

Betty Phillips: Patient Information
Patient Record Number:6233

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: Betty M Phillips
External ID: 6233
DOB: 1947-03-25
Sex: Female
S.S.: 457-80-0393

Address: 3011 Park Row Ave
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Mobile Phone: 214-861-0050
Street Address: 3011 Park Row Ave
Apt/Suite/Other: APT#2100 Bldg# 13

Family History:

Last Recorded On: 07-29-2016.
Father: Father died of bled out..
Mother: Mother died of myocardial infarction and hypertension..
Siblings: Five brothers, which are died and four sisters are alive..
Offspring: One boy and one girl, which are alive..

Social History:

Last Recorded On: 07-29-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level is 12th grade .
Other History: Influenza 2015..

Tests and Exams:

Last Recorded On: 07-29-2016.
Mammogram (>40yrs, Yearly) N/A Done in 2015.
Sigmoid/Colonoscopy N/A Done in 2015.
PAP Smear N/A Done in 2015.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2004-10-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 457800393A
Group Number :
Employer Name : Betty Phillips

Immunizations:

Betty Phillips: Chief Complaint
Patient Record Number:6233

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

Seen by Derrick Love-Jones
Seen on 20-July-2016

Chief Complaint Status:finalized

New admit to service to prevent further decline of the following chronic medical conditions of anxiety, hyperlipidemia, diabetes mellitus type 2 with neuropathy, chronic pain syndrome, hypertension with vascular complications, coronary artery disease, osteoarthritis with chronic pain, and vitamin D deficiency.

History of Present illness:

HPI Status:Finalized

A 69-year-old female in NAD with multiple chronic conditions of the following anxiety, hyperlipidemia, diabetes mellitus type 2 with neuropathy, chronic pain syndrome, hypertension with vascular complications, coronary artery disease, osteoarthritis with chronic pain, and vitamin D deficiency. Patient states that she has a history of chronic knee and lower back pain that has persisted for many years. Patient states that her back pain stems from scoliosis. Patient is also missing several front teeth. Patient blood sugar is stable and checks it daily. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea vomiting at this time. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-20	146	94	212.00	66.00	97.60	20.00	~	34.2	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Metabolic:

No weight loss

No weight gain

No heat intolerance

No cold intolerance

No excessive thirst

No excessive hunger

No change in hair or skin

No change in voice

No change in menstrual cycle

No change in libido

No change in energy

No change in mood

No change in sleep

No change in appetite

No change in bowel habits

No change in bladder control

No change in sexual function

No change in fertility

No change in pregnancy outcome

No change in labor and delivery

No change in postpartum recovery

No change in breastfeeding

No change in child development

No change in family history

No change in social history

No change in personal history

No change in occupational history

No change in travel history

No change in legal history

No change in financial history

No change in insurance history

No change in medical history

No change in surgical history

No change in anesthesia history

No change in hospitalization history

No change in long-term care history

No change in end-of-life care history

Physical Exam:

HEENT:

Head - Within Normal Limits .

EXTRINSIC:

Face - Within Normal Limits .

CVMPH:

Heart - Within Normal Limits .

MUSC:

Muscle - Within Normal Limits .

ROM - Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

1. Diabetes mellitus with neuropathy, check hemoglobin Alc.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Osteoarthritis with chronic pain, continue PT/OT.
4. Chronic pain syndrome, continue pain medication.
5. Lumbago with chronic pain, stable.

6. Anxiety, monitor.
7. Hyperlipidemia, monitor lipids.
8. Coronary artery disease, continue current plan.
9. Vitamin D deficiency, continue current plan.
10. Medication refills as follows; Alprazolam 1 mg b.i.d., Metformin 500 mg 1/2 tab b.i.d., Norco 10/325 mg t.i.d., Lisinopril/HCTZ 20/25 mg q.d.
11. Medication adherence was given to the patient. Continue treatment as planned.
12. 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.
13. Reviewed old records of the patient.
14. Follow up appointment in 4-6 weeks.

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	2016-07-20	
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	2016-07-20	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-07-20	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-07-20	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-20	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Thyroid surgery in 2002. Unknown or N/A	Active		
Hysterectomy in 2010. Unknown or N/A	Active		
Gallstones Removal in 2014. 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: Promise Home Health, Inc

Primary Justification Medical Conditions: Mobility_Impairments, Hypothyroidism, hyperlipidemia, Rheumatoid Arthritis_Osteoarthr, HTN, diabetes

Additional Medical Conditions: Scoliosis, Anxiety, Chronic Pain Syndrome

Nursing Required: YES

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to scoliosis, chronic severe pain and the inability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-07-20 08:26

Signed By (Physician): 18

Signed on (Physician): 2016-07-27 08:26

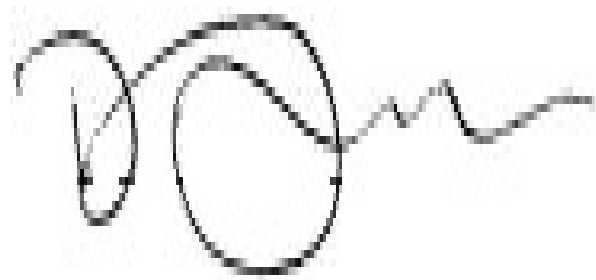
Form_status: finalized

Printed:

Procedure Order:

Patient ID	6233	Order ID	740
Patient Name	Phillips, Betty M	Ordered By	Love-Jones, Derrick
Order Date	2016-09-18	Print Date	2016-09-18
Order Status	complete	Encounter Date	2016-09-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-18		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-26**.

Printed on 18-Sep-2016 20:34:54 pm.