

Jacquelyn Prater: Patient Information
Patient Record Number:2042

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: Jacquelyn Prater
External ID: 2042
DOB: 1953-07-03
Sex: Female
S.S.: 439-02-1472
Marital Status: Divorced
Patient Drive Folder: +19729190425-0608-151539-290

Address: 2255 N Washington Ave
City: Dallas
State: Texas
Postal Code: 75204
Country: USA
Mobile Phone: 214-779-7966
Street Address: 2255 N Washington Ave
Apt/Suite/Other: APT#303

Family History:

Last Recorded On: 10-10-2016.
Father: Father died of unknown disease..
Mother: Mother died of brain cancer, hypertension, and diabetes mellitus 2..
Siblings: Three brothers are alive, two brothers are died. Three sisters are alive and one sister died..
Offspring: Three children, one is deceased..

Social History:

Last Recorded On: 10-10-2016.
Tobacco: No smoking. **Status:** Never
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: 10-10-2016.
X Ray Normal X-ray done on 09/20/2016 is normal.

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2012-07-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2016-04-01
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 439021472A
Group Number :
Employer Name : Jacquelyn Prater
Copay :
Insured ID Number : 512359830
Group Number :
Employer Name : Jacquelyn Prater

Immunizations:

Jacquelyn Prater: Chief Complaint
Patient Record Number:2042

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
www.texasphysicianhousecalls.com, Phone:(972) 675-7313, Fax:(972) 675-7310,
Email:hhsupport@texasphysicianhousecalls.com

Seen by Derrick Love-Jones
Seen on 09-September-2016

Chief Complaint Status:finalized

Follow up home visit to prevent further decline of the following chronic medical conditions of hypertension, neuropathy, muscle spasms, depression, anxiety, chronic pain syndrome, osteoarthritis with chronic pain, lumbago with sciatica, constipation, and memory loss. Patient complains of back pain and body pain.

History of Present illness:

HPI Status:Finalized

A 63-year-old African American female in NAD multiple chronic conditions of the following hypertension, neuropathy, muscle spasms, depression, anxiety, chronic pain syndrome, osteoarthritis with chronic pain, lumbago with sciatica, constipation, and memory loss. Patient has a history of a traumatic brain injury from and motor vehicle accident in 2005. As a result, patient has some memory loss. Patient states that she has lower back pain that travels into both legs and body pain throughout. Patient rates pain at 8/10. Patient states that she does get relief from current pain medication. Reviewed labs. Reviewed medications.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-09-09	162	103	215.00	62.00	98.40	16.00	~	0.0	0.00

Review of Systems:

Constitutional:

Psychiatric/Neurologic:

No Change in Weight
No Change in Appetite
No Change in Sleep
No Change in Energy
No Change in Mood
No Change in Behavior
No Change in Nature Of Urine
No Change in Range Of Motion
Migraines YES

Physical Exam:

HEENT:

Head: No tenderness or swelling. Eyes: No redness or discharge. Ears: No tenderness or discharge. Nose: No tenderness or discharge. Throat: No tenderness or discharge.

HEENT:

Head: No tenderness or swelling. Eyes: No redness or discharge. Ears: No tenderness or discharge. Nose: No tenderness or discharge. Throat: No tenderness or discharge.

CV:

Heart: No tenderness or swelling. Lungs: No tenderness or swelling. Abdomen: No tenderness or swelling. Extremities: No tenderness or swelling.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Sertraline HCl ,100 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19	

DiphenhydrAMINE HCl ,50 MG CAPS, TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-19
Ibuprofen ,400 MG TABS, TAKE 1 TABLET BY MOUTH TWICE A DAY, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-09-11
Losartan Potassium ,100 MG TABS, TAKE 1 TABLET EVERY MORNING AND 1 TABLET EVERY EVENING, Quantity: 60, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-17
Amoxicillin ,500 MG CAPS, Take 2 Times a Day, Quantity: 20, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-08-09
DiazePAM ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-07-20
DiazePAM ,10 MG TABS, TAKE 1 TABLET 3 TIMES DAILY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-07-16
Hydrocodone-Acetaminophen ,10-325 MG TABS, Take 1 tablet 3 times a day as needed for pain, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 DFW Primary Care PLLC	Active	2016-06-20

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 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 verbalized 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.

Lumbago w/sciatica continue current plan
HTN w/vascular complications continue current plan
Muscle Spasms continue current plan
Neuropathy continue current plan
Depression continue current plan
Anxiety continue current plan
Chronic Pain Syndrome continue current pain medication
Insomnia continue current plan
OA w/chronic pain continue current plan
Constipation continue current plan
Memory Loss continue current plan

Medication refills as follows:

Iron 325mg qd
Amoxicillin 500mg bid
IBU 400mg tid

Medical Problem:

Description	Status	Start Date	End Date
-------------	--------	------------	----------

Lumbago with sciatica, unspecified side (ICD10:M54.40 Lumbago with sciatica, unspecified side) Unknown or N/A	Active	2016-09-09
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2016-08-16
Primary generalized (osteo)arthritis (ICD10:M15.0 Primary generalized (osteo)arthritis) Unknown or N/A	Active	2016-08-16
Polyosteoarthritis, unspecified (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2016-08-16
Other chronic pain (ICD10:G89.29 Other chronic pain) Unknown or N/A	Active	2016-08-16
Anxiety disorder, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) Unknown or N/A	Active	2016-08-16
Lumbago with sciatica, right side (ICD10:M54.41 Lumbago with sciatica, right side) Unknown or N/A	Active	2016-07-12
Chronic pain syndrome (ICD10:G89.4 Chronic pain syndrome) Unknown or N/A	Active	2016-07-12
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	2016-06-14
Other disorders of peripheral nervous system (ICD10:G64 Other disorders of peripheral nervous system) Unknown or N/A	Active	2016-06-14
Major depressive disorder, single episode, unspecified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2016-06-14
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2016-05-30
Low back pain (ICD10:M54.5 Low back pain) Unknown or N/A	Active	2016-05-30
Chronic obstructive pulmonary disease with acute lower respiratory infection (ICD10:J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection) Unknown or N/A	Active	2016-05-30
Other muscle spasm (ICD10:M62.838 Other muscle spasm) Unknown or N/A	Active	2016-05-30
Major depressive disorder, single episode, mild (ICD10:F32.0 Major depressive disorder, single episode, mild) Unknown or N/A	Active	2016-05-30

Allergies:

Description	Status	Start Date	End Date
Tramadol Unknown or N/A	Active	2016-06-14	
Tylenol #4 Unknown or N/A	Active	2016-06-14	
Trazadone Unknown or N/A	Active	2016-06-14	

Surgeries:

Description	Status	Start Date	End Date
Hysterectomy at age 37. Unknown or N/A	Active		
Motor vehicle accident in 2005. 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: Promise Home Health, Inc

Primary Justification Medical Conditions: Asthma, Depression, HTN, Traumatic_Brain_Injury

Additional Medical Conditions: Lumbago, Muscle Spasms, Constipation, Chronic Pain Syndrome, Memory Loss

Nursing Required: YES

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: Patient is homebound due to a for Maddock brain injury and and and ability to self medicate correctly.

Certification Statement: Skilled nursing is needed to do to make Trumatic brain injury and, and the inability to self medicate correctly.

Signed by (NP): 16

Signed On (NP): 2016-09-09 01:59

Signed By (Physician): 18

Signed on (Physician): 2016-09-16 01:59

Form_status: finalized

Printed on 10-Oct-2016 10:47:34 am.