

Patient Record Number:5768

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: Brenda Williams

External ID: 5768

DOB: 1958-07-20

Sex: Female

Marital Status: Single

Patient Drive Folder: <https://drive.google.com/a/smartmbbs.com/?tab=mo#folders/0B-x5JZCm9BpXa0l1TUhXUEY1UVU>

Address: 3200 South Lancaster Road

City: Dallas

State: Texas

Postal Code: 75216-4555

Country: USA

Mobile Phone: 214-900-2829

Street Address: 3200 South Lancaster Road

Past Medical History:

Last Recorded On: 08-18-2016.

Risk Factors: Degenerative Joint Disease,GERD.

Additional Medical History: Allergic rhinitis.

Family History:

Last Recorded On: 08-18-2016.

Father: Father is alive..

Mother: Mother hypertension, diabetes mellitus type 2, and end-stage renal disease..

Siblings: Sister has breast cancer and cervical cancer..

Offspring: Patient has 3 children..

Other Family Relative: Grandmother has depression and Alzheimer's...

Primary Family Med Conditions:

Last Recorded On: 08-18-2016.

Chronic Conditions: Alzheimers, Depression, Diabetes, Hypertension, Female/Male Breast Cancer.

Chronic Body System Category: Diseases of the genitourinary system .

Social History:

Last Recorded On: 08-18-2016.

Tobacco: Current every day smoker Smokes 1/2 pack per day. **Status:** Current

Alcohol: No alcohol. **Status:** Never

Recreational Drugs: No drugs. **Status:** Never

Nutrition History: Regular diet..

Developmental History: Educational level is 12th grade..

Tests and Exams:

Last Recorded On: 08-18-2016.

Mammogram (>40yrs, Yearly) N/A done

Insurance:

Molina Healthcare of Texas (Z1161)

Priority : Primary
Start Date : 2010-01-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)
Priority : Primary
Start Date : 2012-10-01
Relationship to Insured : Self
Type : N/A
Payer : Molina Healthcare of Texas (Z1161)

Copay :
Insured ID Number : 260688101
Group Number :
Employer Name : Brenda Williams
Copay :
Insured ID Number : 260688101
Group Number :
Employer Name : Brenda Williams

Immunizations:

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Description	Status	Start Date	End Date
PredniSONE ,5 MG TABS, TAKE 1 TABLET AS DIRECTED, Quantity: 30, Refill Quantity: 3			
Unknown or N/A	Active	2016-03-21	
by Jones, Derrick - MJ3217331			
Texas Physician House Calls			

Nitrostat ,0.4 MG SUBL, PLACE 1 TABLET UNDER THE TONGUE EVERY 5 MINUTES UP TO 3 DOSES AS NEEDED FOR CHEST PAIN, Quantity: 270, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-21
Norco ,10-325 MG TABS, TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR PAIN, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Texas Physician House Calls	Active	2016-03-18
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE ONE CAPSULE BY MOUTH WEEKLY, Quantity: 13, Refill Quantity: 1 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2016-03-15
PredniSONE ,5 MG TABS, TAKE 1 TABLET AS DIRECTED, Quantity: 30, Refill Quantity: 3 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-11
NexIUM ,40 MG CPDR, TAKE 1 CAPSULE DAILY, Quantity: 30, Refill Quantity: 2 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-11
Vitamin D (Ergocalciferol) ,50000 UNIT CAPS, TAKE 1 CAPSULE WEEKLY, Quantity: 13, Refill Quantity: 0 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-12-11
Hydrochlorothiazide ,12.5 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY DAY, Quantity: 90, Refill Quantity: 0 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-13
PredniSONE ,5 MG TABS, TAKE 1 TABLET AS DIRECTED, Quantity: 30, Refill Quantity: 2 Unknown or N/A by ketha, Dr sumana - BK6230281 Sumana Ketha MDPA	Active	2015-04-13
Brimonidine Tartrate ,0.2 % SOLN, INSTILL 1 DROP IN BOTH EYES EVERY 12 HOURS DAILY, Quantity: 10, Refill Quantity: 6 Unknown or N/A by Jones, Derrick - MJ3217331 Texas Physician House Calls	Active	2015-02-23

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 so, low-fat, low cholesterol diet with current medical conditions. Patient was instructed to go to ER for symptoms of chest pain, shortness of breath, excessive headache, blurry vision or systolic blood pressure greater than 200. 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.

RA/OA w/ chronic pain continue current plan
HTN w/vascular complications continue current plan
GERD continue current plan
CHRONIC PAIN SYNDROME continue current pain medication
DEPRESSION continue current plan
GLAUCOMA continue current plan
AR continue current plan

Medication refills as follows:

Norco 10/325mg tid
HCTZ 12.5mg qd
Pantoprazole 40mg qd
Vit D 50,000 qweekly

Predisone 5mg qd

Medical Problem:

Description	Status	Start Date	End Date
Unspecified essential hypertension (ICD10:I10 Essential (primary) hypertension) 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	
Depressive disorder, not elsewhere classified (ICD10:F32.9 Major depressive disorder, single episode, unspecified) Unknown or N/A	Active	2015-10-01	
Pain in joint, hand (ICD10:M79.643 Pain in unspecified hand) (ICD10:M79.646 Pain in unspecified finger(s)) Unknown or N/A	Active	2015-10-01	
Benign essential hypertension (ICD10:I10 Essential (primary) hypertension) Unknown or N/A	Active	2015-10-01	
Tobacco use disorder (ICD10:F17.200 Nicotine dependence, unspecified, uncomplicated) Unknown or N/A	Active	2015-10-01	
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01	
Rheumatoid arthritis (ICD10:M06.9 Rheumatoid arthritis, unspecified) Unknown or N/A	Active	2015-10-01	
Acute bronchitis (ICD10:J20.9 Acute bronchitis, 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	
Chronic pain due to trauma (ICD10:G89.21 Chronic pain due to trauma) Unknown or N/A	Active	2015-10-01	
Unspecified glaucoma (ICD10:H40.9 Unspecified glaucoma) Unknown or N/A	Active	2015-10-01	

Allergies:

Description	Status	Start Date	End Date
Etodolac 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

Nursing Required: NO

Physical Therapy: NO

Occupational Therapy Required: NO

Speech-language Pathology Required: NO

Clinical Findings To Justify Home Health: No SN needed in this visit.

Signed by (NP): 16

Signed On (NP): 2016-07-01 04:28

Signed By (Physician): 18

Signed on (Physician): 2016-07-05 04:28
Form_status: finalized

Procedure Order:

Patient ID	5768	Order ID	679
Patient Name	Williams, Brenda	Ordered By	Love-Jones, Derrick
Order Date	2016-09-11	Print Date	2016-09-11
Order Status	complete	Encounter Date	2016-09-11
Lab	.HH Agency	Specimen Type>	

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

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