

Jeraldine Stevenson: Patient Information
Patient Record Number:2558

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: Jeraldine Stevenson
External ID: 2558
DOB: 1933-03-27
Sex: Female
S.S.: 458-50-9540
Marital Status: Married
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5UIM3NWhLNGdiek0>

Address: 2011 Idaho Avenue
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Emergency Contact: Mary Liven
Home Phone: 214-272-7970
Street Address: 2011 Idaho Avenue
Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 10-09-2016.
Risk Factors: Chronic Pain,GERD.
Additional Medical History: MI/CAD.

Family History:

Last Recorded On: 10-09-2016.
Father: Father got killed..
Mother: Mother died of DM2, HTN, HLD, and CAD..
Siblings: Sister has history of cancer..
Offspring: Daughter has history of cancer..

Primary Family Med Conditions:

Last Recorded On: 10-09-2016.
Chronic Conditions: Diabetes,Hypertension,Ischemic Heart Disease.

Social History:

Last Recorded On: 10-09-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drugs. **Status:** Never
Nutrition History: Diabetic..
Developmental History: Normal. Educational level is 9th grade..
Other History: Influenza November 2015..

Tests and Exams:

Last Recorded On: 10-09-2016.

Vitamin D (6 mo if on pills) Normal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

CBC Complete Blood Count (3 months) Normal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

LIPIDS (once year unless chol meds) Abnormal Done on 02/19/2016,at Evolution Health, Ordered by Dr. Sumana Ketha.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1998-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 458509540A
Group Number :
Employer Name : Jeraldine Stevenson

Immunizations:

Medication:

Description	Status	Start Date	End Date
Lisinopril--tongue swelling (ICD9:994.5 Exhaustion due to excessive exertion) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Ramipril (ICD9:250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Hydrochlorothiazide (ICD9:728.85 Spasm of muscle) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11

Allergies:

Description	Status	Start Date	End Date
Lisinopril--tongue swelling (ICD9:994.5 Exhaustion due to excessive exertion) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Ramipril (ICD9:250.60 Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11
Hydrochlorothiazide (ICD9:728.85 Spasm of muscle) Early Recurrence (<2 Mo)	Inactive	2014-11-13	2015-01-11

Jeraldine Stevenson: Chief Complaint
Patient Record Number:2558

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Seen by Darolyn Perkins
Seen on 16-June-2016

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, diabetes-2, hyperlipidemia, polyneuropathy,hypothyroidism, coronary artery disease, spasm of muscle, pain in joint, chronic pain, insomnia, hypertension, and heart disease.

Chief Complaint Status:finalized

Follow up home visit for management of osteoarthritis, diabetes-2, hyperlipidemia, polyneuropathy,hypothyroidism, coronary artery disease, spasm of muscle, pain in joint, chronic pain, insomnia, hypertension, and heart disease.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-06-16	130	60	140.00	62.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

General:

No Chest Pain
No Dyspnea
No Orthopnea
No Nocturia
No Anorexia
No Weight Loss
No Fatigue
No Fever
No Chills
No Night Sweats
No Dry Mouth
No Use Of Dentures

Physical Exam:

HEENT:

Head: No tenderness or swelling. Neck: No tenderness or swelling. Lungs: No crackles or wheezes. Heart: No murmurs or gallops. Abdomen: No tenderness or swelling. Extremities: No swelling or tenderness. Skin: No rashes or lesions. Vision: Within normal limits. Hearing: Within normal limits. Speech: Within normal limits.

HEENT:

Head: No tenderness or swelling. Neck: No tenderness or swelling. Lungs: No crackles or wheezes. Heart: No murmurs or gallops. Abdomen: No tenderness or swelling. Extremities: No swelling or tenderness. Skin: No rashes or lesions. Vision: Within normal limits. Hearing: Within normal limits. Speech: Within normal limits.

EXTREMITIES:

Right arm: No swelling or tenderness. Left arm: No swelling or tenderness. Right leg: No swelling or tenderness. Left leg: No swelling or tenderness. Feet: No swelling or tenderness. Nails: No discoloration or deformity. Skin: No rashes or lesions. Vision: Within normal limits. Hearing: Within normal limits. Speech: Within normal limits.

Definitive: No swelling or tenderness. Vision: Within normal limits. Hearing: Within normal limits. Speech: Within normal limits.

Medication:

Description	Status	Start Date	End Date
Atorvastatin Calcium ,80 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-05-22	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered test strips to CVS. (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan. Reviewed and continue with current medication. Medication adherence education was given to the patient. 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. Prognosis is fair and stable.

1. Continue current plan for diabetes-2
2. Continue current plan for hypertension.
3. Continue current plan for chronic pain.
4. Continue current plan for hyperlipidemia.
5. Continue current plan for coronary artery disease.

No refills at this time.

Plan Note Status:Finalized

Continue same treatment plan. Reviewed and continue with current medication. Medication adherence education was given to the patient. 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. Prognosis is fair and stable.

1. Continue current plan for diabetes-2
2. Continue current plan for hypertension.
3. Continue current plan for chronic pain.
4. Continue current plan for hyperlipidemia.
5. Continue current plan for coronary artery disease.

No refills at this time.

Medical Problem:

Description	Status	Start Date	End Date
Mixed hyperlipidemia (ICD10:E78.2 Mixed hyperlipidemia) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg (ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Polyneuropathy in diabetes (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Circadian rhythm sleep disorder, unspecified (ICD10:G47.20 Circadian rhythm sleep disorder, unspecified type) Unknown or N/A	Active	2015-10-01	

Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2015-10-01
Hypertrophy (benign) of prostate without urinary obstruction and other lower urinary tract symptom (LUTS) (ICD10:N40.0 Enlarged prostate without lower urinary tract symptoms) Unknown or N/A	Active	2015-10-01
Exhaustion due to excessive exertion (ICD10:T73.3XXA Exhaustion due to excessive exertion, initial encounter) Unknown or N/A	Active	2015-10-01
Spasm of muscle (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2015-10-01
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Pain in joint, multiple sites (ICD10:M25.50 Pain in unspecified joint) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
HCTZ Unknown or N/A	Active		
ACE inhibitors Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Hospitalized for CABG in 2005 Unknown or N/A	Active		
Hysterectomy Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31 Days

Current home health agency: Guardian Angels AtHome Inc

Primary Justification Medical Conditions:

Additional Medical Conditions:**Nursing Required:** NO**Physical Therapy:** NO**Occupational Therapy Required:** NO**Speech-language Pathology Required:** NO**Requested Care/Treatments Required:****Clinical Findings To Justify Home Health:** SN not needed**Certification Statement:****Signed by (NP):** Darolyn Perkins**Signed By (Physician):** Darolyn Perkins**Form_status:** finalized**Printed:** NO**Patient Home Bound or Can't Drive:** NO**Is Home Health Care Needed:** NO**Does Patient have reliable other Primary Care Physician:** YES**Is House Visit Needed:** YES**Next Visit Duration (in days):** 31 Days**Current home health agency:** Guardian Angels AtHome Inc**Primary Justification Medical Conditions:****Additional Medical Conditions:****Nursing Required:** NO**Physical Therapy:** NO**Occupational Therapy Required:** NO**Speech-language Pathology Required:** NO**Requested Care/Treatments Required:****Clinical Findings To Justify Home Health:** SN not needed**Certification Statement:****Signed by (NP):** Darolyn Perkins**Signed By (Physician):** Darolyn Perkins**Form_status:** finalized**Printed:** NO**DME:**

Description	Status	Start Date	End Date
Probe covers Unknown or N/A	Active		
Sharps Container Unknown or N/A	Active		
Cane Unknown or N/A	Active		
Alcohol Pads Unknown or N/A	Active		
Exam Gloves Unknown or N/A	Active		
Diabetic Supplies Unknown or N/A	Active		

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