

**Ebony Rivers: Patient Information**  
Patient Record Number:6159

**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:** Ebony Rivers  
**External ID:** 6159  
**DOB:** 1986-01-14  
**Sex:** Female  
**S.S.:** 466775798

**Address:** 9315 Cuba St  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75217  
**Country:** USA  
**Mobile Phone:** 214-859-8922  
**User Email:** queen429es@gmail.com  
**Street Address:** 9315 Cuba St  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 07-22-2016.  
**Father:** Father deceased diabetes..  
**Mother:** Mother is alive with complaints of PE/DVT, hypertension, diabetes mellitus, and cellulitis..  
**Siblings:** Six sisters and eight brother are alive..  
**Offspring:** No children..

## Social History:

**Last Recorded On:** 07-22-2016.  
**Tobacco:** Current some day smoker Smokes 1/2 packet per day. **Status:** Current  
**Alcohol:** Occasionally drinks. **Status:**  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular.  
**Developmental History:** Education level is Associate of Applied Science..  
**Other History:** Influenza 2015..

## Tests and Exams:

**Last Recorded On:** 07-22-2016.  
**Mammogram (>40yrs, Yearly)** N/A Done in 2015.  
**Sigmoid/Colonoscopy** N/A Colonoscopy done three years ago.  
**PAP Smear** N/A Done in 2015 within normal limits.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 2010-07-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Secondary  
**Start Date** : 2016-04-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicaid Texas (SKTX0)

**Copay** :  
**Insured ID Number** : 466775798A  
**Group Number** :  
**Employer Name** : Ebony Rivers  
**Copay** :  
**Insured ID Number** : 506533585  
**Group Number** :  
**Employer Name** : Ebony Rivers

## **Immunizations:**

**Ebony Rivers: Chief Complaint**  
Patient Record Number:6159

**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

**Seen by** Derrick Love-Jones  
**Seen on** 07-July-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of anxiety, depression, hypertension, chronic pain due to trauma, history of peripheral edema/deep venous thrombosis, gout, asthma, chronic obstructive pulmonary disease, and morbid obesity. Patient complains of headache for several days.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 30-year-old African-American female in NAD with multiple chronic conditions including hypertension, anxiety, gout, depression, anticoagulant use for the prevention of peripheral edema/deep venous thrombosis. Patient complains of a headache for several days. Patient also has a history of peripheral edema/deep venous thrombosis and was in the hospital for a high PT/INR. Hematologist stopped Coumadin and started patient on Enoxaparin 250 mg q.d. Patient denies any CP, HA, or N/V. Reviewed labs. Reviewed medications.

**Family History:**Family history has been reviewed with the patient and updated.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-07	147	97	495.00	69.00	97.80	20.00	~	73.1	0.00

**Review of Systems:**

**Constitutional:**

**Systemic/Endocrine/Metabolic:**

No Weight Loss  
No Polydipsia  
No Polyuria  
No Nocturia  
No Polyphagia  
No Decreased Appetite  
No Excessive Thirst  
No Excessive Sweating  
No Constipation

**Physical Exam:**

**SKIN:**

Spontaneous bruising, petechiae, or purpura-Within Normal Limits .

**HEENT:**

Periorbital edema, conjunctival injection, scleral icterus, No dry mouth-Within Normal Limits .

**BACK:**

Normal Cervical, Thoracic, Lumbar, Sacral Spine, No Deformities .

**CV:**

RRR-Within Normal Limits .

**RESP:**

Lungs CTAB-Within Normal Limits .

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
-------------	--------	------------	----------

<p>Enoxaparin Sodium ,100 MG/ML SOLN, INJECT 1ML SUBCUTANEOUSLY FOR A COMBINED TOTAL OF 25ML/DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-07-27
<p>Enoxaparin Sodium ,100 MG/ML SOLN, INJECT 1ML SUBCUTANEOUSLY FOR A COMBINED TOTAL OF 25ML/DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-07-27
<p>ALPRAZolam ,2 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 15, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-09
<p>ALPRAZolam ,2 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 15, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-09
<p>Enoxaparin Sodium ,100 MG/ML SOLN, INJECT 1ML SUBCUTANEOUSLY FOR A COMBINED TOTAL OF 25ML/DAILY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-09
<p>Enoxaparin Sodium ,100 MG/ML SOLN, INJECT 1ML SUBCUTANEOUSLY FOR A COMBINED TOTAL OF 25ML/DAILY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-09
<p>Enoxaparin Sodium ,150 MG/ML SOLN, INJECT 1ML SUBCUTANEOUSLY FOR A COMBINED TOTAL OF 25ML/DAILY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-09
<p>Enoxaparin Sodium ,150 MG/ML SOLN, INJECT 1ML SUBCUTANEOUSLY FOR A COMBINED TOTAL OF 25ML/DAILY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-07-09
<p>ALPRAZolam ,2 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-31
<p>ALPRAZolam ,2 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-31
<p>Warfarin Sodium ,5 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-31
<p>Warfarin Sodium ,5 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-31
<p>Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-31

Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-31
Allopurinol ,100 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Allopurinol ,100 MG TABS, TAKE 1 TABLET DAILY AS DIRECTED, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Ammonium Lactate ,12 % LOTN, APPLY AND RUB IN A THIN FILM TO AFFECTED AREAS TWICE DAILY(AM AND PM), Quantity: 450, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Ammonium Lactate ,12 % LOTN, APPLY AND RUB IN A THIN FILM TO AFFECTED AREAS TWICE DAILY(AM AND PM), Quantity: 450, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Colchicine ,0.6 MG TABS, 1 TABLET ON DAY 1 2 TABLETS ON DAY FOR A TOTAL OF 3 TABLETS PER MONTH, Quantity: 3, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Colchicine ,0.6 MG TABS, 1 TABLET ON DAY 1 2 TABLETS ON DAY FOR A TOTAL OF 3 TABLETS PER MONTH, Quantity: 3, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Furosemide ,40 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Furosemide ,40 MG TABS, TAKE 1 TABLET 3 TIMES DAILY @ 0800, 1200, 1600, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Ondansetron HCl ,4 MG TABS, TAKE 1 TABLET 30 MINUTES BEFORE BREAKFAST DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Ondansetron HCl ,4 MG TABS, TAKE 1 TABLET 30 MINUTES BEFORE BREAKFAST DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Potassium Chloride Crys ER ,20 MEQ TBCR, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28

Warfarin Sodium ,10 MG TABS, TAKE 3 TABLETS DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Warfarin Sodium ,10 MG TABS, TAKE 3 TABLETS DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Cetirizine HCl ,10 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-28
Alprazolam 2mg qd Unknown or N/A	Active	2016-04-26
Ondonsetron 4mg qd Unknown or N/A	Active	2016-04-26

## Plan Note:

### Plan Note Status:Finalized

1. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet.
2. Gout, continue current plan.
3. Anxiety, continue current plan.
4. Allergic rhinitis, continue current plan.
5. Chronic obstructive pulmonary disease/asthma, on nebulizers.
6. Congestive heart failure with systolic complications, continue current plan.
7. Depression, stable.
8. Morbid obesity, discussed with the patient to lose weight.
9. Anticoagulant use (for prevention of peripheral edema/deep venous thrombosis) contact Hematologist for further evaluation with new medication.
10. Patient is to contact a Hematologist for follow up on her new medication.
11. Medication refills as follows: Alprazolam 2 mg q.d., Tylenol #3 b.i.d., Ondonsetron 4 mg q.d., Cetirizone 10 mg q.d., Lasix 40 mg t.i.d., Potassium Cl 20 mEq, Amlodipine Besy 10 mg q.d., Warfarin 10 mg 3 tabs q.d., Colchicine 0.6 mg 3 tabs monthly, ProAir INH, Ammonium Lactate 12%, and allopurinol 100 mg q.d.
12. Medication adherence was given to the patient. Continue treatment as planned.
13. 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.
14. Reviewed old records of the patient.
15. Follow up appointment in 4-6 weeks.

## Medical Problem:

Description	Status	Start Date	End Date
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	2016-07-07	

Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-07-07
Allergic rhinitis, unspecified ( ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-07-07
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-05-31
Cetirizine 10mg qd Unknown or N/A	Active	2016-04-26
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-26
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-04-26
Chronic obstructive pulmonary disease, unspecified ( ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-04-26
Gout, unspecified ( ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-04-26
Chronic pain due to trauma ( ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A	Active	2016-04-26
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-04-26

## Allergies:

Description	Status	Start Date	End Date
Tramadol Unknown or N/A	Active	2016-04-26	
Coconut. Unknown or N/A	Active	2016-04-26	

## Surgeries:

Description	Status	Start Date	End Date
Pins in knee. Unknown or N/A	Active	2016-04-26	
Left shoulder surgery Unknown or N/A	Active	2016-04-26	

## 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):** 7

**Current home health agency:** Divine Edge Health Services

**Primary Justification Medical Conditions:** Asthma,HTN,Mobility\_Impairments

**Additional Medical Conditions:** Chronic Pain, Morbid Obesity

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Patient is homebound due to limited mobility chronic pain morbid obesity he and the inability to self medicate

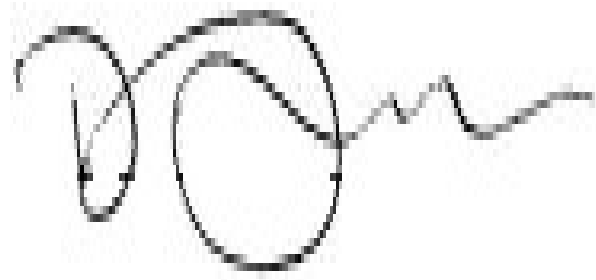
**Certification Statement:** Skilled nursing needed due to mobility issues being in the in the ability to self medicate correctly.

Signed by (NP): 16  
Signed On (NP): 2016-07-07 05:15  
Signed By (Physician): 18  
Signed on (Physician): 2016-07-14 05:15  
Form\_status: finalized

## Procedure Order:

Patient ID	6159	Order ID	698
Patient Name	Rivers, Ebony	Ordered By	Love-Jones, Derrick
Order Date	2016-09-11	Print Date	2016-09-11
Order Status	complete	Encounter Date	2016-09-11
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-11		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-07-13**.

Printed on 11-Sep-2016 17:43:32 pm.