

Nertha Watson: Patient Information
Patient Record Number:6286

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: Nertha Watson
External ID: 6286
DOB: 1948-12-25
Sex: Female
S.S.: 449929273
Marital Status: Single

Address: 4009 Hamilton Ave
City: Dallas
State: Texas
Postal Code: 75210
Country: USA
Mobile Phone: 469-335-4435
Street Address: 4009 Hamilton Ave
Apt/Suite/Other: House

Family History:

Last Recorded On: 11-19-2016.
Father: Father is not alive, complains of Alzheimer's disease. .
Mother: Mother is not alive, complains of diabetes and hypertension. .
Siblings: Two brothers and four sisters, who are alive..
Offspring: Two boys and two girls, who are alive..

Social History:

Last Recorded On: 11-19-2016.
Tobacco: Current some day smoker Smokes one packet per week. **Status:** Current
Alcohol: Drinks socially. **Status:** Current
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Well..
Developmental History: Education level is 12th grade..
Other History: Immunizations, none. .

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2013-12-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-07-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 449929273A
Group Number :
Employer Name : Nertha Watson
Copay :
Insured ID Number : 500585359
Group Number :
Employer Name : Nertha Watson

Immunizations:

Nertha Watson: Chief Complaint
Patient Record Number:6286

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Seen by Derrick Love-Jones
Seen on 11-October-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, chronic pain syndrome, anxiety, lumbago, spinal stenosis, and osteoarthritis. Patient complains of back pain and a cough for 8-10 days.

History of Present illness:

HPI Status:Finalized

A 67-year-old African-American female in NAD multiple chronic conditions of the following hypertension, chronic pain syndrome, anxiety, lumbago, spinal stenosis, and osteoarthritis. Patient has a history of scoliosis and a subsequent spinal stenosis. Patient states that she has had a cough that has persisted for several days with no relief. Patient also complains of back pain that is chronic and hip pain that is also chronic. Patient rates current pain today 7/10 and gets relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea/vomiting recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-11	155	94	142.00	66.00	97.80	16.00	~	22.9	0.00

Review of Systems:

Constitutional:

Penyakit yang ditularkan melalui makanan:

No ~~Stiffness~~ Stiffness Joint Pain YES

No ~~Excessive~~ **Excessive** Disuse

No Known Side Effects

No Difference

North Carolina

No Disturbance Of Motion YES

No Constipation

Physical Exam:

FIGURE 3:

Subacute Myelitis-Within Normal Limits .

NEKO:

Swallow Group Employee Information and Confidentiality Limitations

PSYCH:

REPR/AF/ECU/Williams Normal Limits Alert and Oriented X3-Within Normal Limits.

RESP:

Ably, CTAS with Questions Appropriately-Within Normal Limits.

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2			
Unknown or N/A	Active	2016-09-08	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Plan Note:

Plan Note Status:Finalized

Continue same treatment plan his 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 was encouraged to exercise daily as tolerated. 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.

1. Lumbago with chronic pain, continue current plan.
2. Hypertension with vascular complications, continue current plan.
3. Anxiety, continue current plan.
4. Osteoarthritis with chronic pain, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Spinal stenosis, continue current plan.
7. Scoliosis, continue to monitor.

Medication refills as follows:

Lisinopril/HCTZ 20/12.5 mg q.d.

Norco 10/325 mg t.i.d.

Xanax 0.5 mg t.i.d.

Flonase Nasal Spray.

Medical Problem:

Description	Status	Start Date	End Date
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-10-11	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-10-11	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-09-06	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-09-06	
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	2016-09-06	
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-09-06	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-06	

Allergies:

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

Surgeries:

Description	Status	Start Date	End Date
Screws in ankles in 2003. Unknown or N/A	Active		

Knee surgery in 1990. Unknown or N/A	Active
Hospitalized for spinal stenosis. Unknown or N/A	Active

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

Is Home Health Care Needed: NO

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: Mobility_Impairments,Rheumatoid Arthritis_Osteoarthr,HTN

Additional Medical Conditions: Scoliosis, anxiety, spinal stenosis, lumbago

Nursing Required: NO

Physical Therapy:

Occupational Therapy Required:

Speech-language Pathology Required:

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Patient is homebound due to spinal stenosis and scoliosis.

Certification Statement: No skilled nurse she needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-10-11 03:11

Signed By (Physician): 18

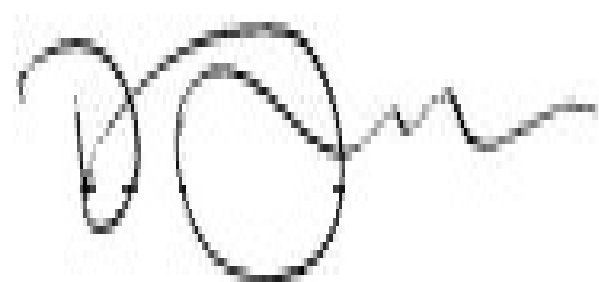
Signed on (Physician): 2016-10-18 03:11

Form_status: finalized

Procedure Order:

Patient ID	6286	Order ID	1101
Patient Name	Watson, Nertha	Ordered By	Love-Jones, Derrick
Order Date	2016-11-20	Print Date	2016-11-20
Order Status	complete	Encounter Date	2016-11-20
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-20		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-18**.

Printed on 20-Nov-2016 09:50:52 am.