Betty Phillips: Patient Information
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

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 Bldng# 13

Family History:

Last Recorded On: 10-23-2016.
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: 10-23-2016.
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: 10-23-2016.
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 15-September-2016

Chief Complaint Status:finalized
Follow up on visit 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. Patient complains of chronic pain in knees.

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
2016-09-15	116	78	215.00	66.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:
[illegible]unologic:
[illegible] YES
[illegible] Breath
[illegible]
[illegible]
[illegible] Of Motion
No [illegible] Of Urine

Physical Exam:

[illegible]:
[illegible]-Within Normal Limits .
EXTREMITIES:
[illegible] Nasal Turbinates-Within Normal Limits .
LYMPH:
[illegible] Normal Limits .
MUSC:
[illegible] Normal Limits .

ROM-Within Normal Limits .

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, excessive headache, blurry vision or systolic blood pressure greater than 200. Patient encouraged to exercise daily 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

HTN w/vascular complications continue current plan
DM2 w/neuropathy continue current plan
OA w/chronic pain continue current plan
CAD continue current plan
Chronic Pain Syndrome continue current pain medication
Vit D Deficiency continue current plan
Anxiety continue current plan

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.
Nystatin Powder
Verapmil
.

Medical Problem:

Description	Status	Start Date	End Date
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-09-15	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-15	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-07-22	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-22	
Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) Unknown or N/A	Active	2016-07-22	
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): 2016-09-15 06:31
Signed By (Physician): 18
Signed on (Physician): 2016-09-22 06:31
Form_status: finalized

Procedure Order:

Patient ID	6233	Order ID	932
Patient Name	Phillips, Betty M	Ordered By	Love-Jones, Derrick
Order Date	2016-10-23	Print Date	2016-10-23
Order Status	complete	Encounter Date	2016-10-23
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

Printed on 23-Oct-2016 21:44:19 pm.