

Estella Weaver: Patient Information
Patient Record Number:5965

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: Estella Weaver

External ID: 5965

DOB: 1950-11-18

Sex: Female

Patient Drive Folder:

https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCfpTTTTmZWVRqQUpFZl9NTmc2V2xfcmdxdTdfUUd1UUpqWWWhoRVZERjVjcUE

Address: 1540 Chenault St

City: Dallas

State: Texas

Postal Code: 75228

Country: USA

Home Phone: 214-853-3045

Street Address: 1540 Chenault St

Apt/Suite/Other: Apt#3110

Family History:

Last Recorded On: 12-07-2016.

Father: Unknown.

Mother: Unknown.

Siblings: Unknown.

Social History:

Last Recorded On: 12-07-2016.

Tobacco: No smoking **Status:** Never

Coffee: **Status:** Never

Alcohol: No alcohol **Status:** Never

Recreational Drugs: No drugs **Status:** Never

Nutrition History: Regular..

Developmental History: Well..

Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary

Start Date : 2015-01-01

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 : Medicaid Texas (SKTX0)

Copay :

Insured ID Number : 452929071A

Group Number :

Employer Name : Estella Weaver

Copay :

Insured ID Number : 511277909

Group Number :

Employer Name : ESTELLA WEAVER

Immunizations:

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD9:780.52 Insomnia, unspecified) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Chronic pain syndrome (ICD9:338.4 Chronic pain syndrome) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Spasm of muscle (ICD9:728.85 Spasm of muscle) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Mononeuritis of unspecified site (ICD9:355.9 Mononeuritis of unspecified site) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Anxiety state, unspecified (ICD9:300.00 Anxiety state, unspecified) Unknown or N/A	Inactive	2015-08-12	2015-09-30
Gout, unspecified (ICD9:274.9 Gout, unspecified) Unknown or N/A	Inactive	2015-08-12	2015-09-30

Estella Weaver: Chief Complaint
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Seen by Derrick Love-Jones
Seen on 02-November-2016

Chief Complaint Status:finalized

Follow up home visit for management of chronic conditions of diabetes mellitus type 2, hypertension, depression, gout, congestive heart failure, anxiety, insomnia, osteoarthritis, and chronic pain. Patient complains of pain in her lower back.

History of Present illness:

HPI Status:Finalized

A 65-year-old female in NAD with multiple chronic conditions including diabetes mellitus type 2, hypertension, anxiety, depression, congestive heart failure and osteoarthritis. Patient complains of pain in her lower back, which is relieved with current pain medications. Patient rates pain 6/10 today. Patient denies any hypoglycemia and foot check revealed no major issues. 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
2016-11-02	125	84	142.00	63.00	97.60	18.00	~	25.2	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Loss
No Polyphagia
No Polydipsia
No Polyuria
No Change in Appetite
No Change in Urine
No Blood in Stools
No Use of Dentures
No Obstruction

Physical Exam:

HEENT:

HEENT: Within Normal Limits .

HEENT:

HEENT: Within Normal Limits .

CV:

CV: Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Tylenol with Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0	Active	2016-09-06	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

BD Pen Needle Nano U/F ,32G X 4 MM MISC, USE AS DIRECTED, Quantity: 100, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-18
BD Insulin Syr Ultrafine II ,31G X 5/16" 0.3 ML MISC, USE BID, Quantity: 200, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-15
Tylenol with Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET BY MOUTH 4 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 120, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-12
AmLODIPine Besylate ,10 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-08
NovoLOG Mix 70/30 FlexPen ,(70-30) 100 UNIT/ML SUPN, INJECT 50 UNITS UNDER SKIN EVERY MORNING AND 25 EVERY EVENING, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-18
Furosemide ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-01
Potassium Chloride Crys ER ,10 MEQ TBCR, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-06-01
BD Insulin Syr Ultrafine II ,31G X 5/16" 0.3 ML MISC, USE BID, Quantity: 200, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-16

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previously. Reviewed and continue with current medication, no new medications noted this visit. 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. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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 stable and patient is stable. Medication adherence was given to the patient. Continue treatment as planned. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Lumbago w/chronic pain continue current plan
HTN w/vascular complications continue current plan
CHF w/systolic complications continue current plan
Gout continue current plan
Chronic Pain Syndrome continue current pain medication
OA w/chronic pain continue current plan
Anxiety continue current plan
Depression continue current plan

Medication refills as follows:

Norco 10/325mg tid
Novolog Flexpen 70/30 50 units in am 25units pm

Medical Problem:

Description	Status	Start Date	End Date
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	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01	
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, 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	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-01	
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01	
Mononeuritis of unspecified site (ICD10:G58.9 Mononeuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2015-10-01	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active	2015-08-12	

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: JK Home Health

Primary Justification Medical Conditions: diabetes,Heart_Failure,HTN

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: SN needed due to uncontrolled CHF and inability to self medicate currently.

Certification Statement: Patient is home-bound due to OA and chronic pain. Patient has unsteady painful ambulation.

Signed by (NP): 16

Signed On (NP): 2016-11-02 05:16

Signed By (Physician): 18

Signed on (Physician): 2016-11-09 05:16

Form_status: finalized

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