

**Dorothy Standifer: Patient Information**  
Patient Record Number:6162

**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:** Dorothy Standifer  
**External ID:** 6162  
**DOB:** 1947-10-27  
**Sex:** Female  
**S.S.:** 464705669  
**User Defined:** Pt can't talk, We Need to text for communicating with her  
**genericval1:** 469-258-5066

**Address:** 3550 E Overton Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Home Phone:** 469-258-5066  
**Mobile Phone:** 469-324-8174  
**Street Address:** 3550 E Overton Rd  
**Apt/Suite/Other:** 2305 Bldg 53

## Past Medical History:

**Last Recorded On:** 11-05-2016.  
**Risk Factors:** Arthritis,Chronic Pain,Heart Burn, Reflux.

## Family History:

**Last Recorded On:** 11-05-2016.  
**Father:** Unknown..  
**Mother:** Unknown..  
**Offspring:** Unknown..

## Social History:

**Last Recorded On:** 11-05-2016.  
**Tobacco:** Current every day smoker Smokes daily. **Status:** Current  
**Alcohol:** Drinks occasionally. **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Seatbelt Use:** Yes..  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Work Status:** Disabled.  
**Pets:** None..

## Tests and Exams:

**Last Recorded On:** 11-05-2016.  
**HbA, C Hemoglobin (if DM every 3 mo)** Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.  
**CBC Complete Blood Count (3 months)** Abnormal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.  
**CMP Comprehensive Metabolic Panel (3 months)** Normal Done on 08/02/2016, at HealthCore Lab, Ordered By Dr. Ketha.

**Insurance:**

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 2012-10-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 464705669D  
**Group Number :**  
**Employer Name :** Dorothy Standifer

**Immunizations:**

**Dorothy Standifer: Chief Complaint**  
Patient Record Number:6162

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**Seen by** Derrick Love-Jones  
**Seen on** 27-September-2016

**Chief Complaint Status:**finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of hypertension with vascular complications, osteoarthritis with chronic pain, asthma, gastroesophageal reflux disease, and chronic pain syndrome. Patient complains of knee pain.

## History of Present illness:

**HPI Status:**Finalized

A 68-year-old AA female in NAD with multiple chronic conditions of the following of hypertension with vascular complications, osteoarthritis with chronic pain, asthma, gastroesophageal reflux disease, and chronic pain syndrome. Patient states that over then last several she has had severe knee pain. Patient states that this is not new pain and has been chronic for many years. Patient rates her current pain at 7/10, and states she does get relief from current pain medication. Patient denies any other issues upon examination. Patient denies any chest pain, headache or nausea vomiting recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-27	120	75	172.00	64.00	97.80	18.00	~	0.0	0.00

## Review of Systems:

**Constitutional:**

**Endocrine/Metabolic:**

No Polydipsia

No Polyphagia

No Weight Change

No Heat/Cold Intolerance

No Blurred Vision

No Dry Mouth

No Constipation

No Diarrhea

No Fatigue

No Anorexia

No Nausea/Vomiting

No Sweating

No Tremor

No Pruritus

No Rash

No Hives

No Sore Throat

No Hoarseness

No Dysphagia

No Odynophagia

No Hemoptysis

No Hematuria

No Melena

No Hemorrhoids

No Constipation

No Diarrhea

No Abdominal Pain

No Nausea/Vomiting

No Anorexia

No Weight Change

No Heat/Cold Intolerance

No Blurred Vision

No Dry Mouth

No Constipation

No Diarrhea

No Fatigue

No Anorexia

No Nausea/Vomiting

No Sweating

No Tremor

## Physical Exam:

**HEENT:**

HEENT: Normal. No abnormalities noted.

**HEENT:**

HEENT: Normal. No abnormalities noted.

**HEENT:**

HEENT: Normal. No abnormalities noted.

**HEENT:**

HEENT: Normal. No abnormalities noted.

**HEENT:**

HEENT: Normal. No abnormalities noted.

## Medication:

Description	Status	Start Date	End Date
AmLODIPine Besylate ,5 MG TABS, TAKE 1 TABLET DAILY, Quantity: 90, Refill Quantity: 1			
Unknown or N/A	Active	2016-06-08	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

## 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 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 encourage to exercise daily. No labs need at this visit. The patient verbalize understanding of the above planning 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. Osteoarthritis with chronic pain, continue current plan.
2. Asthma, continue current plan.
3. Hypertension with vascular complications, continue current plan.
4. Gastroesophageal reflux disease, continue current plan.
5. Chronic pain syndrome, continue current pain medication.
6. Heart failure, continue current plan.

Medication refills as follows:

Amlodipine 5 mg q.d.

Tylenol #3 b.i.d.

Pro-Air INH.

## Medical Problem:

Description	Status	Start Date	End Date
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-09-27	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-24	
Unspecified asthma, uncomplicated ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2016-06-07	
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	2016-06-07	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-06-07	
Gastro-esophageal reflux disease without esophagitis ( ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-06-07	
Severe persistent asthma with status asthmaticus ( ICD10:J45.52 Severe persistent asthma with status asthmaticus) Unknown or N/A	Active	2016-05-06	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-06	
Heart failure, unspecified ( ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-05-06	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-05-06	
Mild intermittent asthma, uncomplicated ( ICD10:J45.20 Mild intermittent asthma, uncomplicated) Unknown or N/A	Active	2016-05-04	
Pain in unspecified knee ( ICD10:M25.569 Pain in unspecified knee) Unknown or N/A	Active	2016-05-04	
Acidosis ( ICD10:E87.2 Acidosis) Unknown or N/A	Active	2016-05-04	

## Allergies:

Description	Status	Start Date	End Date
No known drug allergies 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

**Current home health agency:** Promise Home Health, Inc

**Primary Justification Medical Conditions:** Asthma, HTN

**Additional Medical Conditions:** Chronic Pain Syndrome, GERD, SOB

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**Clinical Findings To Justify Home Health:** Patient is homebound due to chronic pain limited mobility in the inability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed due to chronic pain management in the inability to self medicate correctly.

**Signed by (NP):** 16

**Signed On (NP):** 2016-09-27 04:22

**Signed By (Physician):** 18

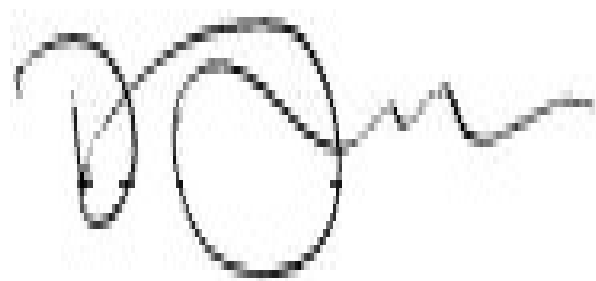
**Signed on (Physician):** 2016-10-04 04:22

**Form\_status:** finalized

## Procedure Order:

Patient ID	6162	Order ID	1026
Patient Name	Standifer, Dorothy	Ordered By	Love-Jones, Derrick
Order Date	2016-11-06	Print Date	2016-11-06
Order Status	complete	Encounter Date	2016-11-06
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-11-06		Final ✓		0097	Pulse Oximetry	No	97%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-10-04**.

Printed on 06-Nov-2016 15:04:52 pm.