Delois Floyd: Patient Information

Patient Record Number:6056

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texashousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texashousecalls.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_SfCWXlkYU9EUXlhMjA

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: 10-09-2016.

Father: Unknown. Mother: Unknown. Siblings: Unknown.

Social History:

Last Recorded On: 10-09-2016. 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 Texas Physician House Calls (H)

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Seen by Darolyn Perkins Seen on 26-July-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 losing weight.

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 losing weight inspire of drinking nutritional shakes. She request a nutritionist. Patient denies CP, HA, and N/V recently.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-26	145	65	165.00	0.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Septiminal Making Talngat:

Nation YES

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Nephyllania: veating

Nox Book Base teunger

No Suicide Thoughts

Use Of Antideprassants YES

No Thought Content

Physical Exam:

BOMOH:

Plyment Californity (Artigorial Californity) (Artigorial Californity)

ETYLESC:

Bodyby: Afficial Folia Bol Residence Substantial Bodyby: Bilaterial Residence Substantial Residence Substant

NNURO:

CM2/E2/Ms&EEVEnttiNoboerth&ithimnNsr.mal Limits.

NECK:

Bbpsieldigedniegalijzi@arcitidiogtheWharaNseptalrhinWss, lymphadenopathy-Within Normal Limits.

BACK:

Normal Curvature, Tenderness-Within Normal Limits .

CV:

RRR-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. 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.

- 1. Anxiety, continue current plan.
- 2. Hypertension with vascular complications, continue current plan.
- 3. Neuropathy, continue current plan.
- 4. Hyperlipidemia, continue current plan.
- 5. Diabetes mellitus 2 with neuropathy, continue current plan.
- 6. Epilepsy, continue current plan.
- 7. Chronic pain syndrome, continue current pain medication.
- 8. Major depression, follow up with psychiatric.

No medication refills needed this visit.

Medical Problem:

Description	Status	Start Date	End Date
Essential (primary) hypertension (ICD10:l10 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	
Essential (primary) hypertension (ICD10:l10 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	
Essential (primary) hypertension (ICD10:l10 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	

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: HTN,blindness,diabetes,Depression

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): 302 Signed On (NP): Signed By (Physician): Signed on (Physician): Form_status: finalized

Printed:

Printed on 09-Oct-2016 21:16:43 pm.