

Nollie Hamilton: Patient Information
Patient Record Number:6098

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: 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: 10-09-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 10-09-2016.
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

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

Seen by Darolyn Perkins
Seen on 01-August-2016

Chief Complaint Status:finalized

Followup home visit to services for the prevention and control of chronic conditions of hypertension, hyperlipidemia, diabetes 2, chronic pain in knee, and swollen left wrist.

History of Present illness:

HPI Status:Finalized

Patient is an 85-year-old female with multiple chronic conditions of hypertension, hyperlipidemia, diabetes 2, and chronic pain. Patient has history of falls but none since last visit. Patient denies chest pain, headache, nausea or vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-01	120	70	134.00	61.00	98.20	18.00		25.3	0.00

Review of Systems:

Constitutional:

Weight Loss: No
Appetite: No
Energy: No
Depression: No
Stress: No
Insomnia: No
Diarrhea: No
Constipation: No
Headaches: No
Chills: No
Fatigue: No
Weight Gain: No
Incontinence: No

Physical Exam:

GENRO:

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 .

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 180. 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. No refills at this time.

1. Hypertension, educated on low salt intake.
2. Hyperlipidemia, check lipid profile .
3. Diabetes mellitus 2, check hemoglobin A1c.
4. Chronic pain, on pain medications.

Medical Problem:

Description	Status	Start Date	End Date
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): 302

Signed On (NP): 2016-08-01 08:06

Signed By (Physician): 18

Signed on (Physician): 2016-08-08 08:07

Form_status: finalized

Printed:



Electronically Signed by **Darolyn Perkins** on **2016-08-18**.

Printed on 09-Oct-2016 21:26:20 pm.