

**Sarah Lindsey: Patient Information**  
Patient Record Number:6376

**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:** Sarah A Lindsey  
**External ID:** 6376  
**DOB:** 1947-05-11  
**Sex:** Female  
**S.S.:** 429-78-8742  
**Marital Status:** Single  
**Patient Drive Folder:** 0B0x\_t bqdBPhMXZLNEMxYktEUFU

**Address:** 2255 N Washington Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75204  
**Country:** USA  
**Mobile Phone:** 214-881-8830  
**Street Address:** 2255 N Washington Ave  
**Apt/Suite/Other:** APT#305

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 2012-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-12-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 429788742M  
**Group Number :**  
**Employer Name :** Sarah Lindsey  
**Copay :**  
**Insured ID Number :** 527540843  
**Group Number :**  
**Employer Name :** Sarah Lindsey

## Immunizations:

**Sarah Lindsey: Chief Complaint**  
Patient Record Number:6376

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**Seen by** Derrick Love-Jones  
**Seen on** 08-December-2016

**Chief Complaint Status:**finalized

New admit to service to prevent further decline of the following chronic medical conditions of hypertension, lumbago, osteoarthritis, chronic pain syndrome, abnormal gait, and chronic vertigo. Patient complains of pain in her knees and shoulders.

**History of Present illness:**

**HPI Status:**Finalized

A 69-year-old African-American female in NAD with multiple chronic conditions of the following hypertension, lumbago, osteoarthritis, chronic pain syndrome, abnormal gait, and chronic vertigo. Patient states that she has a history of pain in her knees and shoulders for many years. Patient rates her current pain at 7/10 today and states she does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

**Family History:**

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-08	177	79	0.00	0.00	97.40	16.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Revised: 11/27/2018 @ TheTalgat:**

**Non-Financial Disclosures**

No ~~REPUTATION~~ Fee

## No ~~Excessive~~ Riskiness

No **POSTER**: No fee to use

**Need a Little More?**

### No Disturbance In Range Of Motion

No Constipation

### Physical Exam:

**DEFICIENCIES:**

**DISCUSSION: Lymphoid System: Thymus Gland: Thymus Gland: Within Normal Limits**

**REMARKS:**

**Smell:** No odor. **Taste:** No taste. **Visual Distal:** No distal. **Visual Prox:** No prox. **Visual:** No visual. **Visual:** No visual. **Nasal Turbinates:** Within Normal Limits.

**CV:**

REASONABLE: Within Normal Limits.

**RESP:**

Lungs CTAB-Within Normal Limits .

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

### Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as previous provider. Reviewed and 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. Patient encouraged to exercise daily as tolerated. Full set of labs ordered. 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. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Hypertension with vascular, continue current plan.
3. Chronic vertigo, continue current plan.
4. Chronic pain syndrome, continue current pain medication.
5. Lumbago with chronic pain, continue current plan.
6. Abnormal gait, continue to monitor.

Medication refills as follows:

Norco 10/325 mg t.i.d.  
Amlodipine 10 mg q.d.

## Medical Problem:

Description	Status	Start Date	End Date
Unspecified osteoarthritis, unspecified site ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2016-12-08	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-12-08	
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	2016-12-08	
Vertigo of central origin, unspecified ear ( ICD10:H81.49 Vertigo of central origin, unspecified ear) Unknown or N/A	Active	2016-12-08	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-12-08	

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
MVA in 1990 Unknown or N/A	Active		
Fracture right arm. 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:** NO

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:** Promise Home Health,Inc

**Primary Justification Medical Conditions:** HTN,Mobility\_Impairments,Rheumatoid Arthritis\_Osteoarthr

**Additional Medical Conditions:**

**Nursing Required:** YES

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to chronic pain.

**Certification Statement:** Skilled nursing is needed due to advanced age, I control chronic pain and the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-08 00:17

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-12-15 00:17

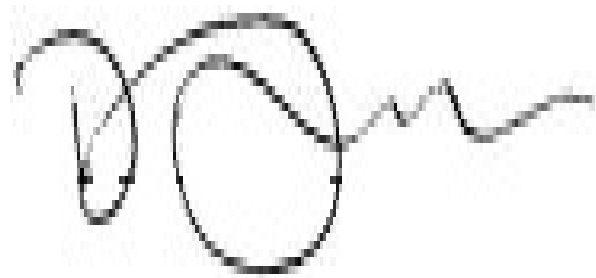
**Form\_status:** finalized

**Printed:**

## Procedure Order:

Patient ID	6376	Order ID	1364
Patient Name	Lindsey, Sarah A	Ordered By	Love-Jones, Derrick
Order Date	2016-12-08 00:00:00	Print Date	2017-02-12
Order Status	complete	Encounter Date	2017-02-12
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											



Electronically Signed by **Derrick Love-Jones** on **2016-12-15**.

Printed on 12-Feb-2017 16:00:29 pm.