

**Charlesetta Draper: Patient Information**  
Patient Record Number:2924

**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:** Charlesetta Draper  
**External ID:** 2924  
**DOB:** 1961-04-13  
**Sex:** Female  
**S.S.:** 464-27-9993  
**User Defined:** 214-694-4152  
**Patient Drive Folder:** <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5d2ZNdGZuVGdVZ3c>

**Address:** 3550 East Overton Road Apt 1010  
**City:** Dallas  
**State:** Texas  
**Postal Code:** 75216  
**Country:** USA  
**Emergency Contact:** (214) 299-3436  
**Work Phone:** 214-694-4152  
**Mobile Phone:** 469-438-8363  
**Street Address:** 3550 East Overton Road  
**Apt/Suite/Other:** Building #49, Apt #1010

## Past Medical History:

**Last Recorded On:** 07-14-2016.  
**Risk Factors:** Degenerative Joint Disease.  
**Additional Medical History:** obesity.

## Family History:

**Last Recorded On:** 07-14-2016.  
**Father:** Father deceased..  
**Mother:** Mother deceased with cancer..  
**Offspring:** No children..

## Social History:

**Last Recorded On:** 07-14-2016.  
**Tobacco:** Never smoker No smoking. **Status:** Never  
**Alcohol:** Social drinker. **Status:** Current  
**Recreational Drugs:** No drug abuse. **Status:** Never  
**Nutrition History:** Low sugar..  
**Other History:** Social weed. Had colonoscopy exam in 2014.

## Tests and Exams:

**Last Recorded On:** 07-14-2016.

## Insurance:

**Medicare B Texas (SMTX0)**

**Priority :** Primary  
**Start Date :** 1994-03-01  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Medicare B Texas (SMTX0)  
**Priority :** Secondary  
**Start Date :** 2013-03-21  
**Relationship to Insured :** Self  
**Type :** N/A  
**Payer :** Superior Health Plan Texas (39188)

**Copay :**  
**Insured ID Number :** 464279993A  
**Group Number :**  
**Employer Name :** Charlesetta Draper  
**Copay :**  
**Insured ID Number :** 507270887  
**Group Number :**  
**Employer Name :** Charlesetta Draper

**Immunizations:**

**Charlesetta Draper: Chief Complaint**  
Patient Record Number:2924

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**Seen by** Darolyn Perkins  
**Seen on** 01-August-2016

**Chief Complaint Status:**finalized

Follow up home visit for management of osteoarthritis with chronic pain, diabetes mellitus type 2 with neuropathy, hypertension with vascular complications, asthma, chronic pain syndrome, hypothyroidism, urinary incontinence, and effusion of joint. Patient complains of pain in her feet and lower extremities.

**History of Present illness:**

**HPI Status:**Finalized

Patient is a 55-year-old AA female in NAD with multiple chronic conditions of diabetes mellitus type 2 with neuropathy, asthma, hypertension with vascular complications, chronic pain syndrome, hypothyroidism, osteoarthritis with chronic pain, urinary incontinence and effusion of joint. Patient states that her feet hurt and her lower extremities. Patient rates pain 8/10. Patient denies chest pain, headache, or nausea or vomiting recently.

**Vitals:**

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-08-01	157	78	246.00	59.00	98.20	18.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

**Weight** 246.00 lbs

**No** Fever

**No** Night Sweats

**No** Change In Appetite

**No** Change In Energy

**No** Change In Range Of Motion

**No** Change In Mentation

**No** Change In Gums

**No** Change In

**No** Use Of Dentures

**Physical Exam:**

**HEENT:**

**HEENT** Within Normal Limits .

**NECK:**

**NECK** Within Normal Limits .

**CV:**

**CV** Within Normal Limits .

Murmur, Rubs, Gallops-Within Normal Limits .

**Medication:**

Description	Status	Start Date	End Date
Tylenol with Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 0			
Unknown or N/A	Active	2016-07-05	
by ketha, Dr sumana - BK6230281			
DFW Primary Care PLLC			

<p>Tylenol with Codeine #3 ,300-30 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AFTER MEALS, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>DFW Primary Care PLLC</p>	Active	2016-07-05
<p>GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-09
<p>GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 90, Refill Quantity: 0</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2016-05-09
<p>AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE HOLD IF SYSTOLIC BLOOD PRESSURE IS LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE HOLD IF SYSTOLIC BLOOD PRESSURE IS LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGARIS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY HOLD IF SYSTOLIC BLOOD PRESSURE IS THAN LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY HOLD IF SYSTOLIC BLOOD PRESSURE IS THAN LESS THAN OR EQUAL TO 115, Quantity: 30, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>MetFORMIN HCl ,500 MG TABS, Take 1 tablet by mouth twice a day after meals Hold if blood sugar is less than or equal to 90, Quantity: 60, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>MetFORMIN HCl ,500 MG TABS, Take 1 tablet by mouth twice a day after meals Hold if blood sugar is less than or equal to 90, Quantity: 60, Refill Quantity: 3</p> <p>Unknown or N/A</p> <p>by ketha, Dr sumana - BK6230281</p> <p>Texas Physician House Calls</p>	Active	2016-03-14
<p>AmLODIPine Besylate ,10 MG TABS, once a day, Quantity: 30, Refill Quantity: 2</p> <p>Unknown or N/A</p> <p>by Jones, Derrick - MJ3217331</p> <p>Texas Physician House Calls</p>	Active	2015-04-21

AmLODIPine Besylate ,10 MG TABS, once a day, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-21
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
GlipiZIDE ,10 MG TABS, TAKE ONE TABLET BY MOUTH DAILY IN THE MORNING HOLD MED IF BLOOD SUGAR IS LESS THAN OR EQUAL TO 90, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
MetFORMIN HCl ,500 MG TABS, take 1 tab by mouth twice daily, Quantity: 60, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
MetFORMIN HCl ,500 MG TABS, take 1 tab by mouth twice daily, Quantity: 60, Refill Quantity: 1 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Levothyroxine Sodium ,100 MCG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31
Levothyroxine Sodium ,100 MCG TABS, TAKE ONE TABLET BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31
Lisinopril ,40 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-01-31

## Plan Note:

### Plan Note Status:Finalized

Continue with treatment plan as previous. Reviewed and continue current medication, medication adherence educated provided. Patient was educated on benefits of low salt, low fat, low cholesterol diet with current medical issues. Patient was instructed to go to the emergency room for symptoms of chest pain, shortness of breath, headache, blurred vision or systolic blood pressure over 180. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. No labs needed at this time. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Osteoarthritis with chronic pain, continue current plan.
2. Diabetes mellitus type 2 with neuropathy continue current plan.
3. Hypothyroidism, continue current plan.
4. Asthma, continue current plan.
5. Hypertension with vascular complications continue current plan.
6. Urinary incontinence, continue current plan.
7. Chronic pain syndrome, continue current pain medication.

Medication refills: Tylenol #3.

## Medical Problem:

Description	Status	Start Date	End Date
Osteoarthritis, unspecified whether generalized or localized, site unspecified ( ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Morbid obesity ( ICD10:E66.01 Morbid (severe) obesity due to excess calories) 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	
Pain in joint, lower leg ( ICD10:M25.569 Pain in unspecified knee) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, localized, primary, lower leg ( ICD10:M17.10 Unilateral primary osteoarthritis, unspecified knee) Unknown or N/A	Active	2015-10-01	
Asthma, unspecified type, unspecified ( ICD10:J45.909 Unspecified asthma, uncomplicated) Unknown or N/A	Active	2015-10-01	
Unspecified essential hypertension ( ICD10:I10 Essential (primary) hypertension) 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	
Unspecified acquired hypothyroidism ( ICD10:E03.9 Hypothyroidism, unspecified) Unknown or N/A	Active	2015-10-01	
Urinary incontinence, unspecified ( ICD10:R32 Unspecified urinary incontinence) Unknown or N/A	Active	2015-10-01	
Hypertonicity of bladder ( ICD10:N32.81 Overactive bladder) Unknown or N/A	Active	2015-10-01	
Contact dermatitis and other eczema due to other specified agents ( ICD10:L25.8 Unspecified contact dermatitis due to other agents) 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	
Benign essential hypertension ( ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Osteoarthritis, generalized, site unspecified ( ICD10:M15.0 Primary generalized (osteo)arthritis) ( ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Effusion of joint, multiple sites ( ICD10:M25.40 Effusion, unspecified joint) Unknown or N/A	Active	2015-10-01	

Effusion of joint, shoulder region ( ICD10:M25.419 Effusion, unspecified shoulder) Unknown or N/A	Active	2015-10-01
Obesity, unspecified ( ICD10:E66.9 Obesity, 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		

## Surgeries:

Description	Status	Start Date	End Date
Knee 2004 Unknown or N/A	Active		
Hysterectomy 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:** YES

**Is House Visit Needed:** YES

**Next Visit Duration (in days):** 31

**Current home health agency:** Best Providercare Services

**Primary Justification Medical Conditions:** Hypothyroidism,HTN,Asthma,diabetes

**Additional Medical Conditions:**

**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 due to chronic pain and inability to self medicate.

**Certification Statement:** Patient is home bound due to chronic pain. Patient is weak with poor balance and at risk for falls.

**Signed by (NP):** 302

**Signed On (NP):** 2016-08-01 05:11

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-08-08 05:11

**Form\_status:** finalized

**Printed:**

## DME:

Description	Status	Start Date	End Date
Preventive Underwear ( ICD9:788.30 Urinary incontinence, unspecified) ( ICD9:596.51 Hypertonicity of bladder) Unknown or N/A by Dr. Sumana Ketha	Active		
Underpads ( ICD9:788.30 Urinary incontinence, unspecified) ( ICD9:596.51 Hypertonicity of bladder) Unknown or N/A by Dr. Sumana Ketha	Active		
Wipes ( ICD9:788.30 Urinary incontinence, unspecified) ( ICD9:596.51 Hypertonicity of bladder) Unknown or N/A by Dr. Sumana Ketha	Active		

Urinary incontinence, supplies

( ICD9:788.30 Urinary incontinence, unspecified)

Unknown or N/A

by Dr. Sumana Ketha

Active



Electronically Signed by **Darolyn Perkins** on **2016-08-08**.

Printed on 25-Sep-2016 18:44:55 pm.