Janie Mccoy: Patient Information

Patient Record Number:6230

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: Janie D Mccoy External ID: 6230 **DOB**: 1942-05-06 Sex: Female **S.S.**: 450-64-1065

User Defined: (469)274-9884 Angela Care giver

Address: 2755 E Ledbetter Dr

City: Dallas State: Texas Postal Code: 75216 Country: USA

Mobile Phone: 214-779-0976 Street Address: 2755 E Ledbetter Dr

Apt/Suite/Other: 1203

Past Medical History:

Last Recorded On: 10-01-2016.

Risk Factors: Heart Burn, Reflux, GERD, Neuropathy.

Family History:

Last Recorded On: 10-01-2016.

Father: Unknown. Mother: Unknown.

Social History:

Last Recorded On: 10-01-2016.

Tobacco: Never smoker No smoking.

Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Counseling: **Exercise Patterns: Hazardous Activities:** Sleep Patterns: 6-7 hours. Seatbelt Use: Yes. Work Status: Disabled.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 2007-05-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Insured ID Number: 450641065D

Group Number:

Employer Name: Janie Mccoy

Immunizations:			

Janie Mccoy: Chief Complaint Patient Record Number:6230 Texas Physician House Calls (H)

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Seen by Darolyn Perkins **Seen on** 14-July-2016

Chief Complaint Status: finalized

New admit to services for the prevention and control of multiple chronic conditions of diabetes, hypertension, GERD, neuropathy and allergic rhinitis

History of Present illness:

HPI Status:Finalized

Patient is a 74 year old female in NAD with multiple chronic diseases. Patient is a diabetic and uses insulin. Bs ranges from 110 to upper 200's. Patient denies any chest pain, severe headaches or nausea/vomiting recently.

Past Medical History: Past medical history has been reviewed with the patient and updated.

Family History: Family history has been reviewed with the patient and updated.

Social History: Social history has been reviewed with the patient and updated.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-07-14	141	80	105.00	62.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Eyes:

Gasquida@inguthmaln Vision YES
Chlacko Dect and Schlacko (Mill Sign)

Physical Exam:

GIBURO:

Palante Acesta Con Content of the Co

Bite-pightlie-eA@ileaht/jtBlinb.shlbittsandt/. Diskwitssasge, Wax, Oral Lesions, Gums pink, Bilateral Nasal Turbinates-Within Normal Limits.

ENT:

RICHANTS#ERGIENGENOSENSAINDIN Normal Limits . Oriented X3-Within Normal Limits .

NECK:

 $Supple, Thyromegaly, \ Carotid \ of \ the \ Nasal \ Septum, \ JVD, \ lymphadenopathy-Within \ Normal \ Limits \ .$

CV:

RRR-Within Normal Limits .

RESP:

 $Lungs\ Clear, Rales, Rhonchi, Wheezes-Within\ Normal\ Limits\ .$

GI:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Plan Note:

Plan Note Status: Finalized

Continue current treatment. Medication adherence. Prognosis is fair. Call 911 in case of emergency or if systolic pressure over 200, experiencing chest pain or nausea or vomiting.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-07-14	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-07-14	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-07-14	
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-07-14	
Allergic rhinitis, unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2016-07-14	

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: LG Charity Home Health

Primary Justification Medical Conditions: Cataract, diabetes, HTN

Additional Medical Conditions: Neuropathy, edema

Nursing Required: YES Physical Therapy: NO

Occupational Therapy Required: NO Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Skilled nursing needed due to multiple complex diseases and patient lack of knowledge on how to manage the disease process. Skilled nursing needed to assess and observe patient's condition and monitor blood sugars.

Certification Statement: Patient is home bound due to weakness, fatigue and diminished sensation in both feet cause patient to

be at risk for falls.

Signed by (NP): 302

Signed On (NP): 2016-07-14 10:57 **Signed By (Physician):** 18

Signed on (Physician): 2016-07-21 10:57

Form_status: finalized

Printed on 01-Oct-2016 13:20:52 pm.