Darlene Young: Patient Information

Patient Record Number:6190

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: Darlene Young External ID: 6190 **DOB**: 1961-01-09 Sex: Female

Address: 4344 Marshall St

City: Dallas State: Texas Postal Code: 75210 Country: USA

Mobile Phone: 214-438-9210 Street Address: 4344 Marshall St Apt/Suite/Other: House

Family History:

Last Recorded On: 10-16-2016.

Father: Father died.. Mother: Mother died.. Siblings: None.. Offspring: Denies..

Social History:

Last Recorded On: 10-16-2016. Tobacco: No smoking. <u>Status</u>: Alcohol: No alcohol. Status: Never

Recreational Drugs: No drug abuse. Status: Never Developmental History: Education level is 12th grade..

Other History: Influenza in 2015..

Insurance:

Superior Health Plan Texas (39188)

Priority: Primary **Start Date**: 2016-05-01 Relationship to Insured : Self

Type: N/A

Payer: Superior Health Plan Texas (39188)

Copay:

Insured ID Number: 513229653

Group Number:

Employer Name: Darlene Young

Immunizations:

Darlene Young: Chief Complaint

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Seen by Sumana Ketha MD Seen on 16-September-2016

Chief Complaint Status: finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, hyperlipidemia, osteoarthritis with chronic pain, depression, and chronic pain syndrome. Patient complains of not sleeping well through the night.

History of Present illness:

HPI Status:Finalized

A 55-year-old African-American female in NAD multiple chronic conditions of the following hypertension, hyperlipidemia, depression, osteoarthritis with chronic pain, and chronic pain syndrome. Patient states that he has not been able to stay asleep at night. Patient states that she has been in more pain recently. Patient states that she was in an MVA in 2002 and sustained a fractured hip. Patient has pain in hips and legs that has increased overtime since her accident. Patient does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any CP, HA, or N/V.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-16	128	76	165.00	64.00	98.20	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

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Physical Exam:

NSCCH:

Bommas Milipocompanishi di Marita da Italiya i Asia Barasa Marita Marita Barasa Mari

BACK:

Rational Appreausre, other Gesst-Widdow Within a Normital Limits.

CV:

RRR-Within Normal Limits .

RESP:

Lungs CTAB-Within Normal Limits .

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

Medication:

Description	Status	Start Date	End Date
DiphenhydrAMINE HCI ,25 MG CAPS, Take 1 tablet at Bed time,			
Quantity: 30, Refill Quantity: 1			
Unknown or N/A	Active	2016-09-19	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Norco ,10-325 MG TABS, TAKE 1 TABLET BY MOUTH 3 TIMES A DAY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0

Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls Active 2016-06-03

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 so, 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 as tolerated. No labs needed this visit. Patient verbalized understanding of the above plan 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.

Insomnia continue current plan
CAD continue current plan
Depression continue current plan
HLD continue current plan
Chronic Pain Syndrome continue current pain medication
OA w/chronic pain continue current plan
Abnormal Gait continue to monitor

Medication refills as follows: Diphenhydramine 25mg qhs Norco 10/325 mg t.i.d.

Medical Problem:

Description	Status	Start Date	End Date
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-16	
Chronic ischemic heart disease, unspecified (ICD10:125.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-09-16	
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-09-16	
Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity (ICD10:187.309 Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity) Unknown or N/A	Active	2016-08-10	
Benign essential hypertension (ICD10:110 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-27	
Other hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) Unknown or N/A	Active	2016-05-27	
Hyperlipidemia, unspecified (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2016-05-27	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-27	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-27	
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-05-27	

Allergies:

Description	Status	Start Date	End Date	
No known drug allergies. Unknown or N/A	Active	2016-05-26		

Surgeries:

Description	Status	Start Date	End Date	
Hip surgery in 2012. Unknown or N/A	Active	2016-05-26		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: $\ensuremath{\mathsf{YES}}$

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: YES

Is House Visit Needed: YES Next Visit Duration (in days): 31

Nursing Required: NO Physical Therapy: NO

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

Clinical Findings To Justify Home Health: Patient homebound due to previous trauma and the inability to drive.

Certification Statement: No skilled nursing needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-09-16 09:13 **Signed By (Physician):** 18

Signed on (Physician): 2016-09-23 09:14

Form_status: finalized

Procedure Order:

Patient ID	6190	Order ID	941
Patient Name	Young, Darlene	Ordered By	Love-Jones, Derrick
Order Date	2016-10-16	Print Date	2016-10-16
Order Status	complete	Encounter Date	2016-10-16
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

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