Elvira Drennon: Patient Information

Patient Record Number:921

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: Elvira Drennon External ID: 921 **DOB**: 1952-01-03 Sex: Female S.S.: 461-90-0138 Marital Status: Single

User Defined: Lives with Cedric Green

Address: 2331 Kathleen Ave

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

Home Phone: 214-484-9157 Work Phone: 214-723-1390 Mobile Phone: 469-650-2992 Street Address: 2331 Kathleen Ave

Apt/Suite/Other: House

Family History:

Last Recorded On: 11-19-2016.

Father: Unknown..

Mother: Mother had cerebrovascular affects. .

Social History:

Last Recorded On: 11-19-2016. Tobacco: No smoking. Status: Never Alcohol: No alcohol use. Status: Never

Recreational Drugs: No drug abuse. Status: Never

Nutrition History: Regular diet..

Other History: Influenza November 2015..

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary **Start Date**: 1991-05-01 Relationship to Insured: Self

Type: N/A

Payer: Medicare B Texas (SMTX0)

Priority: Secondary Start Date : 2014-03-19 Relationship to Insured: Self

Type: N/A

Payer: Medicaid Texas (SKTX0)

Copay:

Insured ID Number: 461900138A

Group Number:

Employer Name: Elvira Drennon

Copay:

Insured ID Number: 519224256

Group Number:

Employer Name: Elvira Drennon

Immunizations:			

Elvira Drennon: Chief Complaint Patient Record Number:921 Texas Physician House Calls (H)

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Seen by Derrick Love-Jones Seen on 27-October-2016

Chief Complaint Status: finalized

Follow-up home visit to prevent further decline of the following chronic medical conditions of cerebrovascular effects, anxiety, hypertension, depression, neuropathy, diabetes mellitus 2, and congestive heart failure. Patient complains of feet pain.

History of Present illness:

HPI Status:Finalized

A 64-year-old African-American female in NAD with multiple chronic conditions of the following cerebrovascular effects, anxiety, hypertension, depression, neuropathy, diabetes mellitus type 2 and congestive heart failure. Patient states that for several days her feet have been very painful. Patient describes pain as numbness and pins and needles pain. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and a foot check revealed no other issues. Patient denies any chest pain or nausea/vomiting upon examination. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-10-27	184	100	0.00	64.00	97.80	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

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Physical Exam:

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CV-

BABARARAMAN STANDAMAN MANAGAMAN AND LIMITED LIMITS.

RESP:

Lungs CTAB-Within Normal Limits .

Respirator Effort Unlabored-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
ALPRAZolam ,0.5 MG TABS, TAKE 1 TABLET 3 TIMES DAILY,			
Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-10-28	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Lasix ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 1 Unknown or N/A Active 2016-10-28 by Jones, Derrick - MJ3217331 Texas Physician House Calls MetFORMIN HCI ,500 MG TABS, TAKE 1 TABLET 30 MINUTES BEFORE BREAKFAST DAILY, Quantity: 30, Refill Quantity: 2 2016-09-15 Active Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls Atorvastatin Calcium ,40 MG TABS, TAKE 1 TABLET BY MOUTH AT BEDTIME, Quantity: 30, Refill Quantity: 0 Active 2016-09-05 Unknown or N/A 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 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 the 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 was given card with number to the office for any questions or concerns. Patient verbalized understanding of the above plan. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

Edema of Lower Extremities continue current plan DM2 w/neuropathy continue current plan HTN w/vascular complications continue current plan CHF w/systolic complications continue current plan Chronic Pain Syndrome continue current pain medication CVA Effects continue to monitor Neuropathy continue current plan Gout continue current plan PVD continue current plan Anxiety continue current plan

Medication refills as follows: Allopurinol 10 mg q.d. Lisinopril 40mg qd IBU 800mg bid HCTZ 12.5mg qd Metformin 500 mg q.d. Norco 10/325mg tid Xanax 0.5mg tid Lasix 20mg qd

Medical Problem:

Description	Status	Start Date	End Date
Localized edema (ICD10:R60.0 Localized edema) Unknown or N/A	Active	2016-10-27	
Gout, unspecified (ICD10:M10.9 Gout, unspecified) Unknown or N/A	Active	2016-09-14	
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-09-14	
Pressure ulcer of right buttock, stage 2 (ICD10:L89.312 Pressure ulcer of right buttock, stage 2) Unknown or N/A	Active	2016-09-04	
Diabetes mellitus due to underlying condition with diabetic polyneuropathy (ICD10:E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy) Unknown or N/A	Active	2016-09-04	

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 Other chronic pain	Active	2016-07-27
(ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-07-27
Unspecified systolic (congestive) heart failure (ICD10:I50.20 Unspecified systolic (congestive) heart failure) Unknown or N/A	Active	2016-07-27
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-27
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-27
Hypertensive heart disease with heart failure (ICD10:I11.0 Hypertensive heart disease with heart failure) Unknown or N/A	Active	2016-07-06
Chronic combined systolic (congestive) and diastolic (congestive) heart failure (ICD10:I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure) Unknown or N/A	Active	2016-07-06
Type 1 diabetes mellitus with diabetic polyneuropathy (ICD10:E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2016-07-06
Peripheral vascular disease, unspecified (ICD10:I73.9 Peripheral vascular disease, unspecified) Unknown or N/A	Active	2016-07-06
Acute, but ill-defined, cerebrovascular disease (ICD10:I67.89 Other cerebrovascular disease) Unknown or N/A	Active	2015-10-01
Unspecified hereditary and idiopathic peripheral neuropathy (ICD10:G60.9 Hereditary and idiopathic neuropathy, unspecified) Unknown or N/A	Active	2015-10-01
Congestive heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2015-10-01
Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled (ICD10:E11.65 Type 2 diabetes mellitus with hyperglycemia) Unknown or N/A	Active	2015-10-01

Allergies:

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

Surgeries:

Descrip	otion	Status	Start Date	End Date
Cerebrovascular effects.		Active		
Unknown or N/A		7 tolive		

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: diabetes, hyperlipidemia, HTN, Mobility_Impairments, Rheumatoid

Arthritis_Osteoarthr,Stroke

Additional Medical Conditions: CHF, Wheelchair Bound, Depression, CVA Effects

Nursing Required: YES

Clinical Findings To Justify Home Health: Patient is homebound due to mobility issues, wheelchair-bound, and inability to self

medicate correctly.

Certification Statement: Skilled nursing is needed due to the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-10-27 02:44

Signed By (Physician): 18

Signed on (Physician): 2016-11-03 02:45

Form_status: finalized

Printed on 20-Nov-2016 14:22:19 pm.