

Refugia Rose: Patient Information
Patient Record Number:1389

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: Refugia Rose
External ID: 1389
DOB: 1942-09-13
Sex: Female
S.S.: 449-66-7780
Marital Status: Widowed
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5ZS1DWjNVeV9KSFU>

Address: 2413 Donna Drive
City: Grand Prairie
State: Texas
Postal Code: 75051
Country: USA
Emergency Contact: Vanoy Son
Emergency Phone: 469-628-0366
Mobile Phone: 214-406-1271
Street Address: 2413 Donna Drive
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 12-17-2016.
Risk Factors: Degenerative Joint Disease.
Additional Medical History: Renal stones..

Family History:

Last Recorded On: 12-17-2016.
Father: Father had pneumonia..
Mother: Mother died with colon CA..
Offspring: Four children..

Primary Family Med Conditions:

Last Recorded On: 12-17-2016.
Risk Factors: Pneumonia.
Chronic Conditions: Colorectal Cancer.

Social History:

Last Recorded On: 12-17-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..

Tests and Exams:

Last Recorded On: 12-17-2016.
UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 04/27/2015, at Evolution

Health Services, Ordered by Dr. Sumana Ketha

Urine Culture (prn) Normal Done on 04/27/2015, at Evolution Health Services, Ordered by Dr. Sumana Ketha

Mammogram (>40yrs, Yearly) N/A Done in 2014.

Sigmoid/Colonoscopy N/A Done in 2009.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2007-09-01

Relationship to Insured : Self

Type : N/A

Payer : Medicare B Texas (SMTX0)

Priority : Secondary

Start Date : 2014-09-16

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Priority : Secondary

Start Date : 2016-10-01

Relationship to Insured : Self

Type : N/A

Payer : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 449667780A

Group Number :

Employer Name : Refugia Rose

Copay :

Insured ID Number : 516229202

Group Number :

Employer Name : Refugia Rose

Copay :

Insured ID Number : 516229202

Group Number :

Employer Name : Refugia Rose

Immunizations:

Refugia Rose: Chief Complaint
Patient Record Number:1389

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Seen by Darolyn Perkins
Seen on 02-November-2016

Chief Complaint Status:finalized

Followup home visit for management of diabetes mellitus type 2, benign hypertension, hyperlipidemia, congestive heart failure, and chronic obstructive pulmonary disease. Patient continues to complain of shortness of breath. Patient wants a portable oxygen tank.

History of Present illness:

HPI Status:Finalized

A 74-year-old Hispanic female in NAD with multiple chronic conditions of diabetes mellitus type 2, benign hypertension, osteoarthritis/rheumatoid arthritis, coronary artery disease, and hyperlipidemia. Patient states that she has shortness of breath. Patient is on oxygen per nasal cannula. Patient denies any pain at this time. Patient denies any hypoglycemia and foot check revealed no issues. Patient denies any chest pain, headache, or nausea or vomiting. Patient is on oxygen 2L. Patient has catheter on right side that enters her stomach due to severe nausea.

Vitals:

| Service Date | BPS | BPD | Wt | Ht | Temperature | RR | Note | BMI | Head circ |
|--------------|-----|-----|--------|-------|-------------|-------|------|------|-----------|
| 2016-11-02 | 137 | 72 | 151.00 | 59.00 | 98.20 | 18.00 | ~ | 30.5 | 0.00 |

Review of Systems:

Constitutional:

Example 1: The Fall of the Roman Empire

Not enough YES

~~No further business~~

Urine

No ~~Blurred~~ Appetite

Nonparametric Tests

No Limitation In Range Of Motion

No Bleeding Gums

No Abstracts

No Use Of Dentures

Physical Exam:

PERMEITIES:

Table 1. Comparison of the mean values of the measured parameters between the groups. All values are within normal limits.

BEAR:

SPECIAL REPORT

CV:

Revised Scientific Name and Filing Requirements Within Normal Limits.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| MetFORMIN HCl ,500 MG TABS, TAKE 2 TABLET BY MOUTH TWICE DAILY, Quantity: 120, Refill Quantity: 0 | | | |
| Unknown or N/A | Active | 2016-10-26 | |
| by ketha, Dr sumana - BK6230281 | | | |
| Texas Physician House Calls | | | |

| | | |
|--|--------|------------|
| ProAir HFA ,108 (90 Base) MCG/ACT AERS, 2 puffs 4 times a day, Quantity: 5, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-07-19 |
| Hydrochlorothiazide ,12.5 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2016-05-04 |
| Gabapentin ,300 MG CAPS, TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY, Quantity: 90, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-04-05 |
| Hydrochlorothiazide ,12.5 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls | Active | 2016-04-05 |
| Hydrochlorothiazide ,12.5 MG TABS, TAKE ONE TABLET BY MOUTH ONCE DAILY IN THE MORNING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls | Active | 2014-12-31 |

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. 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 patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Diabetes mellitus type 2, continue current plan.
2. Hypertension, continue current plan.
3. Chronic obstructive pulmonary disease, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Congestive heart failure, continue current plan.
6. Osteoarthritis/rheumatoid arthritis, continue current plan.
7. Coronary artery disease, continue current plan.

Medication refills : Proair inhaler and naproxen 375 mg po bid

Medical Problem:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-10 | |
| Atherosclerotic heart disease of native coronary artery without angina pectoris (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A | Active | 2015-10-10 | |
| Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A | Active | 2015-10-10 | |
| Type 2 diabetes mellitus with diabetic polyneuropathy (ICD10:E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A | Active | 2015-10-10 | |
| Chronic obstructive pulmonary disease with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A | Active | 2015-10-10 | |

| | | |
|---|--------|------------|
| Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, 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 |
| Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Acute cholecystitis (ICD10:K81.0 Acute cholecystitis) Unknown or N/A | Active | 2015-10-01 |
| Other specified disorders of gallbladder (ICD10:R82.8 Abnormal findings on cytological and histological examination of urine) Unknown or N/A | Active | 2015-10-01 |
| Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A | Active | 2015-10-01 |
| Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A | Active | 2015-10-01 |
| Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A | Active | 2015-10-01 |
| Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A | Active | 2015-10-01 |
| Obstructive chronic bronchitis with (acute) exacerbation (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A | Active | 2015-10-01 |
| Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) 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 |
| Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A | Active | 2015-10-01 |
| Muscle weakness (generalized) (ICD10:M62.81 Muscle weakness (generalized)) Unknown or N/A | Active | 2015-10-01 |
| Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A | Active | 2015-10-01 |
| Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart (ICD10:I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris) Unknown or N/A | Active | 2015-10-01 |
| Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled (ICD10:E10.65 Type 1 diabetes mellitus with hyperglycemia) Unknown or N/A | Active | 2015-10-01 |

| | | |
|--|--------|------------|
| Acute bronchitis (ICD10:J20.9 Acute bronchitis, unspecified) Unknown or N/A | Active | 2015-10-01 |
|--|--------|------------|

Allergies:

| Description | Status | Start Date | End Date |
|--------------------------|--------|------------|----------|
| NSAIDs Unknown or N/A | Active | | |

Surgeries:

| Description | Status | Start Date | End Date |
|--|--------|------------|----------|
| CVA left hemi in 06/2010 Unknown or N/A | Active | | |
| Tubal ligation Unknown or N/A | Active | | |
| Appendectomy Unknown or N/A | Active | | |
| Cholecystectomy 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: Jacob Healthcare Services.

Primary Justification Medical Conditions: Mobility_Impairments,HTN,Heart_Failure,diabetes,COPD

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: Patient requires closely monitoring for vital signs, DFS checks. Patient needs assistance with medication administration and medication planning.

Certification Statement: Patient requires considerable effort to leave home.

Signed by (NP): 302

Signed On (NP): 2016-11-02 00:48

Signed By (Physician): 18

Signed on (Physician): 2016-11-09 00:48

Form_status: finalized

Printed:

DME:

| Description | Status | Start Date | End Date |
|---|--------|------------|----------|
| Cane Unknown or N/A by Dr. Sumana Ketha | Active | | |



Electronically Signed by **Darolyn Perkins** on **2016-11-03**.

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