

Ethel Pope: Patient Information
Patient Record Number:1199

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: Ethel Pope
External ID: 1199
DOB: 1939-09-22
Sex: Female
S.S.: 449-68-4390
Marital Status: Widowed
User Defined: 214-421-3356

Address: 4531 Jamaica St.
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Emergency Phone: 469-237-9001
Mobile Phone: 214-421-3356
Street Address: 4531 Jamaica St.
Apt/Suite/Other: House

Family History:

Last Recorded On: 08-16-2016.
Father: Father had died. .
Mother: Mother had died..
Offspring: Seven boys and three girls. One boy died with gun shot wound. .

Social History:

Last Recorded On: 08-16-2016.
Tobacco: No smoking. **Status:** Never
Alcohol: No alcohol use. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Education level is 8th grade..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2015-02-09
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-09-01
Relationship to Insured :
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 449684390A
Group Number :
Employer Name : Ethel Pope
Copay :
Insured ID Number : 504798008
Group Number :
Employer Name :

Immunizations:

Ethel Pope: Chief Complaint
Patient Record Number:1199

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Seen by Darolyn Perkins
Seen on 28-July-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following medical conditions of diabetes mellitus type 2, hypertension, osteoarthritis, chronic pain, hyperlipidemia, and visual impairment. Patient complains of pain in her hands, knees and shoulders.

History of Present illness:

HPI Status:Finalized

A 76-year-old AA female in NAD with multiple chronic medical conditions including diabetes mellitus 2, hypertension, osteoarthritis, chronic pain, and visual impairment. Patient states that pain in her hands, knees and shoulders continuous to hurt and she has not had much relief. Patient denies other issues. Patient denies any recent hypoglycemia episodes and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea or vomiting. Patient had mammogram done last year and has not had a pap done in a while she states that she does not want a pap done and a mammogram.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-28	137	77	160.00	66.00	0.00	0.00	~	0.0	0.00

Review of Systems:

Constitutional:

No Constipation

Physical Exam:

NOTE: Please do not include the following information in your comments:

BASED ON:
BASED ON: Gross Exam: Mucous Membranes-Pink, Bilateral Nasal Turbinates-Within Normal Limits.

PSYCH: **REPERIA** Affected With Mildly Normal Mood Alert and Oriented X3-Within Normal Limits.

RESP:
Patient Able With In Be In Good Mood-Within Normal Limits .

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

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Review to 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. No labs needed this visit. The patient verbalize understanding of the above plan and was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

RA/OA w/chronic pain continue current plan

HTN w/vascular complications continue current plan
DM2 w/neuropathy continue current plan
HLD continue current plan
CHRONIC PAIN SYNDROME continue current pain
VISUAL IMPAIRMENT continue to monitor
ABNORMAL GAIT continue to monitor

Medication refills as follows:

Amlodipine 10mg qd
Valsartan 40mg qd
Glipizide 5mg 2 tabs bid

Medical Problem:

Description	Status	Start Date	End Date
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-06-28	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-05-24	
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	2016-05-24	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-24	
Rheumatoid arthritis with rheumatoid factor, unspecified (ICD10:M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified) Unknown or N/A	Active	2016-05-24	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-27	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-27	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-27	
Rheumatoid myopathy with rheumatoid arthritis of left wrist (ICD10:M05.432 Rheumatoid myopathy with rheumatoid arthritis of left wrist) Unknown or N/A	Active	2016-04-27	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-04-27	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-19	

Allergies:

Description	Status	Start Date	End Date
No known drug allergies. Unknown or N/A	Active	2016-04-19	

Surgeries:

Description	Status	Start Date	End Date
Tubal ligation. Unknown or N/A	Active	2016-04-19	

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: diabetes, HTN, hyperlipidemia

Additional Medical Conditions:

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: Patient is homebound due to chronic pain limited mobility and then ability to self medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly, chronic pain and limited mobility.

Signed by (NP): 302

Signed On (NP): 2016-07-28 05:22

Signed By (Physician): 18

Signed on (Physician): 2016-07-29 05:22

Form_status: finalized

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