

**Katie Hall: Patient Information**  
Patient Record Number:6342

**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:** Katie L Hall  
**External ID:** 6342  
**DOB:** 1927-11-22  
**Sex:** Female  
**S.S.:** 458-34-9484  
**Patient Drive Folder:** 0B0x\_tbqdBDPhaVMjYzVXBDNFE

**Address:** 2725 Custer Dr  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Mobile Phone:** 214-371-5640  
**Street Address:** 2725 Custer Dr  
**Apt/Suite/Other:** House

## Family History:

**Last Recorded On:** 02-11-2017.  
**Father:** Deceased..  
**Mother:** Deceased..  
**Siblings:** Three brother alive and seven brother are died. Two sisters, one is alive and another died..  
**Offspring:** None..

## Social History:

**Last Recorded On:** 02-11-2017.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol use. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular. .  
**Developmental History:** Education level is 8th grade..  
**Other History:** Taken pneumovax 3 years ago..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1992-11-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2016-11-01  
**Relationship to Insured :**  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 458349484A  
**Group Number :**  
**Employer Name :** Katie Hall  
**Copay :**  
**Insured ID Number :** 512866950  
**Group Number :**  
**Employer Name :**

**Immunizations:**

**Katie Hall: Chief Complaint**  
Patient Record Number:6342

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**Seen by** Derrick Love-Jones  
**Seen on** 28-December-2016

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of diabetes mellitus 2, hypertension, hypothyroidism, gastroesophageal reflux disease, Vit D deficiency, coronary artery disease, chronic bronchitis, lumbago, rheumatoid arthritis/osteoarthritis, chronic pain syndrome. Patient complains of lower back pain.

**History of Present illness:**

**HPI Status:**Finalized

An 88-year-old African-American female in no acute distress with multiple chronic conditions of the following diabetes mellitus 2, hypertension, hypothyroidism, gastroesophageal reflux disease, Vit D deficiency, coronary artery disease, chronic bronchitis, lumbago, rheumatoid arthritis/osteoarthritis, chronic pain syndrome. Patient complains of lower back pain that is chronic and has been causing her problems for several years. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes recently and a foot check revealed no major issues. Patient denies any chest pain, headache, nausea/vomiting recently.

### Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-28	139	64	0.00	0.00	97.40	16.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**No Constipation**

### Physical Exam:

**SHORTCOMINGS:**

~~SN19-TP12-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1~~

**BRUNSKH:**

**Demographic Data:** Age, Sex, Race, Ethnicity, Height, Weight, BMI, Blood Pressure, Heart Rate, Temperature, Respiration Rate, Oxygen Saturation, Glucose, Cholesterol, Triglycerides, Hemoglobin, Hematocrit, Hemoglobin A1c, Creatinine, Urea Nitrogen, Calcium, Phosphorus, Magnesium, Potassium, Sodium, Chloride, Bicarbonate, Lactate, Ammonia, Bilirubin, Alanine Aminotransferase, Aspartate Aminotransferase, Gamma-Glutamyl Transaminase, Alkaline Phosphatase, Lipase, Amylase, Urinary pH, Urinary Glucose, Urinary Protein, Urinary Creatinine, Urinary Urea Nitrogen, Urinary Calcium, Urinary Phosphorus, Urinary Magnesium, Urinary Potassium, Urinary Sodium, Urinary Chloride, Urinary Bicarbonate, Urinary Lactate, Urinary Ammonia, Urinary Bilirubin, Urinary Alanine Aminotransferase, Urinary Aspartate Aminotransferase, Urinary Gamma-Glutamyl Transaminase, Urinary Alkaline Phosphatase, Urinary Lipase, Urinary Amylase.

**CV:**

**REPAIRABLE AND BURNING GOAL MODES**-Within Normal Limits .

Peripheral Edema-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
BiDil ,20-37.5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2017-01-03	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

NIFEdipine ER ,90 MG TB24, TAKE 1 TABLET EVERY MORNING,  
Quantity: 30, Refill Quantity: 2

Unknown or N/A

Active

2017-01-03

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. Full set of labs ordered. The 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. Diabetes mellitus type 2 with neuropathy, continue current plan.
3. Gastroesophageal reflux disease, continue current plan.
4. Coronary artery disease, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
7. Chronic bronchitis, continue current plan.
8. Hypertension with vascular, continue current plan.
9. Hypothyroidism, continue current plan.
10. Vitamin D deficiency, continue current plan.

Medication refills as follows:

Tradjenta 5 mg q.d.

Nifedipine ER 90 mg q.d.

BiDil 20/37.5 mg t.i.d.

Levothyroxine 25 mcg q.d.

Nateglinide 60 mg b.i.d.

Ranitidine 150 mg b.i.d.

ASA 81 mg q.d.

Symbicort 160/4.5

## Medical Problem:

Description	Status	Start Date	End Date
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-12-28	
Atherosclerotic heart disease of native coronary artery without angina pectoris ( ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) Unknown or N/A	Active	2016-12-28	
Rheumatoid arthritis, unspecified ( ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2016-11-09	
Bilateral primary osteoarthritis of knee ( ICD10:M17.0 Bilateral primary osteoarthritis of knee) Unknown or N/A	Active	2016-11-09	
Type 2 diabetes mellitus with diabetic neuropathy, unspecified ( ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-11-09	
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-11-09	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-11-04	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-11-04	

Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-11-04
Unspecified chronic bronchitis ( ICD10:J42 Unspecified chronic bronchitis) Unknown or N/A	Active	2016-11-04
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-11-04
Hypothyroidism, unspecified ( ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-11-04

## Allergies:

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

## Surgeries:

Description	Status	Start Date	End Date
Appendectomy & Tonsillectomy at teenage. 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

**Primary Justification Medical Conditions:** Hypothyroidism,diabetes,HTN,Rheumatoid Arthritis\_Osteoarthr

**Additional Medical Conditions:** Chronic Bronchitis, CAD, Chronic Pain Syndrome, GERD, VIT D Deficiency and Lumbago.

**Nursing Required:** YES

**Clinical Findings To Justify Home Health:** Patient is homebound due to advanced age chronic pain and the inability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to the inability to self medicate correctly. Patient home health aid needed.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-28 03:07

**Signed By (Physician):** 18

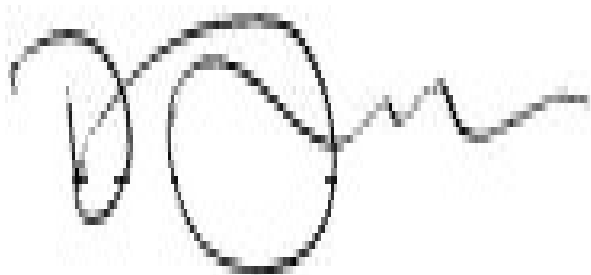
**Signed on (Physician):** 2017-01-04 03:07

**Form\_status:** finalized

## Procedure Order:

Patient ID	6342	Order ID	1483
Patient Name	Hall, Katie L	Ordered By	Love-Jones, Derrick
Order Date	2016-12-28 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	2016-12-28 00:00:00		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2017-01-04**.

Printed on 12-Feb-2017 15:40:10 pm.