

**Nollie Hamilton: Patient Information**  
Patient Record Number:6098

**Texas Physician House Calls (H)**  
2925 Skyway Circle North, Irving, TX, USA, 75038-3510  
www.texas-house-calls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,  
Email:hhsupport@texas-house-calls.com

**Name:** Nollie L Hamilton  
**External ID:** 6098  
**DOB:** 1930-12-02  
**Sex:** Female  
**S.S.:** 467383125

**Address:** 1618 Mentor Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 214-254-7683  
**Street Address:** 1618 Mentor Ave  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 12-30-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 12-30-2016.  
**Tobacco:** Never smoker Nonsmoker. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Diabetic diet..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2003-07-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 467383125D  
**Group Number :**  
**Employer Name :** Nollie Hamilton

## Immunizations:

**Nollie Hamilton: Chief Complaint**  
Patient Record Number:6098

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**Seen by** Derrick Love-Jones  
**Seen on** 09-November-2016

**Chief Complaint Status:**finalized

Followup home visit to prevent further decline of the following chronic medical conditions like hypertension, diabetes mellitus type 2, hyperlipidemia, coronary artery disease, chronic pain syndrome, hemiplegia, heart failure, and abnormal gait. Patient complains of having several falls at home.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 85-year-old female with multiple chronic conditions of hypertension, diabetes mellitus type 2, hyperlipidemia, coronary artery disease, chronic pain syndrome, hemiplegia, heart failure, and abnormal gait. Patient has history of falls and has had 2 falls in the last 5 days. Patient denies she has not had any LOC or had any serious injuries that required hospitalization. Patient did not go to ER for evaluation. Patient also complains of tingling in her feet. Patient has a history of diabetes mellitus 2, and some neuropathy. Patient rates current pain at 5/10. Patient denies chest pain, headache, nausea or vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-11-09	125	74	140.00	61.00	97.80	16.00	~	26.4	0.00

**Review of Systems:**

**Constitutional:**

**Weight loss:** No  
**Appetite:** No  
**Energy:** No  
**Depression:** No  
**Chills:** No  
**Fatigue:** No  
**Weakness:** No  
**Headache:** No  
**Stomach Issues:** No  
**Diarrhea:** No  
**Constipation:** No  
**Incontinence:** No

**Physical Exam:**

**HEENT:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**ENT:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**ENT:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**NECK:**

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

**CV:**

RRR-Within Normal Limits .

**RESP:**

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

**GI:**

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
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AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-09
Losartan Potassium ,50 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-09

## Plan Note:

### Plan Note Status:Finalized

Continue with treatment and medication adherence. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 200. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks. Prognosis is fair and patient is stable.

1. Diabetes mellitus type 2 with neuropathy, continue current plan.
2. Heart failure, continue current plan.
3. Coronary artery disease, continue current plan.
4. Hypertension with vascular complications, continue current plan.
5. Hyperlipidemia, continue current plan.
6. Chronic pain syndrome, continue current pain medication.
7. Hemiplegia, continue to monitor.
8. Abnormal gait, continue to monitor.

Medication refills as follows,

Losartan 50 mg q.d.

Amlodipine 5 mg q.d.

## 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	2016-10-06	
Chronic ischemic heart disease, unspecified ( ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-10-06	
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	2016-09-07	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-04-17	
Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side ( ICD10:I69.954 Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side) Unknown or N/A	Active	2016-02-29	
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-02-17	
Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side ( ICD10:I69.854 Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side) Unknown or N/A	Active	2016-02-17	

Other abnormalities of gait and mobility ( ICD10:R26.89 Other abnormalities of gait and mobility) Unknown or N/A	Active	2016-02-17
Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris ( ICD10:I25.119 Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris) Unknown or N/A	Active	2016-02-17
Essential (primary) hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-02-10
Other hyperlipidemia ( ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-02-10
Hyperlipidemia, unspecified ( ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-02-10
Type 2 diabetes mellitus without complications ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-02-10
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-02-10

## 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:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:** Bonyl Home Healthcare

**Primary Justification Medical Conditions:** Mobility\_Impairments,hyperlipidemia,HTN,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 increase in falling and inability to self medicate. Patient has lack of knowledge of the disease process and need assistance and education.

**Certification Statement:** Patient is home bound due to chronic pain and increase in fall. Patient is weak with poor balance and at risk for more falls. Patient has a fall history and has to hold on to furniture when ambulating.

**Signed by (NP):** 16

**Signed On (NP):** 2016-11-09 02:52

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-11-16 02:52

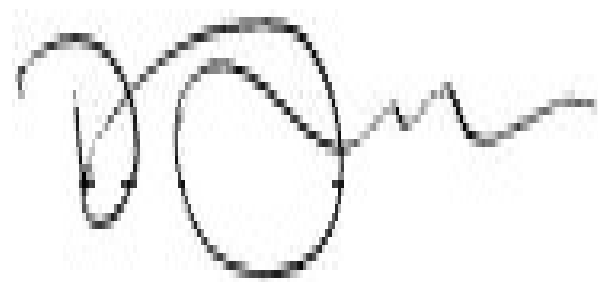
**Form\_status:** finalized

## Procedure Order:

Patient ID	6098	Order ID	1137
Patient Name	Hamilton, Nollie L	Ordered By	Love-Jones, Derrick
Order Date	2016-12-31	Print Date	2016-12-31
Order Status	complete	Encounter Date	2016-12-31
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note

026: Pulse Oximetry	2016-12-31		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		
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A handwritten signature in black ink, appearing to read 'Derrick Love-Jones', with a stylized, wavy line extending to the right.

Electronically Signed by **Derrick Love-Jones** on **2016-11-16 at 07:41**.

Printed on 31-Dec-2016 15:42:41 pm.