

Esther Simpson: Patient Information
Patient Record Number:3097

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: Esther B Simpson
External ID: 3097
DOB: 1927-02-22
Sex: Female
S.S.: 453-38-4646
Marital Status: Widowed
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B87s7RNfUFwoUGRqSDBmLUk4azg>

Address: 4722 Meadow Street, Apt #1803
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Home Phone: 214-928-7625
Work Phone: 214-418-1844
Mobile Phone: 214-628-2025
Street Address: 4722 Meadow Street
Apt/Suite/Other: 1803

Past Medical History:

Last Recorded On: 07-14-2016.
Risk Factors: Insomnia.
Additional Medical History: anorexia, gait abnormality, mild dementia, history of cancer, and blood clot in 2008.

Family History:

Last Recorded On: 07-14-2016.
Father: Unsure..
Mother: Unsure..
Offspring: Four children..

Primary Family Med Conditions:

Last Recorded On: 07-14-2016.
Risk Factors: Unknown.

Social History:

Last Recorded On: 07-14-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Developmental History: Education level 10th..
Other History: Patient had physical exam in 2008 Influenza in 2014 and 2015.

Tests and Exams:

Last Recorded On: 07-14-2016.
Vitamin D (6 mo if on pills) Normal Done on 07/23/2014, at Evolution health laboratory services,

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

LIPIDS (once year unless chol meds) Abnormal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

Urine Culture (prn) Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha

Mammogram (>40yrs, Yearly) N/A Done.

Cardiac Echo Normal Done on 01/02/2015, at Reliance Imaging, ordered by Dr. Sumana Ketha

Medicare B Texas (SMTX0)

Immunizations:

Esther Simpson: Chief Complaint
Patient Record Number:3097

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Seen by Darolyn Perkins
Seen on 27-July-2016

Chief Complaint Status:finalized

Follow up home visit for management of chronic conditions of hypertension, diabetes type 2, osteoarthritis, vertigo and insomnia.

History of Present illness:

HPI Status:Finalized

Patient is a 89-year-old female with multiple chronic conditions of hypertension, diabetes type 2, osteoarthritis, vertigo and insomnia. Patient denies any new complaint upon examination. Patient denies pain at this time. Patient denies CP, HA or N V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-27	162	90	0.00	66.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

~~Disyembre 19, 2019 @ 10:00am~~

No Significant Difference

No ~~Conflicting~~ Interests

Neuroendocrine System

[illegible]

No Blame at All

No Obstruction

Physical Exam:

SENRO:

Abstract: A new method for determining the optimal limits of the fuzzy membership functions of the fuzzy expert system is proposed. The method is based on the analysis of the fuzzy membership functions of the fuzzy expert system. The method is applied to the fuzzy expert system for the diagnosis of the internal limits of the power transformer.

FRISCH:

Strongly Medial, Normal, Discharge, All Max, Ovaries, 63, Within Normal Limits, Nasal Turbinates-Within Normal Limits.

ENT:

ROMANIAN/ESTONIAN/ROSIAN/SCOTCH/NOVA/V LIMITS Normal Limits .

NECK:

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

CV:

RRR-Within Normal Limits .

RESP:

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

Gl:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lasix ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-04-01	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lisinopril ,20 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	2016-04-01
Lisinopril ,20 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	2016-01-08
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Mirtazapine ,15 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26

Plan Note:

Plan Note Status:Finalized

Continue with treatment and medication adherence. 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 and stable.

1. Hypertension, stable with current blood pressure medications use.
2. Diabetes is under control with medications.
3. Osteoarthritis, stable.
4. Vertigo, continue medications.
5. Insomnia, stable.

Refill Lisinopril 20 mg po daily

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01	
Dizziness and giddiness (ICD10:R42 Dizziness and giddiness) Unknown or N/A	Active	2015-10-01	
Dermatophytosis of nail (ICD10:B35.1 Tinea unguium) 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	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Arthropathy, unspecified, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	

Malignant hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01
Profound impairment, both eyes, impairment level not further specified (ICD10:H54.0 Blindness, both eyes) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Alzheimer's disease (ICD10:G30.9 Alzheimer's disease, unspecified) Unknown or N/A	Active	2015-10-01
Dementia in conditions classified elsewhere without behavioral disturbance (ICD10:F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Legal blindness, as defined in U.S.A. (ICD10:H54.8 Legal blindness, as defined in USA) 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
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) 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
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01
Anorexia (ICD10:R63.0 Anorexia) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Debility, unspecified (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01
Disorder of bone and cartilage, unspecified (ICD10:M89.9 Disorder of bone, unspecified) (ICD10:M94.9 Disorder of cartilage, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Surgeries:

Description	Status	Start Date	End Date
Toe Surgery in 2005 Unknown or N/A	Active		
Tonsillectomy Unknown or N/A	Active		
Hospitalized for blood clot in 2008 Unknown or N/A	Active		
Back surgery 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: YES

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency: KOC home health care

Primary Justification Medical Conditions: Mobility_Impairments,HTN,Asthma,Alzheimers,diabetes,Depression

Additional Medical Conditions: Debility, abnormal gait, insomnia

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed due to dementia and debility and inability to self medicate

Certification Statement: Patient is home bound due to dementia and debility. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 302

Signed On (NP): 2016-07-27 05:10

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 05:10

Form_status: finalized

Printed:

DME:

Description	Status	Start Date	End Date
Gloves Unknown or N/A	Active		
Probe covers Unknown or N/A	Active		
Alcohol Pads Unknown or N/A	Active		

Printed on 15-Sep-2016 15:06:31 pm.