

Vessie White: Patient Information
Patient Record Number:3700

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: Vessie White
External ID: 3700
DOB: 1937-10-13
Sex: Female
S.S.: 457-50-4949

Address: 4645 Dolphin Rd Apt 242
City: Dallas
State: Texas
Postal Code: 75223
Country: USA
Emergency Phone: 214-380-6737
Home Phone: 469-334-0188
Street Address: 4645 Dolphin Rd
Apt/Suite/Other: 242

Family History:

Last Recorded On: 11-19-2016.
Father: Unknown..
Mother: Unknown..
Siblings: Unknown..

Social History:

Last Recorded On: 11-19-2016.
Tobacco: No smoking **Status:** Never
Alcohol: No alcohol **Status:** Never
Recreational Drugs: No drugs **Status:** Never
Nutrition History: Regular..
Developmental History: Good..

Insurance:

Wellcare HMO, Inc. (14163)

Priority : Primary
Start Date : 2014-11-19
Relationship to Insured : Self
Type : N/A
Payer : Wellcare HMO, Inc. (14163)
Priority : Primary
Start Date : 2016-09-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2014-11-19
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 11491790
Group Number :
Employer Name : Vessie White
Copay :
Insured ID Number : 457504949D
Group Number :
Employer Name : Vessie White
Copay :
Insured ID Number : 502550317
Group Number :
Employer Name : Vessie White

Immunizations:

Vessie White: Chief Complaint
Patient Record Number:3700

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Seen by Darolyn Perkins
Seen on 28-September-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline and chronic medical conditions of diabetes mellitus type-2, hypothyroidism, hypertension, osteoarthritis, gastroesophageal reflux disease, neuropathy, and insomnia. Patient complains of joint pain in hands and feet.

History of Present illness:

HPI Status:Finalized

A 79-year-old African-American female in NAD with multiple chronic conditions of diabetes mellitus type 2, hypertension, hypothyroidism, gastroesophageal reflux disease, osteoarthritis, neuropathy and insomnia. Patient complains of joint pain in hand and knees. Patient rates pain at 6/10. Patient denies any other issues upon examination. Patient denies any hypoglycemic episodes and foot check revealed no major issues. Patient denies any chest pain, headache, nausea vomiting at this time.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-28	189	103	0.00	72.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

No weight change
No anorexia
No fatigue
No fever
No chills
No night sweats
No dry mouth
No thirst
No change in range of motion
No change in appetite

Physical Exam:

HEENT:
No significant findings. Within normal limits.

EXTREMITIES:
No significant findings. Within normal limits.

BACK:
No significant findings. Within normal limits.

CV:
RRR-Within normal limits.

Murmur, Rubs, Gallops-Within normal limits.

Medication:

Description	Status	Start Date	End Date
Omeprazole ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-08	

NovoLOG Mix 70/30 ,(70-30) 100 UNIT/ML SUSP, Inject 40 Units SQ BID 30 Units, Quantity: 18, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-06
Voltaren ,1 % GEL, APPLY A THIN LAYER TO THE AFFECTED AREA TWICE DAILY, Quantity: 5, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-07

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 time medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurred vision or systolic blood pressure greater than 200. 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.

3. Rheumatoid arthritis/osteoarthritis with chronic pain, continue current treatment plan..
2. Hypertension with vascular complications, continue current treatment plan.
3. Hypothyroidism, continue current treatment plan.
4. Insomnia, continue current treatment plan.
5. Diabetes mellitus with neuropathy, continue current treatment plan.
6. Allergic rhinitis, continue current treatment plan.
7. Gastroesophageal reflux disease, continue current treatment plan.
8. Chronic Pain Syndrome, continue current treatment plan.
9. Medication refills as follows; Loratadine 10 mg po daily
10. Medication adherence was given to the patient. Continue treatment as planned.
11. Patient was given card with number to the office for any questions or concerns. Patient was instructed to go to emergency room for any life threatening emergency. Patient verbalized understanding of the above plan.
12. Reviewed old records of the patient.
13. Follow up appointment in 4-6 weeks.

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	2016-06-08	
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	2016-06-08	
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-06-08	
Myopathy, unspecified (ICD10:G72.9 Myopathy, unspecified) Unknown or N/A	Active	2016-05-10	
Contusion of right hip, subsequent encounter (ICD10:S70.01XD Contusion of right hip, subsequent encounter) Unknown or N/A	Active	2016-05-10	
Type 2 diabetes mellitus with diabetic polyneuropathy (ICD10:E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy) Unknown or N/A	Active	2016-05-10	
Rheumatoid arthritis with rheumatoid factor, unspecified (ICD10:M05.9 Rheumatoid arthritis with rheumatoid factor, unspecified) Unknown or N/A	Active	2016-05-10	
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-05-10	
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-04-12	

Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-04-12
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-04-12
Type 2 diabetes mellitus without complications (ICD10:E11.9 Type 2 diabetes mellitus without complications) Unknown or N/A	Active	2016-03-03
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-03-03
Hypothyroidism, unspecified (ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2016-03-03
Gastro-esophageal reflux disease without esophagitis (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) Unknown or N/A	Active	2016-03-03

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: Agape Home Healthcare

Primary Justification Medical Conditions: Hypothyroidism,diabetes,HTN,Mobility_Impairments

Additional Medical Conditions: Chronic pain.

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: Skilled nursing needed at this time.

Certification Statement: Patient is homebound due to an intellectual disabilities. Patient has family members to help with medication administration.

Signed by (NP): 302

Signed On (NP): 2016-09-28 04:54

Signed By (Physician): 18

Signed on (Physician): 2016-10-05 04:54

Form_status: finalized

Printed:



Electronically Signed by **Darolyn Perkins** on **2016-10-05**.

Printed on 20-Nov-2016 08:41:23 am.