

**Vessie White: Patient Information**  
Patient Record Number:3700

**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:** 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** Sumana Ketha MD  
**Seen on** 04-August-2016

**Chief Complaint Status:**finalized

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

**History of Present illness:**

**HPI Status:**Finalized

A 78-year-old African-American female in NAD with multiple chronic conditions of: diabetes mellitus type 2, hypertension, hypothyroidism, GERD, osteoarthritis, neuropathy and insomnia. Patient complains of joint pain in hand and knees. Patient rates pain at 7/10. 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
2016-08-04	189	111	220.00	72.00	97.40	20.00	~	0.0	0.00

**Review of Systems:**

**Constitutional:**

No weight change  
No fever  
No chills  
No night sweats  
No anorexia  
No fatigue  
No change in appetite

**Physical Exam:**

**HEENT:**  
Eyes-Within Normal Limits .  
Ears-Within Normal Limits .  
Nose-Within Normal Limits .  
Throat-Within Normal Limits .  
**HEENT:**  
Eyes-Within Normal Limits .  
Ears-Within Normal Limits .  
Nose-Within Normal Limits .  
Throat-Within Normal Limits .  
**BACK:**  
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; Norco 10/325 mg t.i.d., Metformin 500 mg b.i.d., Trazodone 50 mg 1/2 tab q.h.s., Amlodipine Besy 5 mg q.d., Omeprazole 20 mg q.d.
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

## 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:** HTN,Mobility\_Impairments

**Additional Medical Conditions:** Chronic pain

**Nursing Required:** YES

**Physical Therapy:** NO

**Occupational Therapy Required:** NO

**Speech-language Pathology Required:** NO

**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):** 16

**Signed On (NP):** 2016-08-04 10:43

**Signed By (Physician):** 18

**Signed on (Physician):** 2016-08-11 10:43

**Form\_status:** finalized



Electronically Signed by **Sumana Ketha, MD** on **2016-08-08**.

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