

**Jacquelyn Prater: Patient Information**  
Patient Record Number:2042

**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:** Jacquelyn Prater  
**External ID:** 2042  
**DOB:** 1953-07-03  
**Sex:** Female  
**S.S.:** 439-02-1472  
**Marital Status:** Divorced  
**Patient Drive Folder:** +19729190425-0608-151539-290

**Address:** 2255 N Washington Ave  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75204  
**Country:** USA  
**Mobile Phone:** 214-779-7966  
**Street Address:** 2255 N Washington Ave  
**Apt/Suite/Other:** APT#303

## Family History:

**Last Recorded On:** 10-10-2016.  
**Father:** Father died of unknown disease..  
**Mother:** Mother died of brain cancer, hypertension, and diabetes mellitus 2..  
**Siblings:** Three brothers are alive, two brothers are died. Three sisters are alive and one sister died..  
**Offspring:** Three children, one is deceased..

## Social History:

**Last Recorded On:** 10-10-2016.  
**Tobacco:** No smoking. **Status:** Never  
**Alcohol:** No alcohol. **Status:** Never  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Regular..  
**Developmental History:** Well..  
**Other History:** Influenza November 2015..

## Tests and Exams:

**Last Recorded On:** 10-10-2016.  
**X Ray** Normal X-ray done on 09/20/2016 is normal.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority** : Primary  
**Start Date** : 2012-07-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicare B Texas (SMTX0)  
**Priority** : Secondary  
**Start Date** : 2016-04-01  
**Relationship to Insured** : Self  
**Type** : N/A  
**Payer** : Medicaid Texas (SKTX0)

**Copay** :  
**Insured ID Number** : 439021472A  
**Group Number** :  
**Employer Name** : Jacquelyn Prater  
**Copay** :  
**Insured ID Number** : 512359830  
**Group Number** :  
**Employer Name** : Jacquelyn Prater

## **Immunizations:**

**Jacquelyn Prater: Chief Complaint**  
Patient Record Number:2042

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

**Chief Complaint Status:**finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, neuropathy, muscle spasms, depression, anxiety, chronic pain syndrome, osteoarthritis with chronic pain, lumbago with sciatica, constipation, and memory loss. Patient complains of back pain and body pain.

**History of Present illness:**

**HPI Status:**Finalized

A 63-year-old African American female in NAD multiple chronic conditions of the following hypertension, neuropathy, muscle spasms, depression, anxiety, chronic pain syndrome, osteoarthritis with chronic pain, lumbago with sciatica, constipation, and memory loss. Patient has a history of a traumatic brain injury from and motor vehicle accident in 2005. As a result, patient has some memory loss. Patient states that she has lower back pain that travels into both legs and body pain throughout. Patient rates pain at 8/10. Patient states that she does get relief from current pain medication. Reviewed labs. Reviewed medications.

**Review of Systems:**

**Constitutional:**

**General/Physical:**

No Weight Loss

No Change in Appetite

No Change in Energy

No Change in Sleep

No Change in Mood

No Change in Behavior

No Change in Personality

No Change in Cognition

No Change in Memory

No Change in Concentration

No Change in Attention

No Change in Judgment

No Change in Reasoning

No Change in Problem Solving

No Change in Decision Making

No Change in Planning

No Change in Organization

No Change in Time Management

No Change in Task Completion

No Change in Goal Setting

No Change in Motivation

No Change in Persistence

No Change in Flexibility

No Change in Creativity

No Change in Problem Solving

No Change in Decision Making

No Change in Planning

No Change in Organization

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No Change in Goal Setting

No Change in Motivation

No Change in Persistence

No Change in Flexibility

No Change in Creativity

No Change in Problem Solving

No Change in Decision Making

**Physical Exam:**

**HEENT:**

Head - Within Normal Limits .

**EYES:**

Visual Acuity - Within Normal Limits .

**CV:**

Heart - Within Normal Limits .

Murmur, Rubs, Gallops - Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Ibuprofen ,400 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-11	
Losartan Potassium ,100 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-17	
Amoxicillin ,500 MG CAPS, Take 2 Times a Day, Quantity: 20, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-09	

Diazepam ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-20
Diazepam ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take 1 tablet 3 times a day as needed for pain, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-20

## 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 salt, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for 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 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.

Lumbago w/sciatica continue current plan  
HTN w/vascular complications continue current plan  
Muscle Spasms continue current plan  
Neuropathy continue current plan  
Depression continue current plan  
Anxiety continue current plan  
Chronic Pain Syndrome continue current pain medication  
Insomnia continue current plan  
OA w/chronic pain continue current plan  
Constipation continue current plan  
Memory Loss continue current plan

### Medication refills as follows:

Iron 325mg qd  
Amoxicillin 500mg bid  
IBU 400mg tid

## Medical Problem:

Description	Status	Start Date	End Date
Lumbago with sciatica, unspecified side ( ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-09-09	
Insomnia, unspecified ( ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-16	
Primary generalized (osteo)arthritis ( ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-16	
Polyosteoarthritis, unspecified ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-16	
Other chronic pain ( ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-16	
Anxiety disorder, unspecified ( ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-16	
Lumbago with sciatica, right side ( ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-12	

Chronic pain syndrome ( ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-12
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	2016-06-14
Other disorders of peripheral nervous system ( ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-06-14
Major depressive disorder, single episode, unspecified ( ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-06-14
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-30
Low back pain ( ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-30
Chronic obstructive pulmonary disease with acute lower respiratory infection ( ICD10:J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection) Unknown or N/A	Active	2016-05-30
Other muscle spasm ( ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-05-30
Major depressive disorder, single episode, mild ( ICD10:F32.0 Major depressive disorder, single episode, mild) Unknown or N/A	Active	2016-05-30

## Allergies:

Description	Status	Start Date	End Date
Tramadol Unknown or N/A	Active	2016-06-14	
Tylenol #4 Unknown or N/A	Active	2016-06-14	
Trazadone Unknown or N/A	Active	2016-06-14	

## Surgeries:

Description	Status	Start Date	End Date
Hysterectomy at age 37. Unknown or N/A	Active		
Motor vehicle accident in 2005. 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,Depression,HTN,Traumatic\_Brain\_Injury

**Additional Medical Conditions:** Lumbago, Muscle Spasms, Constipation, Chronic Pain Syndrome, Memory Loss

**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 a for Maddock brain injury and and and ability to self medicate correctly.

**Certification Statement:** Skilled nursing is needed to do to make Trumatic brain injury and, and the inability to self medicate correctly.

**Form\_status:** finalized

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