

**Yvonne Brigham: Patient Information**  
Patient Record Number:6276

**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:** Yvonne Brigham  
**External ID:** 6276  
**DOB:** 1952-09-23  
**Sex:** Female  
**S.S.:** 449209916  
**Marital Status:** Single  
**Patient Drive Folder:** 0B0x\_tbqdBDPhY19BdzZtS1Y3NIU

**Address:** 13310 Audelia Rd  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75243  
**Country:** USA  
**Home Phone:** 469-269-9367  
**Mobile Phone:** 469-779-5601  
**Street Address:** 13310 Audelia Rd  
**Apt/Suite/Other:** 113

## Family History:

**Last Recorded On:** 01-21-2017.  
**Father:** Father died with colon cancer..  
**Mother:** Mother died with coronary artery disease and hypertension..  
**Siblings:** One brother is unknown..  
**Offspring:** One son..

## Social History:

**Last Recorded On:** 01-21-2017.  
**Tobacco:** Former smoker Stopped two years ago. **Status:** Quit  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular diet..  
**Developmental History:** Education level 12th grade..  
**Other History:** Influenza taken in 2015..

## Insurance:

### Medicare B Texas (SMTX0)

**Priority :** Primary  
**Start Date :** 1977-05-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)

**Copay :**  
**Insured ID Number :** 449209916C3  
**Group Number :**  
**Employer Name :** Yvonne Brigham

## Immunizations:



**Yvonne Brigham: Chief Complaint**  
Patient Record Number:6276

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**Seen by** Derrick Love-Jones  
**Seen on** 14-December-2016

**Chief Complaint Status:**finalized

Followup home visit to prevent further decline of the following chronic medical conditions of lumbago, insomnia, neuropathy, and chronic pain syndrome. Patient complains of foot pain.

**History of Present illness:**

**HPI Status:**Finalized

A 64-year-old African-American female in no acute distress seen for medical management of the following lumbago, insomnia, neuropathy, and chronic pain syndrome. Patient states that she has a history of foot pain and she states that she had this pain for many years. Patient describes pain as numbness and tingling. Patient denies any other issues upon examination. Patient denies any chest pain, headache, nausea vomiting recently.

## Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-12-14	109	78	180.00	64.00	97.40	16.00	~	30.9	0.00

## Review of Systems:

**Constitutional:**

**Revisiting the Mahatma:**

No ~~RELEVANT~~ ~~WILLIAMS~~

No ~~RESULTS~~ of Bath

No ~~SECRET~~ ~~CONFIDENTIAL~~

**Modelling and Simulation**

No change in body weight

**No Discharge** **YES** **Appetite**

### No Displacement Range Of Motion

### No Migraines

### Physical Exam:

**【答案】B**

**Non-infectious meningitis-Within Normal Limits.**

**NEKO:**

**Overall Score: 5.0** (This is the maximum possible score for this section.)

**PSYCH:**

REPR/WFEC/MD/William Ho and Minnie Alert and Oriented X3-Within Normal Limits.

**RESP:**

Along To CTA Swell Questions Appropriately-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

### Plan Note:

**Plan Note Status:**Finalized

Continue same treatment plan as 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 encouraged to exercise daily as tolerated. Is understanding of the above plan was given the office number for any questions or concerns. Prognosis is fair and patient is stable.

1. Neuropathy, continue current plan.
2. Insomnia, continue current plan.
3. Lumbago with sciatica, continue current plan.
4. Chronic pain syndrome, continue current plan.

Medication refills are,  
Norco 7.5/325 mg t.i.d.

## Medical Problem:

Description	Status	Start Date	End Date
Nicotine dependence, unspecified, uncomplicated ( ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2016-12-14	
Lumbago with sciatica, right side ( ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-09-01	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-09-01	
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-09-01	
Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-09-01	

## 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:** NO

**Does Patient have reliable other Primary Care Physician:** NO

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:**

**Primary Justification Medical Conditions:**

**Additional Medical Conditions:** Lumbago, Insomnia, Neuropathy and Chronic Pain Syndrome.

**Nursing Required:** NO

**Physical Therapy:**

**Occupational Therapy Required:**

**Speech-language Pathology Required:**

**Requested Care/Treatments Required:**

**Clinical Findings To Justify Home Health:** Patient is homebound due to chronic pain.

**Certification Statement:** No skilled nursing needed at this time.

**Signed by (NP):** 16

**Signed On (NP):** 2016-12-14 02:28

**Signed By (Physician):** 18

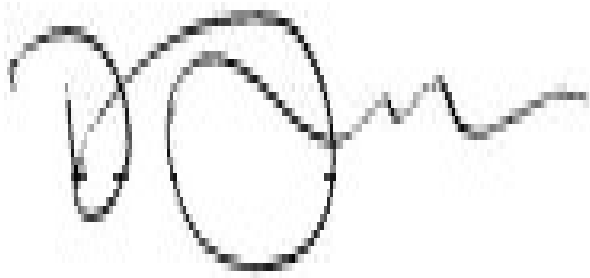
**Signed on (Physician):** 2016-12-21 02:28

**Form\_status:** finalized

## Procedure Order:

Patient ID	6276	Order ID	1350
Patient Name	Brigham, Yvonne	Ordered By	Love-Jones, Derrick
Order Date	2017-01-22	Print Date	2017-01-22
Order Status	complete	Encounter Date	2017-01-22
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2017-01-22		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		



Electronically Signed by **Derrick Love-Jones** on **2016-12-21**.

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