

Thelma King: Patient Information
Patient Record Number:5742

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

To

Type: Home Health Agency
Organization: Bonyl Home healthcare
Name: LATARSHA SIMON
Work Phone: 214-350-0075
Email: admin@bonylhealthcare.com
Fax: 214-350-0095
Street: 2351 Northwest Hwy. Ste 2135
City: Dallas

Fax Number

214-350-0095

Thelma King: Patient Information
Patient Record Number:5742

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: Thelma King **DOB:** 1948-10-23
External ID: 5742 **Sex:** Female

Address: 535 Buckingham Road
City: Richardson
State: Texas
Postal Code: 75081
Country: USA
Home Phone: 214-664-5365

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 1993-03-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 467822719A
Group Number :
Employer Name : Thelma King

Past Medical History:

Last Recorded On: 10-17-2016.
Risk Factors: Insomnia, Incontinence, GERD.
Additional Medical History: Psoriasis,.
CMS Chronic Conditions: Acquired Hypothyroidism, Asthma, Chronic Kidney Disease, Diabetes, Heart Failure, Hyperlipidemia, Hypertension.
Chronic Body System Category: Diseases of the circulatory system , Diseases of the genitourinary system , Diseases of the musculoskeletal system , Diseases of the nervous system and sense organs , Diseases of the respiratory system , Diseases of the skin and subcutaneous tissue , Endocrine, nutritional, and metabolic diseases and immunity, Mental disorders .
Mental Conditions: Anxiety Disorders.

Family History:

Last Recorded On: 10-17-2016.
Father: Father died and had prostate cancer..
Mother: Mother died and had Alzheimer's disease, diabetes mellitus type 2, hypertension, and hypothyroidism.
Siblings: Three brothers are alive and one has HTN, and DM2. Two brothers died from which one had throat cancer. Sister also has history of cancer.
Offspring: Son has diabetes mellitus type 2 and hypertension. Daughter has bilateral amputation, below knee amputation (Motor vehicle accident)..

Primary Family Med Conditions:

Last Recorded On: 10-17-2016.
Chronic Conditions: Acquired Hypothyroidism, Alzheimers, Diabetes, Hypertension, Prostate Cancer.

Social History:

Last Recorded On: 10-17-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular diet..
Developmental History: Well..

Other History: Influenza in 2014. Pneumovax in 2014..

Thelma King: Vitals
Patient Record Number:5742

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 Darolyn Perkins
Seen on 15-September-2016

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-15	164	87	0.00	67.00	98.20	18.00	~	0.0	0.00

Chief Complaint:

Follow up home visit for management of hypertension, diabetes mellitus type 2, cellulitis, end-stage renal disease, and hyperlipidemia. Patient complain of pain in both legs and bleeding on legs.

History of Present illness:

Patient is a 67-year-old female with multiple chronic conditions of hypertension, diabetes mellitus type 2, cellulitis, end-stage renal disease, and hyperlipidemia. Patient has psoriasis all over her body. Patient complain of pain in both legs at 6/10 and also denies chest pain, headache, and nausea or vomiting. Patient has eschar on both legs and some bleeding noted on both legs. Received HH nurse three times weekly

Allergies:

Description	Status	Start Date	End Date
Codeine Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Arteriovenous fistula Unknown or N/A	Active		
Hysterectomy 1983 Unknown or N/A	Active		
Gallstones Unknown or N/A	Active		

Review of Systems:

Constitutional:

- No Weight Change
- No Weakness
- No Fever
- No Intolerance
- No Change In Appetite

Eyes:

- No Change In Vision
- No Eye Pain
- No Double Vision
- No Blind Spots
- No Injury
- No Ha
- No Coryza
- No Obstruction

Ears, Nose, Mouth, Throat:

No Hearing Loss
No ENT Discharge
No ENT Pain
No Tinnitus
No Nosebleed
No Apnea
No Bleeding Gums
No Hoarseness
No Use Of Dentures

Neck:

No Neck Pain
No Masses
No Tenderness

Respiratory:

No Cough
No Shortness Of Breath
No Wheezing

Cardiovascular:

Other Details:Hypertension No Chest Pain

No Palpitation
No Syncope
No PND
No DOE
No Orthopnea
No Peripheral
No Edema
No Leg Pain/Cramping
No History Murmur
No Arrhythmia
No Heart Problem

Gastrointestinal:

No Dysphagia
Heartburn YES
No Bloating
No Belching
No Flatulence
No Nausea
No Vomiting
No Hematemesis
No Gastro Pain
No Food Intolerance
No Hepatitis
No Jaundice
No Hematochezia
No Changed Bowel
No Diarrhea
No Constipation
No Blood In Stool

Genitourinary General:

No Dysuria
No Urine Frequency
No Urine Urgency

Musculoskeletal:

No Joint Pain
No Musc Swelling
No Musc Redness
No Musc Warm
No Musc Stiffness
No Musc Aches
No FMS
No Arthritis
No Gout
No Back Pain
No Paresthesia
Muscle Pain YES
No Limitation In Range Of Motion

Extremities:

No Spasms
No Extreme Tremors

Neurologic:

No LOC
No Seizures
No Neuro Numbness

No Tremors
No Changes In Mentation

Skin:

Psoriasis YES
Rashes YES
Dryness YES
Itching YES

Psychiatric:

No Depression
No Anxiety
No Thought Content

Physical Exam:

GEN:

Awake, Alert, Oriented, in No Acute Distress-Within Normal Limits .

EYE:

Conjunctive Clear, Tms Intact, Discharge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits .

ENT:

TMs/EAMs/EE, Ext Nose-Within Normal Limits .

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

BACK:

Normal Curvature, Tenderness-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

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

GI:

Osganomegaly-Within Normal Limits .
Soft, Non Tender, Non Distended, Masses-Within Normal Limits .
Bowel Sounds present in all four quadrants-Within Normal Limits .

GU:

Normal. Lesions, Discharge, Hernias Noted, Deferred-Within Normal Limits .

MUSC:

Strength-Within Normal Limits .
Inspection- Abnormal Limits. Cellulitis. .

NEURO:

Physiological, Localizing Findings-Within Normal Limits .

PSYCH:

Normal Affect, Judgement and Mood, Alert and Oriented X3-Within Normal Limits .
Patient Appears To Be In Good Mood-Within Normal Limits .
Able To Answer Questions Appropriately-Within Normal Limits .

SKIN:

Rash or Abnormal Lesions- Abnormal Limits. Psoriasis..

Assessment:

Educated on use of low salt diet and exercise as tolerated and take medication. Also educated on signs and symptoms of heart attack and stroke with uncontrolled hypertension. Medical complexity and risk of complications is medium. Patient continue to have eczema on arms and legs. Continue getting dressing changes three times a week for eschar on both legs. Education material was given to the patient. Reviewed labs.

Patient diagnoses are,

1. Hypertension.
2. Diabetes mellitus type 2.
3. Cellulitis.
4. End-stage renal disease.
5. Hyperlipidemia.

Plan:

Continue same treatment plan. Medication adherence education was given to the patient. No refills. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. 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 family, Prognosis is fair. Refilled silvadene cream to legs daily and other body parts for psoriasis. Patient is receiving HHC three times a week for treatment of eschar on legs. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Hypertension, stable with medication.
2. Diabetes mellitus type 2, stable with medication.
3. Cellulitis, stable.
4. End-stage renal disease, stable with dialysis.
5. Hyperlipidemia, stable with medication

Quality Of Care

1. Provided Education Resource(s).
2. Medication Reconciliation.
3. Documentation of current medications.
4. Patient Decision Aids / Education Materials Given.

Medication:

Description	Status	Start Date	End Date
Insulin Syringe ,28G X 1/2" 1 ML MISC, USE AS DIRECTED, Quantity: 200, Refill Quantity: 4 Unknown or N/A Referred by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-24	
Aquaphor Advanced Therapy , OINT, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 396, Refill Quantity: 3 Unknown or N/A Referred by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-12	
Crestor ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A Referred by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-12	
DocQLace ,100 MG CAPS, TAKE 1 CAPSULE DAILY IN THE MORNING, Quantity: 90, Refill Quantity: 0 Unknown or N/A Referred by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-26	
Triamcinolone Acetonide ,0.1 % OINT, APPLY SPARINGLY TO AFFECTED AREA(S) TWICE DAILY, Quantity: 60, Refill Quantity: 2 Unknown or N/A Referred by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-26	
Levothyroxine Sodium ,75 MCG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1 Unknown or N/A Referred by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-05-09	
NexIUM ,40 MG CPDR, TAKE ONE CAPSULE ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A Referred by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-07	

Home Health 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

Nursing Required: YES

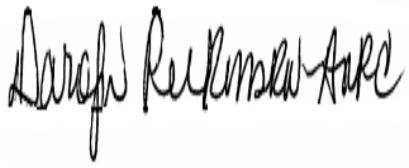
Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required: Receiving tid treatment to legs for eschar on lower extremities.

Clinical Findings To Justify Home Health: Skilled nursing needed due to cellulitis and chronic pain and inability to self medicate

A handwritten signature in black ink, appearing to read "Darolyn Perkins". The signature is written in a cursive, flowing style.

Electronically Signed by **Darolyn Perkins** on **2016-09-22**.

Printed on 18-Oct-2016 07:13:21 am.