

Janice Creeks: Patient Information
Patient Record Number:6142

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: Janice Creeks
External ID: 6142
DOB: 1945-12-20
Sex: Female
S.S.: 464080629

Address: 9901 Scyene Rd
City: Dallas
State: Texas
Postal Code: 75227
Country: USA
Mobile Phone: 972-371-8666
Street Address: 9901 Scyene Rd
Apt/Suite/Other: Apt.# 9104 Bldg 9, Gate Code #0914

Past Medical History:

Last Recorded On: 08-19-2016.
Risk Factors: Chronic Pain,Thyroid Disease (Low or High).

Family History:

Last Recorded On: 08-19-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..
Offspring: Unknown..

Social History:

Last Recorded On: 08-19-2016.
Tobacco: Never smoker No smoking. **Status:** Never
Coffee: **Status:** N/A
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular.
Developmental History: Well.
Work Status: Disabled.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2008-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : 464080629D
Group Number :
Employer Name : Janice Creeks

Immunizations:

Janice Creeks: Chief Complaint
Patient Record Number:6142

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Seen by Derrick Love-Jones
Seen on 19-July-2016

Chief Complaint Status:finalized

Followup home visit for management for the prevention and control of chronic conditions of hypertension, diabetes 2, chronic pain, chronic obstructive pulmonary disease, congestive heart failure, anemia, hypothyroidism, cancer of right breast, and bed bound. Patient complains of lower back pain.

History of Present illness:

HPI Status:Finalized

Patient is a 70-year-old AA female in NAD with multiple chronic conditions of hypertension, diabetes 2, chronic pain, chronic obstructive pulmonary disease, congestive heart failure, anemia, hypothyroidism, and cancer of right breast. Patient is on 2 liters of home oxygen. She also has a Foley Cather with 2600 mL of yellow cloudy urine in bag. Patient is bed bound. She states she has chronic pain in in her back. Patient in hospital recently due to a burst boil between her buttock cheeks. Patient states that the ER packed the boil and gave her antibiotics. Patient does not have a follow up appointment.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-19	144	60	185.00	65.00	97.40	22.00	~	0.0	0.00

Review of Systems:

Constitutional:

Weight 185.00 lbs **Height** 65.00 in **Temp** 97.40 **HR** 60 **RR** 22 **SpO2** 95% **BP** 144/60 **Wt** 185.00 **Ht** 65.00 **Temp** 97.40 **HR** 60 **RR** 22 **SpO2** 95% **BP** 144/60
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Physical Exam:

GENRO:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

ENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

ENT:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

NECK:

Supple, Thyromegaly, Carotid of the Nasal Septum, JVD, lymphadenopathy-Within Normal Limits .

CV:

RRR-Within Normal Limits .

RESP:

Lungs Clear,Rales,Rhonchi,Wheezes-Within Normal Limits .

GI:

Soft, Non Tender, Non Distended, Masses-Within Normal Limits .

Bowel Sounds present in all four quadrants-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
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Albuterol Sulfate ,(2.5 MG/3ML) 0.083% NEBU, use 1 vial in nebulizer 3 times a day as needed, Quantity: 270, Refill Quantity: 3

Unknown or N/A

Active

2016-06-15

by ketha, Dr sumana - BK6230281

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 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. No labs need it this visit. The patient verbalize 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.

1. Lumbago with chronic pain, continue current plan.
2. Diabetes mellitus type-2 with neuropathy, continue current plan.
3. Coronary artery disease, continue current plan.
4. Urinary incontinence, continue current plan.
5. Congestive heart failure with systolic complications, continue current plan.
6. Hypertension with vascular complications, continue current plan.
7. Hypothyroidism, continue current plan.
8. Neuropathy, continue current plan.
9. Constipation, continue current plan.

Medication refills as follows: Norco 10/325 mg t.i.d. Anastrozole 1 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Type 2 diabetes mellitus with diabetic neuropathy, unspecified (ICD10:E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified) Unknown or N/A	Active	2016-07-19	
Chronic ischemic heart disease, unspecified (ICD10:I25.9 Chronic ischemic heart disease, unspecified) Unknown or N/A	Active	2016-07-19	
Unspecified urinary incontinence (ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2016-07-19	
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-06-15	
Chronic obstructive pulmonary disease, unspecified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2016-04-04	
Heart failure, unspecified (ICD10:I50.9 Heart failure, unspecified) Unknown or N/A	Active	2016-04-04	
Anemia, unspecified (ICD10:D64.9 Anemia, unspecified) Unknown or N/A	Active	2016-04-04	
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-04-04	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-04-04	
Malignant neoplasm of unspecified site of unspecified female breast (ICD10:C50.919 Malignant neoplasm of unspecified site of unspecified female breast) Unknown or N/A	Active	2016-04-04	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-04-04	

Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-04-04
Urinary tract infection, site not specified (ICD10:N39.0 Urinary tract infection, site not specified) Unknown or N/A	Active	2016-03-20
Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy (ICD10:E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy) Unknown or N/A	Active	2016-03-20
Neoplasm of uncertain behavior of right breast (ICD10:D48.61 Neoplasm of uncertain behavior of right breast) Unknown or N/A	Active	2016-03-20
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2016-03-20

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: Cardinal home health

Primary Justification Medical Conditions: COPD,Depression,diabetes,HTN

Additional Medical Conditions: Neuropathy

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required: Require nurse to do home finger sticks daily and give insulin Lantus 15 units daily.

Clinical Findings To Justify Home Health: Skilled nursing needed due to debilitating COPD and chronic pain and inability to self medicate.

Certification Statement: Patient is home bound due to debilitating COPD and chronic pain. Patient requires total assistant with transfers and experience shortness of breath upon exertion and requires oxygen.

Signed by (NP): 16

Signed On (NP): 2016-07-19 04:21

Signed By (Physician): 18

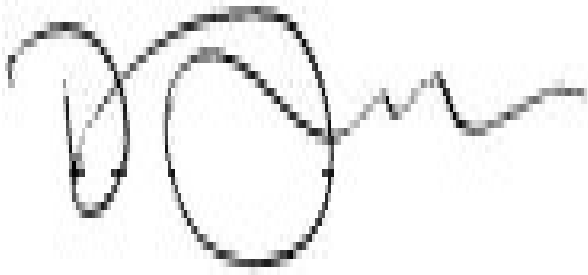
Signed on (Physician): 2016-07-25 04:21

Form_status: finalized

Procedure Order:

Patient ID	6142	Order ID	732
Patient Name	Creeks, Janice	Ordered By	Love-Jones, Derrick
Order Date	2016-09-03	Print Date	2016-09-03
Order Status	complete	Encounter Date	2016-09-03
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry	2016-09-03		Final ✓		0097	Pulse Oximetry	No	98%	97% to 100%		

A handwritten signature in black ink, consisting of a series of loops and a trailing wavy line.

Electronically Signed by **Derrick Love-Jones** on **2016-07-26**.

Printed on 03-Sep-2016 17:39:02 pm.