

**Debra Paden: Patient Information**  
Patient Record Number:5588

**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:** Debra Paden  
**External ID:** 5588  
**DOB:** 1958-06-30  
**Sex:** Female  
**S.S.:** 449-26-5431  
**Marital Status:** Single  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5NnNPUkUxb1RpTEE>

**Address:** 3200 South Lancaster Road  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Guardian's Name:** Dennis (son)  
**Emergency Phone:** 214-571-8160  
**Home Phone:** 214-948-6534  
**Mobile Phone:** 214-463-9088  
**Street Address:** 3200 South Lancaster Road

## Past Medical History:

**Last Recorded On:** 11-05-2016.  
**Risk Factors:** Incontinence.  
**Additional Medical History:** Vitamin deficiency, allergic rhinitis, and mild mental retardation..

## Family History:

**Last Recorded On:** 11-05-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Siblings:** Unknown..  
**Offspring:** Patient has one son..

## Primary Family Med Conditions:

**Last Recorded On:** 11-05-2016.  
**Risk Factors:** Unknown.

## Social History:

**Last Recorded On:** 11-05-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..  
**Other History:** Influenza in 2014..

## Tests and Exams:

**Last Recorded On:** 11-05-2016.

**Vitamin D (6 mo if on pills)** Abnormal Done on 09/04/2014 at Evolution health laboratory services ordered by Dr. Sumana Ketha  
**HbA, C Hemoglobin (if DM every 3 mo)** Abnormal Done on 06/15/2016 at Healcore Laboratory LLC ordered by Dr. Sumana Ketha  
**CBC Complete Blood Count (3 months)** Abnormal Done on 06/15/2016 at Healcore Laboratory LLC ordered by Dr. Sumana Ketha  
**CMP Comprehensive Metabolic Panel (3 months)** Abnormal Done on 06/15/2016 at Healcore Laboratory LLC ordered by Dr. Sumana Ketha  
**LIPIDS (once year unless chol meds)** Abnormal Done on 09/04/2014 at Evolution health laboratory services ordered by Dr. Sumana Ketha

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1978-06-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Primary  
**Start Date :** 2015-10-08  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2011-11-22  
**Relationship to Insured :**  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)  
**Priority :** Secondary  
**Start Date :** 2014-03-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)  
**Priority :** Secondary  
**Start Date :** 2014-04-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Molina Healthcare of Texas (Z1161)

**Copay :**  
**Insured ID Number :** 449265431C3  
**Group Number :**  
**Employer Name :** Debra Paden  
**Copay :**  
**Insured ID Number :** 449265431C3  
**Group Number :**  
**Employer Name :** Debra Paden  
**Copay :**  
**Insured ID Number :** 423552801  
**Group Number :**  
**Employer Name :**  
**Copay :**  
**Insured ID Number :** 423552801  
**Group Number :**  
**Employer Name :** Debra Paden  
**Copay :**  
**Insured ID Number :** 423552801  
**Group Number :**  
**Employer Name :** Debra Paden

## Immunizations:

**Debra Paden: Chief Complaint**  
Patient Record Number:5588

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**Seen by** Derrick Love-Jones  
**Seen on** 30-September-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of osteoarthritis, mental retardation, chronic kidney disease 4, allergic rhinitis, depression, vitamin-D deficiency, urinary incontinence, dementia, diabetes mellitus, and hypertension. Patient complains of not sleeping through the night and leg pain.

**History of Present illness:**

**HPI Status:**Finalized

A 58-year-old African American female in NAD with multiple chronic conditions of osteoarthritis, mental retardation, chronic kidney disease 4, allergic rhinitis, depression, vitamin-D deficiency, urinary incontinence, dementia, diabetes mellitus, and hypertension. Patient states her arms and legs have been hurting for a long time. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-30	109	67	215.00	61.00	97.80	16.00	~	40.6	0.00

## Review of Systems:

**Constitutional:**

[illegible]

### Physical Exam:

[illegible]

### Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as previous for other diagnosis. 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 200. 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 patient. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

OA w/chronic pain continue current plan  
 HTN w/vascular complications continue current plan  
 CKD-4 continue current plan  
 Dementia continue current plan  
 Chronic Pain Syndrome continue current pain medication  
 AR continue current plan  
 Depression continue current plan  
 Insomnia continue current plan  
 VIT D Defieniecy continue current plan  
 DM2 w/neuropathy continue current plan  
 Depression continue current plan  
 Mental Retardation continue to monitor

No medication refills needed this visit.

## Medical Problem:

Description	Status	Start Date	End Date
<b>Osteoarthritis, localized, primary, lower leg</b> ( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
<b>Bipolar disorder, unspecified</b> ( ICD10:F31.9 Bipolar disorder, unspecified) Unknown or N/A	Active	2015-10-01	
<b>Dermatophytosis of nail</b> ( ICD10:B35.1 Tinea unguium) Unknown or N/A	Active	2015-10-01	
<b>Simple type schizophrenia, unspecified</b> ( ICD10:F20.89 Other schizophrenia) Unknown or N/A	Active	2015-10-01	
<b>Hypertensive chronic kidney disease, unspecified, with chronic kidney disease stage I through stage IV, or unspecified</b> ( ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) ( ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
<b>Chronic kidney disease, Stage III (moderate)</b> ( ICD10:N18.3 Chronic kidney disease, stage 3 (moderate)) Unknown or N/A	Active	2015-10-01	
<b>Dementia, unspecified, without behavioral disturbance</b> ( ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01	
<b>Hypertensive chronic kidney disease, benign, with chronic kidney disease stage I through stage IV, or unspecified</b> ( ICD10:I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease) Unknown or N/A	Active	2015-10-01	
<b>Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled</b> ( ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
<b>Unspecified essential hypertension</b> ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
<b>Osteoarthritis, generalized, site unspecified</b> ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
<b>Benign essential hypertension</b> ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
<b>Chronic kidney disease, unspecified</b> ( ICD10:N18.9 Chronic kidney disease, unspecified) Unknown or N/A	Active	2015-10-01	
<b>Urinary tract infection, site not specified</b> ( ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2015-10-01	

Vitamin D deficiency ( ICD10:E55.9 Vitamin D deficiency, unspecified) 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
Unspecified anemia ( ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2015-10-01
Allergic rhinitis, cause unspecified ( ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01
Urinary incontinence, unspecified ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01
Unspecified mental retardation ( ICD10:F79 Unspecified intellectual disabilities) 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
Chronic kidney disease, Stage IV (severe) ( ICD10:N18.4 Chronic kidney disease, stage 4 (severe)) Unknown or N/A	Active	2015-10-01
Iron deficiency anemia secondary to blood loss (chronic) ( ICD10:D50.9 Iron deficiency anemia, 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
C-section 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:**

**Primary Justification Medical Conditions:** Depression,diabetes,HTN,Kidney\_Disease,Schizophrenia

**Additional Medical Conditions:** Mental retardation, AR, vitamin-d deficiency, urinary incontinence.

**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:** SN needed due to mental retardation and inability to self medicate currently. Patient has mental illness which requires medication management and inventory.

**Certification Statement:** Patient is home bound due to mental retardation. Patient experiences confusion and is unable to safely leave home alone.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-30 04:40

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-10-07 04:40

**Form\_status:** finalized

Printed on 06-Nov-2016 18:14:36 pm.