region and thigh (ICD10:M16.10 Unilateral primary osteoarthritis, unspecified hip) Unknown or N/A	Active	2015-10-01
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01
Polyneuropathy in collagen vascular disease (ICD10:G63 Polyneuropathy in diseases classified elsewhere) Unknown or N/A	Active	2015-10-01
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Chronic obstructive asthma, unspecified (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
Penicillin Unknown or N/A	Active	2015-09-08	

Surgeries:

Description	Status	Start Date	End Date
Hip Surgery on 04/2015 Unknown or N/A	Active	2015-09-08	
Knee Replacement Surgery Unknown or N/A	Active	2015-09-08	
Removal of cyst from the breast. Unknown or N/A	Active	2015-09-08	
Hospitalized at Methodist. Unknown or N/A	Active	2015-09-08	

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: Good Health Services

Primary Justification Medical Conditions: COPD,HTN,hyperlipidemia,Mobility_Impairments

Additional Medical Conditions: Neuropathy

Nursing Required: YES

Physical Therapy: YES

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to mobility impairment/chronic pain and inability to self medicate

Certification Statement: Patient is home bound due to mobility impairment and chronic pain. Patient is weak with poor balance and an increase risk for falls.

Signed by (NP): 16

Signed On (NP): 2016-07-13 03:24

Signed By (Physician): 18

Signed on (Physician): 2016-07-19 03:24

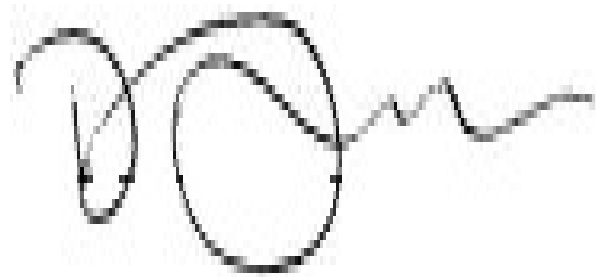
Form_status: finalized

Printed: NO

Procedure Order:

Patient ID	5987	Order ID	714
Patient Name	Clewis, Zula	Ordered By	Love-Jones, Derrick
Order Date	2016-09-10	Print Date	2016-09-10
Order Status	complete	Encounter Date	2016-09-10
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-10		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, flowing script.

Electronically Signed by **Derrick Love-Jones** on **2016-07-19**.

Printed on 10-Sep-2016 21:49:41 pm.