

Willie Govan: Patient Information
Patient Record Number:5458

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: Willie Govan

External ID: 5458

DOB: 1942-12-31

Sex: Female

S.S.: 462-76-9928

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B_BdrNxCKzR4Y1NCc2d6bF8wVKE

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216

Country: USA

Home Phone: 214-941-0554

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 12-18-2016.

Additional Medical History: Vertigo. Allergic rhinitis..

Family History:

Last Recorded On: 12-18-2016.

Father: Father had Hypertension..

Mother: Mother had Hypertension..

Offspring: Patient has 5 children..

Other Family Relative: Grandparent with hypertension, unknown cancer..

Primary Family Med Conditions:

Last Recorded On: 12-18-2016.

Chronic Conditions: Hypertension.

Social History:

Last Recorded On: 12-18-2016.

Tobacco: Former smoker Quit smoking in 1980 **Status:** Quit

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drug abuse. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Well..

Tests and Exams:

Last Recorded On: 12-18-2016.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 462769928A
Group Number :
Employer Name : Willie Govan

Immunizations:

Willie Govan: Chief Complaint
Patient Record Number:5458

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Seen by Derrick Love-Jones
Seen on 28-October-2016

Chief Complaint Status:finalized

Follow up home visit for management of hyperlipidemia, hypothyroidism, allergic rhinitis, hypertension, cataract, chronic vertigo, glaucoma, osteoarthritis, and chronic pain. Patient complains of knee pain bilaterally.

History of Present illness:

HPI Status:Finalized

A 73-year-old African American female in NAD with multiple chronic conditions of hyperlipidemia hypothyroidism, hypertension, cataract, glaucoma, and osteoarthritis. Patient denies any new issues or complaints upon examination. Patient denies any chest pain, headache, or nausea/vomiting recently. Patient has pain in knees rating at 6/10 currently, which is relieved with current pain medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-28	130	64	207.00	61.00	97.80	16.00	~	39.1	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No Weight Loss
No Polydipsia
No Polyuria
No Nocturia
No Excessive Thirst
No Excessive Hunger
No Fatigue
No Anemia
No Bleeding Gums
No Bruising
No Use Of Dentures

Physical Exam:

HEENT:

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

ENT:

Ears, nose, and throat - Within Normal Limits .

CV:

Heart - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

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. 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 this visit. 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. Osteoarthritis with chronic pain, continue current medication.
2. Hypertension with vascular complications, continue current plan.
3. Hypothyroidism, continue current plan.
4. Hyperlipidemia, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Allergic rhinitis, continue current plan.
7. Atrial fibrillation, continue current plan.
8. Chronic vertigo, continue current plan.
9. Urinary incontinence, continue current plan.

Medication refills as follows:

Tramadol 50 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-02	
Osteoarthritis of knee, unspecified (ICD10:M17.9 Osteoarthritis of knee, unspecified) Unknown or N/A	Active	2015-10-02	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2015-10-02	
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01	
Unspecified cataract (ICD10:H26.9 Unspecified cataract) 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	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Other late effects of cerebrovascular disease, vertigo (ICD10:I69.998 Other sequelae following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01	
Cerebral aneurysm, nonruptured (ICD10:I67.1 Cerebral aneurysm, nonruptured) Unknown or N/A	Active	2015-10-01	
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	
Other peripheral vertigo (ICD10:H81.319 Aural vertigo, unspecified ear) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm (ICD10:E05.90 Thyrotoxicosis, unspecified without thyrotoxic crisis or storm) 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
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Personal history of venous thrombosis and embolism (ICD10:Z86.718 Personal history of other venous thrombosis and embolism) Unknown or N/A	Active	2015-10-01
Heart valve replaced by other means (ICD10:Z95.2 Presence of prosthetic heart valve) Unknown or N/A	Active	2015-10-01
Atrial fibrillation (ICD10:I48.91 Unspecified atrial fibrillation) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
Aspirin Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy Unknown or N/A	Active		
Right knee surgery 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: Prosperity Health Services

Primary Justification Medical Conditions: Hypothyroidism,Cataract,Glaucoma,hyperlipidemia,HTN

Additional Medical Conditions: AR, Chronic vertigo, chronic pain.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: SN needed due to debility and inability to self medicate currently.

Certification Statement: Patient is home bound due to osteoarthritis and chronic pain. Patient has unsteady painful ambulation with extremely poor balance and weakness.

Signed by (NP): 16

Signed On (NP): 2016-10-28 03:05

Signed By (Physician): 18

Signed on (Physician): 2016-11-04 03:05

Form_status: finalized

DME:

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

Thermometer Coveres

Unknown or N/A

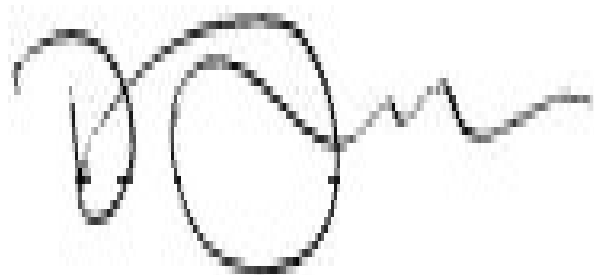
by Dr. Sumana Ketha

Active

Procedure Order:

Patient ID	5458	Order ID	1279
Patient Name	Govan, Willie	Ordered By	Love-Jones, Derrick
Order Date	2016-12-18	Print Date	2016-12-18
Order Status	complete	Encounter Date	2016-12-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-12-18		Final ✓		0097	Pulse Oximetry	No	99%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-11-03**.

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