

Esther Simpson: Patient Information
Patient Record Number:3097

Texas Physician House Calls (H)
2925 Skyway Circle North, Irving, TX, USA, 75038-3510
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Email:hhsupport@texas-housecalls.com

Name: Esther B Simpson
External ID: 3097
DOB: 1927-02-22
Sex: Female
S.S.: 453-38-4646
Marital Status: Widowed
Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B87s7RNfUFwoUGRqSDBmLUk4azg>

Address: 4722 Meadow Street, Apt #1803
City: Dallas
State: Texas
Postal Code: 75215
Country: USA
Home Phone: 214-928-7625
Work Phone: 214-418-1844
Mobile Phone: 214-628-2025
Street Address: 4722 Meadow Street
Apt/Suite/Other: 1803

Past Medical History:

Last Recorded On: 01-11-2017.
Risk Factors: Insomnia.
Additional Medical History: Anorexia, gait abnormality, mild dementia, history of cancer, and blood clot in 2008..

Family History:

Last Recorded On: 01-11-2017.
Father: Unknown..
Mother: Unknown..
Offspring: Four children..

Primary Family Med Conditions:

Last Recorded On: 01-11-2017.
Risk Factors: Unknown.

Social History:

Last Recorded On: 01-11-2017.
Tobacco: Never smoker No smoking. **Status:** Never
Alcohol: No alcohol. **Status:** Never
Recreational Drugs: No drug abuse. **Status:** Never
Nutrition History: Regular..
Developmental History: Education level 10th..
Other History: Patient had physical exam in 2008 Influenza in 2014 and 2015.

Tests and Exams:

Last Recorded On: 01-11-2017.

Vitamin D (6 mo if on pills) Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha
TSH Thyroid-Stimulating Hormone (every year) Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha
LIPIDS (once year unless chol meds) Abnormal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha
UA - Urinalysis - (Yearly - HH primary responsibility) Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha
Urine Culture (prn) Normal Done on 07/23/2014, at Evolution health laboratory services, ordered by Dr. Sumana Ketha
Mammogram (>40yrs, Yearly) N/A Done.
Cardiac Echo Normal Done on 01/02/2015, at Reliance Imaging, ordered by Dr. Sumana Ketha

Insurance:

Medicare B Texas (SMTX0)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)
Priority : Secondary
Start Date : 2011-10-25
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)
Priority : Secondary
Start Date : 2015-09-21
Relationship to Insured : Self
Type : N/A
Payer : Medicaid Texas (SKTX0)

Copay :
Insured ID Number : 453384646A
Group Number :
Employer Name : Esther Simpson
Copay :
Insured ID Number : 522636644
Group Number :
Employer Name : Esther Simpson
Copay :
Insured ID Number : 522636644
Group Number :
Employer Name : Esther Simpson

Immunizations:

Donepezil HCl ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-19
Mirtazapine ,15 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-10-19
Meclizine HCl ,25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY PRN, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-10-03
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-16
Mirtazapine ,15 MG TABS, TAKE 1 1/2 TABLETs AT BEDTIME, Quantity: 135, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-06-15
Lasix ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-04-01
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-01-08
Lisinopril ,20 MG TABS, TAKE 1 TABLET DAILY FOR BLOOD PRESSURE, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26
Mirtazapine ,15 MG TABS, TAKE 1 TABLET AT BEDTIME, Quantity: 90, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-26

Plan Note:

Plan Note Status:Finalized

Continue with treatment 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 issues. Patient encouraged continuing weight loss efforts via daily exercise and certain food restrictions. The patient verbalized understanding of the above plan, and was given the office number to call for any questions or concern. Discussed the treatment plan with the family. Prognosis is fair and patient is stable. Reviewed old records of the patient. Follow up appointment in 4-6 weeks.

1. Dementia, start Donepezil 10 mg q.d.
2. Hypertension with vascular complications, continue current plan.
3. Insomnia, start Trazodone 50 mg q.h.s.
4. Osteoarthritis with chronic pain, continue current plan.
5. Alzheimer's disease, continue current plan.
6. Diabetes mellitus type 2 with neuropathy, continue current plan.
7. Chronic vertigo, continue current plan.
8. Constipation, continue current plan.
9. Abnormal gait, continue to monitor.

10. Visual impairment, continue to monitor.
11. Coronary artery disease, continue current plan.
12. Depression, monitor.
13. Debility, continue to monitor.

Medication refills as follows:

Mirtazapine 15 mg 1 1/2 tab q.h.s.
 Lasix 20 mg q.d.
 Lisinopril 20 mg q.d.
 Trazodone 50 mg q.h.s.
 Donepezil 10 mg q.d.

Medical Problem:

Description	Status	Start Date	End Date
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Constipation, unspecified (ICD10:K59.00 Constipation, unspecified) Unknown or N/A	Active	2015-10-01	
Dizziness and giddiness (ICD10:R42 Dizziness and giddiness) Unknown or N/A	Active	2015-10-01	
Dermatophytosis of nail (ICD10:B35.1 Tinea unguium) 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	
Osteoarthritis, unspecified whether generalized or localized, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Arthropathy, unspecified, site unspecified (ICD10:M19.90 Unspecified osteoarthritis, unspecified site) Unknown or N/A	Active	2015-10-01	
Malignant hypertensive heart disease without heart failure (ICD10:I11.9 Hypertensive heart disease without heart failure) Unknown or N/A	Active	2015-10-01	
Profound impairment, both eyes, impairment level not further specified (ICD10:H54.0 Blindness, both eyes) Unknown or N/A	Active	2015-10-01	
Coronary atherosclerosis of native coronary artery (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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	
Alzheimer's disease (ICD10:G30.9 Alzheimer's disease, unspecified) Unknown or N/A	Active	2015-10-01	
Dementia in conditions classified elsewhere without behavioral disturbance (ICD10:F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance) Unknown or N/A	Active	2015-10-01	
Legal blindness, as defined in U.S.A. (ICD10:H54.8 Legal blindness, as defined in USA) 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
Unspecified 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
Dementia, unspecified, without behavioral disturbance (ICD10:F03.90 Unspecified dementia without behavioral disturbance) Unknown or N/A	Active	2015-10-01
Coronary atherosclerosis of unspecified type of vessel, native or graft (ICD10:I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris) 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
Anorexia (ICD10:R63.0 Anorexia) Unknown or N/A	Active	2015-10-01
Abnormality of gait (ICD10:R26.9 Unspecified abnormalities of gait and mobility) Unknown or N/A	Active	2015-10-01
Debility, unspecified (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01
Disorder of bone and cartilage, unspecified (ICD10:M89.9 Disorder of bone, unspecified) (ICD10:M94.9 Disorder of cartilage, unspecified) Unknown or N/A	Active	2015-10-01
Insomnia, unspecified (ICD10:G47.00 Insomnia, 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
Toe Surgery in 2005 Unknown or N/A	Active		
Tonsillectomy Unknown or N/A	Active		
Hospitalized for blood clot in 2008 Unknown or N/A	Active		
Back surgery 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: KOC home health care

Primary Justification Medical Conditions: Alzheimers,Asthma,Depression,diabetes,HTN,Mobility_Impairments

Additional Medical Conditions: Debility, abnormal gait, insomnia.

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 dementia and debility and inability to self medicate

Certification Statement: Patient is home bound due to dementia and debility. Patient is weak with poor balance and at risk for fall.

Signed by (NP): 302

Signed On (NP): 2016-12-01 01:40

Signed By (Physician): 18

Signed on (Physician): 2016-12-08 01:43

Form_status: finalized

DME:

Description	Status	Start Date	End Date
Gloves Unknown or N/A	Active		
Probe covers Unknown or N/A	Active		
Alcohol Pads Unknown or N/A	Active		



Electronically Signed by **Darolyn Perkins** on **2016-12-08**.

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