

Beatrice Smallwood: Patient Information
Patient Record Number:3179

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: Beatrice Smallwood

External ID: 3179

DOB: 1947-03-01

Sex: Female

S.S.: 453-13-2951

Marital Status: Widowed

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B2b-ca76_GQoSGgtNG8tcUI2Szg

Address: 3727 Malcolm X Boulevard

City: Dallas

State: Texas

Postal Code: 75215

Country: USA

Home Phone: 214-434-8436

Street Address: 3727 Malcolm X Boulevard

Apt/Suite/Other: House

Past Medical History:

Last Recorded On: 07-22-2016.

Risk Factors: Chronic Pain,Insomnia,GERD.

Family History:

Last Recorded On: 07-22-2016.

Father: Father had stroke..

Siblings: Patient's sister has cancer..

Offspring: Patient has 6 children..

Primary Family Med Conditions:

Last Recorded On: 07-22-2016.

Chronic Conditions: Stroke / Transient Ischemic Attack.

Social History:

Last Recorded On: 07-22-2016.

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: Good..

Developmental History: Education level is college..

Other History: Extent of education is college. Influenza November 2015..

Tests and Exams:

Last Recorded On: 07-22-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.
CBC Complete Blood Count (3 months) Abnormal Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.
CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.
LIPIDS (once year unless chol meds) Normal Done on 11/11/2013, at MetroStatic Diagnostic Services, ordered by Dr. Ketha.
Mammogram (>40yrs, Yearly) N/A Done on 2015.
Sigmoid/Colonoscopy N/A Done on 2013.
Prostate Exam N/A Not done.

Insurance:

Aetna (60054)

Priority : Primary
Start Date : 2012-01-01
Relationship to Insured : Self
Type : N/A
Payer : Aetna (60054)
Priority : Primary
Start Date : 2012-02-01
Relationship to Insured : Self
Type : N/A
Payer : Medicare B Texas (SMTX0)

Copay :
Insured ID Number : MEBH6H2D
Group Number :
Employer Name : Beatrice Smallwood
Copay :
Insured ID Number : 467823254A
Group Number :
Employer Name : Beatrice Smallwood

Immunizations:

Beatrice Smallwood: Chief Complaint
Patient Record Number:3179

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Seen by Derrick Love-Jones
Seen on 06-July-2016

Chief Complaint Status:finalized

Follow up home visit for the management of chronic conditions of hypertension, chronic pain, osteoarthritis, chronic obstructive pulmonary disease, asthma, gastroesophageal reflux disease, insomnia, and cancer. Patient complains of not sleeping well at night and chronic pain.

History of Present illness:

HPI Status:Finalized

Patient is a 69-year-old AA female with multiple chronic conditions of hypertension, chronic pain, osteoarthritis, chronic obstructive pulmonary disease, asthma, gastroesophageal reflux disease and insomnia. Patient states that she has not been sleeping well at night because her chemo therapy continues to make her a little sick. Patient also states that her lower back hurts today. Patient rates pain today at 7/10. Patient denies CP, HA, and N/V recently. Reviewed medications. Reviewed labs.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-06	113	88	185.00	59.00	97.60	20.00	~	37.4	0.00

Review of Systems:

Constitutional:

General/Endocrine/Metabolic:

No Weight Change

No Fever

No Night Sweats

No Fatigue

No Anorexia

No Cachexia

No Polydipsia

No Polyuria

No Constipation

No Diarrhea

Physical Exam:

HEENT:

Head: No tenderness or swelling. Eyes: No conjunctivitis, scleral icterus, or exophthalmos. Ears: No tenderness or discharge. Nose: No rhinorrhea or epistaxis. Throat: No tonsillitis or pharyngitis.

HEENT:

Head: No tenderness or swelling. Eyes: No conjunctivitis, scleral icterus, or exophthalmos. Ears: No tenderness or discharge. Nose: No rhinorrhea or epistaxis. Throat: No tonsillitis or pharyngitis.

CV:

Heart: No murmurs, rubs, or gallops. Lungs: No crackles, wheezes, or rhales. Abdomen: No tenderness or distention.

Murmur, Rubs, Gallops-Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
Hydrocodone-Acetaminophen ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0	Active	2015-04-28	
Unknown or N/A			
by ketha, Dr sumana - BK6230281			
Sumana Ketha MDPA			

HydroXYZine HCl ,25 MG TABS, TAKE 1 TABLET AT BEDTIME AS NEEDED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-04-28
Meclizine HCl ,25 MG TABS, TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-13
ProAir HFA ,108 (90 Base) MCG/ACT AERS, INHALE 2 PUFFS BY MOUTH FOUR TIMES DAILY AS NEEDED FOR SHORTNESS OF BREATH, Quantity: 1, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-31
Meloxicam ,15 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Simvastatin ,20 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-10
Lisinopril-Hydrochlorothiazide ,20-12.5 MG TABS, TAKE 2 TABLETS BY MOUTH EVERY MORNING, Quantity: 180, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-26
AmLODIPine Besylate ,10 MG TABS, TAKE 1 TABLET BY MOUTH DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-02-11
Lisinopril ,40 MG TABS, TAKE 1 TABLET BY MOUTH EVERY DAY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-01-12
Tessalon Perles ,100 MG CAPS, TAKE 1 CAPSULE 3 TIMES DAILY AS NEEDED, Quantity: 15, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-11-18

Plan Note:

Plan Note Status:Finalized

1. Insomnia, continue current plan.
2. Hypertension with vascular complications, educated the patient to have low-salt, low-fat, and low-cholesterol diet and exercise.
3. Chronic obstructive pulmonary disease/asthma, continue nebulizers.
4. Gastroesophageal reflux disease, continue current plan.
5. Chronic vertigo, well controlled.
6. Chronic pain syndrome, currently on pain medication.
7. Allergic rhinitis, continue current plan.
8. Hyperlipidemia, check the lipids every three months.
9. Osteoarthritis with chronic pain, on PT/OT.
10. Debility, monitor.
11. Lumbago with chronic pain continue current plan.
12. Medication refills of the following ordered; Lisinopril/HCTZ 20/12.5 mg q.d., Norco 10/325 mg t.i.d., Singular 10 mg q.d.
13. Medication adherence was given to the patient. Continue treatment as planned.
14. 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.
15. Reviewed old records of the patient.
16. Follow up appointment in 4-6 weeks.

Medical Problem:

Description	Status	Start Date	End Date
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	
Chronic airway obstruction, not elsewhere classified (ICD10:J44.9 Chronic obstructive pulmonary disease, unspecified) Unknown or N/A	Active	2015-10-01	
Esophageal reflux (ICD10:K21.9 Gastro-esophageal reflux disease without esophagitis) 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	
Osteoarthritis, generalized, site unspecified (ICD10:M15.0 Primary generalized (osteo)arthritis) (ICD10:M15.9 Polyosteoarthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Allergy, unspecified, not elsewhere classified (ICD10:T78.40XA Allergy, unspecified, initial encounter) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Other and unspecified hyperlipidemia (ICD10:E78.4 Other hyperlipidemia) (ICD10:E78.5 Hyperlipidemia, unspecified) Unknown or N/A	Active	2015-10-01	
Debility, unspecified (ICD10:R53.81 Other malaise) Unknown or N/A	Active	2015-10-01	
Degeneration of thoracic or thoracolumbar intervertebral disc (ICD10:M51.34 Other intervertebral disc degeneration, thoracic region) (ICD10:M51.35 Other intervertebral disc degeneration, thoracolumbar region) Unknown or N/A	Active	2015-10-01	
Acute upper respiratory infections of unspecified site (ICD10:J06.9 Acute upper respiratory infection, 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	
Body Mass Index 40.0-44.9, adult (ICD10:Z68.41 Body mass index (BMI) 40.0-44.9, adult) Unknown or N/A	Active	2015-10-01	
Allergic rhinitis, cause unspecified (ICD10:J30.9 Allergic rhinitis, unspecified) Unknown or N/A	Active	2015-10-01	
Peripheral vertigo, unspecified (ICD9:386.10 Peripheral vertigo, unspecified) Unknown or N/A	Active		

Allergies:

Description	Status	Start Date	End Date
Erythromycin Base Unknown or N/A	Active	2015-03-10	

Sulfa Antibiotics Unknown or N/A	Active	2015-03-10
Levaquin Unknown or N/A	Active	

Surgeries:

Description	Status	Start Date	End Date
Carpal Tunnel surgery Unknown or N/A	Active		
Tubal ligation Unknown or N/A	Active		
Rotator cuff repair Unknown or N/A	Active		
Torn ligament Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: NO

Is Home Health Care Needed: NO

Does Patient have reliable other Primary Care Physician: NO

Is House Visit Needed: YES

Next Visit Duration (in days): 31

Current home health agency:

Primary Justification Medical Conditions:

Additional Medical Conditions:

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Requested Care/Treatments Required:

Clinical Findings To Justify Home Health: No skilled nursing needed

Certification Statement:

Signed by (NP): 16

Signed On (NP): 2016-07-06 04:41

Signed By (Physician): 18

Signed on (Physician): 2016-07-13 04:41

Form_status: finalized

Procedure Order:

Patient ID	3179	Order ID	697
Patient Name	Smallwood, Beatrice	Ordered By	Love-Jones, Derrick
Order Date	2016-09-18	Print Date	2016-09-18
Order Status	complete	Encounter Date	2016-09-18
Lab	.HH Agency	Specimen Type>	

Ordered Procedure	Report				Results						
	Reported	Specimen	Status	Note	Code	Name	Abn	Value	Range	Units	Note
026: Pulse Oximetry											

Electronically Signed by **Derrick Love-Jones** on **2016-07-12**.

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