

Delois Floyd: Patient Information
Patient Record Number:6056

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: Delois Floyd
External ID: 6056
DOB: 1958-11-19
Sex: Female
Patient Drive Folder: https://drive.google.com/drive/u/0/folders/0B1v8FHBd_SfCWXIkYU9EUXIhMjA

Address: 1321 Adelaide Dr
City: Dallas
State: Texas
Postal Code: 75216
Country: USA
Home Phone: 214-417-5644
Street Address: 1321 Adelaide Dr
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-10-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 11-10-2016.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular..
Developmental History: Well..
Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-08-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2015-10-01
Relationship to Insured : Self
Type : N/A
Payer : BC/BS of Texas (SB900)

Copay :
Insured ID Number : 462213643A
Group Number :
Employer Name : Delois Floyd
Copay :
Insured ID Number : R58882405
Group Number :
Employer Name : Delois Floyd

Immunizations:

Delois Floyd: Chief Complaint
Patient Record Number:6056

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Seen by Derrick Love-Jones
Seen on 06-October-2016

Chief Complaint Status:finalized

Followup home visit to prevent further decline and management of chronic conditions of visual impairment, hypertension, depression, diabetes mellitus type 2, hypertension, neuropathy, seizures, and anxiety. Patient complains of numbness/tingling of both feet.

History of Present illness:

HPI Status:Finalized

Patient is a 57-year-old AA female in NAD with multiple chronic conditions including diabetic, seizures, neuropathy, visual impairment, hypertension, depression, and diabetes. Patient states that she has been having numbness/tingling that is chronic in both her feet that is relieved with current medication. Patient denies CP, HA, and N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-06	114	71	170.00	64.00	98.20	16.00	~	29.2	0.00

Review of Systems:

Constitutional:

Systemic/Endocrine/Immunologic:

No Change In Vision
No Change In Hearing
No Change In Smell
No Change In Taste
No Change In Weight
No Change In Appetite
No Change In Energy
No Change In Mood
No Change In Thought
No Change In Depression
No Change In Content

Physical Exam:

HEENT:

ENT - Within Normal Limits .

EXCERIMITIES:

ENT - Within Normal Limits .

CYMPH:

ENT - Within Normal Limits .

MUSC:

Strength - Within Normal Limits .

ROM - Within Normal Limits .

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan as previous. Reviewed and continue same medications, no new medications noted this visit. Medication adherence education was given to patient and patient was 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. No labs needed this visit. Patient verbalized 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.

Neuropathy continue current plan

Epilepsy continue current plan
DM2 w/neuropathy continue current plan
Anxiety continue current plan
HTN w/vascular complications continue current plan
Depression continue current plan
Chronic Pain Syndrome continue current pain medication
HLD continue current plan

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-11-27	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-11-27	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-11-27	
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Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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: Med global

Primary Justification Medical Conditions: blindness, Depression, diabetes, HTN

Additional Medical Conditions: Anxiety, neuropathy , seizures

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 seizures and visual impairment and inability to self medicate

Certification Statement: Patient is home bound due to visual impairment and seizures. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 16

Signed On (NP): 2016-10-06 03:35
Signed By (Physician): 18
Signed on (Physician): 2016-10-12 03:36
Form_status: finalized

Printed on 10-Nov-2016 21:51:21 pm.