

Henrietta Curtis: Patient Information
Patient Record Number:6093

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

Name: Henrietta Curtis
External ID: 6093
DOB: 1955-08-10
Sex: Female
S.S.: 454046672

Address: 6800 S COCKRELL HILL RD
City: Dallas
State: Texas
Postal Code: 75236
Country: USA
Emergency Contact: Daughter
Emergency Phone: 469-685-9090
Mobile Phone: 972-283-6050
Street Address: 6800 S COCKRELL HILL RD
Apt/Suite/Other: 611

Family History:

Last Recorded On: 10-01-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-01-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2008-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 454046672A
Group Number :
Employer Name : Henrietta Curtis
Copay :
Insured ID Number : 523879756
Group Number :
Employer Name : Henrietta Curtis

Immunizations:

Henrietta Curtis: Chief Complaint
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Seen by Darolyn Perkins
Seen on 31-August-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of chronic medical conditions of hypertension, osteoarthritis, congestive heart failure, back pain, and heart disease.

History of Present illness:

HPI Status:Finalized

Patient is a 60-year-old African American female with multiple chronic conditions of hypertension, knee pain, back pain, chronic obstructive pulmonary, heart disease, and mobility impairment. Patient uses walker and scooter wheel chair. Patient denies any CP, HA, N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-31	110	87	400.00	69.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight Loss: No

Fevers: No

Chills: No

Night Sweats: No

Appetite: No

Energy: No

Weight Gain: No

Swelling: No

Edema: No

Leg Pain/Cramping: No

Heart Problem: Yes

Physical Exam:

HEENT:

Head: No tenderness, no swelling, no pain, no redness, no discharge, no abnormality.

EYES:

Visual Acuity: No abnormality.

NEURO:

Neurological: No abnormality.

PSYCH:

Mood: No abnormality.

RESP:

Respiratory: No abnormality.

GI:

Gastrointestinal: No abnormality.

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

Medication:

Description	Status	Start Date	End Date
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Metoprolol Succinate ER ,25 MG TB24, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-17
Losartan Potassium ,100 MG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-17
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-17
Furosemide ,40 MG TABS, TAKE ONE TABLET EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-17

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to the patient to patient educated on the benefits of low so, 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. Patient encouraged to perform daily exercise as tolerated. No labs needed this visit. The patient verbalized understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Pharyngitis, continue current medication.
2. Hypertension with vascular complications, continue current plan.
3. Chronic obstructive pulmonary disease/asthma, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Coronary artery disease, continue current plan.
6. Morbid obesity, continue to monitor.
7. Anxiety, continue current plan.
8. Lumbago with chronic pain, continue current plan

Medical Problem:

Description	Status	Start Date	End Date
Acute pharyngitis, unspecified (ICD10:J02.9 Acute pharyngitis, unspecified) Unknown or N/A	Active	2016-07-26	
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	2016-07-26	
Unspecified asthma, uncomplicated (ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-07-26	
Synovial cyst of popliteal space [Baker], right knee (ICD10:M71.21 Synovial cyst of popliteal space [Baker], right knee) Unknown or N/A	Active	2016-06-18	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-17	
Morbid (severe) obesity due to excess calories (ICD10:E66.01 Morbid (severe) obesity due to excess calories) Unknown or N/A	Active	2016-04-19	
Chronic fatigue, unspecified (ICD10:R53.82 Chronic fatigue, unspecified) Unknown or N/A	Active	2016-04-19	

Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-04-01
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-04-01
Nicotine dependence, unspecified, uncomplicated (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-04-01
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-16
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-03-16
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	2016-02-19
Shortness of breath (ICD10:R06.02 Shortness of breath) Unknown or N/A	Active	2016-02-19
Dependence on supplemental oxygen (ICD10:Z99.81 Dependence on supplemental oxygen) Unknown or N/A	Active	2016-02-19
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-02-19
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-02-19
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-02-19
Benign essential hypertension (ICD9:401.1 Benign essential hypertension) 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
Heart disease, unspecified (ICD10:I51.9 Heart disease, unspecified) Unknown or N/A	Active	2016-02-10
Obesity, unspecified (ICD10:E66.9 Obesity, unspecified) 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: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: JK Home Health

Primary Justification Medical Conditions: Mobility_Impairments,HTN,Heart_Disease

Additional Medical Conditions: Obesity.

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 inability to self medicate.

Certification Statement: Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for fall

Signed by (NP): 302

Signed On (NP): 2016-08-31 02:14

Signed By (Physician): 18

Signed on (Physician): 2016-09-07 02:14

Form_status: finalized

Printed:

Printed on 01-Oct-2016 18:30:36 pm.