Mary Williams: Patient Information

Patient Record Number:5398

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: Mary Williams External ID: 5398 **DOB**: 1951-12-11 Sex: Female

Address: 3200 S Lancaster Rd

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

Street Address: 3200 S Lancaster Rd

Past Medical History:

Last Recorded On: 12-24-2016. Risk Factors: Chronic Pain.

Family History:

Last Recorded On: 12-24-2016.

Mother: Rheumatoid arthritis and hypertension..

Offspring: Four children..

Primary Family Med Conditions:

Last Recorded On: 12-24-2016.

Chronic Conditions: Hypertension, RA/OA (Rheumatoid Arthritis/ Osteoarthritis).

Social History:

Last Recorded On: 12-24-2016.

Tobacco: Current every day smoker 2 packs per day Status: Current

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: 12-24-2016.

Mammogram (>40yrs, Yearly) N/A Mammogram 1 month ago in Methodist Hospital

Insurance:

Molina Healthcare of Texas (Z1161)

Priority: Primary Start Date: 2012-10-01 Relationship to Insured: Self

Type: N/A
Payer: Molina Healthcare of Texas (Z1161)

Copay : Insured ID Number : 258687901 Group Number : Employer Name : Mary Williams

Immunizations:

Mary Williams: Chief Complaint Patient Record Number:5398

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> Seen by Sumana Ketha MD Seen on 18-November-2016

Chief Complaint Status: finalized

Followup home visit for management of blurred vision, hypertension, hypothyroidism, hyperlipidemia, rheumatoid arthritis, chronic pain, and allergic rhinitis. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

The patient is a 65-year-old African-American female seen for medical management of blurred vision, hypertension, hypothyroidism, hyperlipidemia, degenerative joint disease, chronic pain, and allergic rhinitis. Patient complains of lower back pain. Patient states that this is chronic pain and has been there for several years. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	ВМІ	Head circ
2016-11-18	133	81	161.00	64.00	97.40	16.00	~	27.6	0.00

Review of Systems:

Constitutional:

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No Obstruction

Physical Exam:

REMITIES:

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MINGEL:

Tights Mile Hill Million is discribed by Miles in Normal Limits.

REPRESENTATION DESCRIPTION OF THE PROPERTY OF

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Loperamide HCI ,2 MG CAPS, TAKE 1 CAPSULE TWICE DAILY,			
Quantity: 30, Refill Quantity: 0			
Unknown or N/A	Active	2016-09-11	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Levothyroxine Sodium ,100 MCG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-12
AmLODIPine Besylate ,10 MG TABS, Take One Tablet By Mouth Every Day For Blood Pressure, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-12
Tylenol No. 3 p.r.n. three times a day. Unknown or N/A	Active	2015-08-12
Levothyroxine 100 mcg/day. Unknown or N/A	Active	2015-08-12

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 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. The patient verbalize understanding of the above plan and was given an office number for any questions or concerns. Prognosis is fair and patient is stable.

- 1. Lumbago with chronic pain, continue current plan.
- 2. Hypothyroidism, continue current plan.
- 3. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current plan.
- 4. Hyperlipidemia, continue current plan.
- 5. Chronic pain syndrome, continue current pain medications.
- 6. Allergic rhinitis, continue current plan.
- 7. Mood disorder, continue current plan.
- 8. Schizophrenia, continue current plan.

Medication refills as follows,

Simvastatin 20 mg q.h.s. Levothyroxine 100 mcg q.d. Vitamin D 50,000 q weekly.

Medical Problem:

Description	Status	Start Date	End Date
Other specified visual disturbances (ICD10:H53.8 Other visual disturbances) Unknown or N/A	Active	2015-10-01	
Viral warts, unspecified (ICD10:B07.9 Viral wart, unspecified) Unknown or N/A	Active	2015-10-01	
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	

Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2015-10-01
Alcohol abuse, continuous (ICD10:F10.10 Alcohol abuse, uncomplicated) Unknown or N/A	Active	2015-10-01
Malignant essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01
Reflex sympathetic dystrophy of the lower limb (ICD10:G90.529 Complex regional pain syndrome I of unspecified lower limb) Unknown or N/A	Active	2015-10-01
Idiopathic progressive polyneuropathy (ICD10:G60.3 Idiopathic progressive neuropathy) Unknown or N/A	Active	2015-10-01
Tachycardia, unspecified (ICD10:R00.0 Tachycardia, unspecified) Unknown or N/A	Active	2015-10-01

Allergies:

	Description	Status	Start Date	End Date
No known drug allergies Unknown or N/A		Active	2015-08-12	

Surgeries:

Description	Status	Start Date	End Date
Status post cholecystectomy on 07/2015 Unknown or N/A	Active	2015-08-12	
Cataract Unknown or N/A	Active	2015-08-12	
Retinal surgery Unknown or N/A	Active	2015-08-12	
Hospitalized on 07/2015. Unknown or N/A	Active	2015-08-12	

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: NO Next Visit Duration (in days): 31

 $\textbf{Primary Justification Medical Conditions:} \ \ \textbf{Hypothyroidism,} \textbf{hyperlipidemia,} \textbf{HTN,} \textbf{Rheumatoid Arthritis_Osteoarthr} \\ \textbf{The primary Justification Medical Conditions:} \ \ \textbf{Hypothyroidism,} \textbf{hyperlipidemia,} \textbf{HTN,} \textbf{Rheumatoid Arthritis_Osteoarthr} \\ \textbf{The primary Justification Medical Conditions:} \ \ \textbf{Hypothyroidism,} \textbf{hyperlipidemia,} \textbf{HTN,} \textbf{Rheumatoid Arthritis_Osteoarthr} \\ \textbf{The primary Justification Medical Conditions:} \ \ \textbf{Hypothyroidism,} \textbf{hyperlipidemia,} \textbf{HTN,} \textbf{Rheumatoid Arthritis_Osteoarthr} \\ \textbf{Hypothyroidism,} \textbf{H$

Nursing Required: NO

Clinical Findings To Justify Home Health: No SN needed at this time.

Signed by (NP): 16

Signed On (NP): 2016-11-18 01:44 **Signed By (Physician):** 18

Signed on (Physician): 2016-11-25 01:44

Form_status: finalized

Procedure Order:

Patient ID	5398	Order ID	1194
Patient Name	Williams, Mary	Ordered By	Love-Jones, Derrick
Order Date	2016-12-25	Print Date	2016-12-25
Order Status	complete	Encounter Date	2016-12-25
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results	esults					
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note

| 026: Pulse Oximetry | 2016-12-25 | Final ✓ | 0097 | Pulse Oximetry | No | 98% | 97% to 100% |



Electronically Signed by Sumana Ketha, MD on 2016-11-25.

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