Lanell Hunger: Patient Information

Patient Record Number:2534

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: Lanell Hunger External ID: 2534 DOB: 1945-01-04 Sex: Female S.S.: 449-90-9823 Marital Status: Widowed User Defined: 214-722-5729

Patient Drive Folder: https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B0Q2MIHiECb5ZExmaFRCQ1BHVmc

Address: 3494 Kingbridge St

City: Dallas State: Texas Postal Code: 75212 Country: USA

Emergency Phone: 972-237-1943 Work Phone: 972-237-1905 Mobile Phone: 496-206-0640 Street Address: 3494 Kingbridge St

Apt/Suite/Other: 212

Past Medical History:

Last Recorded On: 10-06-2016.

Risk Factors: Incontinence, Urinary Tract Infections.

Additional Medical History: diarrhea.

Primary Family Med Conditions:

Last Recorded On: 10-06-2016.

Chronic Conditions: Diabetes, Hypertension.

Social History:

Last Recorded On: 10-06-2016.

Tobacco: Current every day smoker 1/2 PPD smoking Status: Current

Alcohol: Status: Never

Recreational Drugs: Status: Never Nutrition History: ADA 1800 cal.. Developmental History: Good..

Tests and Exams:

Last Recorded On: 10-06-2016.

Vitamin D (6 mo if on pills) Abnormal Done on 08/20/2014, at MetroStat, Ordered by Dr. Sumana

HbA, C Hemoglobin (if DM every 3 mo) Abnormal Done on 08/20/2014, at MetroStat, Ordered by Dr.

Sumana Ketha

TSH Thyroid-Stimulating Hormone (every year) Normal Done on 08/20/2014, at MetroStat, Ordered

by Dr. Sumana Ketha

CBC Complete Blood Count (3 months) Abnormal Done on 08/20/2014, at MetroStat, Ordered by Dr.

Sumana Ketha

CMP Comprehensive Metabolic Panel (3 months) Abnormal Done on 08/20/2014, at MetroStat, Ordered by Dr. Sumana Ketha

UA - Urinalysis - (Yearly - HH primary responsibility) Abnormal Done on 09/11/2014, at LabCorp, Ordered by Dr. Sumana Ketha

Urine Culture (prn) Abnormal Done on 09/11/2014, at LabCorp, Ordered by Dr. Sumana Ketha **Mammogram (>40yrs, Yearly)** N/A 2014

PAP Smear N/A 2014

Ultrasound Normal On 03/27/2015, bilateral lower extremity venous Doppler ultrasound was normal.

Insurance:

Medicare B Texas (SMTX0)

Priority: Primary Start Date: 1994-04-01 Relationship to Insured: Self

Type: N/A

Payer : Medicare B Texas (SMTX0)

Priority: Secondary Start Date: 2010-01-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Priority: Secondary Start Date: 2014-11-01 Relationship to Insured: Self

Type: N/A

Payer: Molina Healthcare of Texas (Z1161)

Copay:

Insured ID Number: 449909823A

Group Number:

Employer Name: Lanell Hunger

Copay:

Insured ID Number: 500323836

Group Number:

Employer Name : Lanell Hunger

Copay:

Insured ID Number: 500323836

Group Number:

Employer Name : Lanell Hunger

Immunizations:

Lanell Hunger: Chief Complaint Patient Record Number:2534

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Seen by Darolyn Perkins Seen on 27-July-2016

Chief Complaint Status: finalized

Follow up home visit for the management of chronic conditions. Patient continues to complain of burning when urinating and

History of Present illness:

HPI Status:Finalized

A 71-year-old female in no acute distress with multiple chronic conditions include management of bipolar, cerebrovascular accident, GERD, abnormal gait, hypothyroidism, hypertension, diabetes mellitus type 2, and cataract. Patient continues to complain of itching and burning when urinating.

Vitals:

Service Date	BPS	BPD	Wt	Ht	Temperature	RR	Note	BMI	Head circ
2016-07-27	123	67	0.00	0.00	98.20	18.00	~	0.0	0.00

Review of Systems:

Constitutional:

Alle Glatin (e Tain gat:

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No Blata Control of the Control of t

Hittigateaigog No Mil

Non Bland Brown Of Motion YES

No Dhijaamyhtienaence

No Constipation

Physical Exam:

EMITIES:

than the common than the commo

NECKO:

Market Market Committee (Microsoft Scientists)

ESYCH:

RFR-C:t\Midmin a\l-d\Mittain L\Noits al Limits .

Mountmailr, Affebs, Badlogers & Within Normal Limits .

Medication:

Description	Status	Start Date	End Date
ALPRAZolam ,0.25 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2015-05-08	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			
Fluticasone Propionate ,50 MCG/ACT SUSP, 2 sprays in each Nostrel everyday, Quantity: 60, Refill Quantity: 0			
Unknown or N/A	Active	2015-04-23	
by ketha, Dr sumana - BK6230281			
Texas Physician House Calls			

Actos ,15 MG TABS, TAKE 1 TABLET ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-30
Aspirin ,81 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-30
Diltiazem HCI ,120 MG TABS, TAKE 1 TABLET TWICE DAILY, Quantity: 60, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-30
Levothyroxine Sodium ,25 MCG TABS, ONCE DAILY, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-30
PriLOSEC ,20 MG CPDR, TAKE 1 CAPSULE DAILY AS NEEDED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-03-30
Loratadine ,10 MG TABS, TAKE 1 TABLET DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2015-03-04
Loratadine ,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	2015-01-28
TRUEtest Test, STRP, USE 2 TIMES DAILY AS DIRECTED BY PHYSICIAN EXPIRE DATE:/ ELMCROFT-IRVING, Quantity: 100, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-01-06
Ventolin HFA ,108 (90 Base) MCG/ACT AERS, USE 1 TO 2 PUFFS BY INHALATION ROUTE 2 TIMES DAILY AS NEEDED FOR RESCUE NOT TO BE USED WHILE ON NEBULIZER MEDICATION, Quantity: 1, Refill Quantity: 3 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-01-06
Symbicort ,80-4.5 MCG/ACT AERO, INHALE 2 PUFFS TWICE DAILY RINSE MOUTH AFTER USE, Quantity: 13.8, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2014-11-20
ProAir HFA ,108 (90 Base) MCG/ACT AERS, 2 puffs 4 times a day, Quantity: 17, Refill Quantity: 6 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2014-10-28

Plan Note:

Plan Note Status:Finalized

Ordered a urine specimen.

- 1. Bipolar disorder, continue medications.
- 2. Cerebrovascular accident, continue current treatment. uses walker.
- 3. Gastroesophageal reflux disease, continue current treatment.
- 4. Abnormal gait, uses walker.
- 5. Hypothyroidism, continue medications.
- 6. Hypertension, continue medications. educated the patient to have low-fat, low-salt, and low- cholesterol diet and exercise.
- 7. Diabetes mellitus type 2, on medications. Educated the patient on adjusting medications.

- 8. Cataract, follow up with ophthalmology.
- 9. Patient complain of itching and burning when urinating.
- 10. Anxiety, p.r.n. Xanax 0.25 mg b.i.d.
- 11. Hyperlipidemia, on medications. Labs ordered.
- 12. Onychomycosis.
- 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
Diarrhea (ICD10:R19.7 Diarrhea, unspecified) Unknown or N/A	Active	2015-10-01	
Unspecified acquired hypothyroidism (ICD10:E03.9 Hypothyroidism, unspecified) 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	
Cerebral artery occlusion, unspecified with cerebral infarction (ICD10:I63.50 Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery) Unknown or N/A	Active	2015-10-01	
Late effects of cerebrovascular disease, speech and language deficit, unspecified (ICD10:l69.928 Other speech and language deficits following unspecified cerebrovascular disease) Unknown or N/A	Active	2015-10-01	
Late effects of cerebrovascular disease, monoplegia of upper limb affecting dominant side (ICD10:169.931 Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side) Unknown or N/A	Active	2015-10-01	
Irritable bowel syndrome (ICD10:K58.9 Irritable bowel syndrome without diarrhea) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:l10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Anxiety state, unspecified (ICD10:F41.9 Anxiety disorder, unspecified) 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	
Generalized anxiety disorder (ICD10:F41.1 Generalized anxiety disorder) 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	
Right leg swelling (ICD10:M79.89 Other specified soft tissue disorders) Unknown or N/A	Active	2015-10-01	
Acute exacerbation of chronic obstructive pulmonary disease [COPD] (ICD10:J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation) Unknown or N/A	Active	2015-10-01	
Insomnia, unspecified (ICD10:G47.00 Insomnia, unspecified) Unknown or N/A	Active	2015-10-01	

Active	2015-10-01
Active	2015-10-01
Active	2015-10-01
Active	2015-10-01
Active	2015-10-01
Active	
	Active

Gastroesophageal reflux disease	
(ICD9:530.81 Esophageal reflux)	Active
Unknown or N/A	
Large Pullups	Active
Unknown or N/A	

Allergies:

Description	Status	Start Date	End Date
No Known Drug Allergies Unknown or N/A	Active		

Face to Face HH Plan:

Patient Home Bound or Can't Drive: YES

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: P

Certification Statement:

Signed by (NP): Signed On (NP): Signed By (Physician): Signed on (Physician): Form_status: pending

Printed:

DME:

Description	Status	Start Date	End Date
J and J medical Supply- Incontinence Supplies (ICD9:788.30 Urinary incontinence, unspecified) Unknown or N/A	Active		
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled ordered therapeutic shoes for foot deformity from Dr. Duru (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		
Large pullups (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		
Underpads (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		
Wipes (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		
Skin barrier cream (ICD9:250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled) Unknown or N/A	Active		

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