

**Ethel Pope: Patient Information**  
Patient Record Number:1199

**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:** Ethel Pope  
**External ID:** 1199  
**DOB:** 1939-09-22  
**Sex:** Female  
**S.S.:** 449-68-4390  
**Marital Status:** Widowed  
**User Defined:** 214-421-3356  
**Patient Drive Folder:** 0B0x\_tbqdBDPhM19pZXphTzJDMG8

**Address:** 4531 Jamaica St.  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75210  
**Country:** USA  
**Emergency Phone:** 469-237-9001  
**Mobile Phone:** 214-421-3356  
**Street Address:** 4531 Jamaica St.  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 02-03-2017.  
**Father:** Father had died. .  
**Mother:** Mother had died..  
**Offspring:** Seven boys and three girls. One boy died with gun shot wound. .

## Social History:

**Last Recorded On:** 02-03-2017.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Education level is 8th grade..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2015-02-09  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2015-09-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 449684390A  
**Group Number :**  
**Employer Name :** Ethel Pope  
**Copay :**  
**Insured ID Number :** 504798008  
**Group Number :**  
**Employer Name :** Ethel Pope

**Immunizations:**

**Ethel Pope: Chief Complaint**  
Patient Record Number:1199

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**Seen by** Darolyn Perkins  
**Seen on** 22-December-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following medical conditions of diabetes mellitus type 2, hypertension, osteoarthritis, chronic pain, hyperlipidemia, and visual impairment. Patient complains of pain in her hands and knees.

**History of Present illness:**

**HPI Status:**Finalized

A 77-year-old African-American female in no acute distress with multiple chronic medical conditions including diabetes mellitus 2, hypertension, osteoarthritis, chronic pain, and visual impairment. Patient states that pain in her hands and knees that continuously hurts. Patient states she has not had much relief. Patient denies other issues. Patient denies any recent hypoglycemia episodes and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea or vomiting.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-22	151	78	161.00	66.00	8.20	8.00	~	26.0	0.00

**Review of Systems:**

**Constitutional:**

**Neurologic:**

No Dizziness  
No Headaches  
No Fainting  
No Tremors  
No Seizures  
No Back Pain  
No Incontinence  
No Constipation

**Physical Exam:**

**HEENT:**

Oral cavity, tongue, throat, and tonsils - Within Normal Limits .

**EYES:**

Visual acuity, visual fields, and fundus - Within Normal Limits .

**CVSC:**

Heart rate, rhythm, and sounds - Within Normal Limits .

ROM, W, R, B, G, and L - Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Valsartan ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-11-04	
Crestor ,10 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19	

GlipiZIDE ,5 MG TABS, TAKE ONE (1) TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3

Unknown or N/A

Active

2016-07-28

by Jones, Derrick - MJ3217331

Texas Physician House Calls

## Plan Note:

### Plan Note Status:Finalized

Continue same treatment plan as previous. Review to 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. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension with vascular complications, continue current plan.
2. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Rheumatoid arthritis with chronic pain, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Visual impairment, continue to monitor.

Medication refills as follows,

Amlodipine 10 mg q.d.

Valsartan 40 mg q.d.

Glipizide 5 mg 2 tabs b.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-22	
Blindness, both eyes ( ICD10:H54.0 Blindness, both eyes) Unknown or N/A	Active	2016-12-22	
Encounter for general adult medical examination without abnormal findings ( ICD10:Z00.00 Encounter for general adult medical examination without abnormal findings) Unknown or N/A	Active	2016-07-20	
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-06-28	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-24	
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	2016-05-24	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-24	
Rheumatoid arthritis with rheumatoid factor, unspecified ( ICD10:M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified) Unknown or N/A	Active	2016-05-24	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-27	
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-27	

Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-27
Rheumatoid myopathy with rheumatoid arthritis of left wrist ( ICD10:M05.432 Rheumatoid myopathy with rheumatoid arthritis of left wrist) Unknown or N/A	Active	2016-04-27
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-04-27
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-19

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-04-19	

## Surgeries:

Description	Status	Start Date	End Date
Tubal ligation. Unknown or N/A	Active	2016-04-19	

## 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:** Promise Home Health, Inc

**Primary Justification Medical Conditions:** diabetes, HTN, hyperlipidemia

**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 is homebound due to chronic pain limited mobility and then ability to self medicate correctly.

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

**Signed by (NP):** 302

**Signed On (NP):** 2016-12-22 00:24

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-29 00:24

**Form\_status:** finalized



Electronically Signed by **Darolyn Perkins** on **2016-12-29**.

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