Sandra Demus: Patient Information

Patient Record Number: 2093

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: Sandra L Demus External ID: 2093 **DOB**: 1955-07-03 Sex: Female S.S.: 466-13-2330 Marital Status: Single genericval1: Only Derrick

Address: 12660 Jupiter Rd

City: Dallas State: Texas Postal Code: 75238 Country: USA

Mobile Phone: 469-685-3221 Street Address: 2660 Jupiter Rd

Apt/Suite/Other: Apt # 1515 Gate Code 0000

Family History:

Last Recorded On: 10-23-2016.

Father: Father alive died with hypertension and diabetes mellitus type 2. .

Mother: Mother is died with myocardial infarction and chronic obstructive pulmonary disease..

Siblings: One brother and two sisters are alive with complains of diabetes mellitus, hypertension, and also back and hip issues...

Offspring: One boy and one girl are alive and healthy..

Social History:

Last Recorded On: 10-23-2016. Tobacco: No smoking. Status: Never Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level is 12th grade.. Other History: Influenza 2015. Tetanus questionable 2012. .

Tests and Exams:

Last Recorded On: 10-23-2016.

Mammogram (>40yrs, Yearly) N/A Mammogram done in 2012. Sigmoid/Colonoscopy N/A Colonoscopy done in 2014.

PAP Smear N/A Pap done in 2013.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2005-09-01 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 : 466132330A

Group Number:

Employer Name : Sandra Demus Copay: Insured ID Number: 526103594

Group Number : Employer Name : Sandra Demus

Immunizations:

Sandra Demus: Chief Complaint Patient Record Number: 2093

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> Seen by Darolyn Perkins Seen on 15-September-2016

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of diabetes mellitus type 2, hypertension, gastroesophageal reflux disease, chronic bronchitis, abnormal gait, cerebrovascular effects, muscle spasms, and hypothyroidism. Patient complains of pain in her back and hips.

History of Present illness:

HPI Status:Finalized

Patient is a 61-year-old African-American female in NAD with multiple chronic conditions of the following, diabetes mellitus type 2, hypertension, gastroesophageal reflux disease, chronic bronchitis, abnormal gait, cerebrovascular effects, muscle spasms, and hypothyroidism. Patient states that since have a cerebrovascular accident in 2002. She has had muscle spasms in her back, legs and hips. Patient's current complaint today is pain in her back and hips. Patient does find relief with pain medication. . Patient denies any chest pain, headache, nausea vomiting upon examination.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-15	139	76	0.00	63.00	98.20	18.00	~	0.0	0.00

Review of Systems:

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NECK:

Bappete, Appreame TalyBeClar Globolf MacoNeAddthSe Normal V.Dnitymphadenopathy-Within Normal Limits.

BACK:

Normal Curvature, Tenderness-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Metoprolol Succinate ER ,200 MG TB24, TAKE 1 TABLET ONCE DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-22	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19	
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET THREE DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-08-18	
PredniSONE ,20 MG TABS, 3 TABS DAILY X 3 DAYS 2 TABS DAILY X 3 DAYS 1 TAB DAILY X 3 DAYS 1/2 TAB DAILY X 4 DAYS, Quantity: 21, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-18	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-16	
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-05-16	

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 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 come excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily. The patient verbalize understanding of the above plan 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. Chronic bronchitis, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Gout, continue current plan.
- 4. Gastroesophageal reflux disease, continue current plan.
- 5. Lumbago with chronic pain. continue current plan.
- ${\hbox{\bf 6. Muscle spasms, continue current plan.}}\\$
- 7. Hypothyroidism, continue current plan.
- 8. Hemiplegia, continue current plan.
- 9. Abnormal gait, continue to monitor.

Medication refills as follows:

Metotolprol 200 mg daily

Medical Problem:

Description	Status	Start Date	End Date
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	2016-09-14	
Unspecified chronic bronchitis (ICD10:J42 Unspecified chronic bronchitis) Unknown or N/A	Active	2016-08-17	
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	2016-08-17	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-07-12	
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-06-27	
Idiopathic gout, unspecified site (ICD10:M10.00 Idiopathic gout, unspecified site) Unknown or N/A	Active	2016-06-27	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-13	
Other specified diabetes mellitus without complications (ICD10:E13.9 Other specified diabetes mellitus without complications) Unknown or N/A	Active	2016-05-13	
Other specified hypothyroidism (ICD10:E03.8 Other specified hypothyroidism) Unknown or N/A	Active	2016-05-13	
Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side (ICD10:I69.052 Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side) Unknown or N/A	Active	2016-05-13	
Mixed simple and mucopurulent chronic bronchitis (ICD10:J41.8 Mixed simple and mucopurulent chronic bronchitis) Unknown or N/A	Active	2016-05-13	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-05-12	
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-05-12	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-05-12	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies.	Active	2016-05-12	
Unknown or N/A			

Surgeries:

Description	Status	Start Date	End Date
C-Sections several years ago. Unknown or N/A	Active	2016-05-12	
Hospitalized for CVA in 2002. Unknown or N/A	Active	2016-05-12	

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: NO

Is House Visit Needed: YES Next Visit Duration (in days): 31

Current home health agency: Promise Home Health,Inc

Primary Justification Medical Conditions: Hypothyroidism, Stroke, HTN, diabetes **Additional Medical Conditions:** Chronic Bronchitis, Abnormal Gait, Muscle Spasms.

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 CVA effects, abnormal gait, in the in the ability to self

medicate correctly.

Certification Statement: Skilled nursing is needed due to CVA effects, left hemiplegia, and the inability to self medicate correct

Signed by (NP): 302

Signed On (NP): 2016-09-15 07:31 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-22 07:44

Form_status: finalized

Printed:



Electronically Signed by Darolyn Perkins on 2016-09-22.

Printed on 23-Oct-2016 23:45:45 pm.