

**Deborah Clark: Patient Information**  
Patient Record Number:6094

**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:** Deborah Clark  
**External ID:** 6094  
**DOB:** 1956-04-20  
**Sex:** Female  
**S.S.:** 451139795

**Address:** 2514 Perryton Drive  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75224  
**Country:** USA  
**Home Phone:** 972-948-9638  
**Mobile Phone:** 469-906-7363  
**Street Address:** 2514 Perryton Drive  
**Apt/Suite/Other:** 6207

## Family History:

**Last Recorded On:** 10-25-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 10-25-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Work Status:** Disabled.  
**Other History:** Influenza November 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2015-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 451139795A  
**Group Number :**  
**Employer Name :** Deborah Clark

## Immunizations:

**Deborah Clark: Chief Complaint**  
Patient Record Number:6094

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**Seen by** Darolyn Perkins  
**Seen on** 08-September-2016

**Chief Complaint Status:**finalized

Follow up home visit to services for the prevention and control of chronic conditions of hypertension, diabetes mellitus type 2, heart disease, kidney failure, chronic pain, gout, chronic kidney disease stage III, congestive heart failure, hyperlipidemia, and insomnia. Patient complains of left shoulder pain.

## History of Present illness:

**HPI Status:**Finalized

Patient is a 60-year-old female with multiple chronic conditions of hypertension, diabetes mellitus type 2, heart disease, kidney failure, chronic pain, hyperlipidemia and insomnia. Patient denies any new issues upon examination. Patient denies chest pain, headache, and nausea or vomiting. Reviewed medications. Patient states that her diabetes mellitus type 2 is now been controlled. Patient states she was started on humulin R. Patient cannot walk long distance any longer without stepping to rest and catch any breath. Patient has been prescribed walker without seat, rolling walker and cane.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-08	175	95	214.00	64.00	98.20	18.00	~	36.7	0.00

## Review of Systems:

**Constitutional:**

**General:** No Chest Pain  
No Anorexia  
No Weight Loss  
No Fatigue  
No Insomnia  
No Dependence  
No Depression  
No Headache  
No Dizziness  
No Urine  
No Hematuria  
No Hematochezia  
No Change Of Motion  
No Dentures  
No Migraines  
No Changes In Mentation

## Physical Exam:

**HEENT:**

Normal Limits .

**ENT:**

Normal Limits .

**CV:**

Normal Limits .

**RESP:**

Lungs CTAB-Within Normal Limits .

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

## Medication:

Description	Status	Start Date	End Date
Aspirin Adult Low Dose ,81 MG TBEC, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-13	
NIFEdipine ER ,60 MG TB24, Take One Tablet By Mouth Twice A Day, Quantity: 60, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-13	
Levemir ,100 UNIT/ML SOLN, 60 UNITS IN THE AM 60 UNITS IN THE PM, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-22	
HumuLIN R ,100 UNIT/ML SOLN, INJECT UNITS AS DIRECTED BASED ON BLOOD GLUCOSE, Quantity: 10, Refill Quantity: 4 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-23	
Catapres-TTS-3 ,0.3 MG/24HR PTWK, APPLY 1 PATCH WEEKLY AS DIRECTED, Quantity: 12, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
Januvia ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
Levemir ,100 UNIT/ML SOLN, 50 UNITS IN THE AM 50 UNITS IN THE PM, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
NIFEdipine ER ,60 MG TB24, Take One Tablet By Mouth Twice A Day, Quantity: 60, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
Promethazine-DM ,6.25-15 MG/5ML SYRP, TAKE 1 TO 2 TEASPOONSFUL EVERY 6 HOURS AS NEEDED, Quantity: 240, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-07	
QUetiapine Fumarate ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06	
Januvia ,25 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-31	
Losartan Potassium ,100 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09	
Cozaar ,100 MG TABS, Take 1 tablet (100 mg) by mouth daily before bed, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-05-06	

Hydrocodone-Acetaminophen .7.5-325 MG TABS, Take one tablet every six hours as needed for pain, Quantity: 120, Refill Quantity: 0

Unknown or N/A

Active

2016-03-10

by ketha, Dr sumana - BK6230281

Texas Physician House Calls

## Plan Note:

### Plan Note Status:Finalized

1. Uncontrolled diabetes mellitus type 2 schedule appointment with an Endocrinologist for further evaluation.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Congestive heart failure with systolic complications, continue current plan.
4. Chronic kidney disease stage-III, continue current plan.
5. Gout, continue current plan.
6. Hyperlipidemia, monitor lipids.
7. Chronic pain syndrome, continue pain medications.
8. Medication refills as follows; Aspirin low 81 daily, Furosemide 40 mg daily, nifedipine 60 mg er bid, quetiapine 100 mg at bedtime, Atorvastatin 80 mg at bedtime, clinics 0.3 mg patch take weekly.
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
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	2016-07-21	
Unspecified systolic (congestive) heart failure ( ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-21	
Chronic kidney disease, stage 3 (moderate) ( ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2016-07-21	
Gout, unspecified ( ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-03-31	
Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease ( ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2016-03-15	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-15	
Long term (current) use of insulin ( ICD10:Z79.4 Long term (current) use of insulin) Unknown or N/A	Active	2016-03-15	
Ataxia following cerebral infarction ( ICD10:I69.393 Ataxia following cerebral infarction) Unknown or N/A	Active	2016-03-15	
Dysarthria following unspecified cerebrovascular disease ( ICD10:I69.922 Dysarthria following unspecified cerebrovascular disease) Unknown or N/A	Active	2016-03-15	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-09	
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-03-09	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-03-09	

Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-03-09
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-03-09
Chronic kidney disease, unspecified ( ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2016-03-09

## 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:** JK Home health

**Primary Justification Medical Conditions:** Mobility\_Impairments,Kidney\_Disease,hyperlipidemia,HTN,Heart\_Disease,diabetes

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Skilled nursing needed due to chronic pain and heart disease.

**Certification Statement:** Patient is home bound due to chronic pain and heart disease. Patient is weak with poor balance and at risk for fall.

**Signed by (NP):** 302

**Signed On (NP):** 2016-09-07 05:13

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-09-14 05:13

**Form\_status:** finalized

**Printed:**



Electronically Signed by **Darolyn Perkins** on **2016-09-15**.

Printed on 25-Oct-2016 23:28:02 pm.